

COVID-19

Policy and Response Plan

June 2020

Note: Guidance notes are typed in blue and should be deleted as you edit document. The red type represents information that may or may not apply to your Service: turn to black if it applies, delete if it does not.

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COVID-19 Policy and Response Plan

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COVID-19 Policy and Response Plan

Service Name: Parkview Creche

Introduction

The government has published a 'Return to Work Safely Protocol, COVID-19 Specific National Protocol for Employers and Workers'¹ which describes the measures required to be put in place by employers and adhered to by workers to reduce the risk of the spread of COVID-19 in the workplace as it re-opens on a phased basis under the government's roadmap. The Health and Safety Authority (HSA) has been given the authority to oversee compliance with the protocol. Early Childhood Ireland (ECI) has issued a setting preparation plan detailing the policies and practices necessary for providers to meet the requirements under the National Protocol.

The Department of Children and Youth Affairs (DCYA), HSE, HPSC and Tusla have issued guidance for the reopening of early learning and care and school-age childcare services during the COVID-19 pandemic.

The National Protocol and guidance for the sector incorporates current advice about measures to reduce the spread of COVID-19 in the community issued by the National Public Health Emergency Team (NPHE) but as this advice evolves these measures and guidance may change so it is very important for providers to keep up to date with any new advice.

¹ <https://www.gov.ie/en/publication/22829a-return-to-work-safely-protocol/>

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 and Youth Affairs (DCYA), HSE, Tusla, Early Childhood Ireland (ECI) and HPSC COVID-19 guidance for the early years sector²
 - ✓ Principles underpinning practice when reopening early learning and care and school-age childcare services during COVID-19³
 - ✓ COVID-19 Infection Prevention and Control guidance for settings providing childcare during the COVID-19 pandemic.
 - ✓ Tusla Guidance Document for Early Years Services: COVID-19
 - ✓ Tusla Early Years Services: Self-Assessment Checklist
- 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 <https://first5.gov.ie/practitioners/reopening>

³ [.\\DCYA-ECI-TUSLA GUIDANCE\\Principles-of-Practice-for-Reopening-ELC-SAC-002.pdf](#)

Policy Statement

This policy is intended to support **Parkview Creche** to safely re-open our services for staff, parents and children, to adopt a risk assessment approach and to implement public health measures to reduce the risk of the transmission of COVID–19 so as 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-centered 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

1. Notification to Tusla

COVID-19 is a notifiable disease and must be notified within 3 working days of the Service 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.

We will use this form in the event of an outbreak.

2. 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 plan for re-opening and operating as safely as possible at this time. 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 (SARA-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 or laughs. To infect you, it has to get 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
- Fever - high temperature over 38 degrees Celsius
- Shortness of Breath
- Breathing Difficulties

It can take up to 14 days for symptoms to appear. Some cases are asymptomatic, meaning there are no symptoms, however the individual is still infected with Covid-19.

Children

The current evidence suggests that children seem generally less likely to contract the virus and are not more likely than adults to spread the virus to other people. Children can get this illness but the current evidence is that they have no symptoms or a very mild disease.

Symptoms in children include:

- Cough
- Fever
- Runny nose
- Sore throat
- Diarrhea
- Vomiting

How it is transmitted or spread

- COVID-19 is transmitted in breath, sneeze or cough droplets
- The virus is transmitted through bodily fluids from an infected person's nose or mouth coming in contact with your eyes, nose or mouth.

- Transmission can be directly from person to person, however it is more commonly transmitted indirectly, when you touch surfaces or objects where the virus is present, followed by touching your face, where the virus enters through the mucous membranes
- Children are not more likely than adults to spread the virus

How to reduce the risk of transmission

Hand hygiene⁴

We will follow the following protocol in terms of hand washing

We will wash our hands frequently with soap and water or use an alcohol-based hand rub if hands are not visibly dirty for 40-60 seconds and in line with the WHO and HSE recommendations

- 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 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 for staff, parents or visitors to the Service are alcohol based.
- All hand gels for use by children are non-alcohol based. It is better if children wash their hands where possible but where this is not possible hand gels being used by children should be non-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
- Hand wash sinks are available in all the children's rooms. In the outdoor area, the children will use alcohol free hand gel or rub under the supervision of staff and keep the hand gel out of children's reach. It is better if children wash their hands where possible but where this is not possible hand gels being used by children should be non-alcohol based.

⁴ <https://www2.hse.ie/wellbeing/how-to-wash-your-hands.html>.

