

Coronavirus (COVID-19): Early Learning and Childcare Services Guidance for early learning, school aged childcare and childminder settings on reducing the risks of COVID-19.

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Who this guidance is for

- All providers of registered day care of children's services who provide care to children under primary school age, including nurseries, playgroups, family centres, crèches and fully outdoor services for children aged 5 and under
- Care Inspectorate registered childminders and assistants
- All providers of Care Inspectorate registered school age childcare services in all sectors – local authority, private and third sectors, including breakfast clubs, after-school care and holiday care

Aim of this guidance

To provide clear expectations to service managers and staff on practical approaches to safe provision of Early Learning and Childcare (ELC), school age childcare and childminding services in response to the COVID-19 pandemic. This guidance is not exhaustive, and providers must continue to operate within the relevant legal and regulatory frameworks to ensure the health and wellbeing of staff and of children and parents while they are using their service.

This guidance should be read alongside:

- [Public Health Scotland non-healthcare settings guidance](#) which contains information on health protection and infection prevention and control issues including cleaning, hygiene measures, what to do if someone falls ill, laundry considerations and waste management
- [Infection Prevention and Control in Childcare Settings \(Day Care and Childminding Settings\) Guidance](#) which provides guidance on routine infection prevention and control for staff working within the ELC sector
- [NHS Inform: COVID-19](#) guidance for general information about COVID-19 and associated COVID-19 outbreak protective measures

Nothing in this guidance affects the legal obligations on providers regarding health and safety, and public health advice. Providers must continue to adhere to all such duties when implementing this guidance. Under the Coronavirus Act 2020, providers must have regard to any advice relating to coronavirus from the Chief Medical Officer for Scotland.

ELC, school age childcare and childminding services must continue to operate within the parameters of the national operating guidance and/or their Care Inspectorate certificate of registration.

How we update our guidance

The [Advisory Sub-Group on Education and Children's Issues](#) provides advice to support and inform the development of operational guidance for providers of learning, childcare and children's services and reflects the latest advice from public health experts. Unless otherwise stated, the protective measures set out in this guidance represent the routine protective measures that should be in place in all settings. This revised guidance replaces the suite of Coronavirus (COVID-19) guidance previously in place for [early learning and childcare services](#), [school age childcare services](#) and [childminder services](#).

Scotland's Strategic Framework

The Scottish Government published its [Strategic Framework update](#) on 22 February 2022. This makes clear that the population has much stronger protection against COVID-19 than at any other point in the pandemic, due to the vaccination programme and the development of natural immunity to the infection. The Strategic Framework assesses where we are in the pandemic and sets out Scotland's strategic approach to managing COVID-19 effectively, primarily through adaptations and health measures that strengthen our resilience and recovery, as we rebuild for a better future.

For childcare, this means:

- A small number of routine protective measures will remain, and these are set out in this guidance
- There will be no measures set out in regulations (i.e. that are legally enforceable); guidance for childcare will continue to be non-statutory
- The need for these protective measures will continue to be kept under constant review, and if data and evidence suggest that the approach to any specific mitigations should be updated then we will revise and reissue this guidance following public health and clinical advice

In line with Scotland's commitment to Getting It Right For Every Child (GIRFEC), children have the right to the best possible health with their best interests a top priority in all decisions and actions that affect them. Adults, of course, also have fundamental rights in relation to their health and wellbeing. These important rights and considerations have been factored into the development of this guidance.

The national practice guidance '[Realising the Ambition: Being Me](#)' emphasises that our focus must remain on supporting children to form a secure and emotionally resilient attachment base which will stand them in good stead as they grow and develop. Secure, nurturing and attached relationships, supported by trauma-informed practitioners, are essential to creating the conditions for children to flourish in childcare settings.

Impact assessment

The Scottish Government is committed to promoting and protecting equality in the implementation of all Government policy and in upholding the principles of the United Nations Convention on Rights of the Child (UNCRC), as well as GIRFEC, in relation to any government actions or guidance that impacts on the lives of children and young people. Information on the Child's Rights and Wellbeing Impact Assessment (CRWIA), Equality Impact Assessment (EQIA), Fairer Scotland Duty Assessment (FSDA) and Island Communities Impact Assessment (ICIA) associated with this guidance, has been published on the Scottish Government webpages.

