

## **Coronavirus (COVID-19): Guidance on reducing the risks from COVID-19 in Early Learning and Childcare Settings**

Non-statutory guidance to support the continued safe operation of Early Learning and Childcare (ELC) settings.

Version 11.4

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## INTRODUCTION

### Who this guidance is for

This guidance is for the early learning and childcare (ELC) sector, and aims to help settings operate safely during coronavirus.

It applies to all providers of registered day care of children's services who provide care to children under primary school age, including:

- nurseries
- playgroups
- family centres
- creches

It also applies to fully outdoor services for children aged 5 and under.

## 1. BACKGROUND

1.1 We know there are challenges in delivering services in the evolving COVID-19 situation in Scotland, including Early Learning and Childcare (ELC). In line with [Realising the Ambition](#), our focus must be on supporting children to form a secure and emotionally resilient attachment base which will stand them in good stead as they grow and develop. Nurturing and attached relationships are essential to creating the conditions for children to flourish in ELC.

1.2 All children have a right to play, to learn and to access experiences that meet their physical, social, emotional and cultural needs, and they have a right to associate with their peers. In line with Scotland's commitment to [Getting It Right For Every Child](#), children also 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 all been factored into the development of a framework for delivering ELC services.

1.3 While the vaccination of adults has changed the relative rates of transmission, evidence continues to confirm that younger children are at lower risk of clinical disease from COVID-19 than are older children and adults. There is no evidence of any difference in the risk of severe COVID-19 among pre-school, primary and secondary school teachers, relative to other adults of a similar age. While we continue to make progress in suppressing the virus, ELC settings must place very high priority on reinforcing the mitigations set out in this guidance.

1.4 This guidance provides principles to help you make decisions based on the best available evidence to help you operate in a changed context. It will not provide the specific answer to every circumstance which may arise, but it will provide the basis upon which you can use your professional judgement to make a decision.

1.5 If the circumstances of the epidemic in Scotland change, further changes to public health measures may be required and will be clearly notified to the sector. The

Scottish Government will engage with sector representatives to ensure that any immediate changes are communicated to the sector as quickly as possible.

1.6 Please be aware that public health advice will evolve over time and you should check online to make sure you are working to the most recent version of this guidance.

This is version 11.4 of the guidance, published on 11 October 2021. This version reflects advice from the advisory sub group that visitors to the setting are permitted in a broader range of circumstances. (See changes to the sections on visits by parents and by specialist visitors.) This version also introduces new sections on short local excursions which promote outdoor learning and day visits.

Version 11.3 of the guidance was published on 23 September 2021. That version updated the wording on testing for close contacts aged under 5 to use the same wording as used on the NHS Inform Test and Protect website.

Version 11.2 of the guidance was published on 17 September. Updates in that version:

- note that at their meeting on 7<sup>th</sup> September, the Advisory Sub-group on Education and Children's Issues recommended retaining the mitigations set out in this guidance until at least the October half term break
- add a new section on identifying contacts that includes a definition of higher risk contacts
- include new 'Warn and Inform' letters that should be issued to parent/carers and staff when a setting is informed of a positive case
- provide a link to a flowchart that summarises what action to take when a child or member of staff tests positive
- include at Annexe A, a list local authority contacts that settings can use help access CO2 monitors

Version 11.1 of the guidance was published on 23 August. Updates in that version:

- Guidance in the section on visits by parents about what to do if a parent has been identified as a close contact of a COVID-19 case but can end self-isolation on receipt of a negative PCR result.
- Advice that peripatetic and agency staff should minimise, but are not prohibited from, working across two premises if there is an outbreak in one of them.
- Clarification that if there is an outbreak in a one of the settings where a child has a blended placement, it should, where possible, be postponed until after the outbreak.
- Provide the latest information in the section on financial impact, particularly the publication of the Financial Sustainability Health Check.

1.7 This non-statutory guidance has been developed for ELC providers in the local authority, private and third sectors to support the safe operation of these settings. This

guidance provides the core measures that all providers must follow when delivering ELC.

1.8 Specific guidance has been published for [school aged childcare](#) (for children attending school) and [childminding services](#) (where children may be from a variety of age ranges). Users should ensure that they refer to the guidance that is appropriate both for their setting and for the age range of children in their care.

1.9 This guidance has been developed by the Scottish Government with input from key partners from the Education Recovery Group, including local authorities, trade unions, Care Inspectorate, Education Scotland and representatives of ELC providers, and in collaboration with Public Health Scotland. It has been informed by judgements based on the scientific and public health advice available at the time of writing.

1.10 This guidance is based on a set of principles for all services across Scotland that recognises that safeguarding the wider health and wellbeing of the child, and adults who work with them, must be central to delivering services. This guidance is based on ongoing evidence and advice provided by the Coronavirus (COVID-19): Advisory Sub-Group on Education and Children's Issues.

1.11 The Sub-Group's advice is that it is not appropriate for young children to maintain physical distancing, either practically or in terms of child development. Scientific advice shows that given the mitigations described in this guidance and the emerging evidence on transmission in young children, physical distancing is not recommended between children. In addition, it is not appropriate or possible to implement physical distancing between young children or between a young child and their key worker. This guidance puts in place age appropriate public health measures for ELC settings.

1.12 The core public health measures that underpin current operation of services to all children are:

- enhanced hygiene and cleaning practices;
- access to fresh air by maximising the use of outdoor spaces and effective ventilation;
- strict adherence to self-isolation for those who have symptoms, and to other Test and Protect measures for all;
- strict adherence to physical distancing between adults, including parents at drop-off and pick-up times; and
- supportive use of face coverings

**The aims of this guidance are to:**

1.13 Provide **clear expectations** with regard to practical approaches to safe provision of ELC.

1.14 Where this guidance states that providers:

- “**must**” do something, there is an expectation that it is done;
- “**should**” do something, this is strongly advised,
- “**may**” or “**may wish**” to do something, this is optional.

1.15 Where this guidance refers to parents, this includes carers or family members who may be involved with children attending the setting.

1.16 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. Measures put in place within the setting to comply with this guidance must not contravene health and safety legislation, for example, fire doors must not be left ajar to increase ventilation.

1.17 Nothing in this guidance affects the legal obligations of providers with regard to 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, they must have regard to any advice relating to coronavirus from the Chief Medical Officer for Scotland.

1.18 This guidance should be read alongside:

- [Health Protection Scotland non-healthcare settings guidance](#): this contains information on health protection and infection prevention and control issues including cleaning, hygiene measures, what to do if someone falls ill, laundry considerations and waste management.
- [Realising the ambition](#): Being Me - early years national practice guidance for Scotland.
- [Setting the table](#): nutritional guidance and food standards for early years providers in Scotland.
- [Infection Prevention and Control in Childcare Settings \(Daycare and Childminding Settings\)](#)
- NHS inform – [COVID-19](#)
- NHS Inform - [COVID-19 Highest risk \(previously called Shielding\)](#)
- [Health and Social Care Standards](#)
- [Test and Protect Guidance](#)
- [Coronavirus \(Scotland\) Act 2020](#)
- [Advice and support for people at highest risk](#)

## 2. SCOTLAND’S STRATEGIC FRAMEWORK

The Scottish Government published its [Strategic Framework update](#) on 22 June 2021. It sets out a change to the Scottish Government’s overarching strategic intent, from:

*‘to suppress the virus to the lowest possible level and keep it there, while we strive to return to a more normal life for as many people as possible’.*

to one where we work:

*‘to suppress the virus to a level consistent with alleviating its harms while we recover and rebuild for a better future’.*

## **Beyond Level 0**

Scotland moved beyond Level 0 on 9 August. We have set out the vaccine milestones we hope to reach over the summer, and the plan to take us out of COVID-19 restrictions. See our proposed timetable for these changes.

