** Trinity Tots Nursery**

**Health And Safety – Covid 19**

UNCRC Articles – 1, 2, 3, 4, 6, 15, 16, 24, 28, 39,

**Staff Training**

All staff must read the following documents

* Public Health Scotland’s Covid-19 Guidance for Non-Healthcare Settings
* Scottish Government’s Coronavirus (Covid-19): Scotland’s Route Map Through And Out Of The Crisis
* Scottish Government’s Coronavirus (Covid-19): Advisory Sub-Group on Education and Children’s Issues

Trinity Tots Nursery will deliver clearly defined training sessions for staff on the risk mitigations set out in the latest guidance.

**Social Distancing**

The Coronavirus (Covid-19) Advisory Sub-Group on Education and Children’s Issues advice is that it is not appropriate for young children to maintain physical distancing, either practically or in terms of child development. Scientific advice shows that given the mitigations described in this guidance and the emerging evidence on transmission in young children, physical distancing is not recommended between children. In addition, it is not appropriate or possible to implement physical distancing between young children or between a young child and their key worker.

**Coronavirus Testing**:

The Scottish Government has made available routine asymptomatic at-home testing using lateral flow devices (LFD), twice a week to all day care of children services. This does not replace the existing procedures for testing of staff who have symptoms of COVID-19.

Testing is voluntary and nobody will be required to undergo testing without consent or be excluded from the nursery if they do not wish to be tested. However, we will continue to promote at-home LFD testing at least twice-weekly to their staff. We will promote the most recent advice which is for everyone to do a lateral flow test before mixing with people from other households.

All practitioners are encouraged to report their results through the gov.uk digital portal – whether the result is positive, negative or void. Reporting positive results means that they and their families will receive the advice and support they need. Reporting negative and void results helps public health experts to understand the full picture of COVID in an area.

If an LFD test comes back positive, the individual should self-isolate and follow NHS Inform Guidance on self-isolation. They should not book a confirmatory PCR test unless they may be accessing the Self Isolation Support Grant.

If someone develops symptoms of Covid-19 while self-isolating as a result of a positive LFD test, they do not need to book a PCR test. They should continue to follow guidance for positive cases on self-isolation.

Due to the emergence of the Omicron variant and the potential risk of reinfection, individuals who have had a PCR confirmed COVID-19 diagnosis in the previous 90 days should now be encouraged to continue to participate in routine LFD at home testing.

**Care Inspectorate Coronavirus Notifications**

Providers must notify the Care Inspectorate within 24 hours of any suspected or known case or outbreak of coronavirus COVID-19. *The Edinburgh Council Early Years Team must also be informed.*

Registered Managers or other responsible persons with access to the Care Inspectorate eforms must complete a notification of ‘Outbreak of Infectious Disease’ via their eForms account.

Services must notify the Care Inspectorate within 24 hours if someone using the service has:

• a suspected case of COVID-19

• a confirmed case of COVID-19

• died due to COVID-19.

The Care Inspectorate must be notified once a week as to the numbers of children / staff self-isolating. No names or details are required, just numbers.

The Care Inspectorate do not require to be notified if children are at home as a precaution, following self-isolation guidance.

If the nursery was to temporarily close due to COVID-19, the manager will contact the Care Inspectorate to advise them of their updated operational status. To do this the manager will complete a “Changes to Service Delivery due to Coronavirus (COVID-19)” notification. This is a new notification that services must use to inform the Care Inspectorate about operational changes that are specifically related to COVID-19. This is only available through eForms.

**Risk Assessments**

As an employer we must protect people from harm. This includes taking reasonable steps to protect staff, children, and others from COVID-19 within the nursery. It is a legal requirement that local authorities and ELC settings ensure that risk assessments are conducted and reviewed on a regular basis or when circumstances change.

Our risk assessments consider all risks identified in respect of COVID-19 and take account of the relevant guidance from Public Health Scotland, and the HSE. The assessment directly address risks associated with coronavirus, so that appropriate measures are put in place to control those risks for everyone. Our risk assessments are reviewed regularly and as circumstances change.

Staff are consulted in the development and updating of risk assessments. Plans and risk assessments are communicated to parents and shared with all staff. This includes our cleaner.

