

COVID-19

Policy and Response Plan

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COVID-19 Policy and Response Plan

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COVID-19 Policy and Response Plan

1. Introduction and Context

This policy and response plan

- Is informed by the Government's Return to Work Safely Protocol, COVID-19 Specific National Protocol for Employers and Workers.
- Is underpinned by the government's key recommendations to reduce the risk of transmission of the coronavirus: good hand hygiene, good respiratory hygiene, social distancing and regular cleaning and disinfecting.
- Is informed by the Department of Children, Equality, Disability, Integration & Youth (DCEDIY), and the HPSC. The resources consulted in developing this Policy include:
 - Practice Supports for safely reopening early learning and care and school-age childcare services during COVID-19
 - HPSC COVID-19 Infection Prevention and Control guidance for settings providing childcare during the COVID-19 pandemic (latest version 07.7.21).
 - Tusla Regulatory Guidance Document for Early Years Services: COVID-19
 - Tusla Early Years Services: Self-Assessment Checklist
 - The First 5 Website
- Is in addition and complimentary to Regulation 23 Safeguarding, Health, Safety and Welfare of the Child of the Child Care Act 1991 (Early Years Services Regulations) 2016
- Is in addition to the Services' Infection Control Policy
- Is in addition to the Services' Risk Management Policy
- Is in addition to the Services' Staff Training Policy
- Is in addition to the Services' Dropping Off and Collection of Children Policy

2. Policy Statement

This policy is intended to support our Service adopting a risk assessment approach and to implement public health measures to reduce the risk of the transmission of COVID-19 to provide a safe and healthy environment.

This policy sets out procedures to implement public health measures to reduce the risk of the transmission of COVID-19 while ensuring that the service's policies and practices remain child-centred, and that children's health and well-being are a primary concern.

The service has a strong focus on the importance of effective communication with staff, parents and children and supports that may be required to alleviate the impact of the disruption, uncertainty, and distress for some caused by COVID-19

3. Notification to the Authorities

An outbreak of COVID-19 must be notified to Tusla within 3 days. Tusla have developed a Notification Form for this purpose.

The HSE has a dedicated number for Early Years' Services if they need assistance out of hours phone: **1800 940341** (out of hours Saturday-Sunday, 10am-1pm, 1:30pm-4pm).

4. COVID-19 Infection Control Policy

The Service's Infection Control Policy has been reviewed in the light of the COVID-19 pandemic and in accordance with HPSC and Tusla's Early Years Inspectorate Guidance and Information on how to operate a service successfully. What is set out below is the additional enhanced procedures and should be read in conjunction with the service's standard policy.

COVID-19 is a new illness caused by a new coronavirus (SARS-CoV-2) which is spread mainly through tiny droplets scattered from the mouth or nose of a person with

the infection. The droplets can be scattered when the infected person coughs, sneezes, talks, laughs, shouts, or sings. To infect you, it must be droplets from an infected person's nose or mouth into your eyes, nose, or mouth.

Anyone can get this illness but to date the evidence is that older people and those in at risk categories are most seriously affected.

The most common symptoms are

- Cough - this can be any kind of cough, usually dry, but not always, and usually persistent
- Fever - high temperature equal to or greater than 38 degrees Celsius
- Shortness of Breath
- Breathing Difficulties
- Loss of sense of smell
- Loss of sense of taste or a distortion of sense of taste

It can take up to 14 days for symptoms to appear. Some cases are asymptomatic, meaning there are no symptoms, however if tested the person would likely test positive for COVID-19.

Children

Current evidence suggests that younger children (under 10 years) may be less likely to catch the infection, are much less likely to get serious illness and less likely to spread the infection than adults and older children. However less likely it does not mean impossible, children do get infected, though their symptoms are often milder, but a small number get severe disease and the infection can spread from children to children and from children to adults.

Symptoms in children

Parents of children with the following symptoms should be advised to keep their children at home and seek the advice of their GP.

- Fever equal to or greater than 38 degrees Celsius

- (a temperature of 38C should not be discounted on the basis that a child is teething)
<https://www2.hse.ie/wellbeing/child-health/baby-teething-and-gums.html>
- A new cough, shortness of breath or deterioration in existing respiratory condition
- Diarrhoea, Vomiting, abdominal pain (unlikely to be the sole symptoms, but may require testing if they occur with a fever)
- Loss of sense of smell, loss of sense of taste or a distortion of sense of taste (where children can express or describe these symptoms)

Children with above symptoms are likely to be referred for COVID-19 testing and will be advised to stay at home and self-isolate until test results are known.

If a child is sent for a test, the whole household must restrict movements until the results of the test are known.

If the test is returned positive, the child must self-isolate (quarantine at home) for a minimum of 10 days from the onset of the symptoms, the last 5 days of which should be without fever. Should a fever occur in the last 5 days, a further period of self-isolation must continue until no fever is present for 5 consecutive days.

If COVID-19 is not detected the child must quarantine at home until 48 hours after the resolution of symptoms.

Self-isolation

Self-isolation means staying indoors and completely avoiding contact with other people. This includes other people in your own household, as much as possible. It applies to people with proven or suspected COVID-19.

Restricting movement

Restricting movement means avoiding contact with other people and social situations as much as possible. It applies to people who are without symptoms but considered at higher risk of developing COVID-19 because they were exposed to a particular risk e.g., are a close contact, travelled to a non-green list country

The HPSC has published a quick guide to self-isolation and restricted movement which is very helpful in understanding what the difference is between self-isolation and restricted movement and the conditions under which these processes are necessary:

<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/childcareguidance/Isolation%20quick%20guide%20under%2013s.pdf>

How it is transmitted or spread

The virus is transmitted through direct contact with respiratory droplets of an infected person (generated through coughing, sneezing, shouting, singing).

It can take up to 14 days for symptoms to appear. The evidence indicates that people with symptoms appear to be the most infectious in the early days after their symptoms appear. In some cases, there may be pre-symptomatic transmission in the day or two before symptoms appear. Some cases are asymptomatic, meaning there are no symptoms, however the individual is COVID-19 positive and could transmit the illness.

Individuals can also be infected from touching surfaces contaminated with the virus and then touching their face (e.g., eyes, nose, mouth). The COVID-19 virus may survive on surfaces for several hours e.g., plastic, or stainless steel up to 72 hours and cardboard less than 24 hours.

Covid-19 Vaccination

Vaccination against COVID-19 started in Ireland in late December 2020. The HSE is rolling out the vaccination programme in line with Government Policy as quickly as possible given the supply of vaccine available to date, currently including children aged 12 and older. A person who has received 2 doses of an EMA-approved COVID-19 vaccination (or 1 dose of the EMA-approved Janssen COVID-19 vaccination, plus 7 days), plus 15 days following receipt of the AstraZeneca vaccine, 14 days following receipt of the Moderna vaccine, and 7 days following receipt of the Pfizer/BioNTech vaccine, is fully vaccinated.

[For further information see the HSE website.](#)

In the months since the COVID-19 pandemic started, we have learned that:

- Children seem generally less likely to catch infection.
- Children seem more likely than adults to have no symptoms or to have mild disease. Symptoms in children can include cough, fever, runny nose, sore throat, diarrhoea, and vomiting.
- Children are generally not the ones who brought COVID-19 into a household when household spread has happened.
- Children are not more likely than adults to spread infection to other people.
- The virus that causes COVID-19 may on rare occasions trigger an inflammatory disease called PIMS in some children. PIMS stands for Paediatric Inflammatory Multisystem Syndrome.