Our Strategic Framework update sets out what a move beyond Level 0 looks like. We will ensure that our information is clear and accessible as we enter a period where people need to make personal judgements, rather than rules set by government.

This means everyone playing their part by:

- maintaining good hand hygiene
- practising respiratory hygiene and cough etiquette
- wearing face coverings
- ensuring there is good ventilation – open windows when indoors
- continuing to engage with Test and Protect and self-isolate when symptomatic or have tested positive

## **Keeping our guidance up to date**

The Strategic Framework also reiterates that the unique impacts of the pandemic on children and young people, coupled with the necessity to ensure it does not prevent them receiving the best start in life, mean we must prioritise keeping schools and regulated childcare safe, open and welcoming, where it is safe to do so. It is recognised that, to enable this to happen, other mitigations may need to be put in place in the individual settings as well as in wider society.

2.1 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. From the end of September it will be chaired by Professor Linda Bauld, Interim Chief Social Policy Adviser to the Scottish Government and gives detailed consideration of how public health advice can be applied to operational implementation. Members include scientific and public health experts, clinicians and academics, as well as experts in education, early learning and children’s services.

2.2 The Advisory Sub-Group on Education and Children’s Issues agreed that we align some of the COVID risk mitigations in the suite of guidance for the formal childcare sector to levels of community transmission and that a sensible approach to doing that would be to align to protection levels. Reflecting the impact of the mitigations on reducing risk of transmission, the Sub-Group recommended:

- retaining a consistent approach to the guidance on: face coverings; ventilation; and staff working with the same cohorts of children as much as possible



- we can align to protection levels the restrictions on: physical distancing between staff; visits by parents; cohort size; visits to the setting by specialist staff; the use of peripatetic staff; blended placements; and enhanced cleaning regimes
- we can align some of the mitigations to protection levels more quickly where provision is outdoors

2.3 Unless otherwise stated, the protective measures set out in this guidance represent the 'core' or standard protective measures that should be in place in all settings across all five protection levels. Where measures can be aligned with protection level these are set out in tables embedded in this document. **It is important to make clear that Level 0 and below is not a return to normal.** It is still too soon to specify if and when that would happen. We will keep under constant review the potential to remove any specific mitigations, depending on the data and evidence. The Advisory Sub-group on Education and Children's Issues considered the data and evidence surrounding the school return on Tuesday 7<sup>th</sup> September. In light of very high case rates and current evidence on the state of the pandemic, the sub-group recommended retaining the mitigations set out in this guidance at this time. It is expected that this revised guidance will remain in place until at least the October holidays – the position thereafter will be informed by regular reviews of the data and evidence by the advisory sub-group. Implementation and adherence to these measures is essential to ensuring the ongoing safety of children and young people, as well as the staff who have worked hard to keep settings open.

2.4 The measures put in place in wider society at different levels of the Strategic Framework have been designed to reduce community transmission sufficiently to allow schools and regulated childcare settings to remain open safely.

2.5 On a regular basis, and particularly where there is a move between levels, settings should review their implementation of this guidance, and ensure compliance with core and additional public health measures.

2.6 Community level risk will continue to be monitored and managed by local health protection teams who will advise on how to respond. To allow them to do this effectively local health protection teams rely on cases being reported to them as soon as possible. ELC settings have an important responsibility to contact their local health protection team immediately if there is:

- any suspicion that there may be an outbreak of cases, i.e. two or more confirmed cases in 14 days;
- or an increase in the background rate of absence due to suspected or confirmed cases of COVID-19.

2.7 Information about how to contact your local health protection team can be found at this [link](#). **Managers must also notify the Care Inspectorate in the event of a suspected case and all confirmed cases of COVID.** Notifications and guidance are available through eForms.

2.8 In the event of a local community outbreak and/or an outbreak in an ELC setting, at any protection level, settings may be asked by the local health protection

team to implement additional restrictions, beyond those set out in this guidance, for a defined period of time. There may also be circumstances in which, based on clear evidence and public health considerations, specific settings require to close for a defined period of time. All such decisions will be made in line with the independent advice of local Directors of Public Health, who will take account of wider public health considerations according to their statutory duties. To keep children and staff in ELC settings safe and to reduce risk in the wider community, it is essential that settings follow any advice from their local health protection team.

### 3. SUPPORTING THE WORKFORCE TO BE CONFIDENT AND SAFE

3.1 We have a collective responsibility to enable all staff to feel confident when returning to the workplace. They should have the opportunity to read and discuss the following:

- [Public Health Scotland guidance](#),
- [The Strategic Framework for Reopening Schools and ELC](#), and
- The framework document [COVID-19: framework for decision making – Scotland’s route map through and out of the crisis](#)
- [Advice for the Coronavirus \(COVID 19\): Advisory Sub-Group on Education and Children’s Issues](#)

3.2 As settings plan to welcome back children and their families and staff after holidays or periods of absence, staff wellbeing must be protected. Staff will need time to re-connect, to meet, talk and 'check in' with each other.

3.3 Providers should communicate extensively with their staff to ensure that they are clear and confident in implementing the required public health measures and processes in advance of settings reopening to all children. There must be clearly defined training sessions for staff on the risk mitigations set out in this guidance. To prepare for the return to ELC for all children, staff must be given the opportunity to highlight the need for any further local training to help reassure and protect themselves and their colleagues.

#### **COVID-19 checklist for the early learning and childcare sector**

3.4 We have published [a checklist that summarises the COVID risk mitigations for ELC settings](#). This should not be used as a substitute for reading the full guidance. This is especially true for managers of settings who must read the full guidance to understand the measures that they should implement in service planning.

#### **Routine asymptomatic testing of ELC staff**

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

3.6 Testing is voluntary and nobody is required to undergo testing without consent, or excluded from a setting if they do not wish to be tested. However, we are encouraging staff and settings to participate, to contribute to the wellbeing of everyone in their setting and community. Adherence to the risk mitigations is key to controlling transmission but if the easing of risk mitigations in lower protection levels make staff and parents nervous, participation in the testing programme may offer some reassurance.

3.8 All participants are encouraged to report their results through the [gov.uk digital portal](#) – whether the result is positive, negative or void. This enables us to

monitor effectiveness of the programme and understand the level of demand for this kind of testing offer.

3.7 Step by step guidance has been shared with schools and ELC settings attached to schools via Objective Connect. The guidance was developed in collaboration with NHS Test and Protect and the UK Department for Health and Social Care to support schools and ELC settings in the delivery of the Schools Asymptomatic Testing Programme.

3.8 All staff, students on placement, and children and families, should continue to be vigilant for coronavirus symptoms. The asymptomatic testing programme using LFD testing does not replace the current testing policy for those with symptoms. If their asymptomatic test is positive, the member of staff must isolate and access a confirmatory PCR test as per their usual asymptomatic testing channel, even if they are without symptoms. If their asymptomatic test is negative, they can remain at work unless symptoms develop but should not consider themselves free from infection and must still adhere to all mitigations. On the occasion that a symptomatic staff member has used a LFD test and has returned a negative result, they should still self-isolate and arrange a PCR test.

3.9 Any person who has had a PCR confirmed COVID-19 diagnosis in the previous 90 days should not participate in LFD at home testing for those 90 days, and is exempt from further testing unless they develop symptoms, in which case they should stay at home and arrange a PCR test via the usual NHS Inform route.

### **Staff Wellbeing and Professional Learning Support**

3.10 The Scottish Government is working with partners from across the childcare sector to develop a directory of existing mental health, wellbeing and professional learning support for ELC, and out of school care, practitioners and childminders. This is updated and shared across the education and childcare sector at regular intervals and can found [here](#).

