**RISK ASSESSMENT GUIDANCE**

**FROM COVID 19 GUIDANCE ON RE-OPENING SCHOOL AGE CHILDCARE SERVICES (30TH July 2020 version)**

<https://www.gov.scot/publications/coronavirus-covid-19-guidance-on-reopening-school-age-childcare-services/>

**Summary Extracts**

The core public health measures that underpin reopening of services are:

* enhanced hand hygiene and cleaning practice
* limiting children’s contacts
* maximizing the use of outdoor spaces
* physical distancing between adults and older children in the setting including parents at drop-off and pick-up times
* active engagement with Test and Protect

This guidance to be used alongside:

* S[trategic Framework for Reopening Schools and ELC](https://www.gov.scot/publications/excellent-equity-during-covid-19-pandemic-strategic-framework-reopening-schools-early-learning-childcare-provision-scotland/pages/7/) and the framework document [COVID19- a framework for decision making](https://www.gov.scot/publications/coronavirus-covid-19-framework-decision-making/).
* [Health Protection Scotland non-healthcare settings guidance](https://www.hps.scot.nhs.uk/web-resources-container/covid-19-guidance-for-non-healthcare-settings/): this contains information on health protection and infection prevention and control issues including cleaning, hygiene measures, what to do if someone falls ill, laundry considerations and waste management.
* [Coronavirus (COVID-19): guidance on preparing for the start of the new school term in August 2020](https://www.gov.scot/publications/coronavirus-covid-19-guidance-preparing-start-new-school-term-august-2020/): this is non-statutory guidance for local authorities and schools. This may be relevant to those services using school premises.
* [Infection Prevention and Control in Childcare Settings (Daycare and Childminding Settings)](https://www.hps.scot.nhs.uk/web-resources-container/infection-prevention-and-control-in-childcare-settings-day-care-and-childminding-settings/)
* NHS inform – [Covid 19](https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19)
* NHS Inform [Covid:19 Shielding Guidelines](https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/coronavirus-covid-19-shielding)
* [Health and Social Care Standards](http://www.newcarestandards.scot/)
* [Test and Protect Guidance](https://www.nhsinform.scot/campaigns/test-and-protect)
* [Coronavirus (Scotland) Act 2020](http://www.legislation.gov.uk/asp/2020/7/contents)
* [Playwork Principles](https://www.playscotland.org/resources/print/The-Playwork-Principles-an-overview.pdf?plsctml_id=19402)
* [Setting the table](http://www.healthscotland.com/uploads/documents/30341-Setting%20the%20Table.pdf): nutritional guidance and food standards for early years providers in Scotland.
* Guidance on [individual risk assessments](https://www.gov.scot/publications/coronavirus-covid-19-guidance-on-individual-risk-assessment-for-the-workplace/)
* [Out to Play](https://hub.careinspectorate.com/media/3958/out-to-play.pdf): practical guidance for creating outdoor play experiences in early learning and childcare.

The extracts below on risk assessment are to help you prepare to re-open safely but of course all staff in all settings should read and get to know all of the guidance in detail. Of particular importance is ensuring GIRFEC, children’s rights, and the health and wellbeing of everyone is considered. The guidance gives specific advice on vulnerable people too. Well kept records are essential and there should be individual risk assessments as well as premises and resources risk assessment.

<https://www.gov.scot/publications/coronavirus-covid-19-guidance-on-individual-risk-assessment-for-the-workplace/>

Communication with all involved including advance communication is paramount to re-opening safely.

There is a huge emphasis on extending your use of the outdoors in your setting and providers should work with their premises owners to creatively create more outdoor space, and encourage children and staff to play out as much as possible. Ensure parents or the service can provide the right clothing for our changeable weather.

At the end there is also a cleaning action plan template for you to use and adapt from the contents of the guidance.

Both tables below are produced and sent to you in plain word format so you can adapt this for your own setting.

Remember anywhere the guidance says “should” you must do this and this is only some key risk assessment extracts here, there is a lot more in the guidance e.g. about staffing and blended placements, people who were shielding and so on that you must become familiar with. We hope this is helpful.