**Cleaning Practices**

All cleaning is carried out in accordance with COVID-19 – Guidance for Nonhealthcare Settings and Infection Prevention and Control in Childcare Settings guidance.

This is an extension of the cleaning regime normally used in the nursery, with touchpoints such as table tops, chairs, doors, light switches, equipment, sinks, and toilets being cleaned more regularly. Routine cleaning and disinfection of frequently touched objects and hard surfaces is detailed in the list below. This includes equipment staff use, (e.g. telephones, desks, handles, keyboards, door handles, and tables).

We ensure the following cleaning practices for toys and soft furnishings:

* Soft furnishings (such as throws and bedding) is laundered in accordance with our usual cleaning schedule.
* Toys and equipment that children access is cleaned daily
* There is a minimum of twice daily cleaning and disinfection of frequently touched objects and hard surfaces.
* Water and playdough is replaced daily
* Sand need not be changed on a daily basis and standard cleaning and changing protocols should suffice if good hand hygiene is carried out prior to and following use of the sandpit. Standard cleaning and changing protocols is implemented in the event of any visual contamination of the sandpit or its contents.
* If soft furnishings (such as throws and bedding) have been used by a child who shows symptoms of COVID, they will be removed and laundered as quickly as possible.

Children are discouraged from bringing toys from home to the nursery. We recognise however that some children may require a transitional object or toy as a comforter, and consideration is given on an individual basis as to how to safely manage this to ensure children are supported in their transition from home to the setting to feel reassured and comforted. These transitional objects are not be shared with other children.

Surfaces in dining or snack areas are wiped down and disinfected in between use by each group of children.

All crockery and equipment used in the provision of meals and snacks for children is cleaned with general-purpose detergent and dried thoroughly before being stored for re-use.

Cleaning of staff areas is an integral part of the overall cleaning strategy. Staff use their own cup/cutlery and ensure these are cleaned straight after use.

**Temperature and Ventilation**

In its advice published on 3 March 2021, the Advisory Sub-group recommended that greater emphasis should be placed on ventilation, by keeping windows open as much as possible (weather permitting during winter), and doors open when feasible and safe to do so.

Updated advice published on 3 August 2021 also emphasised the need for a renewed focus on the importance of good ventilation and the potential for CO2 monitors to be utilised to ensure good air quality in enclosed spaces. The World Health Organisation (WHO) has published a roadmap to improve and ensure good indoor ventilation in the context of COVID-19. The Scottish Government has also published ventilation guidance. The latest scientific advice identifies that ventilation is an important factor in mitigating against the risk of far-field (>2m) aerosol transmission.

The nursery ensures that risk assessments are updated appropriately for the season, to consider issues around ventilation and heating/warmth.

The primary effective method of increasing natural ventilation remains the opening of external doors, vents windows. We ensure the opening of doors and windows to increase natural ventilation where it is practical, safe and secure to do so, while maintaining appropriate internal temperatures.

Potential approaches to help achieve an appropriate balance of ventilation and internal temperature in the colder months may include:

* partially opening doors and windows to provide ventilation while reducing draughts
* opening high level windows in preference to low level windows to reduce draughts
* refreshing the air in spaces by opening windows, vents and external doors at times which avoid user discomfort (e.g. when the children are outdoors). This may be particularly appropriate during the winter period to balance ventilation and thermal comfort.
* flexible uniform/staff dress policies to help ensure that children, young people and staff can stay warm if/when windows or doors require to be opened.
* maintaining appropriate heating strategies.

We ensure as a minimum, that adequate levels of ventilation are provided in line with existing guidance (Care Inspectorate “Space to Grow”, and the Workplace (Health, Safety and Welfare) Regulations 1992).

An adequate level of ventilation is likely to be indicated by a CO2 concentration of no greater than 1,500 ppm as measured by a CO2 monitor. We assess all rooms within the nursery twice a day using a CO2 monitor.

A minimum temperature of 16 C is required under the Workplace (Health, Safety and Welfare) Regulations 1992.

Keeping doors open (with appropriate regard to safety and security) also helps to reduce contact with door and window handles. However, internal fire doors should never be held open.

**Enhanced Hygiene**

Arrangements have been implemented for enhanced hand and respiratory hygiene by adults and children in the setting.