3.11 In addition, Scottish Government has worked with Early Years Scotland to develop a new [Team ELC Wellbeing Hub](#), a website which sets out vital information for the sector on maintaining their wellbeing at this difficult time, and creates opportunities for staff to connect with each other.

3.12 It is also important that professionals from across the ELC sector are provided with safe and supportive spaces to connect with colleagues from across Scotland in a virtual environment, to allow for professional dialogue and peer support to take place during this challenging period. The Scottish Government will work with Education Scotland to create such opportunities, for example via further instances of the successful #BeingMeBlethers professional learning events, which have enabled practitioners from across the ELC and childcare sector to engage in shared learning.

3.13 Practitioners may find it valuable to access support for their health and wellbeing, given many will be balancing work with managing their own childcare needs and any stressors linked to the COVID-19 pandemic, including potential illness and bereavement within their own families.

## Children's wellbeing, nurture and experiences

3.14 Staff will be aware that the pandemic will have had a unique impact on each child and their family, as well as themselves and their colleagues at work. It is important that the child is at the centre of their practice to ensure quality, whilst balancing safety and risk. Staff should support children and families to understand the need for the changes.

3.15 It is essential, that ELC continues to be informed by the principles which underpin high quality provision. While aspects of practice may be delivered differently, practitioners will still be working to meet the needs of their children and their families.

3.16 Children have the right to play and learn, as set out in Article 31(1) of the United Nations Convention on the Rights of the Child. Parties recognise the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life.

3.17 In Scotland, the Government has enshrined children's right to play outdoors every day in its national Health and Social Care Standards – "As a child, I play outdoors every day and regularly explore a natural environment" (HSCS 1.32).

3.18 Practice that reflects the principles of nurture and the importance of relationships is also key. Getting it right for every child (GIRFEC), with its focus on wellbeing, recognises that children and young people have the right to expect appropriate support from adults to allow them to grow and develop and to have their voices heard. Working in partnership with parents is essential, with two way sharing of information being fundamental to this. The GIRFEC approach is about responding in a meaningful, supportive way which puts the wellbeing of children and families at the heart of any support.

3.19 The national practice guidance '[Realising the Ambition: Being Me](#)' talks about the crucial role of the environment. This includes the importance of physical spaces; the human, social environment of positive nurturing interactions; and children's experiences. Settings need to 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 within the context of the recovery period. This will help develop the emotional resilience babies, toddlers and young children need to form a secure wellbeing base.

3.20 During the COVID-19 recovery period settings will require to adjust how they provide high quality provision. Some aspects of practice will need to be delivered in different ways to ensure the safety of all. Further information can be accessed through the '[Realising the Ambition: Being Me](#)' page on the National Improvement Hub to provide practical support with this. The principles that underpin that high quality however remain unchanged. Best practice will:

- put the best interests of the child at the heart of decision making;
- take a holistic approach to the wellbeing of a child;

- work with children, young people and their families on ways to improve wellbeing;
- advocate preventative work and early intervention to support children, young people and their families; and
- believe professionals must work together in the best interests of the child.

## **Communication**

3.21 Consultation with all staff, parents, providers and trade unions on the provision of ELC settings should be carefully undertaken when implementing this guidance, to ensure that all those concerned understand the changes that are required and are confident in the revised arrangements. The Advisory Group and Sub-Group on Education and Children's Issues have both emphasised the importance of staff and families being actively engaged in establishing new practices and routines; and of public health (including good hygiene) becoming a core part of ELC processes. Inductions for new staff must include guidance on the setting's measures to ensure good infection prevention and control.

3.22 National information for parents is available from [Parent Club](#).

3.23 Settings will need to communicate any new arrangements to parents and carers, particularly where there are new routines and procedures that children and families will need to understand and follow. This should reinforce the need for parents/carers to physically distance and wear face covering when dropping off/collecting children. Settings should also include information risk mitigation measures in information for new families taking up places.

## 4. COVID-19 GUIDANCE

Managers and staff in the setting must make themselves familiar with COVID-19 advice available from [Public Health Scotland](#), and regularly review that information. It is important that the most up-to-date guidance is used, and that managers and staff are knowledgeable about current guidance. Always access guidance online wherever possible and check regularly for any updated advice.

### 4.1 Update service status – services closed as a result of lockdown

Where services temporarily close due to COVID-19, the manager must contact the Care Inspectorate to advise them of their updated operational status.

To do this they must complete a “Changes to Service Delivery due to Coronavirus (COVID-19)” notification. This is a new notification that services must use to inform the Care Inspectorate about operational changes that are specifically related to COVID-19. This is only available through [eForms](#). If you do not update your status, the Care Inspectorate will consider your service closed.

### 4.2 Risk Assessments

Employers must protect people from harm. This includes taking reasonable steps to protect staff, children, young people and others from COVID-19 within the education setting. It is a legal requirement that local authorities and ELC settings ensure that risk assessments are conducted and reviewed on a regular basis or when circumstances change. Managers must ensure that risk assessments take place on a setting by setting and individual basis where required. To help with setting-level risk assessments, the Health and Safety Executive (HSE) has [an example COVID-19 risk assessment](#) which provides a general framework for all business sectors. Guidance on how to undertake individual level risk assessments for members of staff is available in [guidance produced by the Scottish Government](#).

Setting-level risk assessments are expected to consider all risks identified in respect of COVID-19 and must take account of the relevant guidance from [Public Health Scotland](#), and the [HSE](#). The assessment should directly address risks associated with coronavirus, so that appropriate measures can be put in place to control those risks for everyone. All risk assessments should be reviewed regularly and as circumstances change. Risk assessments must be reviewed prior to the re-opening after holiday periods or other temporary closure and when there is any significant change to service delivery.

Settings should ensure that they implement pragmatic and proportionate control measures which reduce risk to the lowest reasonably practical level. They should have active arrangements in place to monitor that the controls are:

- effective;
- working as planned; and

- updated appropriately considering any issues identified and changes in public health advice.

Staff, staff representatives and trade unions should be consulted in the development and updating of risk assessments. Plans and risk assessments should be communicated to parents and must be shared with all staff. This must include staff who are employed within the service but who do not provide direct care to children such as catering or cleaning staff. Support staff have a key role to play in reducing the risk from COVID-19 and it is important that they understand and follow the changes to procedures required to reduce the risk of the spread of infection. The Care Inspectorate will check staff understanding of the risk assessment and mitigations as part of any scrutiny work they carry out.

This dialogue in relation to the risk assessments should identify what measures are working, where improvements are possible and identify any remaining gaps. Reviews of measures and risks should be frequent. Mitigation measures should be implemented as soon as the need for them is identified and assessment of compliance should be undertaken on a daily basis.

If premises have been closed for many weeks or if parts of the building have been out of use for a long period, the provider must undertake a health and safety check of the building concerned prior to reopening, including water quality sampling for legionella and other bacteria.

### **4.3 Home working**

Now that Scotland has moved beyond Level 0 a gradual return to offices can now begin. However home working will continue to be an important mitigation for controlling the virus and we would ask that businesses still support employees to do this, where possible and in consultation with employees.

Employers are responsible by law for the health, safety and welfare at work of their workers and these responsibilities apply wherever their staff are working. Arrangements for the welfare of employees must provide for homeworkers, as well as those who work in the employer's workplace.

If an employer is asking their employees to work from home, consideration must be given to the type of environment they are being asked to work in. Caring responsibilities - which often are undertaken by women, multigenerational households - which may be a particular issue within certain minority ethnic groups, space constraints and noise levels are just some of the considerations that need to be taken into account. Assumptions should not be made that everyone has a suitable place from which to work at home, this should be explored with each employee.