SOSCN August 3rd 2020

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| **ENHANCED HAND HYGIENE ACTION PLAN** | | |
| **People** | **Action required** | **Action to be completed by and date/ frequency** |
| **Arrangements should be implemented for enhanced hand and respiratory hygiene by adults and children in the setting.** | Where possible, disposable paper towels, kitchen roll or hand dryers should be used. Where this is not practical, individual towels must be available for each child, and these must be laundered each day.  There are a range of resources available from the NHS to encourage children with handwashing. There is also a [video to demonstrate the correct way to wash your hands from NES](https://vimeo.com/212706575) available. Antibacterial hand gel is not recommended for children when soap and water is available.  During this period, services must ensure that handwashing facilities are accessible for children and they may wish to have a supply of antibacterial hand gel available to visitors, including parents and staff at the entrance to the setting.  Staff should ensure enhanced hand hygiene measures are in place including washing their own hands and the hands of all children:   * ensure all staff and children frequently wash their hands with soap and warm water for 20 seconds. * handwashing should take place:   + on arrival at the setting   + before and after eating   + after using the toilet   + at regular intervals throughout the day.   + when moving between different areas (e.g. between different rooms or between inside and outside), where the handwashing facilities are not near the entrance to the outdoor play area the service may wish to have a supply of hand gel at the door for children * encourage children not to touch their face. * staff and children should use a tissue or elbow to cough or sneeze, and dispose of tissues appropriately * where appropriate, supervise children washing their hands and provide assistance if required * never share water in a communal bowl when washing hands * always dry hands thoroughly * clear signage regarding the washing of hands after using the toilet should be displayed. Where appropriate, this should be agreed with the building owner or manager. |  |
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| **Children** | The [Strategic Framework for Reopening Schools and ELC](https://www.gov.scot/publications/excellent-equity-during-covid-19-pandemic-strategic-framework-reopening-schools-early-learning-childcare-provision-scotland/) states that it is not appropriate for young children or for some children with ASN to maintain the models of physical distancing that would be suitable for most older children, either practically or in terms of child development. In particular, it may not always be appropriate or possible to implement strict physical distancing between children or between a child and an adult.  Settings should develop ways to support children to access toilets safely, promoting privacy and dignity, taking account of physical distancing principles.  Services should implement measures with a view to being able to ease them as soon as it is safe to do so, to ensure the maximum benefit to the child’s experience as soon as is practicable.  **Limiting children’s contacts**  It is still important to limit children’s contacts.  This will reduce likelihood of direct transmission, to allow for more effective contact tracing through Test and Protect, and reduce the overall number who need to isolate in the event of a child becoming ill with COVID-19.  Providers should consider carefully how to apply the principles in this section to their settings to support childcare needs and to allow children to access a full range of experiences. It is important to emphasise that these are not all-or-nothing approaches and will bring public health benefits even where used partially (for example if membership of groups stays consistent throughout the day, but changes across the week).  **Settings should apply proportionate, risk-based approaches to limiting contacts.**   * contacts should be limited by managing children within groups. Consistency of groups is beneficial, and efforts should be made to keep children within the same groups for the duration of the day or session, where 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. The management of groups should reflect the circumstances of the setting. Where possible settings should seek to keep groups consistent with schools and classes in order to minimise contacts. * the appropriate size of groups will depend on the age and overall number of children, and the layout of the setting.  