Where possible, disposable paper towels or kitchen roll are used.

Antibacterial hand gel is not recommended for children when soap and water is available. Handwashing facilities are accessible for children. We have a supply of antibacterial hand gel available at the entrance to the setting. Staff ensure enhanced hand hygiene measures are in place including washing their own hands and the hands of all children. In particular:

* All staff and children frequently wash their hands with soap and water for 20 seconds
* Handwashing should take place
  + On arrival at the setting
  + Before and after eating
  + After toileting
  + At regular intervals throughout the day
  + When moving between different areas (e.g. between different rooms or between inside and outside)
* Children are encouraged not to touch their face, where it is age appropriate to do so. Distraction methods are use and children are kept busy, rather than making this an issue.
* A tissue or elbow is used to cough or sneeze into, tissues are disposed of appropriately and bins are emptied regularly of waste.
* Children are supervised when washing their hands and assistance is provided if necessary.
* Water is never shares in a communal bowl when washing hands.
* Hands are always dried thoroughly.

**Toothbrushing**

Toothbrushing continues to be carried out following the updated Childsmile guidance.

**Personal Protective Equipment (PPE)**

Scottish Government guidance is that the use of PPE by staff within education and childcare facilities will be based on a clear assessment of risk and need for an individual child, 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 using the HSE Personal Protective Equipment (PPE) at Work guide, appropriate PPE will be readily available, and staff will be trained on its use as appropriate. Where the use of PPE is risk assessed as being required, staff will be trained in how to put on and take off PPE (as required by Health and Safety Regulations), and suitable waste facilities provided.

**No additional PPE measures are required for general use in ELC settings.** Staff will continue to follow existing local guidance on the use of PPE including:

* Staff carrying out intimate care should wear a disposable, single-use plastic apron and gloves.
* Staff 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 are stringently followed and adequate training is provided. This includes procedures for putting on and taking off PPE, the disposal of soiled items; laundering of any clothes, including uniform and staff clothing, towels or linen;
* 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.

**In cases of suspected COVID-19**, use of PPE is based on risk assessment. Risk assessments must be consider all factors affecting the protection of staff and children including any additional distress and impact on wellbeing of child.

* A fluid-resistant surgical mask must be worn by staff if they are looking after a child who has become unwell with symptoms of COVID-19 and appropriate physical distancing cannot be maintained while doing so.
* If the child or young person who has become unwell with symptoms of COVID-19 needs direct personal care, gloves and aprons, fluid-resistant surgical mask and eye protection (goggles or a visor) must be worn by staff.
* Gloves and aprons must be used when cleaning the areas where a person suspected of having COVID-19 has been.

The use of PPE within the nursery complies with all applicable legislation, including the Health and Safety at Work etc. Act 1974, Personal Protective Equipment Regulations 1992 and the Management of Health and Safety Regulations 1999 which outlines the process of, and legal requirements for, risk assessment.

**Staying Vigilant and Responding to COVID-19 Symptoms**

We ask staff and parents and carers to be vigilant for the symptoms of COVID-19, and to understand what actions they should take if someone develops them, either onsite or offsite. We emphasise that it is essential that people do not attend nursery if symptomatic, and to book a test if they notice Covid-19 symptoms.

Everyone in the nursery, including the children, know to inform a member of staff or responsible person if they feel unwell.

If the affected person has mild symptoms they will go home as soon as they notice symptoms and self-isolate pending the results of a PCR test.

If they are so unwell that they require an ambulance, phone 999 and let the call handler know you are concerned about COVID-19. Whilst you wait for advice or an ambulance to arrive, the affected person will sit in the front foyer with the front door wedged open. The individual will avoid touching people, surfaces and objects and be advised to cover their mouth and nose with a disposable tissue when they cough or sneeze, and then put the tissue in the bin. This procedure will also be followed whilst a child waits for their parent/carer to pick them up.