Contact Tracing

The Minister of Health (in line with NPHE's advice) issued guidelines in September 2021 to Early Learning Care and School Age Care service providers and managers around their response practices to Confirmed COVID-19 cases and close contacts within pods. Our policy is in line with this advice and is set out below

IN SUMMARY, THIS ADVICE IS:

- 1. Contact Tracing Processes are no longer required to take place in our setting where there has been a confirmed positive case of COVID-19.**
- 2. Children aged 3 months to 13 years who identify as close contacts, and who have no symptoms of COVID-19 can remain in the setting. Restricting of movements is no longer required by close contact children from non-household environments.**
- 3. Children and adults who have been confirmed as household close contacts (and who are not fully vaccinated or who have not had a confirmed case of COVID-19 themselves in the past 9 months) are required to restrict movement and be referred for testing. (Restriction may be for 14 or 10 days following a Not Detected result, and given there are no symptoms)**

4. Our service is no longer required to notify HSE or seek Public Health advice on receiving information that there has been a confirmed positive case in our service. A public health risk assessment will not be carried out.

5. Children presenting with COVID-19 symptoms are required to self-isolate and not attend their Early Years or School-Age Care setting.

6. From a Public health perspective, we have been advised it is not required to notify families of a confirmed positive case in the service or a specific pod. We will continue to communicate to families that their child should not attend our setting if they have symptoms of COVID-19, and that medical advice from their GP should be sought. However as with all other notifiable diseases we will continue to inform families and staff of any positive cases of COVID-19 within the service without identifying the families or pod involved.

REASSURANCE:

- **The national vaccination programme (and ‘herd immunity’) is working.**
- **Child to child transmission of COVID-19 is uncommon.**
- **Children are rarely identified as the route of transmission into the household.**
- **Children are more likely to have less/no symptoms and/or mild disease.**
- **Children are less likely than adults to spread infection of COVID-19.**

COVID-19 Testing update

Routine testing of asymptomatic children and staff and children and staff who have not been identified as COVID-19 contacts is not recommended by the HPSC.

If a staff member or parent of a child is concerned that they may have symptoms of COVID-19, they should self- isolate and telephone their GP for advice.

If a staff member or a child is referred by their GP for a COVID-19 test they should self-isolate until they get their test results. Members from the same household, including siblings of a child referred for COVID-19 testing, are not permitted to attend the service while test results are pending.

If COVID-19 testing is arranged for a child or staff member by their GP or other medical personnel, the staff member or the parents will be contacted by public health to identify who has been in contact with them.

In the case where a positive result is confirmed (result sighted) and a service has not yet been contacted by public health, a service may decide to close the relevant pod/s as a precautionary measure until local public health instruct otherwise.

Please note that the COVID-19 telephone consultation with the GP and the COVID-19 test is provided free of charge

<https://www2.hse.ie/conditions/coronavirus/testing/how-to-get-tested.html>

Temperature testing

- The public health advice is that on-site routine temperature checking of children is not recommended as fever is not a consistent feature of COVID-19 in children.
- Temperature testing devices will be available in the service as part of standard practice.

5. How to Reduce Risk of Transmission in Our Service

The following are very important measures to help minimise the risk of the virus from entering the service and it is extremely important to work in partnership with staff and parents and gain their full co-operation in implementing these measures.

- Staff and children should only attend the service if they do not have symptoms of COVID-19.
- Staff with any of the symptoms outlined above should stay at home and contact their GP by phone.
- Children with any of the symptoms outlined above should stay at home and parents should contact their GP by phone. Children with mild upper respiratory symptoms e.g., a runny nose with **no** temperature and **no cough** may attend childcare.

- Where staff or children are awaiting test results, they must quarantine at home pending test results.
- Where staff or children test positive, they must self-isolate for a minimum of 10 days from the onset of the symptoms, the last 5 days of which should be without fever. Should a fever occur in the last 5 days, a further period of self-isolation must continue until no fever is present for 5 consecutive days.
- Where a member of the household is awaiting test results, staff and children should restrict their movements pending the test results.
- Practice cough and sneeze etiquette by covering mouth and nose with flexed elbow or tissue when coughing or sneezing. Dispose of used tissue immediately in a dedicated pedal operated bin
- Practice hand hygiene by washing hands often with soap and water or with alcohol-based hand rub if running water is not available. Soaps should be neutral and non-perfumed to minimise risk of skin damage.
- Implement social distancing of 2 meters between adults (staff, parents, visitors) when not engaged in childcare activity and where this is not possible use of screens or cloth face coverings should be implemented.
- It is mandatory to wear a face mask on public transport and in shops, shopping centres and retail spaces.
- Structure children and staff into play pods that are as small as is practical so that the number of close contacts is reduced
- Implement cleaning and disinfecting measures by cleaning frequently touched surfaces and objects and between sharing of any equipment by different play pods.
- All staff members, parents and children should follow government advice regarding travel and restriction of movement following travel. See separate travel section below.

Hand Hygiene

We will follow the following protocol in terms of hand washing:

We will wash our hands frequently with soap and warm water or use an alcohol-based hand rub (preferably minimum 60% alcohol) if hands are not visibly dirty for 40-60 seconds and in line with the WHO and HSE recommendations. Water will be controlled to 43 degrees C.

- The service will promote good hand hygiene techniques in line with HSE and WHO guidelines, and support children to do the same through modelling, signage, activities, supervision, and games.
- We will ensure an adequate supply of liquid soap, hand gel or rub and disposable or paper towels available throughout the premises including the arrival and outdoor areas. All hand gels and rubs must be kept out of children's reach.
- All hand gels in use for staff, parents or visitors to the Service are alcohol based.
- We will use liquid soap and warm running water for hand washing and only use hand gels or rubs where running water is not available.
- As we do not have sinks in the outdoor area, the children will use hand gel or rub under the supervision of staff and the hand gel will be kept out of children's reach.
- Hand gel or rub must be applied vigorously over all hand surfaces, for 40-60 seconds, and are only effective if hands are not visibly dirty.
- If hands are physically dirty, then they need to be washed with liquid soap and warm water and children and staff will have to go to the nearest sink or bathroom.
- Staff and children will be encouraged to avoid touching their eyes, their mouth or nose with their hands.

a. How to wash your hands with soap and water (HSE)

- Wet your hands with warm water and apply soap.
- Rub your hands together until the soap forms a lather.
- Rub the top of your hands, between your fingers and under your fingernails.
- Do this for about 20 seconds.
- Rinse your hands under running water.
- Dry your hands with a clean towel or paper towel.

b. Children should wash their hands and be supervised doing so

- When they arrive at the Service and before they go home
- Before eating and drinking
- After a nappy change or using the toilet
- After playing outside
- After sneezing or coughing into their hands
- Whenever hands are visibly dirty

c. Staff should wash their hands

- When they arrive at the Service and before they go home
- After coughing and sneezing
- Before handling food, preparing bottles, or feeding children
- Between handling raw and cooked food
- Before and after eating their own food – breaks/lunches
- Before and after giving or applying medication or ointment to a child
- After changing nappies, assisting a child to use the toilet, or using the toilet themselves
- After caring for babies or children who are teething or dribbling.
- After caring for babies and young children who require close physical contact and comfort, where contact points such as the neck or arms may become contaminated with secretions or mucous, these should be washed immediately.
- If staff move from one room to another room or from inside to outside areas
- If staff have physical contact with a child from another group other than their own group
- After contact with bodily fluids (runny nose, spit, vomit, blood, faeces)
- After cleaning tasks
- After removing gloves
- After handling rubbish
- Whenever hands are visibly dirty
- If in contact with someone who is displaying any COVID-19 symptoms
- Before and after being on public transport [if using it]
- Before and after being in a crowd
- Before having a cigarette or vaping [staff are reminded the service is a non-smoking/vaping area]