Please consult the most up to date guidance at [Coronavirus \(COVID-19\): staying safe and protecting others](#)

Please also see the HSE advice on [home working](#) for further information.



#### **4.4 People on the highest risk list (previously those on the shielding list)**

This guidance applies to those who are at the highest clinical risk from coronavirus. Information on who is considered to be at highest risk is available at [Coronavirus \(COVID-19\): advice for people at highest risk - gov.scot \(www.gov.scot\)](https://www.gov.scot/Topics/Health/Coronavirus/COVID-19/advice-for-people-at-highest-risk) along with advice and support for this group, including attending work and education and childcare settings. Everyone in this cohort will have received a letter from the Chief Medical Officer advising them that they are on the-highest risk list.

The Chief Medical Officer has written to everyone on this list in relation to the move to level 0. His advice is that people at highest risk can continue to follow the same advice as the rest of the population in the context of precautionary measures that remain in place. This is because the vaccination programme is working well and as the number of people who have been vaccinated rises, everyone will benefit from greater protection, even the small number of people who cannot be vaccinated for medical reasons. Evidence [continues to emerge](#) about how well the vaccine works for people who are immunosuppressed and on the highest risk list.

Over 94% of people at highest risk have now received both doses of the vaccine and nearly 96% have received their first dose. Due to some health conditions, some people cannot receive the vaccine. If anyone is not sure, we would advise that they speak with their clinician. Otherwise, we encourage anyone on the highest risk list and their family members who haven't had the vaccine to do so as soon as possible.

The Chief Medical Officer's advice to everyone on the list, beyond level 0, is that it is currently safe to go into work if you cannot work from home and that it is safe to use public transport.

It is essential that everyone continues to follow the public health advice and remaining protection measures. Baseline measures are strongly encouraged for staff and pupils at highest risk. Mitigations which remain in place for now such as face coverings are not just to give added protection to the population as a whole, but also to give protection and assurance to those at highest clinical risk. It is important to protect each other through getting the vaccination, getting tested, and to keep following the remaining rules and measures.

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. In carrying out risk assessments, employers should be mindful of their duties under the Equality Act 2010 at all times. Employees also have a responsibility to comply with safe working practices.

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

It is advised that those who are at highest risk also carry out an individual risk assessment. This includes a COVID-Age tool, which employees can use to highlight

personal risk and support discussions with employers about any additional adjustments or arrangements that may be needed to make the workplace and duties safe for them. Find [advice about individual risk assessments](#) on gov.scot.

Any concerns can be discussed with managers or employers. Further advice is also available from:

- occupational health services provided by your employer, where available
- a Health and Safety representative in your workplace
- your workplace's Human Resources (HR) department
- your trade union or professional body
- the [Citizens Advice website](#) or the free Citizens Advice Helpline on 0800 028 1456, (Monday to Friday, office hours)
- the Advisory, Conciliation and Arbitration Service (ACAS).

There is guidance for employers and employees on making the workplace safe for people at highest risk at [Coronavirus \(COVID-19\): advice for people at highest risk - gov.scot \(www.gov.scot\)](#). This includes employer responsibilities to carry out regular workplace risk assessments, individual risk assessments, and additional steps people can take to keep themselves safe.

#### Children and young people on the highest risk list

The Chief Medical Officer's advice at level 0 and beyond level 0, is that children and young people on the highest risk list can follow the same advice as for the rest of the population. This includes attending childcare settings.

#### Household members of people who are on the highest risk list

Children and young people who live with a person who is at highest risk can attend childcare settings. All children attending ELC should comply with the arrangements for the reduction of risks of transmission of the virus within settings, including hand hygiene.

Household and family members of people at highest risk can also go to work. It is the employers' responsibility to make sure the workplace and duties are as safe as possible. Household members of people that are at highest risk should discuss their concerns with their employer.

The Chief Medical Officer has encouraged everyone on the highest risk list to ask members of their household over 12 years of age to use the free at-home lateral flow tests. We encourage all staff in ELC and childcare settings who live with someone at highest risk to use the offer of lateral flow testing as this will help to find people who don't have symptoms and would not know they have coronavirus. This can then reduce the risk of passing on coronavirus to a family or household member who is at highest risk.

#### **4.5 Considerations related to pregnancy**

In line with the UK Government [Coronavirus \(COVID-19\): advice for pregnant employees](#), which applies in Scotland, pregnant staff of any gestation should only continue working if a risk assessment advises that it is safe to do so.

ELC settings and local authorities should follow the [Royal College of Obstetricians and Gynaecologists](#) advice to try and keep the risk of exposure as low as is practically possible to pregnant employees, particularly in the third trimester. Normal pregnancy risk assessments should also be undertaken, and appropriate attention paid to mental health and wellbeing.

Additional UK-wide guidance on pregnancy is also available: [Coronavirus \(COVID-19\): advice for pregnant employees - GOV.UK \(www.gov.uk\)](#).

#### **4.6 Coronavirus (COVID-19): Individual Risk Assessment Guidance**

On 27 July 2020 Scottish Government published COVID-19 Occupational Risk Assessment Guidance. This guidance includes an easy to use, individual risk assessment tool that takes into account ethnicity, age, gender, BMI and health conditions to give an overall COVID-19 risk age.

Staff and employers in all sectors now use this guidance to determine whether or not, the workplace is safe and it is safe for the individual to be at work. This guidance is relevant to staff who have an underlying health condition, or are anxious about risks in the workplace. The guidance is based on the latest clinical and scientific advice on COVID-19 and is updated on a regular basis.

The clarity this tool brings has been widely welcomed, as we now know that certain minority ethnic groups are more vulnerable to COVID-19 and that simply viewing medical conditions in isolation, does not accurately predict an individual's vulnerability.

The most important part of the process is the conversation that takes places between a manager and a member of staff. It is essential that the outcome from these conversations is agreed by both parties. The conversation should take into consideration, workplace risks, and the control measures that can be put into place, to agree a course of action regarding work duties. The guidance also signposts to further medical advice and support for those with complex vulnerabilities.

#### **4.7 Support for children with Additional Support Needs**

Every child will have different levels of required support. It will be important as part of the risk assessments carried out to consider the individual needs of a child or young person. Where there is a need to work in close proximity with adults and children the appropriate safety measures should be put in place based on that risk assessment. Guidance on [supporting children and young people with additional support needs](#) is published by the Scottish Government.

Providers should have individual risk assessment processes in place to support individuals in the groups above.

#### 4.8 Cleaning practices

All cleaning should be carried out in accordance with [COVID-19 – guidance for non-healthcare settings](#) (which includes advice on, amongst other things, detergents/cleaning products) and [Infection Prevention and Control in Childcare Settings](#) guidance.

This should be an extension of the cleaning regime normally used in ELC settings, with touchpoints such as table tops, chairs, doors, light switches, banisters, equipment, sinks, and toilets cleaned more regularly. There should be routine cleaning and disinfection of frequently touched objects and hard surfaces as detailed in the table below. This should include equipment staff use, (e.g. telephones, desks, handles, keyboards, door handles, and tables).

Careful consideration should be given to the cleaning regime for sensory rooms and soft play areas, to ensure safe use.