The general approach should be to minimise the size of groups where possible. The advisory sub-group on education and children’s issues have said that it would be reasonable for children to be managed in groups up to the size encountered in primary school, for example 25 to 30 children. However, larger indoor groupings should be avoided * children are not required to physically distance from each other. School age children should remain physically distanced from staff where possible. It is important however for children to feel secure and receive warmth and physical contact that is appropriate to their needs. Staff will need to be close to the children at times, particularly young children, and should feel confident to do so * staff members should work with the same groups where possible throughout the day, and a number of key workers may work together. If cover is required for breaks, toileting etc., this should be managed within the staff working with a particular group. If staff need to work with other groups, this should be for limited periods. Staff should ensure strict hygiene practices are carried out if they are caring for different groups. **Physical distancing of 2 metres must be maintained between adults** * the minimum space standards for school age childcare settings should be in line with the [early learning, childcare and out of school care services: design guidance](https://www.gov.scot/publications/space-grow-design-guidance-early-learning-childcare-out-school-care/pages/5/).  In addition to this, consideration should be given to what additional space may be required to manage children’s’ contacts. A flexible approach to the use of all existing spaces within the setting should be considered * consideration should be given to the removal of unnecessary items in the setting to maximise capacity and decrease the number of items requiring cleaning, while ensuring the children still have adequate resources and furnishings to support quality experiences * sharing of resources should be minimised. Where resources are used by different groups (e.g. on a rotational basis), consideration should be given to **cleaning between uses**     It is advised that services **keep clear records** showing which adults and children spend sustained periods of time together in order to support effective practice in following [Test and Protect](https://www.gov.scot/publications/coronavirus-covid-19-test-and-protect/) protocols in the event of an outbreak.  Staff should ensure hygiene practices are carried out, and this is especially important if they are caring for different groups of children. Depending on the delivery model and attendance pattern of children a staff member may care for more than one group of children over the week.  Children who require additional support should be cared for in line with **their personal plan which should be kept under review as public health measures evolve.** | This is where communication with schools, parents, staff and the children themselves is really important.  Children’s views and needs in terms of who they want to play with must be considered here.  . |
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| **Physical distancing between adults in the setting** | Individual physical distancing applies to staff, parents (and any other adults who may attend the setting) and any external contractors or delivery people. It is essential that all these groups are taken into consideration.  Adults in settings should stay 2 metres apart in line with physical distancing principles.  All staff rooms, bases and offices should be reconfigured to ensure the physical distancing rule of 2 metres is able to be maintained. |  |
| **Use of Face Coverings** | Where adults cannot keep 2m distance from other adults, are interacting face-to-face and for 15 minutes or more, face coverings should be worn. In other circumstances, adults should not need to wear face coverings.  Some children may need additional support/reassurance about the reasons for adults wearing face coverings. **Face coverings should not be required for most children or adults (those clinically advised to wear a covering would be an exception).**  The wellbeing and needs of the child, should remain a focus of attention with a recognition that face coverings can limit communication.  The use of face masks could have an impact for children with additional support needs (which includes any level of hearing loss). These impacts should be carefully considered as communication for these learners relies on the ability to see a person’s face clearly. This is also important for children who are acquiring English and who rely on visual cues to enable them to be included in learning.  However**, staff or children over 5 wishing to wear face protection should be enabled to do so.** Should the prevalence of the virus in the population start rising, nationally or in parts of Scotland, **guidance may change to encourage the wearing of face coverings more routinely, especially among adults in school age childcare settings, as part of an enhanced system of approaches to reduce transmission.** |  |
| **Personal protective equipment (PPE)** | The use of PPE by staff within childcare facilities should continue to be based on a clear assessment of risk and need for an individual child or young person, such as personal care where staff come into contact with blood and body fluids. Following any risk assessment (individual or organisational), where the [need for PPE has been identified](https://www.hse.gov.uk/pubns/indg174.pdf)  should be readily available and staff should be trained on its use as appropriate.  No additional PPE measures are required for general use in school aged childcare settings. Staff should continue to follow existing guidance on the use of PPE:   * Staff carrying out intimate care should wear an apron and gloves.   