**Test and Protect - Identifying Contacts**

Staff should tell the nursery manager as soon as they receive a positive test result. Parents are asked whether their child has tested positive for COVID-19 when parents are reporting absences, and parents are asked to mention any positive tests when leaving messages about absences. Parents are asked to report the result to the nursery manager by the online contact tracing form that all people testing positive are sent as soon as their test results are received. If called by a contact tracer, the person testing positive will again be prompted to inform their childcare setting. In some circumstances, if a contact tracer requires to contact the setting directly, they will also inform the setting of the positive case. In this way, there are multiple routes and prompts to help ensure the nursery is alerted to positive cases as soon as possible after a member of staff or child tests positive.

If a parent/carer or staff member is contacted by a contact tracer and told to self-isolate, the person should leave the setting to self-isolate at home straight away and, if possible, wear a face covering on route and avoid public transport if symptomatic.

**Based on the latest clinical evidence, revised self-isolation measures will apply to anyone who receives a positive test result or is asked to isolate as a close contact of any Coronavirus strain from Thursday 6 January 2022**.

The revised requirements are, in summary:

**Positive Cases (regardless of vaccination status):**

* must isolate for 10 days; however, if the person tests negative on two consecutive LFD tests (taken at least 24 hours apart, with the first test no earlier than day 6) they may leave isolation if they have no fever after their second negative test.
* This applies to cases aged under 5

**Contacts aged under 5**

* Contacts aged under 5 years are not required to undertake daily LFD testing in order to leave isolation.
* They should be encouraged, but are not required to, take a one-off LFD test before ending isolation. If any contact develops symptoms at any point during or after the post-contact period, they should take a PCR test.

**Fully Vaccinated Adult Contacts (NB: definition of “fully vaccinated adult” is now 3 doses of an MHRA approved vaccine) AND all contacts who are aged under 18 years and 4 months:**

* take 7 daily LFD tests and report results instead of isolating – no requirement for a PCR test to be released from self-isolation;
* children aged under 5 who are close contacts do not need to self-isolate or take daily LFD tests, but are recommended to take a test;

**Unvaccinated/Partially Vaccinated Adult Contacts (NB: this includes adults with only 0-2 doses):**

* must take a PCR test and isolate for 10 days.

Fully vaccinated individuals who have tested positive for SARS-CoV-2 (COVID-19) within 90 days are encouraged to participate in appropriate daily LFD testing in line with NHS guidance when they are identified as contacts. They should also continue to participate in routine asymptomatic LFD testing.

Normal contacts in the ELC environment will not generally be considered as close contacts, unless index cases identify exceptional circumstances, such as having worked or socialised very closely with someone (including having shared a car). Nursery staff will therefore not usually require to be involved in contact tracing. Unless there are exceptional circumstances, there will not be a requirement to isolate whole groupings of children as has previously been the case.

The nursery will continue to keep clear attendance records of children, adults and staff attending nursery, and of the composition of groups undertaking activities.

If, following confirmation of a child testing positive, the nursery feels that a staff member is, or may be, a high risk contact because they have had unusually close or prolonged contact with that positive case in line with the examples set out below, AND the relevant staff member has not to date received notification via the Test and Protect system, we will contact the Health Protection Team. They will provide advice on whether the individual is in fact a high-risk contact and what action should be taken.

**Self-isolation for People with Symptoms or Testing Positive**

Any adult or child who develops symptoms of COVID-19 (high temperature, newcontinuous cough or a loss or change to sense of smell or taste) must self-isolateimmediately in line with NHS Guidance and book a PCR test.

People living in the same household, for example any siblings, may adopt the appropriate approach to self-isolation and/or daily testing while the person with symptoms is awaiting the outcome of a PCR test result .

If someone has had a positive LFD test result but no symptoms, and then goes on to develop symptoms, they do not need a confirmatory PCR test, unless advised by a clinician, and they do not need to re-start their isolation period. If they develop any of the main symptoms of coronavirus and are concerned about, or their symptoms are worsening, they should contact 111 or speak to their GP. In an emergency they should dial 999. Otherwise they should continue to follow the self-isolation advice for positive cases (summarised below).

Any adult or child who tests positive using PCR tests must isolate for 10 days, subject to the latest NHS guidance on LFD testing on days 6 and 7. People living in the same household, for example any siblings, must also follow the latest NHS guidance on self-isolation and daily testing as close contacts.