- 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

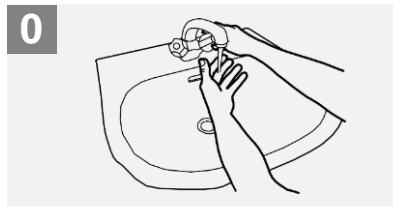
- When they arrive at the Service and before they go home
- After coughing and sneezing
- Before handling food or feeding children
- Between handling raw and cooked food
- Before and after eating their own food – breaks/lunches
- Before and after giving or applying medication or ointment to a child
- 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 area]

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB



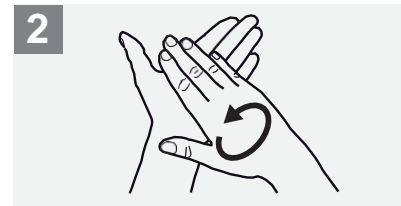
Duration of the entire procedure: 40-60 seconds



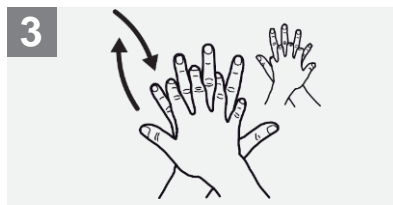
Wet hands with water;



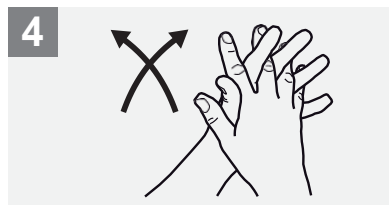
Apply enough soap to cover all hand surfaces;



Rub hands palm to palm;



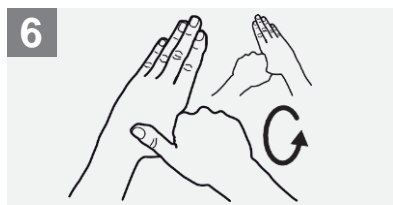
Right palm over left dorsum with interlaced fingers and vice versa;



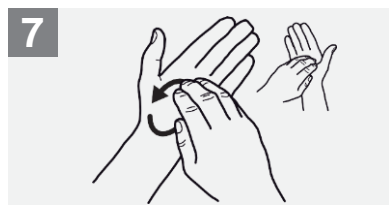
Palm to palm with fingers interlaced;



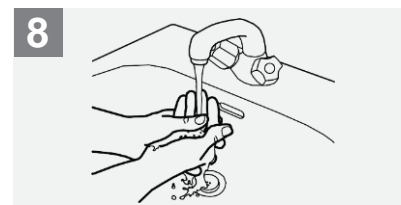
Backs of fingers to opposing palms with fingers interlocked;



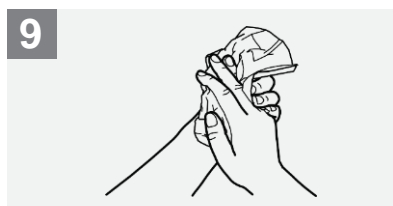
Rotational rubbing of left thumb clasped in right palm and vice versa;



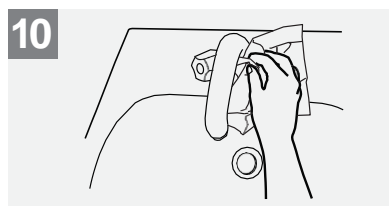
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



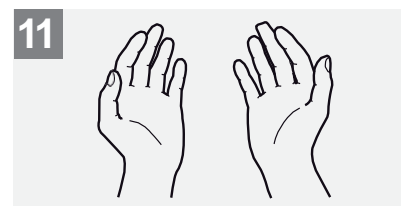
Rinse hands with water;



Dry hands thoroughly with a single use towel;



Use towel to turn off faucet;



Your hands are now safe.



Coronavirus
COVID-19

How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED



Duration of the entire procedure: 40-60 seconds

1a

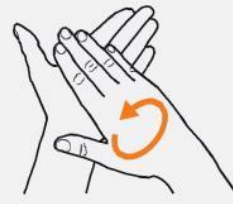


Apply a palmful of the product in a cupped hand, covering all surfaces;

1b

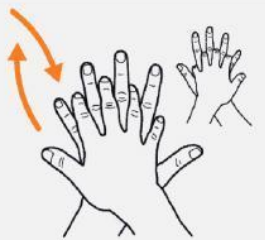


2



Rub hands palm to palm;

3



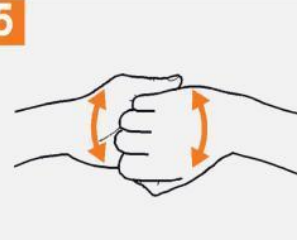
Right palm over left dorsum with interlaced fingers and vice versa;

4



Palm to palm with fingers interlaced;

5



Backs of fingers to opposing palms with fingers interlocked;

6



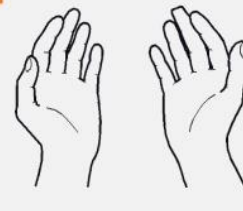
Rotational rubbing of left thumb clasped in right palm and vice versa;

7



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

8



Once dry, your hands are safe.