Implementation

The Advisory Sub-Group has recommended that at this stage in the pandemic it is appropriate to devolve more autonomy and flexibility on decision-making relating to the management of COVID-19 safety to local authorities and settings, with the right support and guidance. We recognise that head teachers, setting managers, childminders and staff are best placed to understand the unique circumstances that they operate in and the needs of the families they support, and therefore to make their own judgements about risk assessment and how to operate safely within the parameters of this guidance.

The impact of the vaccination programme, the availability of and access to antiviral treatments, and increased scientific and public understanding about how to manage risk mean that we are able to remove many of the previous recommended restrictions, but we recommend retaining some routine protective measures in order to minimise risks in settings.

These changes should be led by local authorities, head teachers, managers and childminders in a way that capitalises on the good practice developed over the pandemic period, and which takes full account of practical considerations relevant to lifting mitigations in a way that does not create operational difficulties or unnecessary additional workload.

1. Minimising the spread of COVID-19

It is important that local authorities and providers take account of their own circumstances and assessment of risk when implementing this guidance, and take every appropriate step to ensure the safety and wellbeing of children and staff. Bespoke risk assessments should be completed for children and staff with particular vulnerabilities and appropriate mitigations adopted.

1.1 Vaccines

Vaccines are the most effective method of reducing the public health impact of COVID-19 and they are highly effective against serious illness. All settings should encourage and enable staff who have not been fully vaccinated to seek vaccination as soon as possible. [NHS inform](#) provides information and FAQs on the definition of ‘fully vaccinated’ and eligibility criteria.

Accessing a vaccine

- Advice and guidance on [how to access COVID-19 vaccinations](#) can be found online.
- You do not need an appointment to access a vaccine, you can attend a walk-in vaccination clinic. More information on vaccines and eligibility is available on [NHS Inform](#)
- [COVID-19 vaccines are recommended in pregnancy](#)

Encouraging staff to be vaccinated

Vaccines are a safe and effective way of reducing the spread of COVID-19. The Scottish Government published a [communications toolkit](#) in February 2022 which provides ELC settings with posters, videos and scripts to discuss with staff to encourage COVID-19 vaccine uptake.

1.2 Testing

Updated advice on testing is available online at [Test and Protect | NHS inform](#) or [gov.scot](#).

In line with the [Testing Transition Plan of 15 March 2022](#), **from 18 April, staff in childcare settings are no longer advised to test twice weekly and, the ELC testing programme has ended.** Local health protection teams are still able to

deploy testing as one of a suite of measures for outbreak management purposes if it is necessary in their expert judgement.

1.3 People on the highest risk list

People on the highest risk list

The Chief Medical Officer is continuing to advise that people on the Highest Risk List can follow general population advice unless advised otherwise by their GP or clinician. Taking up all vaccinations offered remains the most important thing everyone, including those on the Highest Risk List, can do to protect against severe illness from the virus. There are very few people who may not be suitable for getting COVID-19 vaccinations (the main reason being allergies to the ingredients), and anyone who is unsure should consult with their clinician. Ongoing adherence to the measures set out in this guidance and those that apply in wider society will also continue to provide protection and reassurance to people on the Highest Risk List. Further information and advice is available at [Coronavirus \(COVID-19\): advice for those at highest risk](#).

Staff on the highest risk list

It continues to be the employer's responsibility to regularly carry out workplace risk assessments and put in place measures to make the workplace as safe as is reasonably practicable to try and minimise the risk to staff including contracting COVID-19. Employees also have a responsibility to comply with safe working practices.

It is essential that employers conduct COVID-19 risk assessments which will help them to identify measures which can be implemented to reduce the risk of transmission in the workplace and employers can be asked for a copy of this.

The Distance Aware scheme includes a toolkit to help those worried about mixing with others as we adapt to living with COVID-19. More information is available online at [Coronavirus \(COVID-19\): distance aware scheme - gov.scot \(www.gov.scot\)](#).

Children on the highest risk list

The Chief Medical Officer's advice is that children on the highest risk list can follow the same advice as the rest of the population. This includes attending childcare settings, unless their clinician has advised them otherwise.