In summary, anyone testing positive on an LFD or PCR test must self-isolate for 10 days regardless of age or vaccination status. However, if the person tests negative on two consecutive LFD tests (taken at least 24 hours apart, with the first test no earlier than day 6) they may leave isolation if they have no fever after their second negative test.

**Information letters**

In the event that the nursery is informed of a positive case or cases amongst our staff or children, we will inform parents/carers and staff by issuing them with a ‘Warn and Inform’ letter the same day that sets out the actions they should take as low risk contacts.

The letter to parents/carer will be sent to parents/carers of children who had contact with the positive case, for example, as part of the same cohort or room.

The letter to staff will be sent to staff members who had similar contact with the positive case.

**Outbreak and Case Management**

Outbreak management in all settings is led by NHS Health Board health protection teams (HPTs).

Single cases will be identified by Test and Protect and higher risk close contacts will be identified through them too. Settings are no longer to contact HPTs to notify of every single confirmed case in a setting. However, managers must notify the Care Inspectorate in the event of a first suspected case and all confirmed cases of COVID.

Under normal operating conditions, settings should continue to contact their local HPT if a cluster is identified. A cluster is two or more unlinked (or link unknown yet) test-confirmed cases of COVID-19 among individuals associated with a specific setting with illness onset dates within 14 days.

The HPT can provide advice to assess any links between cases, undertake risk assessment and discuss further action. Following this an outbreak may be declared, usually through an Incident Management Team (IMT). An outbreak is two or more linked test-confirmed cases of COVID-19 among individuals, associated with a specific setting within 14 days.

In the event of very high local case numbers, and where capacity is constrained, HPTs may need to prioritise engagement with the highest risk settings in their area and may not contact the nursery as ELC settings are considered to be relatively low-risk).

Where necessary, and subject to the requirement for prioritisation as set out above an IMT will be established to manage the outbreak. An IMT is a multidisciplinary, multi-agency group with responsibility for investigating and managing the outbreak. The HPT will chair the IMT and representatives from the setting and, if relevant, the council will be invited to join.

The nursery may be asked to support an outbreak investigation by:

* attending an Incident Management Team (IMT) meeting;
* communicating with children, parents/carers, staff and the media;
* implementing appropriate enhanced infection, prevention and control measures and support for contact tracing as recommended by the HPT or IMT.

ELC and other childcare facilities remain settings of low risk for COVID-19. As such the nursery will usually continue to operate during outbreaks. On occasion it may be necessary to temporarily close in order to implement control measures or for operational reasons. Any decision on this will be determined through the IMT, or alternative local arrangements where these have been agreed between local authorities and health protection teams.

We will maintain records to support outbreak identification and investigation, including attendance records and reasons for absence. When information sharing is needed during management of an incident we have a duty to both protect and share personal information between those participating in the IMT such as test results and contact details. These requirements are set out in Annex E of Management of Public Health Incidents. The sharing of information must be facilitated respecting the principles of confidentiality and relevant legislation.

There may also be circumstances in which, based on clear evidence and public health considerations, or other relevant factors (e.g. minimum staffing requirements) the nursery may be required to close for a defined period of time. This will closely involve local authorities and local Public Health Teams. All such decisions will continue to be made by local incident management teams working in partnership, and on the independent advice of local Directors of Public Health, who will take full account of safety and wider public health considerations in line with their statutory duties. Similar decisions may require to be taken by local authorities and/or setting managers where staffing constraints (e.g. due to self-isolation or shielding) or other matters make such a move unavoidable.

**Limiting Staff and Children’s Contacts**

We have three groups within the nursery, which allows us to minimise the number of children in a group and facilitates limited movement between groups.

Staff members work with the same groups wherever possible. Where cover is required for breaks, toileting etc., this is managed within the staff working with a particular group. If staff are, through necessity, to work with other groups, this should be for limited periods, with appropriate risk mitigation measures adopted. Staff should ensure strict hygiene practices are carried out if they are caring for different groups. Adults should seek to maintain the appropriate physical distance from other adults at all times. Adults (except those who are medically exempt) must wear face coverings whenever it is not possible to maintain the appropriate physical distance.

**Maximising Use of Outdoor Space**

Evidence suggests that outdoor environments can limit transmission, as well as more easily allowing for appropriate physical distancing between staff and between groups of children. Staff should consider how they can safely maximise the use of their outdoor space.