Settings must ensure their cleaning practices for toys and soft furnishings reflect the requirement at each protection level:

**Table 1 Enhanced cleaning requirements by protection level**

Level 0 and below	Level 1	Level 2	Level 3	Level 4/Stay local
Soft furnishings (such as throws and bedding) should be laundered in accordance with usual cleaning schedule.	Soft furnishings (such as throws and bedding) should be laundered frequently - as a minimum weekly.		Soft furnishings such as throws and bedding should be used for individual children. If shared they should be laundered between use. If individual, they should be laundered frequently and as a minimum weekly.	
<p>Toys and equipment that children access should be cleaned daily or, if groups of children change during the day, on a sessional basis</p> <p>At least twice daily cleaning and disinfection of frequently touched objects and hard surfaces.</p> <p>Water and playdough should be replaced daily or, if groups of children change during the day, on a sessional basis.</p> <p>If soft furnishings (such as throws and bedding) have been used by a child who shows symptoms of COVID, they should be removed and laundered as quickly as possible.</p> <p>Settings should continue to emphasise the importance of good hand hygiene.</p>				

**Lead-in time for adapting to change in protection level:** as soon as the protection level increases

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

If resources from the setting (for example, story bags) are taken home by a child, there is no longer a requirement to quarantine these for 72 hours upon return to the setting. Evidence on fomite transmission has continued to evolve and Public Health Scotland have now advised that we can remove this requirement from the guidance. Enhanced hand hygiene, as set out later in this section, should be adhered to by all staff, children and families and is a more proportionate way of reducing the risk of fomite transmission. (Fomites are objects or materials which may carry infection.)

**Table 2 Sharing of resources (such as story bags) between setting and home**

Level 0 and below	Level 1	Level 2	Level 3	Level 4/Stay local
Settings can share resources between setting and home.		Settings should restrict the sharing of resources between setting and home.		
<p>There must be no sharing of resources if there is a positive case in the home or an outbreak in the setting. A cluster or outbreak of COVID-19 occurs when a school has two or more confirmed cases of COVID-19 within 14 days. The local health protection team should be notified. If a plausible transmission link between two or more cases is identified within the school setting, this is indicative of an 'outbreak'; if not, it is referred to as a 'cluster'. The outbreak will be 'closed' by the local health protection team.</p> <p>The setting should emphasise to families the importance of good hand hygiene when handling resources that are shared with/by the setting.</p>				

**Lead-in time for adapting to change in protection level:** as soon as the protection level increases

The risks of transmission are reduced when children are outdoors and so we would not wish access to individual or laundered outdoor clothing to be a barrier to this. Where possible, parents should provide the necessary clothing for outdoor play. Where this is not possible and children need to share outdoor clothes or footwear, risks can be reduced by ensuring good hand hygiene before and after dressing. This applies at all protection levels.

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

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

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

There is not a requirement to use fog, mist, vapour or UV (ultraviolet) treatments in ELC settings to help control the spread of coronavirus. Should a provider choose to use one of these it is important these are used appropriately. Any use of these treatments for these purposes should form part of your COVID-19 risk assessment and clear rationale would be required through risk assessment as to whether such devices would be appropriate. Users must be competent and properly trained. These treatments can be used in a larger space or room in addition to enhanced cleaning and disinfecting, but not as a substitute.

Disinfectants applied as a fog, mist or vapour may reach harmful levels during delivery and UV systems may cause eye/skin damage if people enter an area undergoing treatment. People should not enter rooms being treated by UV or disinfectants applied as fog, mist or vapour. Discuss with suppliers what safety features they can provide to prevent inadvertent access to a room during treatment, for example hazard-monitoring sensors.

Locking rooms during the treatment will help to contain the emissions but other measures such as taping of doorway gaps or plastic screening off of some areas of the room may also be required. Good ventilation will also help clear the disinfectant after the treatment if this can be controlled from outside of the room.

Up-to-date [guidance on the use of fog, mist, vapour or UV \(ultraviolet\) treatments](#) is available from the Health and Safety Executive.

#### 4.9 Temperature and ventilation

In its [advice published on 3 March 2021](#), the Advisory Sub-group recommended, that **greater emphasis should be placed on ventilation**, by keeping windows open as much as possible, and doors open when feasible and safe to do so. A card with ventilation advice for everyone at work can be found here: [ventilation advice card](#). Settings may find it helpful to display this to remind staff of what they can do to ensure effective ventilation.

ELC settings must ensure that risk assessments are updated appropriately for the season, to consider issues around ventilation and heating/warmth that are relevant to their specific environments. They should consider areas of the setting where air flow (including pockets of stagnant air in occupied spaces) and/or temperature may be problematic, and the strategies that may be used to address these issues and mitigate risks appropriately.

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

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

- partially opening doors and windows to provide ventilation while reducing draughts
- opening high level windows in preference to low level windows to reduce draughts
- refreshing the air in spaces by opening windows, vents and external doors at times which avoid user discomfort (e.g. between sessions or when children are outdoors)

The suitability of 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 (Care Inspectorate “Space to Grow”, and the [Workplace \(Health, Safety and Welfare\) Regulations 1992](#)).

For all settings, an adequate level of ventilation is likely to be indicated by a CO<sub>2</sub> concentration of no greater than 1,500 ppm as measured by a CO<sub>2</sub> monitor. Where settings have a CO<sub>2</sub> monitor we advise you use this to assess your setting periodically.

For the private and voluntary sector, a minimum temperature of 16 C is required under the Workplace (Health, Safety and Welfare) Regulations 1992.

In local authority settings where School Premises Regulations apply, the minimum ventilation rate in a nursery classroom is 2 air changes per hour and minimum temperature is 17 C.

Keeping doors open (with appropriate regard to safety and security) may also help to reduce contact with door and window handles. However, internal fire doors should never be held open (unless assessed and provided with appropriate hold open and self-closing mechanisms which respond to the actuation of the fire alarm system). The Fire Safety Risk Assessment should always be reviewed before any internal doors are held open.

In her statement to parliament on 3 August 2021, the First Minister stated that there would be a renewed focus on the importance of ventilation in childcare settings to reduce the risk that the virus could be present in concentrated amounts.

We are therefore working with local authorities to ensure that all day care of children services have access to CO<sub>2</sub> monitoring, whether via mobile or fixed devices. This is to support the goal of all spaces within settings being assessed for ventilation issues, with a view to remedial action being taken.

The primary role for local authorities will be to purchase devices for all settings in their area. Local authority teams will work with providers known to the authority wherever possible. However daycare of children services that are not funded to provide statutory ELC should contact their local authority to arrange provision of

devices. Relevant contacts have been shared in a provider notice, and are included as Annexe A of this guidance document. Services will retain responsibility for the operation of the monitors (including staff training) and for recording relevant information about the assessment of spaces in the setting.

Services should ensure the information gathered as a result of these assessments are used to inform actions to improve ventilation where required. This may include, for example, remedial works where appropriate (e.g. accelerated maintenance to remedy unopenable windows or faulty ventilation) or providing further guidance to users (e.g. on regular opening of windows, etc.).

Local authorities have been asked to complete their assessments of local authority-controlled schools and ELC settings by the October half term – wherever possible, and subject to sufficient supplies of CO2 monitors being available for purchase. Additional funding is being made available to support this work.

#### **4.10 Ventilation Systems**

Where it is not possible to keep doors and windows open, and centralised or local mechanical ventilation is present, systems should wherever possible be adjusted to full fresh air. If this is not possible while maintaining appropriate internal conditions, systems should be operated to achieve statutory requirements as a minimum. Where ventilation units have filters present, enhanced precautions should be taken when changing filters. Ventilation systems should be checked or adjusted to ensure they do not automatically adjust ventilation levels due to differing occupancy levels. HSE guidance on ventilation systems can be [found on the HSE website](#).

#### **4.11 Enhanced Hygiene**

Arrangements should be implemented for enhanced hand and respiratory hygiene by adults and children in the setting.