Coronavirus
COVID-19

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 alcohol-free rub for children or soap and water for 40-60 seconds and in line with the WHO and HSE recommendations. It is better that children wash their hands where possible but where this is not possible alcohol-free rubs should be used.

- 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 Masks

The government has advised wearing a face mask in public indoor spaces where social distancing is difficult to maintain e.g. public transport, retail outlets. The public health advice is that the wearing of face masks by children under 13 years of age is not recommended and there is no requirement by others to wear masks in the childcare environment. Some specific tasks and roles may require masks e.g. administering some First Aid, caring for a staff member or child who presents with symptoms of COVID-19 while at the service, cleaning. **We will use facemasks in these situations only.**

Social distancing

- **Maintain social or physical distancing**, that is, leave at least 2 metres (6 feet) distance between adults when staff are not engaged in childcare activity e.g. breaks or arriving at work
- As part of social distancing a '**no handshaking policy**' will be implemented
- The service recognises that it is not possible for staff to observe 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

Specific measures to reduce the risk of transmission of COVID-19 in our setting

a. Play pods

- Where possible the service will implement the DCYA recommendation to organise children and staff into 'play pods' which comprise of a group of children and 2 staff, who remain with that group of children as keyworkers each day and throughout the day as far as possible. The purpose of the 'play pods' is to limit the number of people a child and a staff member have contact with, to facilitate contact tracing and to support close, positive interactions between children and their adult caregivers.
- The service will determine the maximum size of the play pod (minimum 3 and maximum 12 per pod). The department has advised that there is no evidence on which to define a maximum pod size but that they should be kept as small as is likely to be reasonably practical in the specific childcare context. Pod sizes may take account of regulations relating to maximum adult-child ratios for the different age groups.
- The department has also advised that there will no change to the adult-child ratios and space requirements for the different age groups and care categories under the Child Care Act 1991 (Early Years Services) Regulations 2016
- As far as possible, there will be no contact between two or more play pods (children and staff). Play pods will remain apart in separate or shared spaces including outdoors and at dropping off and picking up times. This will help to ensure that in the case of a confirmed Covid-19 case, only one play pod is affected, and the service can still continue following disinfection, cleaning etc.

Any decisions to close any part of the service will **only** be made in consultation with local public health staff.

- In as far as practical, the service will structure the play pods to have two adults in the pod which may reduce the need for other adults to enter the pod to provide relief for breaks
- 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. After School age children, social distancing will apply.
- In the event that a staff member has to 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.**
- The service 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 so as 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.
- **A record will be retained of the people (children and carers) in each pod on each day to facilitate contact tracing** in the event of an episode of the infection
- The formation of pods is less relevant or not relevant in settings caring for smaller numbers of children.

b. Staff's physical contact with children

- 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, nurturing 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.

c. Physical environment

- The premises will be cleaned thoroughly both indoor and outdoor prior to the service re-opening, including all toys and equipment
- A large room may contain more than one 'play pod' provided that there are partitions that prevent physical contact between the 'play pods' and provided the layout complies with Early Years Regulations space requirements and with fire safety requirements. Particular attention needs to be given to any shared entry or exit points and have measures in place to prevent contact. Baby, wobbler, and toddler rooms will be one pod themselves. Full time preschool and ECCE/after school rooms will have 2 pods in each room.
- 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, nappies, wiper, etc) will be separately stored for each child [in individual label boxes](#).

Physical environment – staff areas

- Offices should be treated like childcare rooms and access limited primarily to office staff and when childcare staff have to complete administrative, filing or reporting tasks
- Only one staff member should use the office at a time
- Where it is difficult to organise staff spaces to facilitate social distancing, physical partitions to reduce the transmission of the coronavirus between staff may need to be considered
- Where staff share a desk or hot desk, surfaces that are regularly touched should be cleaned after each staff member has used the space e.g. keyboard, mouse, desk, chair, press
- Staff should not share equipment such as pens, cups and plates but should have these items for their own personal use.
- Staff are responsible for cleaning and disinfecting their tables and chairs after use for the next person.
- Cutlery and crockery should be washed in a dishwasher at 60°

d. 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 on a daily basis
- The service will consider carefully the use of certain toys that are difficult to clean e.g. dress up clothes, soft toys. If considered important for some children then the sharing of these items between children should be avoided and the toys should be washed and dried each day.