Given that the risks of transmission are much lower outdoors, we will maximise opportunities for outdoor play and experiences.

Staff 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 at all times of the need to keep children distanced from any other children who are not part of the setting, and/or other 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.

**Short Local Excursions Which Promote Outdoor Learning**

Short local excursions which promote outdoor learning (such as a short visit to a local park or green space) can take place as long as these excursions are appropriately risk assessed.

**Singing, Music and Drama**

Advice from the Advisory Sub-Group on Education and Children’s Issues shows that there are increased transmission risks associated with music and drama activities.

The sub-group’s advice in the light of the ongoing success of the vaccination programme, and the importance of singing for the health and wellbeing of children well as their social, physical and cognitive development is that singing is permitted, indoors and outdoors.

Children need not be discouraged from singing naturally in the course of activities and play and singing can also be used to comfort young children when necessary.

Safety mitigations should continue to apply in relevant settings where singing, music and drama are taking place (e.g. good ventilation, enhanced hygiene, etc.).

**Physical Distancing (between adults in the setting and parents at drop-off and pick-up times)**

Physical distancing between adults remains a fundamental protective measure that should apply at all times. This will reduce likelihood of direct transmission and allow for more effective contact tracing through Test and Protect. Individual physical distancing applies to staff, parents, and carers (and any other adults who may attend the setting), older siblings and any external contractors or delivery people. It is essential that all these groups are taken into consideration.

The Advisory Sub-Group on Education and Children’s Issues advice is that, while Scotland remains in Level 0, settings should continue to adhere to the 2 metres physical distance between adults. However, when Scotland moves beyond Level 0, the physical distancing requirement for adults in ELC settings will be at least 1 metre. If settings already have 2 metre physical distancing arrangements that work well and do not limit capacity then they may retain these for logistical reasons. Retaining 2 metres between adults who do not yet meet the criteria for exemption from self-isolation will help to reduce the risk that they are identified as a close contact.

Due to the need to maintain physical distancing the following measures have been taken in regards to the staff room:

* Only one member of staff is allowed in the staff room at any one time.
* The sensory garden has been turned into an outdoor staff room.
* The front foyer may be used for staff lunches and breaks.
* Breaks and lunches should be staggered so that no more than two staff should be on break at any one time.

Learning from outbreaks across a range of sectors suggests that lapses in adherence to physical distancing can occur when staff take breaks from work and mix with colleagues outside or in staff rooms and other social areas. Staff are regularly reminded that the requirement to physically distance applies at all times, including during breaks and before and after sessions and traveling to and from the setting. The only exception to this is for staff who live in the same household, have formed an extended household in accordance with the guidance, or where there are health and safety reasons why staff have to come within the required physical distance of each other.

**Use of Face Coverings**

**Face coverings must be worn by adults wherever they cannot maintain the appropriate physical distance from other adults (e.g. in corridor and communal areas).** Coverings should also be worn by staff and visitors when not workingdirectly with children, for example when in the office (exceptwhen dining), or staff room, except where a person is exempt from wearing a covering. In these circumstances, a face covering must be worn whenever staff move away from a seated position.

Face coverings should be worn by parents and other essential visitors to the setting when entering the building, and should be strongly encouraged when parents/carers are drop-off and pick-up their children.

Face coverings are not required when working directly with children, including on the floor or supporting children to move around the building or with toileting, or as a result of being in close physical proximity to children. However, staff who wish to wear a face covering in these circumstances will be supported to do so.

To support this, adults must also maintain the appropriate physical distance from other adults when working together with groups of children.

It is not recommended that children aged 5 and under wear face coverings in an ELC setting. However, children, like adults, wishing to wear a face covering in any part of the setting should be permitted to do so.

Clear instructions are provided to staff on how to put on, remove, store and dispose of face coverings in all of the circumstances above, to avoid inadvertently increasing the risks of transmission. The key points are as follows:

* Face coverings must not be shared with others.
* Before putting on or removing the face covering, hands should be cleaned by washing with soap and water or hand sanitiser if handwashing facilities are not available.
* Make sure the face covering is the right size to cover the nose, mouth and chin.
* When temporarily storing a face covering (e.g. during sessions), it should be placed in a washable, sealed bag or container. These have been provided to staff by the nursery. Avoid placing it on surfaces, due to the possibility of contamination. Lanyards have been provided to support this.
* 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. They are not considered to be clinical waste in the same way that used PPE may be.