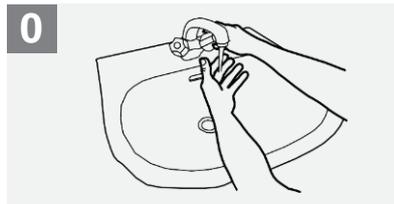
Hand-drying

Disposable single use papers towels will be used for hand-drying

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

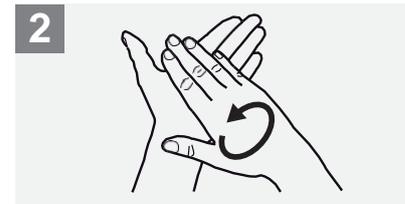
 **Duration of the entire procedure: 40-60 seconds**



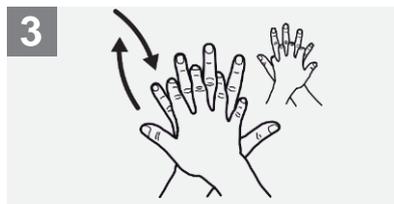
Wet hands with water;



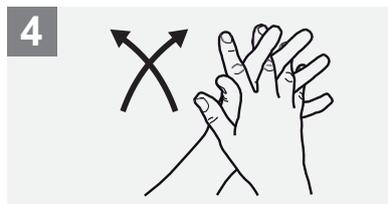
Apply enough soap to cover all hand surfaces;



Rub hands palm to palm;



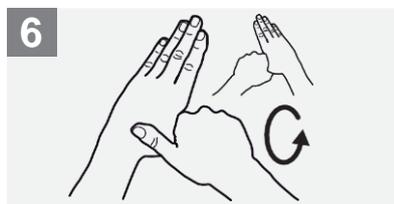
Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



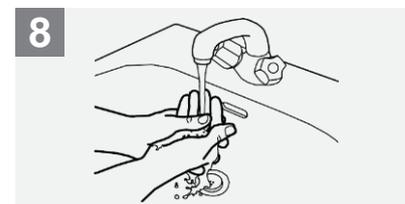
Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



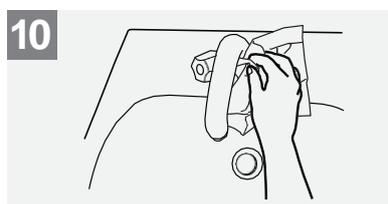
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



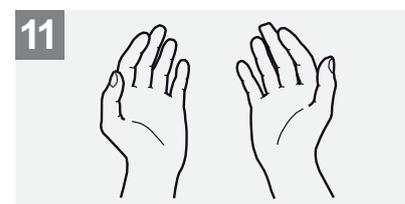
Rinse hands with water;



Dry hands thoroughly with a single use towel;



Use towel to turn off faucet;



Your hands are now safe.



How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

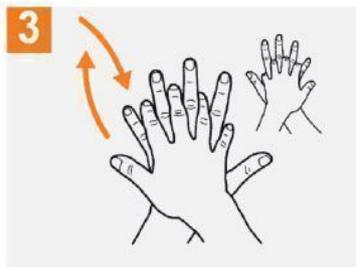
 Duration of the entire procedure: 40-60 seconds



Apply a palmful of the product in a cupped hand, covering all surfaces;



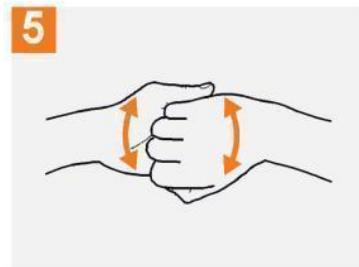
Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



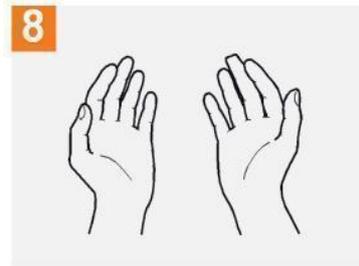
Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



Once dry, your hands are safe.



Respiratory hygiene practice, good respiratory hygiene, that is, when coughing and sneezing, cover your mouth and nose with flexed elbow or tissue – discard tissue immediately into a closed bin and clean your hands with alcohol-based hand rub (for adults) and for children soap and water for 40-60 seconds (or hand sanitiser if soap and water not available) and in line with the WHO and HSE recommendations.

- Staff and children must adopt good respiratory hygiene and etiquette
- Cough or sneeze into your elbow or into a tissue
- The Service ensures that tissues are readily accessible throughout the Service with a dedicated pedal operated bin provided in each of the rooms and in the outdoor areas for easy disposal of used tissues.
- Staff and children should wash their hands after coughing or sneezing

Avoid touching your eyes, nose, and mouth – the virus enters the body through eyes, nose and mouth so refraining from touching your face drastically reduces the chances of contracting the virus.

Personal Protective Equipment (PPE)

The service will have an adequate supply of PPE for use when required by staff including disposable single use plastic aprons and non-powdered, non-permeable gloves e.g., when there is a risk of coming in contact with bodily fluids.

Face Coverings

The National Public Health Emergency Team recommends the use of cloth face coverings by people aged 13 years or older once it does not pose a barrier to care

1. Staff will use face coverings when it is not possible to keep a 2m distance from other adults.
2. Staff will wear a face covering when in close proximity to children if doing so does not pose a barrier to early learning and care. It is expected that use of face coverings will generally be practical when attending to school age children.
3. Additional information on use of cloth face coverings and masks is available at the following link:

<https://www2.hse.ie/conditions/coronavirus/face-coverings-masks-and-covid-19/when-to-wear.html>

4. In some cases, staff who wish to use a face covering but who find that a cloth face covering is an impediment to childcare may consider the use of a visor. If a visor is used it should extend from above the eyes to below the chin and from ear to ear. A visor does not provide protection equivalent to a face covering and should only be considered when a mask is inappropriate eg. Staff member has a medical exemption from mask wearing
5. As of 10th January 2022 staff will wear a respiratory mask or a surgical face mask supplied by the service before the beginning of their rostered hours. Staff's own reusable masks should be double bagged in plastic and stored in staff member's locker. Disposable masks should be double bagged in plastic and disposed of in designated waste bin in office. Surgical face masks will be replaced after break times and the previous mask double bagged in plastic and disposed of in designated waste bin in office. Masks should be well fitted around the face using wire to mould around nose and below eyes.

Social distancing

- **The service will implement social distancing of 2 meters** between adults (staff, parents, visitors) when not engaged in childcare activity and where this is not possible use of screens or cloth face coverings will be implemented.
- As part of social distancing a '**no handshaking policy**' will be implemented
- The service recognises that it is not possible for staff to maintain physical distancing when caring for young children and it is not practical nor recommended that young children should physically distance from each other in their play pod.

Visitors

1. Any visits to our service during the day will be by prior arrangement only and visitors will be received at the following contact point: Main entrance
2. Physical distancing should be maintained with visitors where possible.
3. If we are likely to have a high throughput of visitors to a specific contact point, we will increase natural ventilation as much as possible taking account of comfort and security. The goal is gentle air circulation rather than strong air movements. We will also consider use of physical barriers i.e., a screen when adequate distance cannot be reliably maintained or use of cloth face coverings as per NPHEt guidance.

Doors and windows in the service are opened before the service and remain open during opening hours except in the event of room temperatures falling below recommended levels. In this case the minimum necessary amount of windows and doors are closed to achieve optimal room temperature.

4. In relation to drop off forgotten items (change of clothes, nappies, lunch boxes, etc.) a designated drop off point will be identified and used

Designated drop-off point: Lobby inside main doors

5. Parents visiting for meetings with staff will be by appointment when possible and will be facilitated in a way that adheres to social distancing requirements. Meetings will be arranged to ensure that congregation of parents in waiting areas is minimised for example where parents travel for a meeting by private car they may be invited to remain in the car until staff are ready to meet them. Weather permitting and if privacy is not compromised, meeting outdoors may be considered.