Where possible, disposable paper towels or kitchen roll should be used. Where it is age appropriate, services can also use hand dryers. Where this is not practical, individual towels must be available for each child, and these must be laundered each day. There are a [range of resources available from the NHS](#) to encourage children with handwashing. NHS Education for Scotland (NES) has produced a video to demonstrate the correct way to wash your hands, called [Washing hands with liquid soap and warm water](#).

Antibacterial hand gel is not recommended for children when soap and water is available. A Health Protection Scotland [2018 SBAR \(Situation, Background, Assessment, Recommendation\) on hygiene requirements in outdoor nurseries in Scotland](#) states that the use of alcohol-based hand rubs (ABHRs) and non-ABHRs should be discouraged in children under the age of five.

[Health Protection Scotland guidance on infection prevention and control in childcare settings](#) advises that if there is no running water, hand wipes can be used. If wipes



are being used in situations where running water is not available, it is recommended that hands are washed with soap and water at the earliest opportunity.

ELC services must ensure that handwashing facilities are accessible for children. They may wish to have a supply of antibacterial hand gel available to parents/carer who require to approach the entrance to pass over children, and to staff and essential visitors at the entrance to the setting. Staff should ensure enhanced hand hygiene measures are in place including washing their own hands and the hands of all children. In particular:

- Ensure all staff and children frequently wash their hands with soap and water for 20 seconds
- Handwashing should take place
  - On arrival at the setting
  - Before and after eating
  - After toileting
  - At regular intervals throughout the day
  - When moving between different areas (e.g. between different rooms or between inside and outside)
- Encourage children not to touch their face, where it is age appropriate to do so. Use distraction methods and keep children busy, rather than making this an issue.
- Use a tissue or elbow to cough or sneeze into, dispose of tissues appropriately and ensure that bins are emptied regularly of waste.
- Supervise children washing their hands and provide assistance if necessary.
- Never share water in a communal bowl when washing hands
- Always dry hands thoroughly

#### **4.12 Tooth brushing**

Tooth brushing can continue where there are adequate facilities to do so. Settings operating tooth brushing should follow the Childsmile updated [guidance](#).

#### **4.13 Personal Protective Equipment (PPE)**

The use of PPE by staff within childcare facilities should continue to be based on a clear assessment of risk and need for an individual child or young person, such as personal care where staff come into contact with blood and body fluids. Following any risk assessment (individual or organisational), where the need for PPE has been identified using the [HSE Personal Protective Equipment \(PPE\) at Work](#) guide, appropriate PPE should be readily available and staff should be trained on its use as appropriate. Where the use of PPE is risk assessed as being required, staff should be trained in how to put on and take off PPE (as required by Health and Safety Regulations), and suitable waste facilities provided.

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

- Staff carrying out intimate care should wear a disposable, single-use plastic apron and gloves.
- Staff should have access to disposable single use gloves for spillage of blood or other body fluids and disposing of dressings or equipment. Local infection control procedures that outline safety and protocols should be stringently followed and adequate training provided. This includes procedures for putting on and taking off PPE, the disposal of soiled items; laundering of any clothes, including uniform and staff clothing, towels or linen; and cleaning equipment for children and young people, such as hoists and wheelchairs.
- Hand hygiene is essential before and after all contact with a child receiving intimate or personal care, before putting on PPE, after removal of PPE and after cleaning equipment and the environment. Hands should be washed with soap and water.

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

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

Where the use of PPE is being considered within a setting the specific conditions of each individual setting must be taken into consideration and comply with all applicable legislation, including the Health and Safety at Work etc. Act 1974, Personal Protective Equipment Regulations 1992 and the Management of Health and Safety Regulations 1999 which outlines the process of, and legal requirements for, risk assessment.

Specific guidance [COVID-19: guidance for first responders](#) has been developed and published for first responders who, as part of their normal roles, provide immediate assistance requiring close contact until further medical assistance arrives. This guidance sets out clearly what a first responder is required to do if they come into close contact with someone as part of their first responder duties. It covers the use of PPE and CPR.

#### **4.14 International Travel**

Policy on international travel is updated regularly. Detailed and up-to-date guidance is available at [International travel and quarantine](#).

Providers should engage with children and their families to ensure adherence to the legal requirements. Local health protection teams are available to offer further support where providers have concerns.

#### **4.15 Staying vigilant and responding to COVID-19 symptoms**

ELC settings should ask staff and parents and carers to be vigilant for the symptoms of COVID-19, and to understand what actions they should take if someone develops them, either onsite or offsite. It is essential that people do not attend a setting if symptomatic. Everyone who develops symptoms of COVID-19 must self-isolate straight away, stay at home and arrange a test via the appropriate method.

The key COVID symptoms are:

- new continuous cough
- fever/high temperature
- loss of, or change in, sense of smell or taste (anosmia).

**All staff and parents and carers should be advised that anyone with these symptoms, should not attend or should be asked to return home. They should also be told to follow [Test and Protect procedures](#).**

All staff working in and with settings should be supported to follow up to date health protection advice on household or self-isolation and [Test and Protect procedures](#) if they or someone in their household exhibits COVID-19 symptoms, or if they have been identified by NHS contact tracers as a close contact of someone with the virus. Guidance on this is available from [NHS Inform](#), [Parent Club](#) and [gov.scot](#).

The National Clinical Director has also written an [open letter](#) to parents and carers providing guidance on how COVID-19 symptoms differ from those of other infections circulating at this time of year.

Changes to the rules on self-isolation for contacts of positive cases were made on 9th August. These changes were made because the health risks that arise when people are in contact with others who test positive have changed significantly, most notably due to vaccination. Vaccine uptake is very high, particularly among individuals who are at greater risk of harm from Covid-19, and the vaccines are highly effective at preventing severe disease (with 96% effectiveness against hospitalisation for the Delta variant). Children and young people have a very low risk of health harm from Covid-19, and children and young people with asymptomatic infection are at a relatively low risk of transmitting Covid-19 to adults. This means that the risk environment has changed significantly, and our approach to managing Covid-19 is evolving to reflect that.

Since we moved beyond level 0, close contacts aged over 18 years and 4 months who are double vaccinated - with at least two weeks having passed since the second dose - have been able to end self-isolation – if they take a PCR test that comes back negative.

There is also no blanket requirement for children **aged under 5** who are close contacts of positive cases to self-isolate, provided they do not display any symptoms or test positive for COVID-19. This applies regardless of whether the close contact is with a case in the ELC setting, household or elsewhere. Children under 5 years are **encouraged but not required** to take a PCR test. This is the advice in the [guidance for households with possible coronavirus infection](#) on the Test and Protect website. However, their exemption from self-isolation requirements should not be made conditional on this. This reflects the lower risks of infection and transmission in this age group, the fact that younger children may find it harder to tolerate testing and the significant and sustained educational harms that result from current self-isolation policy. It aligns with the advice of the Advisory Sub-Group and the views of the Chief Medical Officer.

Close contacts for those **aged over 5 but under 18** years and 4 months will be released from the requirement to self-isolate subject to a negative PCR test, provided they do not display any symptoms or test positive for COVID-19. This would mean that close contacts over the age of 5 but under 18 and 4 months will be advised to book a PCR test as soon as possible, and only end self-isolation and return to ELC if they receive a negative PCR test result.