Staff should follow the current public advice that recommends that face coverings are made of cloth or other textiles and should be at least two, and preferably three, layers thick and fit snugly while allowing you to breathe easily.

**Drop Off and Pick Up**

In order to facilitate social distancing children are picked up and drop off in the relevant garden areas. Most children can be placed in the care of staff with adults maintaining an appropriate distance. It is recognised that in some cases, a physical handover of very young children will be required. We will ensure that the amount of time that staff spend in close proximity with parents or carers is minimised, that face coverings are worn by adults during a physical handover, and staff and children should wash hands after the child is safelyin the setting. Where possible, parents and carers will not enter unless this has been planned in advance

Other mitigations include

* Parents/carers who are self-isolating while they wait for the results of their PCR test, or who have received a positive PCR test should not leave the house to bring children to or from nursery. They should make arrangements for someone else to do this on their behalf or, if that’s not possible, children should stay home with parents/carers.
* Parents and carers (and older siblings where they are required to accompany parents) are strongly encouraged to wear face coverings at drop-off and pick-up
* We have staggered and allocated drop off/pick up times (so that not all children arrive onsite at one time).
* Parents/carers and other family members are discouraged from gathering outside the setting and should maintain physical distancing, as far as practicable, when dropping off children.
* Where parents are dropping off young children and it is not possible to maintain physical distancing between adults, staff and children must wash their hands after the child is safely in the setting.
* Practitioners will ensure both the child and the parent is comfortable in the handover and make arrangements if a child is distressed for the parent to comfort them without the parent coming into contact with other children or staff.
* Staff and parents are encouraged to follow physical distancing when travelling to and from nursery

**Visits To The Setting By Parents/Carers**

Telephone calls, online meetings and ‘virtual’ visits are the norm for meetings with parents. However, where it is considered essential to support children for a parent or carer to attend in person, this is considered on a case by case basis. For example, this may be in relation to child protection issues, addressing additional support needs or where a parent has a disability which affects their ability to communicate over the telephone or online.

All such visits are risk assessed and agreed in advance by settings as being necessary a proportionate measure. Visits should be with the permission of the nursery manager who will be best placed to judge what is appropriate.

Risk mitigation measures will be clearly communicated to visitors. This may include, amongst other things, the displaying of notices around the setting.

If the visit takes place indoors we will ensure that the meeting space is well ventilated, face coverings are worn by adults and that there is a supply of alcohol based hand rub available to visitors at the entrance to the setting.

Parents should take part in the universal testing offer prior to entering the setting.

The number of staff meeting with parents/carers in each visit should also be kept to a minimum.

Where parents have been identified as a close contact but are exempt from self-isolating because they have been double vaccinated and have had a negative PCR test, the visit should be delayed to minimise the risk of transmission into the setting.

**Supporting Transitions In Other Ways**

Wherever possible when a child is settling into the service, this should be undertaken in an outdoor area with the parent and away from other children. It is important that relationships are developed and the settling in period reflects the needs of the children.

**Specialist Visitors To The Setting**

In recognition of the positive impact on the wellbeing of children, specialist staff and other professional visitors can continue to visit the nursery. Movements should continue to be limited to those that are necessary to support children or the running of the nursery.

Visitors should look to reduce the number of settings visited and to limit their contact time with children. They should also take regular lateral flow tests. Consideration should be given to the provision of this support by virtual means, where that is appropriate.

Tradespeople can continue to visit to carry out essential repairs or maintenance to support safe or effective running of the nursery or to support future capacity building.

They should remain physically distanced from staff and children.

Visits by specialist staff and tradespeople should be included in the setting’s risk assessment.

Specialist visitors should maintain appropriate physical distance from staff in the nursery.

If the visit takes place indoors, we will ensure that the physical distancing requirements can be strictly adhered to, any meeting space is well ventilated, face coverings are worn and that there is a supply of alcohol based hand rub available to visitors at the entrance to the setting.

Visits should be with the permission of the nursery manager.