Play Pods

Our play pods are arranged as below:

Name of Pod:	Number of Children:	Number of Staff:
Exploring	Max 13	6
Adventure	Max 22	6
Discovery	Max 22	6

Guidance Note from HSE

- There is no evidence base on which to define a maximum pod size. This guidance is based on keeping pod sizes as small as is likely to be reasonably practical in the specific childcare context.
- Services should continue to operate within regulatory adult-child ratios. A pod is generally likely to include up to 2 adults. In some cases, a pod may require 3 adults for example if there are children with specific needs that require additional care or support or if this is more practical when caring for very young children. These are just two examples; other scenarios may apply.
- Pod size may take account of regulations relating to the maximum adult-child ratios in the relevant regulation quoted below. On this basis, the size of a pod in a given setting will be related to regulations that apply to the childcare context with the principle of keeping pods as small as practical.
- The current maximum adult-child ratios for children in full day care are 1-3 for those aged less than 1 year, 1 to 5 for those aged 1 year, 1-6 for 2-year-olds and 1-8 for 3- 6-year-olds.

- Bearing in mind that the goal is to keep pod size as small as is practical at all times and the above ratios the following are examples, but not specifications, regarding possible pod structures. A pod size of 8 to 12 (2 to 3 adults and 6 to 9 children) may be practical for children aged less than 1 year, a pod size of 12 to 18 (2 to 3 adults and 10 to 15 children) for children aged 1, a pod size of 14 (2 adults and 12 children) for children aged 2 years and a pod size of 18 (2 adults and 16 children) for children aged 3 to 6.
- For sessional pre-school provision in the 2 years before school entry, the ratio is 1 to 11, and for school age childcare, the ratio is 1 to 12. In this context a practical pod size would be 24 (2 adults and 22 children) or 26 (2 adults and 24 children).
- Within a play pod social distancing between young children is not recommended and, therefore, we will not expect children to social distance in our Service.
- If a staff member must move between play pods e.g., to cover for staff absences/breaks, staff must wash hands on entry and leaving a play pod and a record should be kept of this movement and should be kept to an **absolute minimum.** To achieve this extra staff have been assigned to each pod for covering of absence as well as for extra cleaning responsibilities.
- We will manage the circulation and movement of children in their play pod between their room, the toilets, the outdoor area, and any other areas of the service to ensure no physical contact with children or staff in other play pods in as far as possible.
- The service will use markings on the ground and other ways to divide indoor and outdoor physical areas to support and guide children's safe movement within their 'play pods' and reduce contact with children in other groups.

Staff's physical contact with children within their Play Pod

- The service requires staff in the same play pod to implement social distancing of 2 meters or 6 feet between them while they are working with children in as far as possible, whilst ensuring children are kept safe and well cared for.
- The service recognises that babies and young children need physical contact and comfort from staff for their safety, their wellbeing and to attend to their personal care needs and that staff will have close contact with children in their play pod.
- The service recommends that children should initiate the physical contact with staff or where children are indicating through their behaviour or words that they need comfort, that staff respond to the children's needs for physical comfort, nurture, or hugs.

- The service recommends that staff do not kiss children.
- Staff should be cognisant of any dribbling or mucus discharge when holding babies and to wash their hands and change clothes.

Physical environment

- The premises will be cleaned thoroughly both indoors and outdoors prior to the service re-opening, including all toys and equipment.
- The service will ventilate the environment as much as possible and within temperature requirements e.g., through opening windows in advance of children being in the room or while they are outside. COVID-19 thrives more in an indoor environment.
- The service will use the outdoor space as much as possible when the weather permits. This increases the space for activities to be set up and increases the space between children.
- Child friendly signage will be displayed including physical distance markings in communal areas and at drop and collection points to encourage social distancing and to prevent groups congregating
- We have placed a notice (available in a language that is easily understood by parents/guardians of the children attending) at the entrance to the service stating that children and staff may not attend if a child/parent/household member or staff member has
 - ✓ signs or symptoms of respiratory infection, such as a cough, shortness of breath and/or fever
 - ✓ temperature of 38C or over
- Children's personal items (e.g., clothing and bags) will be separately stored for each child [each child has a designated cubby hole for belongings, outdoor clothing is stored in plastic boxes that are individual to each child]

Physical environment – staff areas

- Offices are treated like care rooms and access limited primarily to office staff and when childcare staff must complete administrative, filing or reporting tasks

- Office spaces are reconfigured to ensure social distancing of 2 meters or 6 feet between the staff. Where that can't be organised only one staff member will use the office at a time.
- Staff will not share equipment such as pens, cups and plates but should have these items for their own personal use.
- We ensure tables and chairs are placed far enough apart to ensure social distancing of 2 meters.
- Staff are responsible for cleaning and disinfecting their tables and chairs after use for the next person.
- Cutlery and crockery will be washed in a dishwasher at 60°.

Toys and equipment

- The service will organise toys and play materials into a number of boxes for the different groups or 'play pods' of children and wash the toys after use each day. In this way each group or play pod of children has its own box of toys and there is no sharing across play pods.
- The service will offer toys that can be easily cleaned, disinfected (where necessary) and dried daily.
- The service will carefully consider the use of certain toys that are difficult to clean e.g., dress up clothes, soft toys. Supplies of any soft/fabric play materials in use (such as dress-up and/or soft toys) will be provided on a rotational basis to individual pods to allow for regular washing. Any soft/fabric materials will be removed and washed if visibly soiled.
- The service will limit the use of playdough, gloop, similar materials, and where being used should not be shared between children and should be replaced daily.
- The service will limit food preparation activities (on a temporary basis during COVID-19 emergency) where children take turns in preparing and later eating food.
- Toys, jigsaws, and puzzles used by babies and young children, which have been placed in their mouths, will need to be capable of being washed before reuse by another child in their play pod.
- The service will offer sand and water play for the children in their play pods e.g., in their rooms, but must not be shared across the play pods

- The service will ask parents and children not to bring soothers, comforters, or favourite toys from home into the centre. If a child needs a soother it may have to be provided by the service for use in the service only or the parent could be asked to bring in a new soother which would be retained in the service.
- The Service will be responsible for sterilising soothers, teething rings and other comfort items left on the premises. These items should not be brought in every day to the Service. They are either retained in the Service or supplied by us.

Protocol for Mouthing Toys

- Individual mouthing toys used for children who are teething will be brought in from home and only used if required.
- A 'Milton bath/tray' is in use in relevant rooms to facilitate the sterilisation of any mouthed toys/items. The 'Milton bath/tray' is replaced at a minimum of once per day.
- Staff will be vigilant that these items, if used, are not transferred between children, and are removed immediately after use.
- Such items must be sterilised in accordance with manufacturer's guidance. This will also apply to toys located in the room which children mouth. It is important to note manufacturer's instruction
- A record is kept of sterilising such items.

Trips

- Trips further afield e.g., requiring transport or to amenities that may be used by other children or groups to be deferred for now

Food provision

- Children will have their snacks and meals with children in their play pod.
- The service actively discourages the sharing of food between children and between staff.
- 'Buffet' or 'self-serve' methods of serving will not be implemented during the COVID-19 emergency.
- Food items brought in from home should be in disposable Ziploc bags or foil so that wrappings can be disposed of appropriately. Unused food items will also be discarded by the service.

Sleep/rest

- Sleeping cots are arranged as normal so that there is a physical distance of 50 cm between cots. Pods using sleeping cots have their own assigned sleeping room.
- Children use the same cot at different times subject to strict infection control practices being undertaken between use
 - ✓ Cleaning of the cot frame
 - ✓ Cleaning of the mattress
 - ✓ Changing of the bed linen
 - ✓ Labelling of sleep equipment with the name(s) of the children who use the cot
 - ✓ Record when the bed linen was changed
- Daily cleaning of mattresses and sleep mats must take place with additional cleaning required when visibly soiled.
- The provision of individual sheets and bed linen is required, and staff must be vigilant in the safe removal and laundering of soiled linen and the appropriate storage of clean bed linen.
- All laundry is to be washed at the highest temperature that the fabric can tolerate. See <http://www.hpsc.ie/>.
- Child-sized furniture used in cosy corners are reconfigured to be easy to clean and covered in a wipeable material.