1.4 Hand hygiene

Ensuring that everyone within a setting carries out hand hygiene practices thoroughly, at the right time, using appropriate facilities and products helps to prevent the spread of COVID-19 and other infections.

Hand hygiene for staff

Hand washing must be performed after exposure to any blood and or body fluids e.g. toileting (including nappy changing), after providing care to a child with a diarrhoeal or vomiting illness, after exposure to respiratory secretions and when hands are visibly soiled/dirty. In all other circumstances, hand hygiene can be performed using an alcohol based hand rub (ABHR) provided this is stored securely out of the reach of children. Best practice on the use of ABHR can be found online as part of [National Infection Prevention and Control advice](#). It is not recommended that children under the age of 5 use ABHR.

Hand hygiene for children

It is important that children understand why it is important to wash their hands and are supported to do so. They should be taught how to wash, rinse and dry their hands correctly from an early age. There are a range of resources available from the NHS such as the [Children's Pack](#) to encourage children with handwashing. NHS Education for Scotland (NES) has [produced a video](#) to demonstrate the correct way to wash hands with liquid soap and warm water.

Support children with handwashing at the following times:

- On arrival to the setting
- Before and after eating or handling food
- After toileting
- When returning from play outside
- After blowing their nose, coughing or sneezing
- After contact with contaminated surfaces

- At regular intervals throughout the day

Best practice for hand washing can be found online as part of [National Infection Prevention and Control advice](#). The following are good practice points pertaining to hand washing:

- Use warm water, wash hands for 20 seconds and never share water in a communal bowl
- Use liquid soap (there is no need to use soaps advertised as antibacterial or antiseptic) and rub hands in the order described in the link above
- Dry hands thoroughly using disposable paper towels (childminders may use kitchen roll or a designated hand towel, which should be washed every day or more often if visibly dirty). A designated, lined bin that the children can operate easily, should be provided for the disposal of hand towels
- All visible cuts and abrasions should be covered with a waterproof dressing
- When away from the childcare facility, and if there is no running water available, hand wipes may be used (children and staff should wash their hands at the first available opportunity)
- Encourage children not to touch their face

Hand washing when outdoors

When learning is undertaken outdoors, considerations should be made on how to continue to provide suitable hand hygiene facilities for both staff and children. We recommend liquid soap and warm water for children under the age of 5 and where hands are visibly soiled.

1.5 Respiratory and cough hygiene

Respiratory and cough hygiene is designed to minimise the risk of the transmission of respiratory illness such as COVID-19. We appreciate that it is difficult to follow respiratory and cough hygiene practices, especially when working with very young children. Where possible, we recommend that staff and children should always try to:

- Cover their nose and mouth with a disposable tissue when sneezing, coughing, wiping and blowing their nose. If a disposable tissue is not available, use their elbow to cover their nose and mouth when coughing or sneezing

- Dispose of used and/or contaminated tissues and face masks immediately into a waste bin after use
- Wash hands with liquid soap and warm water after coughing, sneezing, using tissues, or after contact with spit or mucus
- When away from the childcare facility, and if there is no running water available, hand wipes may be used by staff and children and ABHR then applied (over the age of 5). Hands should then be washed at the first available opportunity
- Keep contaminated hands away from the eyes nose, mouth and other people
- Encourage children not to touch their face

1.6 Routine cleaning practices

It is important to maintain high levels of cleaning within childcare settings to reduce the risk of transmitting COVID-19 and other infections. Settings should produce local cleaning schedules which stipulate how frequently cleaning should take place and who is responsible for carrying it out.

A full routine clean should take place at least daily, which includes touch surfaces such as door handles, telephones and keyboards. This should then be followed by a second clean later in the day of touch surfaces only. General purpose detergent is sufficient for general areas and staff undertaking cleaning should wear an apron and gloves. Disinfectants should be used to clean toilet areas and food preparation areas. Surfaces in dining or snack areas should be wiped down and disinfected between use by each group of children. A disinfectant should also be used in any general area of the childcare setting if there is visible contamination with blood or body fluids. Cleaning staff areas should be an integral part of the routine and enhanced cleaning strategy.