Key points to ensure that parents, carers and staff are aware of are as follows:

- Staff, children or young people who develop the symptoms of COVID-19, or who test positive using PCR or LFD tests, must self-isolate immediately in line with NHS guidance.
- Everyone who develops symptoms of COVID-19 – a new, continuous cough; fever or loss of, or change in, sense of smell or taste - must self-isolate straight away, stay at home and arrange a test via the appropriate method (see below). This applies to adults and children.
- With the exception of those aged under 5, people who live in the same household as a person with symptoms must self-isolate straight away and stay at home. These people should not attend settings.
- Parents/carers who are self-isolating while they wait for the results of their PCR test, or who have received a positive PCR test should not leave the house to bring children to or from settings. They should make arrangements for someone else to do this on their behalf or, if that's not possible, children should stay home with parents/carers.
- All close contacts should take a PCR test. Children under 5 years are encouraged but not required to take a PCR test.
- From 9 August 2021, for those aged 5 and over and under the age of 18 and 4 months and for adults who have received both doses of the vaccine, the self-isolation for close contacts can end on receipt of a negative PCR test result. Until then a negative PCR result doesn't replace self-isolation and they must still complete the 10 day isolation period recommended for contacts, as they may still be incubating the COVID-19 virus.
- It's not the responsibility of managers to check whether close contacts who return to work after a negative PCR test have been fully vaccinated. Managers should assume that staff are following the self-isolation advice available on

NHS Inform. There is a useful decision aid at following link: [When and how long to self-isolate due to coronavirus | NHS inform](#)

- Any contact who has a positive test during their isolation period will be managed as a case and subject to contact tracing.
- ELC setting staff who opt to undertake **asymptomatic testing**, as part of their workplace testing programme, do not need to self-isolate while awaiting results, as long as no symptoms develop. (However, as set out above, if they are a close contact of a symptomatic or confirmed case, they will need to self-isolate and take a PCR test.) If their asymptomatic test is positive, the member of staff must isolate until a confirmatory PCR is received, even if they are without symptoms. If their asymptomatic test is negative, they can remain at work unless symptoms develop but should still adhere to all mitigations.
- If the **PCR test** is positive, the person must remain in isolation until 10 days from symptom onset, or longer if symptoms persist or 10 days from the test date if there are no symptoms. The date of onset of symptoms (or of test, if asymptomatic) is to be considered day 1 of 10.
- Everyone who tests positive for COVID-19 will be put in touch with the local contact tracing team so that other close contacts can be identified. With the exception of those aged under 5, all close contacts who are in the same household as confirmed cases must self-isolate immediately and take a PCR test.
- Everyone who needs to self-isolate as a close contact of confirmed cases must continue to do so for 10 days from their last day of exposure to the case.. In a household, the 10 days starts on the date of symptom onset in the first case.
- Unless otherwise advised by Test and Protect or local Incident Management Teams, where staff do not have symptoms but are self-isolating as a close contact of a person who is a confirmed case, other people in their household will not be asked to self-isolate along with them.

If a close contact has had a positive PCR test in the last 90 days, they do not need to do another PCR test to be exempt from self-isolation, provided they are fully vaccinated and remain asymptomatic. This is because while you may no longer be infectious, a PCR test repeated within 90 days, can detect fragments of coronavirus genetic material that have not yet left your system. This means, you can still get a positive test result several weeks after you have had coronavirus and are no longer infectious.

Staff can book a test through [www.nhsinform.scot](http://www.nhsinform.scot), the employer referral portal (for staff only – see below) or, if they cannot get online, by calling 0800 028 2816. Parents and carers can book a test on a child's behalf.

Settings, other than in those areas detailed in the following paragraph, will also be able to register their symptomatic staff as category 3 key workers under the employer referral portal, to ensure priority access to testing. The nature of this portal is to prioritise tests and appointments over the general public. This route directs individuals through to a Regional Test Centre or Mobile Testing Unit (whichever is nearer). For those who cannot access an RTC/MTU (if they do not have access to a car or live too far away), they can order a home test kit.

For settings in Orkney, Shetland and Eilean Siar, there are different routes to accessing a test in your local areas. ELC settings in these areas should liaise with their local Health Boards to ensure priority access to symptomatic testing for ELC setting staff.

Unless staff are symptomatic, they are a close contact of a positive case or are advised to get a test by a healthcare professional, then testing is not a requirement. However, if members of staff are concerned that they have been at risk from infection, then they may request a test whether or not they have symptoms. Staff should make such requests via their employer, who can book a test for them using the employer portal, or for staff in Orkney, Shetland and Eilean Siar, can advise staff on the testing arrangements with their local Health Board.

If they have been identified as a close contact they must self-isolate and take a PCR test.

If a child develops symptoms of COVID-19 while in the setting, a ventilated space must be available for the child to wait in until they can be collected by their parent/carer. Where space allows, you should prevent contact with any other children in the setting. Ensure that guidance on the use of PPE is followed. Care must be taken however to ensure the appropriate levels of supervision of all children.

An information sheet [Self-isolation and contact tracing](#) - has been produced for schools and registered childcare settings to provide more detail on these changes.

#### **4.16 Test and Protect**

Staff and parents who are smartphone users should be encouraged to download The Protect Scotland [contact tracing app](#) to help suppress the spread of COVID-19.

Managers and staff must be aware of [Test and Protect](#) arrangements should someone become unwell. If a member of the staff team has symptoms, they must self-isolate and not attend the setting, and must contact the NHS to arrange to be tested at 0800 028 2816 or [www.nhsinform.scot](http://www.nhsinform.scot). You can find more information on the COVID-19 Test and Protect webpage.

All ELC settings are considered complex settings and cases will be prioritised and escalated to specialist local Health Protection Teams.

#### **Identifying contacts**

Staff, including peripatetic and temporary staff, should be advised to tell their line manager as soon as they receive a positive test result. Settings should ask parents whether their child has tested positive for COVID-19 when parents are reporting absences, and parents should be prompted to mention any positive tests when leaving messages about absences (including via automated systems). Parents will also be prompted to report the result to the setting by the online contact tracing form that all people testing positive are sent as soon as their test results are received. If

called by a contact tracer, the person testing positive will again be prompted to inform their childcare setting. In some circumstances, if a contact tracer requires to contact the setting directly, they will also inform the setting of the positive case. In this way, there are multiple routes and prompts to help ensure settings are alerted to positive cases as soon as possible after a member of staff or child tests positive.

If a parent/carer or staff member is contacted by a contact tracer and told to self-isolate for 10 days, the person should leave the setting to self-isolate at home straight away and, if possible, wear a face covering on route and avoid public transport if symptomatic. The Scottish Government has published advice for employers on how to support people who are asked to self-isolate, available [here](#).

The approach to contact tracing was adjusted from 9 August 2021 better to reflect the evidence and data on risks of infection and transmission amongst close contacts in this age cohort. Test and Protect will assume responsibility for contact tracing, and focus on identification of particularly close, prolonged contacts, primarily in household or social settings. When positive results are reported to childcare settings by staff and parents/pupils, it can help support the process if they take the opportunity to encourage those staff and parents to engage with the Test and Protect process and complete the online form as soon as possible.

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

ELC providers must continue to keep clear records of children, adults and staff attending their settings, and of the composition of groups undertaking activities. These records will help to settings to target 'Warn and Inform' letters to parents and staff in the event of a positive case in the settings (see below) and to ensure rapid response and contact tracing should the index cases identify exceptional circumstances. This will also enable employers to maintain records on staffing capacity in individual settings and to make judgements about whether it will be necessary to close settings temporarily due to high levels of staff absence. All providers should plan as much as possible to minimise the operational impact of individual staff or groups of staff being required to self-isolate.