Children's personal care

The service uses the following procedure: when providing personal care to babies such as nappy changing or supporting toddlers with toileting, staff should wear disposable single use plastic aprons and non-powdered, non-permeable gloves as well as washing hands before and after use of gloves.

Children with additional support or care needs

Physical distancing may not be practical or reasonable to implement where children have personal care or assistance needs. Our focus will be on emphasising that parents/guardians should have a heightened awareness of signs, symptoms or changes in baseline which might suggest illness/COVID-19 infection and where symptoms are present, children should not attend. This will be explained by our staff to parents/guardians. Children who are unable to wash their hands by themselves

should be assisted to clean their hands using either soap and water or a hand sanitiser (if their hands are visibly clean).

If healthcare/personal care is provided to children in our setting the professional (such as a Personal Assistant) will follow the standard infection prevention and control practice for healthcare delivery, as advised by the child's parent and the health professional

Some children may have care needs (physical, emotional, or sensory) which require the use of aids and appliances and/ or medical equipment, for example toileting aids, moving and handling equipment, respiratory equipment. Where cleaning of aids and appliances is carried out in our setting we will develop a specific cleaning schedule detailing when and how the equipment is cleaned and the cleaning products to be used in accordance with the manufacturers' instructions.

The following points will guide the development of such cleaning schedules:

- a. Equipment used to deliver care should be visibly clean.
- b. Care equipment should be cleaned in accordance with the manufacturer's instructions. Cleaning is generally achieved using a general-purpose detergent and warm water.
- c. Equipment that is used for different children must be cleaned and, if required, disinfected immediately after use and before use by another child e.g., toileting aids.

If equipment is soiled with body fluids:

- d. First, clean thoroughly with detergent and water.
- e. Then disinfect by wiping with a freshly prepared solution of disinfectant.
- f. Rinse with water and dry.

Fire Evacuation

- Fire evacuation will be carried out per room rather than the entire building during the period of COVID-19

Waste Management

- All personal waste, including used tissues and all cleaning waste, should be placed in a plastic rubbish bag.
- Bag should be tied when almost full and then placed into a second bin bag and tied. Once the bag has been tied securely, it should be left somewhere safe.
- Foot-operated bins are available in all rooms and accessible to staff and children. In the event of a suspected case or confirmed case of COVID-19 occurring at the service, the following waste management system will be used:
- There is a supply of refuse bags available for double bagging and disposal of contaminated waste; used only if a case of COVID-19 is suspected in the service.
- A designated area for the storage of possible contaminated COVID-19 waste for 3 days must be available after which time it can be placed with normal waste.

Ventilation

Rooms will be kept well ventilated, windows and doors in the service will be opened before the start of the day.

Outdoor Play

We will encourage and maximise the use of the outdoor and outdoor activities as much as possible as the risk of spread of infection between people is much lower when they are outdoors. Staff and Children will wash hands on entry to and exit from the outdoor area. Where possible:

- we will divide the outside area so more than one play pod at a time can use the outdoors
- we will create sheltered outdoor spaces
- we will provide easy and safe access to the outdoors for the children
- we will have safe access to toilets
- we will have outdoor hand washing/hand sanitizing stations
- we will have access to tissues and pedal disposable bins
- we have a disinfection routine following each pod's use of the outdoor space that includes high touch/communal surfaces on outdoor play equipment

Revised Drop off and Collection Procedures

The purpose of these dropping off and collection of children procedures is, in as far as possible, to support social distancing and minimize the number of contacts that parents and children have with other parents and children, especially at the entrance to the service or in the arrival area.

Only parents or carers who are well and have no symptoms of COVID-19 and are not a close contact of a confirmed case of COVID-19 or who have served the required restricted movement or self-isolation period where advised should be allowed to drop off and collect children. We ask parents/carers who are in the vulnerable categories not to do the drop off/collection, if possible.

We will:

- Organize that parents drop and collect their children at the same time as children in their 'play pod' group at their assigned collection point.
- Organize staggered dropping off and collection times with the parents.
- Ensure that the group of children in their 'play pod' and parents are met by the keyworker staff assigned to that 'play pod' group of children
- Use 2-meter markings on the ground outside the service to encourage parents with their children to socially distance at drop off and collection times
- Request that only one parent per family drops off and collects their child/children.
- Ask parents to wash their hands and children's hands at home before they come to the service.
- Ask parents to bring their child to the centre in clean clothes each day. Where this is not practical, alternatives will be discussed with the parents. The service will ensure that it has additional clean clothes for children to change into if required.
- Ask parents not to leave equipment such as buggies, car seats, scooters at or in the premises but to bring them home.
- Ask parents and children to sanitise their hands on arrival at the service and at collection times.
- Limit access to the service to parents of infants and those with specific needs or in risk categories

Verification of Child's Fitness to Attend Daily

Whoever drops the child to the service will be asked the following questions:

- Has the child been ill in the last 24 hours?
- Has the child had antifebrile medication in the last 24 hours?
- Has the child had a temperature in the last 24 hours?

The staff member who is accepting the child into the service will verify the answers and the child will be admitted only if the staff member is satisfied with the answers to these questions.

6. Returning to the Service (Children)

Communication with parents/guardians

In advance of children returning (after an absence), the service will contact parents:

- Enrolment forms will be updated if required particularly in relation to authorised collectors
- To enquire if their child is returning to the service
- To ask them to complete the return to service child form
- To explain the revised COVID-19 health and safety and risk management procedures, the revised drop off and collection procedures, the purpose of these new procedures in reducing the transmission of the virus and that the service is safe for their children to return to while acknowledging that the risk of the virus being transmitted cannot be fully eradicated.
- To explain the 'play pod' – who will be their child's key worker and that the purpose is to reduce the number of close contacts that their child and the staff will have while attending the service
- To emphasize the importance of their child only attending the service if they are well and with no symptoms of COVID-19 and actions to be taken if their child is displaying any of the symptoms of COVID-19 or is a confirmed case or is a close contact with a suspected or confirmed case.

- To explain the actions that will be taken if a child or staff member shows symptoms of COVID-19 while attending the service including that their child's temperature may be taken in this context.
- To request an additional emergency contact in the event that they are not contactable.
- To explain the parental agreement, what it will cover and that parents will be required to sign it
- To assure them that the service's practices will continue to be child-centred.
- To emphasize the responsibilities of parents in supporting the new procedures.
- The service will also seek to understand if COVID-19 and the restrictions have had any traumatic or difficult impacts on the child and family and how the service may need to support the child on their return.
- The service recognizes that ongoing communication will be important especially if procedures change or are updated and this helps to make everyone feel secure and safe with the new procedures.
- The service will ensure that parents are met at the entrance of the service each day by a staff member working in the 'play pod' that their child is in, while adhering to social distancing between the adults where possible and practical. In addition to the usual communication about children, this time also allows discussion on children's health and any sign of them being unwell.

Where a child is in an at-risk category or has a medical condition that requires ongoing regular medical care, parents should be advised to discuss any concerns that they may have about their child returning to childcare with their child's GP.

7. Returning to the Service, (Staff)

- Before returning to work (following absence) all staff must complete a pre-return-to-work form at least three days in advance of returning to work. This form should seek confirmation that the staff member to the best of their knowledge has no symptoms of COVID-19, that they are not self-isolating, that they are not a close contact of a person who is a confirmed or suspected case of COVID-19 or awaiting results of a COVID-19 test.
- If a staff member is identified as being in the “at risk or vulnerable category”, the Service will carry out a risk assessment with the staff member and identify what controls can be put in place to support the staff member’s safe return to work. The staff member can also discuss any concerns they have about returning to work with their medical practitioner. It is recommended in the Return to Work Safely Protocol that vulnerable or at-risk staff should be preferentially supported to maintain a physical distance of 2 meters, however while this may be possible between staff, this will be challenging if not impossible to implement while working with young children.