Refillable spray containers should not be used for cleaning products as there is a risk of contamination and other associated risks, which will prevent effective cleaning standards. Cleaning products which come in non-refillable spray containers may be used as long as they conform to [EN standards](#).

Enhanced cleaning should also be carried out in the event of an outbreak (see [section 2.4](#)).

Equipment cleanliness

All toys and equipment must be safe for use and well maintained to reduce the spread of COVID-19. Advice on general equipment management can be found online as part of [Infection Prevention and Control in Childcare Settings advice](#).

We recommend:

- Toys and equipment that children access should, as far as possible, be cleaned daily and if visibly contaminated or if groups of children change during the day, on a sessional basis
- Sand does not need to be changed daily and standard cleaning and changing protocols should suffice if good hand hygiene is carried out prior to and following the use of the sand
- If soft furnishings (such as throws and bedding) have been used by a child who shows symptoms of COVID-19, they should be removed and laundered as quickly as possible at the highest recommended temperature in accordance with the manufacturer's instructions
- Children are allowed to bring toys from home to the setting, but if visibly contaminated in the setting or shared among other children then the toy should be cleaned appropriately

In the event of a COVID-19 outbreak (two or more confirmed positive cases within a 14-day period), regular cleaning regimes should be temporarily enhanced. See [section 2.4](#) for more information on cleaning during COVID-19 outbreaks.

1.7 Face coverings

Wearing a face covering is one of the ways you can help prevent the spread of COVID-19. However, we recognise the importance of faces being visible to children to aid in communication and relationship building.

The requirement to wear a face covering in most indoor places and on public transport has been replaced with [Coronavirus \(COVID-19\): safer workplaces and public settings](#) for people who are managing a workplace or organisation.

While wearing a face covering is no longer a requirement it remains strongly recommended if you are 12 years or over in indoor communal areas or on public transport, in line with the workplace guidance. Any individual who wishes to continue to wear a face covering in a workplace, health and social care or school setting (including childcare) should be supported to do so. As previously stated, careful attention should be given to the needs of individuals with additional support needs when implementing this measure.

For specific face covering advice see [Face Coverings – Coronavirus \(COVID-19\): staying safe and protecting others](#).

Face coverings and children's wellbeing:

The use of face coverings may have an impact on babies and young children, especially those with additional support needs. The ability to see a person's face clearly contributes to babies and young children's communication and understanding. This is particularly the case for children with hearing loss, children who are learning English or another language and those who rely on visual cues to enable them to be included in learning.

Some children may need additional support and reassurance around the reasons for adults wearing face coverings, and the wellbeing and needs of children should remain a priority.

Clear instructions should be provided to staff on how to put on, remove, store and dispose of face coverings in all the circumstances above to avoid inadvertently increasing the risks of transmission. Advice on face coverings is available on the [Scottish Government website](#), including [advice on wearing face coverings safely](#).

1.8 Personal protective equipment (PPE)

The term 'PPE' includes single-use disposable gloves, disposable plastic aprons, and fluid resistant surgical masks (FRSMs). PPE should be readily available, and staff should be trained on its use.

The use of PPE by staff within childcare facilities should continue to be based on a clear assessment of risk and need for an individual child or young person, such as personal care where staff encounter blood and body fluids. **Beyond the advice set out on the use of face coverings, no additional PPE measures are required for general use in childcare settings.** Specific advice on PPE in education, childcare and children's social care settings can be found online as part of [Infection Prevention and Control in Childcare Settings advice](#).

1.9 Physical distancing

It is important for children to feel secure and well cared for, including through physical contact that is appropriate to their needs, especially when they are receiving personal care, need comfort or reassurance. Therefore it is not appropriate to ask young children to maintain physical distancing from adults or other children. Staff and visitors should follow [general guidance for safety in the workplace](#) in indoor communal areas and when not working directly with children, and when moving around the building.

1.10 Ventilation

Updated [advice published on 3 August 2021](#) emphasised the need for a renewed focus on the importance of good ventilation to help reduce the risk of transmission of COVID-19. The primary effective method of increasing natural ventilation remains the opening of external doors, windows and vents. All settings should work to increase natural ventilation where practicable, whilst maintaining appropriate internal temperatures. Guidance on heating, ventilation, lighting, noise and sustainability in ELC settings is available online as part of [Early learning, childcare and out of school care services design guidance](#).