Staff should have access to disposable single use gloves for spillage of blood or other body fluids and disposing of dressings or equipment. Local infection control procedures that outline safety and protocols should be stringently followed. This includes procedures for the disposal of soiled items; laundering of any clothes, towels or linen; and cleaning equipment for children and young people, such as hoists and wheelchairs.  Hand hygiene is essential before and after all contact with a child receiving intimate or personal care, before putting on PPE, after removal of PPE and after cleaning equipment and the environment. Hands should be washed with soap and water. * Specific guidance [COVID-19: guidance for first responders](https://www.gov.uk/government/publications/novel-coronavirus-2019-ncov-interim-guidance-for-first-responders/interim-guidance-for-first-responders-and-others-in-close-contact-with-symptomatic-people-with-potential-2019-ncov) has been developed and published for first responders who, as part of their normal roles, provide immediate assistance requiring close contact until further medical assistance arrives.  This guidance sets out clearly what you are required to do if you come into close contact with someone as part of your first responder duties.  It covers the use of PPE and CPR.   The types of PPE required in specific circumstances are set out below:   * **Routine activities:** No PPE is required when undertaking routine activities in settings. * **Suspected COVID-19:**Gloves, aprons and a fluid-resistant surgical mask should be worn by staff if a child or young person becomes unwell with symptoms of COVID-19 and needs direct personal care. * Eye protection should also be worn if a risk assessment determines that there is a risk of splashing to the eyes such as from coughing, spitting, or vomiting. * Gloves and aprons should be used when cleaning the areas where a person suspected of having COVID-19 has been. * **Intimate care:** Gloves and aprons should continue to be used when providing intimate care to a child or young person. This can include personal, hands-on care such as washing, toileting, or first aid. * Fluid-resistant surgical masks and eye protection should also be worn if a risk assessment determines that there is a risk of splashing to the eyes such as from coughing, spitting, or vomiting. * Gloves and aprons should be used when cleaning equipment or surfaces that might be contaminated with body fluids such as saliva or respiratory secretions.   **When a child or staff member displays symptoms**  If a child displays symptoms consistent with COVID 19 while in the setting, a ventilated space must be available for the child to wait in until they can be collected by their parent. Where space allows, you should prevent contact between any other children in the setting. Care must be taken however to ensure the appropriate levels of supervision of all children. Read the advice on [what to do if someone is symptomatic](https://www.hps.scot.nhs.uk/web-resources-container/covid-19-guidance-for-non-healthcare-settings/).  All staff and parents and carers should be advised that people who have symptoms, or who have household members who have symptoms, should not attend the setting, and should follow advice to self-isolate and book a test.  Advice on cleaning of premises after a person who potentially has COVID-19 has left the school premises can be found in the [Health Protection Scotland Guidance for Non-Healthcare Settings](https://www.hps.scot.nhs.uk/web-resources-container/covid-19-guidance-for-non-healthcare-settings/).  Assist FM have also produced [complementary guidance](https://drive.google.com/file/d/1RIGQ_-ggQe6Q7JA9Z37k-7ybx8JMaC2s/view?usp=sharing) on cleaning in schools. |  |
| **Outbreak management** | The management of outbreaks of infectious disease in settings is led by local health protection teams (HPTs) alongside partners, such as local authorities and the care inspectorate. Managers should ensure before opening that they [know how to contact their local HPT](https://www.hps.scot.nhs.uk/about-us/contact-us/health-protection-team-contacts/) and who will usually be responsible for doing so.  If settings have two or more confirmed cases of COVID-19 within 14 days, or an increase in background rate of absence due to suspected or confirmed cases of COVID-19, they may have an outbreak. In this situation settings should make prompt contact with their local HPT and local authority. If an outbreak is then confirmed, settings should work with their local HPT to manage it.  The HPT will make recommendations to the incident management team on self-isolation and on testing of children and staff and the arrangements for doing this. Any discussion of possible closures should take place between settings and local HPTs. Settings should **maintain appropriate records** to support outbreak control measures, e.g. child and staff attendance, details of groups, visitors, and clinically vulnerable/extremely vulnerable children who are attending setting. |  |
| **TEST AND PROTECT** | Managers and staff must be aware of [Test and Protect](https://www.gov.scot/publications/coronavirus-covid-19-test-and-protect/) arrangements should someone become unwell. If a member of the staff team has symptoms, they must contact the NHS to arrange to be tested at 0800 028 2816 or [www.nhsinform.scot](http://www.nhsinform.scot/). You can find more information on the COVID-19 Test and Protect [webpage](https://www.gov.scot/publications/coronavirus-covid-19-test-and-protect/) |  |