8. Exclusion from the Service (Staff)

See also Overseas Travel below

- After a return to work, any staff member who is unwell with a fever, has a cold, influenza or infectious respiratory symptoms of any kind or displaying any of the symptoms of COVID-19, must stay at home, contact their GP and seek their guidance on referral for coronavirus testing.
- If referred for testing the staff member should stay at home and self-isolate until the test result is known.
- Any staff member who tests positive for COVID-19 should self-isolate at home for a minimum of 10 days from the onset of the symptoms, and the last 5 days of which should be without a fever. Should a fever occur in the last 5 days, a further period of self-isolation must continue until no fever is present for 5 consecutive days. Staff may be required to provide a doctor’s certificate stating that they are no longer infectious and fit to return to work.

- Staff members with symptoms of respiratory infections but do not test positive for COVID-19 should stay at home until 48 hours after the resolution of symptoms and can then safely return to the service. To ensure that staff are well on return to the service staff may be asked to sign a declaration form stating that they are well and that they have no symptoms of COVID-19.
- Any staff member who is a close contact of a person who has or is suspected to have COVID-19 should stay at home and restrict their movements according to the advice given by the HSE to them directly. They should only return to the service after this 14 day period of restricted movement has been completed. To ensure that staff are well on return to the service staff may be asked to sign a declaration form stating that they are well and that they have no symptoms of COVID-19.
- Staff must adhere to all public health travel restrictions. See separate section on Travel in this policy

9. Exclusion from Service (Children)

See also Overseas Travel below

Parents should not send their child in if:

- They have a temperature of 38 degrees or over.
- Any other common symptoms of COVID-19 such as new cough, loss or changed sense of taste or smell and shortness of breath.
- Been in contact with someone who has tested positive.
- Been living with someone who is unwell and may have COVID-19.

In these instances, the parent should phone the GP and they will advise if the child meets the criteria for testing.

- If referred for testing the child should stay at home and home quarantine until the test result is known.
- Any child who tests positive for COVID-19 must quarantine at home for a minimum of 10 days from the onset of the symptoms, the last 5 days of which should be without fever. Should a fever occur in the last 5 days, a further period of self-isolation must continue until no fever is present for 5 consecutive days. It may be

required that a doctor's certificate stating that the child is no longer infectious and fit to return to the service is submitted.

- Any child who is a close contact of a person who has or is suspected to have COVID-19 should restrict their movements according to the latest HSE advice even though the child feels well but it is possible that they are also infected as it can take 2 – 14 days to show symptoms. They should only return to the service after this restricted movement period has been completed. To ensure that children are well on return to the service, parents may be asked to sign a declaration form stating that their child is well and that they have no symptoms of COVID-19.
- Parents/guardians/children must adhere to all public health travel restrictions.

10. When can a child attend the Service?

The HPSC have published a new Decision Pathways document that provides some new information on when children from 3 months to 13 years can attend their school and ELC/SAC setting. The document includes the following **change to previous advice**:

- A child with nasal cold symptoms (runny nose or sneezing) **can** continue to attend their ELC/SAC setting, provided:
 - The child is otherwise well and active,
 - The child has no new cough
 - The child has no temperature
 - There is no other person in the child's household with a suspected or confirmed case of Covid-19.
 - The child is not a close contact of a person with a suspected or confirmed case of COVID-19

11. Visitors and Contractors

- Where at all possible, we will limit access to the service to staff and children only.
- Visitors or contractors will only be permitted to enter the service on essential business e.g., essential maintenance and they should be asked to make these visits outside of the usual operational hours.

- Visitors or contractors will be required to adhere to any safety measures in place to minimise transmission risk, including the wearing of masks and maintaining a 2-metre distance from other adults where possible.
- Where external deliveries are required, practices will be put in place to ensure that delivery staff remain outside the premises and adhere to social distancing and good infection control practices
- All visitors and contractors will be required to sign the Service's Visitors' Book giving their name, date of visit, contact details and reason for them being at the service.
- People who are in high risk or vulnerable categories will be asked not to attend.

12. Parental Communication

Given that communication between staff and parents will be reduced to drop off and collection times, management and staff will use alternative ways to communicate with parents e.g., email, text, phone, social media and zoom meetings.

13. Enhanced COVID-19 Cleaning Schedules

The named person responsible for cleaning and keeping a record of cleaning products is Carlos Ascorbe

We will use enhanced cleaning schedules which specify:

- The areas to be cleaned, particularly frequently touched surfaces, e.g., light switches, door handles, taps, toilet flush handles, table tops, fridge handles.
- The method of cleaning, frequency of cleaning, and the cleaning product to be used.
- All toys, in particular mouthed toys, and outdoor toys and equipment
- A procedure for cleaning and storage of soothers, sippy cups, and oral sensory chewing devices and mouthed toys.
- A list of the cleaning products will be maintained with clear written directions for their use.
- All cleaning products will be correctly labelled with their active ingredient.
- Each care room or pod will have an adequate supply of cleaning agents stored safely so that staff do not have to leave the care room to retrieve them. The

provider will ensure that there are adequate supplies of cleaning agents, liquid soap, hand gel/rub, paper hand towel

Cleaning of Toys

- All toys (including those not currently in use) will be cleaned on a regular basis, i.e., weekly. This will remove dust and dirt that can harbour germs.
- Toys that are used by very young children will be washed daily.
- Toys that children put in their mouths will be washed after use or before use by another child.
- All toys that are visibly dirty or contaminated with blood or body fluids must be removed immediately for cleaning or disposal. Toys awaiting cleaning must be stored separately.

Cleaning Procedure

- Wash the toy in warm soapy water, using a cleaning brush to get into crevices.
- Rinse the toy in clean water.
- Thoroughly dry the toy.
- Hard plastic toys may be suitable for cleaning in the dishwasher.
- Toys that cannot be immersed in water i.e., electronic or wind up should be wiped with a clean damp cloth and dried.

Disinfection procedure

- In some situations, toys/equipment may need to be disinfected following cleaning for example:
 - Toys/equipment that children will place in their mouths.
 - Toys/equipment that have been soiled with blood or body fluids.

Selection and management of toys from an infection prevention viewpoint

In line with existing national guidance, we will follow the recommendations to:

- 1.** Choose toys that are easy to clean and disinfect (when necessary) and dry.
- 2.** In the context of the pandemic, the use of certain types of toys (e.g., soft toys, stuffed toys, play dough) needs to be considered carefully. Supplies of any soft/fabric play materials in use (such as dress-up and/or soft toys) will be provided on a rotational basis to individual pods to allow for regular washing. Any soft/fabric materials will be removed and washed if visibly soiled.
- 3.** Play dough will be replaced daily and soft toys should be washed regularly.
- 4.** Although it is not clear that kinetic sand poses a specific risk a container will be allocated to one pod or to a limited number of pods and containers cleaned regularly. There is no requirement to change kinetic sand at specific intervals.
- 5.** If soft toys /comfort blankets are essential for some children they will be personal to the child, they should not be shared, and they must be machine washable.
- 6.** Jigsaws, puzzles, and toys that children are inclined to put in their mouths must be capable of being washed and disinfected.
- 7.** We will discourage children from putting shared toys into their mouths.
- 8.** We will store clean toys/equipment in a clean container or clean cupboard.
- 9.** We will always follow the manufacturer's cleaning instructions.
- 10.** We will always wash our hands after handling contaminated toys and equipment.
- 11.** We will clean toys between sessions
- 12.** Outdoor sand pits will be managed in keeping with current national guidance which states that they are unlikely to post a significant added risk for the spread of COVID-19 if used by one pod of children at a time. There is no requirement to allow a specific interval between use of a sand pit by one pod and by a subsequent pod.