Ways to improve ventilation:

- Partially open doors and windows to provide ventilation while reducing draughts. **Fire doors must never be propped open**
- Open high-level windows in preference to low level windows to reduce draughts when weather conditions allow, and it is safe to do so. You may wish to open windows at different sides of the building to get a cross flow of ventilation
- Refreshing the air in spaces by opening windows, vents and external doors at times which avoid user discomfort (e.g. between sessions or when children are outdoors). This may be particularly appropriate during winter periods 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

Settings should consider safety risks when opening windows and doors, and ventilation must be considered as part of local risk assessments.

The suitability of ventilation solutions will depend on a range of local factors including building type, occupancy patterns and weather conditions. All settings must ensure as a minimum, that adequate levels of ventilation are provided in line with existing guidance, the [Care Inspectorate's "Space to Grow" design guidance](#) and the [Workplace \(Health, Safety and Welfare\) Regulations 1992](#).

Relevant [guidance on ventilation](#) can be found on the Scottish Government website as well as on webpages of the [Health and Safety Executive](#).

Additional advice on ventilation, heating, temperature control and air cleaners which will also be applicable to childcare settings is available online in the updated [Coronavirus \(COVID-19\) guidance on reducing the risks in schools](#).

CO2 Monitors

CO2 monitors can be used to support good air quality and they can be particularly beneficial in enclosed spaces. Local authorities should ensure that all local authority schools and relevant childcare settings have access to CO2 monitoring, whether via

mobile or fixed devices. This is to support the goal of all settings being assessed regularly for issues with a view to remedial action being taken when that is required.

Non-local authority settings are encouraged to use CO2 monitors and should contact their [local authority for advice](#). CO2 monitors have not been required in childminding settings, and therefore this guidance does not apply to most childminding settings (other than larger settings).

It is important that [local authority advice](#) is sought on the use of CO2 monitors to ensure their proper specification, installation, location, calibration and effective use. Further guidance is available online from the [Health and Safety Executive on identifying poorly ventilated areas by using CO2 monitors](#).

Outdoor learning and play

[Outdoor play-based learning](#) is an integral, every day, part of early learning and childcare in Scotland. It has many benefits for children's physical and cognitive development, physical health, and mental wellbeing. It improves their social competence and connection with their communities, and helps them develop a connectedness with nature. It is our vision that children in Scotland will spend at least as much time outdoors as they do indoors as part of their ELC experience. The [Playwork principles](#) specifically support school age childcare development.

Being outdoors also helps to limit the transmission of viruses and illnesses, including COVID-19. Staff should consider how they can safely maximise the use of outdoor space, as well as the opportunities of day visits and excursions.

1.11 Risk assessments

Infection prevention and control in childcare settings involves carrying out risk assessments and putting mitigations in place to manage any risks identified. Risk assessments are a legal requirement, and risks and mitigations should be reviewed and updated regularly, including taking reasonable steps to protect staff, children and others from COVID-19. Managers must ensure that risk assessments take place on a setting and individual basis, where required, and that these include input from staff and assistants, and trade unions. Student placements should also be part of

risk assessments. To help with setting-level risk assessments, the Health and Safety Executive has provided [an example COVID-19 risk assessment](#).

Setting-level risk assessments are expected to consider all risks identified in respect of COVID-19 and other illnesses. These must take account of relevant guidance from Public Health Scotland and the Health and Safety Executive. All risk assessments should be reviewed regularly and as circumstances change.

It is advised that, alongside workplace risk assessments, providers should also undertake individual risk assessments for staff who are at highest risk of COVID-19. [Advice about individual risk assessments and the COVID-19 Age tool](#) is available online.

Children with additional support needs

Every child will have different levels of required support. Risk assessments play a key part in considering the individual needs of a child. Risk assessments, which may be integrated into a Child's Plan, should already exist for children with complex additional support needs.

These risk assessments should be reviewed and updated as appropriate, reflecting current circumstances. Where they are not in place or they have not been updated they must be undertaken or reviewed swiftly. Where there is a need to work in close proximity with adults and children the safety measures to protect adults and children alike should be followed.