- The service will limit the use of playdough, gloop and similar materials, and where being used should not be shared between the children and should be replaced daily
- The service will limit food preparation activities (on a temporary basis during this Covid-19 emergency) where children take turns in preparing and later eating the 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 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

- 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

e. Trips

- The Service does not go on outings.

f. Food provision

- Ancillary/catering staff should not be moving between rooms. Food should be brought to the individual care rooms and served by the staff members working in the 'play pod' in the room.
- Children will have their snacks and meals with children in their play pod in their room.
- The service actively discourages the sharing of food between children and between staff.
- Children and staff are not permitted to bring lunch boxes into the service. Lunches should be provided for children wrapped in a zip lock plastic bag or tin foil clearly marked with a child's name. Staff should also bring their lunches in zip locked bags or tin foil.

g. Sleep/rest

- Sleeping cots will be arranged as normal so that there is a physical distance of 50 cm between cots.
- Where children cannot be provided with their own named cot, children can 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 the 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 must be easy to clean and covered in a wipeable material.

h. 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

i. Enhanced COVID-19 Cleaning Schedules

The Named person responsible for cleaning and keeping a record of cleaning products is

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, tables
- The method of cleaning, frequency of cleaning, and the cleaning product to be used
- All toys, in particular mouthed toys, and also outdoor toys and equipment
- A procedure for cleaning and storage of soothers, Sippy cups, and oral sensory chewing devices
- A list of the cleaning products will be maintained with clear written directions for their use
- Each care room or pod (where there is more than one pod per room) 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 taken out of use immediately for cleaning or disposal. Toys waiting to be cleaned must be stored separately.

Cleaning Procedure

- Wash the toy in warm soapy water, using a 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.

j. Fire evacuation

- Fire evacuation will be carried out per room or per pod if more than one pod in a room/hall rather than the entire building during the period of COVID-19

Waste Management

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 the double bagging and disposal of contaminated waste to be 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 by opening the windows and through ventilation system and air changes.

Outdoor Play

We will maximise the use of the outdoors. Outdoor times will be staggered according to pod formation.

Staff and Children will wash hands on entry to and exit of outdoor area.

Parents

Revised Drop off and Collection Procedures

The purpose of these dropping off and picking 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. The service will where practical:

- Organize staggered dropping off and picking up 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 take their child's temperature each day before they come to the service as part of ensuring that children are well, this will need to be balanced against not causing distress to the child.
- Ask parents to bring their child to the centre in clean clothes each day. Where this is not practical, discuss alternatives with the parents. The service should 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 wash their hands, on arrival at the service and at collection times. Where there isn't the availability of running water at the entrance to the service, provide hand sanitizer and have it safely out of the reach of children.
- 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

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 anti-febrile 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.

Communication with parents/guardians

In advance of children returning, the service will make contact with parents:

- 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-centered

- 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 really 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. In addition to the usual communication about children, this time also allows discussion on children's health and any sign of them being unwell.
- 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.

Actions to prevent adults and children with symptoms of COVID-19 from entering the service

Staff

Health and Safety Authority return to work protocol

- Before returning to work 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 in the past 14 days or awaiting results of a COVID-19 coronavirus 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

After returning to work

- 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 symptoms⁵ of the coronavirus, they need to 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 until the test result is known.
- Any staff member with symptoms of coronavirus or who tests positive should quarantine at home for 14 days and only return to the Service when the symptoms have fully resolved and with a doctor's certificate stating that the staff member is no longer infectious and fit to return to work.
- Staff members with symptoms of respiratory infections (not COVID-19) should stay at home until they are well 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 quarantine⁶ for 14 days even though the staff member feels well but it is possible that they are also infected. It can take 2 – 14 days to show symptoms, so it may take up to 14 days to know if they are infected or not. They should only return to the service with a doctor's certificate to say they do not have coronavirus and are not infectious.
- Staff must adhere to all public health travel restrictions that are in place e.g. quarantine for 14 days on return from non-essential travel abroad or any other travel restrictions that are put in place. Staff should advise their employer if they intend to undertake non-essential travel abroad and how and if the quarantine period can be accommodated. Staff may also be required to sign a declaration form on their return to work that they have adhered to all public health travel restrictions.