Further guidance is available at <https://www.hpsc.ie/a-z/lifestages/childcare/>.

During an outbreak of infection

If disinfection is required:

1. Use a chlorine-based disinfectant at a concentration of 1,000ppm available chlorine (See <https://www.hpsc.ie/a-z/lifestages/childcare> Appendix F on Chlorine Based Disinfectants).
2. Rinse and dry the item thoroughly.
3. **Note:** Always follow the manufacturer's cleaning/disinfecting instructions and use recommended products to ensure effective usage and to ensure equipment is not damaged.

14. COVID-19 Enhanced Risk Management Policy

This policy has been reviewed in light of the COVID-19 pandemic and in accordance with HPSC and Tusla's Early Years Inspectorate Guidance and Information on how to plan for reopening and operating as safely as possible at this time.

COVID-19 is a new illness caused by a new coronavirus (SARS-CoV-2) which is spread mainly through tiny droplets scattered from the mouth or nose of a person with the infection. The droplets can be scattered when the infected person coughs, sneezes, talks, laughs, shouts, or sings. To infect you, it has to get from an infected person's nose or mouth into your eyes, nose or mouth.

This can happen if:

- You come into close contact with someone who has the virus and who is coughing or sneezing
- You touch - with your hands - surfaces or objects that someone who has the virus has coughed or sneezed on, and then touch your mouth, nose or eyes without having washed your hands thoroughly.

COVID-19 is a notifiable disease and must be notified within 3 working days of becoming aware of a notifiable incident. Tusla have developed a Notification Form for COVID-19 which includes additional information regarding the risk of closure as a result of COVID-19. The purpose of this form is to monitor any pending COVID-19 public health issue in early years settings and the continuation of childcare provision.

Risk management and COVID-19

In managing the risks associated with COVID-19 in the service, the risk management process outlined in the service's Risk Management Policy will be used. The risk management approach will focus on identifying the hazards, the level of risk and the controls to address the risks identified. Risk assessment forms will capture the risks identified, the level of risk and the control measures that have been put in place. An incident plan has been developed and is outlined in this policy, as part of the risk management process.

Attendance Records

Accurate attendance records of staff, children and visitors will be kept.

Cleaning between Sessions:

- The Service will be cleaned and ventilated between each session.
- The Service will be cleaned thoroughly throughout the day at designated times.

Daily Risk Assessment

Daily Risk assessment of classrooms, sanitary areas, sleep areas and outdoors has been enhanced in light of COVID-19

Areas of Risk

Some of the areas of risk that will be included in the risk management process:

People

- Children
- Staff
- Parents
- Visitors / contractors
- People in at risk or in high risk categories
- Pregnant staff
- Staff absenteeism associated with COVID-19

Activities

- How staff work together
- How staff and children work together
- The circulation and movement of staff and children in the service
- The drop off and collection of children to and from the service by their parents/carers
- The movement of support staff in the service e.g. cooks, cleaners, administrators, managers
- The engagement of the staff with external contractors, delivery, waste management services

Environment

- Spaces – indoor and outdoor including the children’s rooms, outdoor play areas, staff spaces, toilets, kitchen, entrances, reception areas, offices
- Equipment – office, children’s play equipment
- Furniture – staff and children’s furniture
- Toys / books, play materials

15. Staff Management and Training During Covid-19

Rosters

Management will confirm in advance to staff any changes relating to:

- New staff rosters according to pods and to allow for minimum contamination within the pod.
- Starting and finish times
- Rostering of breaks [as appropriate] please see breaks below.
- Arrangement of teams and how they will work together [where applicable]

Floating/relief people while recognised as essential will be limited as much as possible.

Any changes in staff rosters must be compliant with the adult/child ratios as set out in the Child Care Act 1991 [Early Years Services] Regulations 2016 and the Child Care Act 1991 [Early Years Services] [School Age Childcare] Regulations 2018.

Management will confirm to staff the reason for the changes in rosters, start/finish times and break. These arrangements may change in line with further updates regarding COVID-19 issued by the Government, Public Health Office, DCEDIY or Tusla, the Child & Family Agency. The arrangements will also depend on how the service reopens and children start attending the service.

Staff training

COVID-19 staff induction training

Before returning to work all staff will have specific training on the following and a record of this training will be maintained.

- COVID-19 including symptoms, modes of transmission and how to reduce the risk of transmission of COVID-19
- Revised policies such as infection control, risk management
- The location and use of the Service's Isolation Room.
- The Service's COVID-19 Incident Plan on the actions to be taken if a staff member or child is suspected as having or tests positive for COVID-19
- The revised procedures for drop off and collection of children
- The revised and enhanced procedures for cleaning
- How to set up the play environment in a play pod and to engage and meet the children's needs
- How to use personal protective equipment in the event of a child or another staff member becoming unwell

COVID-19 lead staff representative

At least one COVID-19 lead staff representative will be appointed by the employer, to work in partnership with them to assist in the implementation of changes to work practices and infection control measures. This role can be taken up by the service's Health and Safety Officer.

The staff taking up this role will receive training. The roles and responsibilities of this individual will include:

- Working collaboratively with the employer/manager to ensure that COVID-19 measures are strictly adhered to.
- Being aware of the signs, symptoms, transmission of COVID-19 and preventative measures.
- Being responsible for the PPE stock-check and items in use in the Isolation Room.
- Being familiar with what to do if a staff member or a child develops symptoms while in the service.
- Being familiar with all the COVID-19 measures in place in the service.
- Keeping up to date with government advice on COVID-19.
- Supporting effective communication between staff and management on the COVID-19 health and safety measures in place and how they are working.
- Being available to staff for any concerns they may have.
- Reporting problem areas or non-compliance to management.

Staff breaks

- Staff breaks/lunches should be staggered by reorganising and rearranging break times to prevent interaction between staff in different play pods. This can be done by ensuring social distance of 2 meters between staff at all times while not working with the children in the play pods and especially between staff that are in different play pods.

Meetings

- Conduct meetings as much as possible using online remote means. Where face to face meetings are necessary, the length of the meeting should be kept to a minimum and the participants must maintain social distancing of 2 meters at all times.
- Rooms in use for face-to-face meetings will have adequate ventilation.
- Rooms in use for face-to-face meetings will have hand gel readily available.
- Staff members must not gather together in groups in the service or on arrival or when leaving. The service in cooperation with staff will organise the staggering of the movement of staff in and out of the service to support social distancing.

Staff clothing

- It is recommended that staff wear clean clothes or a clean uniform each day and, at the end of the day, that staff go home, shower and put uniform or work clothes in the wash immediately at a temperature of 60°
- If space is available, staff come to work in their personal clothes and change into work wear in work after washing their hands. They should change back into their personal clothes at the end of the day to minimise transmission of virus into their home from the service.
- It is recommended that staff have some additional clean clothing in the service e.g. in case of spillages and/or bodily fluids coming in contact with their clothing.
- Hands and fingers are free from jewellery and acrylic nails.
- Nails should be cut short and free from polish.

On-going communication and support

- This is an uncertain time with many challenges. Public health advice changes as more is known about COVID-19 so the service will provide ongoing support and communication to keep staff up to date.
- We will provide support for staff who may be suffering from anxiety or stress e.g. may have gone through traumatic events such as the serious illness or death of a relative or friend, or be experiencing financial difficulties
- During the COVID-19 period regular 'check in' with staff should be carried out by management and/or the COVID-19 representative. Employees should raise any concerns/issues or suggestions.

16. Overseas Travel

Please refer to the current Government guidelines regarding travel and restriction of movement available at:

<https://www.gov.ie/en/campaigns/75d92-covid-19-travel-advice/>.

These restrictions also apply to children who travel outside of Ireland.