Staff should wear a face covering or PPE where a risk assessment has deemed it appropriate (e.g. when carrying out Aerosol Generating Procedures), and regularly wash their hands before and after contact. [Guidance on supporting children and young people with additional support needs](#) is published by the Scottish Government and continues to apply.

1.12 Pickups, drop-offs, visits and trips

Head teachers, managers and childminders are best placed to make risk assessments and take decisions for their individual setting about the best approach to movements in and out of settings, including pick-ups and drop-offs, visits, events and trips out. This should be in line with their overall approach to risk assessment

and the sections of this guidance on face coverings, physical distancing and hand hygiene. Subject to local risk assessments:

- **Pick-up and drop-off arrangements**
 - Arrangements should be decided locally based on the best interests of children, families and staff
- **Visits into the setting**
 - Specialist, peripatetic and agency staff, parents, carers and other visitors are welcome to attend settings, recognising the important role that they can play in supporting children's development and wellbeing
- **In house events and parental engagement**
 - In-house events such as plays, and activity to support parental and carer engagement such as face-to-face meetings can take place. It should be noted that some childcare settings are small, and it may therefore be difficult for those settings to accommodate large groups of parents and carers at one time
- **Visits out, to and from other settings and day trips**
 - Visits out and day trips can take place. Settings should continue to follow the usual risk assessment processes and ensure that they adhere to population-wide COVID-19 guidance, as well as any guidance that applies at the destination

2. Managing symptoms of respiratory infections, including COVID-19

2.1 When adults or children show symptoms of respiratory infections, including COVID-19

The guidance on respiratory symptoms, including COVID-19 has changed in Scotland in line with the current [UKHSA 'Stay at Home' advice](#).

The Staying at Home Guidance states that:

If you have symptoms of a respiratory infection, such as COVID-19, **and** you have a high temperature **or** do not feel well enough to go to work or carry out normal activities, stay at home and avoid contact with other people, until you no longer have a high temperature (if you had one) or until you no longer feel unwell.

Children and young people aged 18 and under with mild symptoms such as a runny nose, sore throat, or slight cough, who are otherwise well, do not need to stay at home and can continue to attend education settings.

Children and young people should only stay at home if they are unwell **and** have a high temperature. They can go back to school, college or childcare, and resume normal activities when they no longer have a fever and they feel well enough to attend.

For more information see [Coronavirus \(COVID-19\) Staying at home](#), or [NHS Inform](#).

2.2 Self-isolation

People who test positive or are close contacts will no longer be asked to self-isolate for 10 days from the 1 May 2022. Stay at home guidance will commence from 1 May for people who have COVID-19 symptoms, or who test positive.

Specific details on when staff and children are advised to stay at home was published on 1 May 2022, and can be found on [NHS Inform](#).

2.3 Pregnant contacts

Pregnant staff who come into contact with someone who is COVID-19 positive- should follow the same advice as the rest of the population. If a pregnant person test positive for COVID-19 and has an appointment with a member of the maternity team within their self-isolation period they should speak to their midwife to discuss arrangements.

More advice is available at NHS Inform at [Coronavirus \(COVID-19\): General advice | NHS inform](#). UK Government advice on health and safety in the workplace for

pregnant staff and their employers is available online at [Coronavirus \(COVID-19\): advice for pregnant employees - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/coronavirus-covid-19-advice-for-pregnant-employees)

2.4 Identifying and dealing with outbreaks

An outbreak is suspected if you are notified of two or more confirmed cases of COVID-19 in the setting within 14 days, particularly if there is a suspected link between the cases. Suspected outbreaks may also involve blended placements, positive testing in childminder setting households, or where school and community premises are shared.

Identifying outbreaks relies on good absence reporting. The reason for staff and child absence should be recorded and reviewed by the setting regularly. Where an unusually high number of absences for a similar cause are noted, an outbreak may be suspected.

Suspected outbreaks should be:

- Reported to the Care Inspectorate; and,
- Trigger an internal review of risk and mitigation measures, and any improvements that can be made to their implementation.

Health protection teams

Childcare settings are considered to be low risk settings due to the relatively lower vulnerability of children to harm arising from COVID-19 infection, and the high vaccination coverage of the working age adult population.