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| **CLEANING ACTION PLAN TEMPLATE** | | |
| **Premises** | **Action required** | **Action to be completed by and date/ frequency** |
| **Prior to re-opening** | If premises have been closed for many weeks or if parts of the building have been out of use for a long period, the provider must undertake a health and safety check of the building concerned prior to reopening, including water quality sampling for legionella and other bacteria.  The provider must undertake appropriate and thorough cleaning of the premises prior to reopening where necessary. This may need to be undertaken in conjunction with the owner or manager of the premises. |  |
| **Ongoing Cleaning** | Consideration must be given to the cleaning strategy to be adopted in the setting. This may need to be undertaken in conjunction with the owner or manager of the premises. All cleaning must be carried out in accordance with [COVID-19 – guidance for non-healthcare settings](https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2973/documents/1_covid-19-guidance-for-non-healthcare-settings.pdf) and [Infection Prevention and Control in Childcare Settings](https://www.hps.scot.nhs.uk/web-resources-container/infection-prevention-and-control-in-childcare-settings-day-care-and-childminding-settings/) guidance. |  |
| **Cleaning Touchpoints and Frequency** | Touchpoints such as table-tops, chairs, doors, light switches, banisters, equipment sinks, and toilets should be cleaned more regularly. There should be routine cleaning and disinfection of touchpoints such as door handles and hard surfaces.  This should include equipment for staff use (e.g. telephones, keyboards, door handles, kettles, and tables). 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 and 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. |  |
| **End of session extra cleaning** | Each setting shouldbe cleaned every night, when children’s sessions change, and when there is a changeover of groups in preparation for each new group of children being present the next day/session. |  |
| **Toys and equipment** | Children should access resources and equipment that are easy to clean. Resources such as sand and water can be used with regular cleaning of the equipment used.  Children should be discouraged from bringing items from home to the setting. (We recognise however that some children may require a transitional item as a comforter and consideration should be given as to how to safely manage this to ensure children are supported in their transition to the setting).  Safe storage should be provided for school bags and any other items children bring with them, so they are not brought into the setting.  Soft furnishings such as throws not required should be removed unless clearly required and washed after a single use.  Soft toys should also be removed or washed after use by each child/cohort. |  |
| **Outdoor equipment** | Outdoor play equipment and resources should be included in any cleaning regime |  |
| **Sensory rooms and soft play** | Careful consideration should be given to the cleaning regime for sensory rooms and soft play areas, to ensure safe use. |  |
| **School gym or resource** | Where the school age childcare service has access to a school gym or resource area a cleaning schedule for these areas and equipment within them should be agreed with the school. |  |
| **Eating areas**  **STAFF areas** | Surfaces in eating areas should be wiped down and disinfected in between each cohort of children.  Cleaning of staff areas shouldbe considered as part of the overall cleaning strategy. Staff should use their own cup/cutlery and ensure these are cleaned straight after use.  All crockery and equipment used should be cleaned with general-purpose detergent and dried thoroughly before being stored for re-use. |  |
| **Ventilation** | Settings should ensure adequate levels of ventilation. Where centralised or local mechanical ventilation is present, re-circulatory systems should be adjusted to full fresh air. If this is not possible systems should be operated as normal. Where ventilation units have filters present enhanced precautions should be taken when changing filters.  Ventilation systems should be checked or adjusted to ensure they do not automatically adjust ventilation levels due to differing occupancy levels. Settings can consult [HSE guidance on ventilation systems](https://www.hse.gov.uk/toolbox/harmful/ventilation.htm).  The opening of doors and windows, where is safe to do so, should be encouraged to increase natural ventilation and also to reduce contact with door handles.  The Fire Safety Risk Assessment should always be reviewed before any internal doors are held open. |  |