Policy on Overseas Travel

With non-essential travel overseas permitted again from 19 July 2021, we endeavour to continue to take every available precaution to continue to minimise risk of possible transmission of the virus into our service for as long as we can.

'High-Risk' Recognition

Following a full risk assessment, we have recognised our service to be considered 'high-risk' or 'very high risk' as per the categories listed on www.hse.ie

14-day non-attendance request

For this reason it is requested that all registered children and staff members affiliated with the our service, who may travel overseas **do not** return to the service until 14 days from the day they return to Ireland.

Production of a Negative PCR test no less than 5 days following return from travel overseas may be submitted at a person's discretion to return to the service before the 14-day period of requested non-attendance.

This request made by our service is relevant to children aged **0 – 11 years** and is as an **additional** precautionary measure to those already implemented (Digital Covid Certificate and/or Negative PCR test for those age **12 years and older**) for all passengers arriving to Ireland following travel overseas.

The current advice [as of 17 July 2021 on www.dfa.ie] is that children who travel overseas with adults who are required to home quarantine on return should also home quarantine.

Information

We invite and encourage you to let us know whether your planned travel arrangements will mean that you will follow this request in order for us to prepare for the return of your child/children as necessary. This information will be received in strict confidence and will not be shared with a third party.

Fees

We understand that this request may place additional pressure on families with regard to childcare, however, due to the inclusion of your child in an identified 'high risk' service, we also recognise that it is a precaution that is proposed to ensure a greater level of safety to all children, their families, and to our staff members. Staff members are also requested to carry out the same precautionary measure for the continued protection of children, their families, and fellow staff members. For this reason, continued payment of fees will be required to maintain your child's place. We are hopeful that this is a temporary precautionary measure we have requested to be in place at a time when the lifting of travel restrictions is in these early stages.

Information

We invite and encourage you to let us know whether your planned travel arrangements will mean that you will follow this request in order for us to put cover in place during your absence and to prepare for your return to work. This information will be received in strict confidence and will not be shared with a third party.

Wages

We understand that this is not a mandatory request (unlike those already set out under the EU DCC system in operation), and one we are making of **all** staff members affiliated with the above listed 'high-risk' pods/rooms OR our service, regardless of available Digital Covid Certificate information or production of negative PCR tests post arrival. However, we also recognise that this request is an effort to ensure we are taking every available precautionary safety measure to continue to minimise risk for as long as it is practical to do so. We are not in a position to be able to pay you for this requested period of non-attendance at work. This will be allocated to you as 'unpaid leave'. We are hopeful that this request is a temporary health and safety measure in the best interests of all of us at this early stage in the lifting of restrictions.

RISK ASSESSMENT OF ATTENDANCE AT THE SERVICE

Risk factors and Impact

- A staff member or a child with symptoms of COVID-19 introduces the virus into the service where the virus could be transmitted to children and staff
- A staff member or a child who is asymptomatic or pre-symptomatic introduces the virus into the service where the virus could be transmitted to children and staff.
- The virus is shed onto surfaces in the service and children and staff touch these infected surfaces and then touch their face (eyes, nose, mouth).

17. COVID-19 Critical Incident Plan

The incident plan where a child or staff member has or is suspected of having COVID-19 while attending the service

To safely manage a situation whereby a staff member or a child becomes unwell while in the Service and may be presenting as a suspected case of COVID-19 the Service has an incident plan in place which will be executed by the Infection Control officer or designated person in charge.

- Management has identified the main office as the designated isolation room or area in the Service and the route to the isolation area.
- The purpose of moving a staff member or child who is presenting as unwell and maybe a suspected case of COVID-19, is to move them away from other staff and children thereby reducing the risk of transmission of the virus to others
- Ensure that the staff member or child who is presenting with symptoms of COVID-19 is at least 2 meters distance from other staff and children
- Ventilate the area, if possible, by opening windows and doors
- Management will ensure that the isolation room or area will contain Personal Protective Equipment i.e., disposable aprons, gloves, face masks; tissues, hand sanitizer, disinfectant, dedicated pedal bin to dispose of any waste material

Sarah Twohig will be the designated person who will accompany a staff member to the isolation room

STAFF

If a staff member becomes unwell and presents as a suspected case of COVID-19 while at work in the Service

The staff member will be accompanied to the isolation area via the isolation route by a designated person to reduce the risk of transmission to children and staff in other 'play pods. The accompanying staff member must maintain a distance of at least 2 meters from the staff member who is unwell and will wear a surgical mask.

Provide a mask for the staff member, tissues if required, and to use the dedicated waste bin, as necessary.

The staff member should be advised not to touch surfaces, people, or any objects. A separate bathroom should be used if the bathroom is needed.

Assess whether the unwell staff member can immediately be asked to go home and contact their GP. This assessment may include temperature testing.

Arrange transport home or to hospital for medical assessment if necessary. Public transport of any kind should not be used. In cases of emergency call the ambulance.

If the staff member tests positive for COVID-19 they should self-isolate at home for a minimum of 10 days from the onset of the symptoms, and the last 5 days of which should be without a fever.

The staff member should only return to the when they do not have COVID-19 symptoms and are not infectious. Advice should be sought from their GP.

Inform (as appropriate to your service) the manager, infection control officer, COVID-19 lead staff representative as soon as possible.

Carry out an assessment of the incident which will form any part of follow-up actions.

Arrange for appropriate cleaning and disinfection of the isolation area or any other area.

FOLLOW-UP: If COVID-19 is confirmed the Service will notify Tusla. It is no longer a requirement to contact the HSE. The Staff member will complete a self-declaration of wellness before returning, after following the isolation rules.

CHILD

If a child becomes unwell and presents as a suspected case of COVID-19 while at the Service

The child should be brought to the isolation area via the isolation route by a designated person (who will wear a surgical mask) to reduce the risk of transmission to children and staff in other 'play pods'. The staff member should keep at least 2 meters apart from the child if possible.

Where a child is unable to walk or is too young to walk to the isolation area, staff member will wear protective equipment, i.e., disposable apron, gloves, and face mask, and carry the child to the isolation area using the Service's isolation route.

It is not recommended that children under 13 years of age wear a face mask. Provide tissues if required and use the dedicated waste bin, as necessary.

The staff member caring for the child in isolation can wear personal protective equipment, i.e. face mask, disposable apron, and gloves.

The child should be encouraged not to touch surfaces, people, or any objects. A separate bathroom should be used if the bathroom is needed.

Contact the child's parents immediately and ask them to collect the child and to contact their GP. Public transport of any kind should not be used. In case of emergency an ambulance should be called.

If the child tests positive for COVID-19 they should self-isolate at home for 10 days from the onset of the symptoms, and the last 5 days of which should be without a fever.

The child should only return to the Service when they do not have symptoms of COVID 19 and are not infectious. Guidance should be sought from their GP

Inform (as appropriate to your service) the manager, infection control officer, COVID-19 lead staff representative as soon as possible.

Carry out an assessment of the incident which will form part of follow-up actions.

Arrange for appropriate cleaning and disinfection of the isolation area or any other area.

FOLLOW-UP: If COVID-19 is confirmed the Service will notify Tusla. It is no longer a requirement to contact the HSE. The Parent/Guardian will complete a self-declaration of wellness before returning, after following the isolation rules.

18. Cleaning Facilities Availability Within Our Service

Wash Hand Basins:	Exploring Room Adventure Room Discovery Room Toilets Staff Room Laundry Kitchen
Hand Sanitisers:	Exploring Room Adventure Room Discovery Room All entrances Hallways Outdoor areas
Storage of Cleaning Agents:	Kitchen Small office

By signing below, I confirm that I have read, understood, and accept the above policy.

SIGNED _____

PRINT NAME _____

DATE _____

SIGNED [MANAGER] _____

PRINT NAME _____

DATE _____