⁵ <https://www2.hse.ie/conditions/coronavirus/symptoms.html>

⁶ <http://publichealth.lacounty.gov/acd/docs/COVHomeQuarantine.pdf>

Children

Child return to service

- Before returning to the service parents will be asked to complete a pre-return to service form for their child. This form will seek confirmation that the child, to the best of the parent's knowledge, is well, has no symptoms of COVID-19, that they are not a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days or awaiting results of a COVID-19 coronavirus test, and that they are not in a risk category.
- Where a child is in an at-risk category or has a medical condition that required ongoing regular medical care, parents should be advised to discuss any concerns that they may about their child returning to childcare with their child's doctor.

After returning to the service

- Any child who is unwell with fever, cold, influenza or infectious respiratory symptoms of any kind or displaying any symptoms of coronavirus, needs to stay at home, contact their GP and seek their guidance on referral for coronavirus testing.
- If referred for testing the child should stay at home until the test result is known.
- Any child with symptoms of coronavirus or who tests positive should quarantine at home for 14 days and only return to the service when the symptoms have fully resolved and with a doctor's certificate stating that the child is no longer infectious and fit to return to the service.
- Any child who is a close contact of a person who has or is suspected to have COVID-19 should stay at home and quarantine for 14 days even though the child feels well but it is possible that they are also infected. It can take 2 – 14 days to show symptoms, so it may take up to 14 days to know if they are infected or not. They should only return to the service with a doctor's certificate to say they do not have coronavirus and are not infectious.
- Children with symptoms of respiratory infections (not COVID-19) should stay at home until they are well and can then safely return to the service. 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 that are in place e.g. quarantine for 14 days on return from non-essential travel abroad or any other travel restrictions that are put in place. Parents may be required to sign a declaration form when their child returns to the service that they have adhered to all public health travel restrictions and have observed quarantine periods in place.

Parents

- Only parents or carers who are well and have no symptoms of COVID-19 or who have served the required quarantine time of 14 days where advised should be allowed to drop off and collect children.
- Limit access to the service to parents of infants and those with specific needs or in risk categories

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.
- 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 categories⁷ will be asked not to attend.

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 including:

- The Service has an Infection Control Officer: Erica Duffy
- The Service has appointed a COVID-19 lead staff representative (Erica Duffy)
- Management has identified the reception area 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
- 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

⁷ <https://www2.hse.ie/conditions/coronavirus/people-at-higher-risk.html>

Staff

- Erica Duffy and Gema Dorta 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 so as to reduce the risk of transmission to children and staff in other 'play pods'. The staff member must maintain a distance of at least 2 meters from the staff member who is unwell

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.

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.

The staff member should only return to the Service with a doctor's certificate to say they do not have Coronavirus and are not infectious.

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.

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 so as 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 at all 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 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.

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.

The child should only return to the Service with a doctor's certificate to say they do not have COVID-19 and are not infectious.

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.

If a cot is used to move the child to the isolation area or in the isolation area, the cot must be deep cleaned and disinfected after use in isolation room before return.

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.

Temperature testing

- The public health advice is that routine temperature checking for staff and/or children is not required. Temperature testing if a child or a staff member becomes unwell in the service may be required and should be discussed in advance with staff and parents.
- Temperature testing devices will be available in the service as part of standard practice.

COVID-19 Testing

- 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. The childcare setting will also be contacted by local public health staff to discuss the case, to identify the close contacts and advise on any actions or precautions that should be taken. It is not necessary to take any action in relation to closing the service, partially or in full until the service has been contacted by and has discussed the case with local public health staff.

Vaccination

- It may be recommended by the government that children, staff and parents are encouraged to have the seasonal influenza vaccination this coming winter in order to minimise the risks associated with a possible resurgence of Covid-19 during the annual influenza season. The service will support any such recommendation.

3. 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 (SARA-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 or laughs. 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.

Fire Safety: (GN 5.6)

Fire evacuation should be carried out per room rather than the entire building during the period of Covid-19.

Cleaning between Sessions: (GN 6.4)

- 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

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

4. Staffing

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, DCYA 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 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 representative⁸

⁸ [HAS worker representative checklist no 7\[16610\].docx](#)

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 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 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.
- 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 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 prevent bringing anything into or home from the service.
- It is recommended that staff have some additional clean clothing in the service e.g.in case of spillages
- 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. Any additional supports would be provided to staff members.

Cleaning Facilities

Availability Within Our Service:

Wash Hand Basins:	<ul style="list-style-type: none">- Two staff toilets: 1 each- Preschool room full time: 1- Toddler 2 room: 1- Toddler 1 room: 1- Wobbler room: 1- Baby and wobbler room nappy changing area: 1- ECCE and After-school room: 2- Kitchen area: 1
Hand Sanitisers:	<ul style="list-style-type: none">- All rooms and entry points.
Storage of Cleaning Agents:	Cabinets in each room out of children reach and press under stairs for extra supplies.