There is no longer a need to inform local Health Protection Teams of all suspected outbreaks, or single cases of COVID-19. NHS Public Health / Health Protection Teams may make the decision to engage with settings in the handling of individual cases, clusters or outbreaks but it is expected that the majority of cases and clusters will be managed by individuals and settings themselves through usual sickness and absence processes for staff and children. Additional enhanced cleaning measures and guidance on communication during an outbreak are set out below. Any

decisions on measures beyond these will be taken at a local level by Health Protection Teams.

Cleaning during outbreaks

In the event of an outbreak of COVID-19 within a setting, certain [routine cleaning protocols](#) may need to be temporarily intensified (see also section [1.6](#) on routine cleaning). These include the following:

- Gloves and aprons should be used by staff when cleaning areas where a person suspected of having COVID-19 has been identified
- Environmental cleaning and disinfection should be undertaken using disposable cloths and mop heads using standard household detergent and disinfectant. All cloths and mop heads used must be disposed of in waste bags
- Areas that the individual has directly used (such as desk space or locker) should be cleaned first using a detergent product and followed with a disinfectant. It is important to use a detergent first, as this improves the effectiveness of the disinfectant
- Any public areas where a possible case has only passed through (spent minimal time in) such as corridors, and which are not visibly contaminated (e.g. with any body fluids), do not need to be further decontaminated beyond routine cleaning measures
- If soft furnishings (such as throws and bedding) have been used by a child who shows symptoms of COVID-19, they should be removed and laundered as quickly as possible at the highest recommended temperature in accordance with the manufacturer's instructions
- Guidance is available online on the [use of fog, mist, vapour or UV \(ultraviolet\) treatments](#), which includes the use of disinfectant applied as a fog, mist or vapour

2.5 Communications during an outbreak

Since 18th April 2022, there has been no requirement for settings to issue individual information (“warn and inform”) letters to low risk contacts where positive cases have been identified.

Communication with parents, care givers, staff and children is important and it remains good practice to keep them regularly updated regarding concerns linked to respiratory infections such as COVID-19.

3. Wider harms of COVID-19

3.1 Supporting the childcare workforce

Staff in the childcare sector have worked incredibly hard to support children and families throughout the pandemic, under very challenging circumstances.

The following resources are available to support staff wellbeing:

- The Scottish Government has worked with Early Years Scotland to develop a [Team ELC Wellbeing Hub](#) that contains a wealth of practical tips and advice to help staff manage their wellbeing, connect with each other and engage in shared learning
- [Resources](#) have been developed on mental health, wellbeing and professional learning to support schools and childcare practitioners

Self-Isolation Support Grant:

Self-Isolation Support Grant eligibility will remain in place until 30 June 2022.

Following that, there will be a 28 day application window and the scheme will end on the 28 July. From 1 May an online tool will be available to (1) help people identify if they are eligible for the grant, and if so (2) they will be eligible to book a PCR test so that they can provide evidence of COVID infection to support their application.

[Eligibility criteria](#) can be found online. As isolation guidance evolves, the Scottish Government will continue to consider where targeted isolation support, including financial support, is required to support communities experiencing enduring transmission and COVID-19 related health inequalities.

3.2 Supporting children

The pandemic has been challenging for everyone but has had a disproportionate impact on some children, families and communities. As we recover from COVID-19, settings should be confident that they are providing experiences and sensitive

interactions in a variety of outdoor and indoor spaces, in ways which best support the needs of children and help to develop the resilience and wellbeing of babies, toddlers and young children.

The national practice guidance '[Realising the Ambition: Being Me](#)', supported by the [National Health and Social Care Standards](#), emphasises the crucial role that high quality early learning and childcare can play in supporting children and families and giving children the best start in life by offering a nurturing environment. This is also outlined in [Space to Grow](#), the design guidance for early learning and childcare and out of school care settings which notes the importance of positive interactions, health and wellbeing, and supporting play and other positive experiences. This continues to be crucial as we support children and families to recover from COVID-19.

Support and guidance on [supporting children's mental health](#), as well as [supporting children with worries about nursery or childcare](#) is available online.

Resources are available online [to support young children at points of transitions](#) as well as guidance on [transitions in the context of COVID-19](#).