If, following confirmation of a child testing positive, the setting feels that a staff member is, or may be, a high risk contact because they have had unusually close or prolonged contact with that positive case in line with the examples set out below, AND the relevant staff member has not to date received notification via the Test and Protect system, the setting can contact their local Health Protection Team. They will provide advice on whether the individual is in fact a high risk contact and what action should be taken. **NB:** Before doing so, settings should ensure they have noted the examples of what would constitute unusually close or prolonged contact set out here:

*Unusually close or prolonged contact does not include 'business as usual' contacts in the setting where the relevant mitigations are being followed (e.g. working in the*

same room as a positive case). Examples of unusually close or prolonged contact may include repeat toileting using hoist equipment for a child with ASN when PPE has not been used, or overnight stays.

### **'Warn and Inform' letters**

In the event that settings are informed of a positive case or cases amongst their staff or children, they should contact parents/carers and staff and direct them to either the [Warn and Inform letter for parents/carers](#) or the [Warn and Inform letter for staff](#) which provides further information, and:

- Advises them to be particularly vigilant for symptoms and to self-isolate and book a test if they become symptomatic;
- Asks them and their children to follow particularly closely the mitigations in guidance; and
- Strongly encourages staff to continue testing and recording results regularly as part of the asymptomatic testing offer, as well as advising households to take advantage of the universal testing offer.

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

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

Settings do not need to issue multiple letters to the same parents/staff if there are multiple cases in the same class during an outbreak. In these circumstances, however, they may wish to keep parents, pupils and staff informed regularly of key developments (e.g. of any advice received from local Health Protection Teams, or updates on further positive cases or case numbers).

A flowchart that summarises the what happens when a member of staff or a child tests positive is [available here](#).

### **4.17 Outbreak and Case Management**

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

The procedures for incident management are well established (Managing Public Health Incidents) and are undertaken in partnership with settings, local authorities and Public Health Scotland (as required).

Settings should ensure that they know how to contact [their local HPT](#) and their designated person for doing so is often the Head Teacher or setting manager.

Settings should ensure they are aware of the following definitions:



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

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

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

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

Settings may be asked to support an outbreak investigation by:

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

ELC and other childcare facilities remain settings of low risk for COVID-19. Usually settings continue to operate during outbreaks. On occasion it may be necessary to temporarily close a setting or part of a setting in order to implement control measures or for operational reasons. Any decision on this should be determined through the IMT.

Settings should maintain records to support outbreak identification and investigation, including attendance records and reasons for absence. When information sharing is needed during management of an incident there is a duty to both protect and share personal information between those participating in the IMT such as test results and contact details. These requirements are set out in Annex E of [Management of Public Health Incidents](#). The sharing of information must be facilitated respecting the principles of confidentiality and relevant legislation. To support this, Data Protection Impact Assessments should be in place for all partner organisations.

It is for local Health Protection Teams to consider individual risks for any staff or children.

There may also be circumstances in which, based on clear evidence and public health considerations, or other relevant factors (e.g. minimum staffing requirements) specific settings require either to close for a defined period of time. This will closely involve local authorities and local Public Health Teams. All such decisions will

continue to be made by local incident management teams working in partnership, and on the independent advice of local Directors of Public Health, who will take full account of safety and wider public health considerations in line with their statutory duties. Similar decisions may require to be taken by local authorities and/or setting managers where staffing constraints (e.g. due to self-isolation or shielding) or other matters make such a move unavoidable.

#### **4.18 Surveillance**

Scotland has an excellent programme of community surveillance. This allows us to monitor actively trends in the pandemic, both nationally and more locally.

There is also specific surveillance in respect of schools and children/young people. This draws on COVID-19 related information from a range of sources and covers all school ages and ELC settings.

We are also launching an additional surveillance programme which will see antibody testing for substantial numbers of educational staff volunteers to identify the prevalence of COVID-19 antibodies over time.

Taken together, these sources will allow regular reporting on indicators such as: overall incidence and swab positivity for Scotland; incidence and swab positivity for children; number and proportion of cases that are among education workers; hot spots by local authority area; number of clusters or outbreaks that are under investigation within educational settings; levels and changes in antibodies in educational staff; and, if feasible, asymptomatic transmission among older children and school workers.

These data will inform decision-makers at different levels as they consider any adjustments to make to arrangements – including this guidance – or any investigations to be conducted at certain localities to explore what local responses are required.

#### **4.19 Student placements**

In the 2020-21 and 2021-22 academic year, there has been an expectation at national level that HNC Childhood Practice students and trainee teachers will continue their placements. To support colleges and childcare settings to offer placements to HNC students in academic year 2021-22, SSSC have published an Employer Toolkit to provide further information to support placement providers, students and centres to support the safe return of students to placements. The toolkit provides guidance and links to more information to support the safe completion of the placement element where possible. It also contains links to risk assessment tools, current national guidance, frequently asked questions and an example contract. [Read the toolkit here.](#)

In addition, the Scottish Government has now established a Learner Journey Ministerial Task Force, comprising representatives from colleges, universities, students and unions, to consider the challenges that colleges and universities face this academic year in delivering practical learning across all subjects with a placement element, including the HNC Childhood Practice. The immediate priority for the task force is to help students complete their courses and move into further study or employment. The task force will also consider arrangements if some students need to defer a part of their course. For HNC Childhood Practice courses, we continue to encourage colleges and employers to work together to identify placements for students which will enable them to complete their course by the end of the academic year.

#### 4.20 Limiting children’s contacts

Now that we have moved to protection levels, the Advisory Sub-Group on Education and Children’s Issues have recommended that the size of cohorts can vary according to the protection level in which the setting is located.

Although the size of the group can vary with protection level, at all levels, consistency of groups is important, and children should remain within the same groups wherever possible.

In protection level 0 and below, there is no requirement to separate groups when they are outdoors. Settings should make as much use of outdoor space as possible as the risk of transmission is lower outside than it is indoors. Groups can be mixed when outdoors where that makes it easier to maximise the time children spend outdoors.

The appropriate size of groups will depend not only on protection level but also on the age and overall number of children, and the layout of the setting. The general approach should be to minimise the size of groups where possible. Large indoor groupings should be avoided.

**Table 3 Cohorting of children**

Level 0 and below	Level 1	Level 2	Level 3	Level 4/Stay local
The only restriction on group size is registration capacity.	To limit interactions children should be managed in consistent groups with a maximum size of 56.	To limit interactions children should be managed in consistent groups with a maximum size of 48.	To limit interactions children should be managed in smaller groups, at most equivalent to those in primary school classes – e.g. max 33.	
	Children should remain within the same groups wherever possible and should not mix freely with children in other groups. To avoid confusing children, this should apply when children are outdoors as well as indoors.			

Level 0 and below	Level 1	Level 2	Level 3	Level 4/Stay local
<p>When settings are making decisions about exact cohort size (within the maximum specified above), they should consider the impact on the number staff required to self-isolate when one or more person in the group tests positive.</p> <p>Group sizes and the associated transmission risks should be reflected in the setting's risk assessment. This includes in Level 0 and below where settings should demonstrate that they have considered the risks if they decide not to retain restrictions on group size.</p>				

**Lead in time for adapting to change in protection levels:** as soon as possible but no more than 7 days.

- While the size of cohorts can vary according to protection level, the adult to child ratios in the [Care Inspectorate Guidance](#) must continue to apply. It is also worth noting that having larger group sizes will mean that more staff and children would be required to self-isolate in the event of anyone in the group testing positive. As well as reducing the risk of transmission, there will therefore be wider benefits of supporting children in smaller groups.
- The physical capacity of the setting may be affected by physical distancing requirements. Providers should review the layout of settings and consider **how many children can be accommodated safely at any one time** while meeting these requirements. This may be below the normal Care Inspectorate registered capacity of the setting based on current floor space requirements.
- Children are not required to physically distance from each other, or from adults. It is important for children to feel secure and receive warmth and physical contact that is appropriate to their needs, in particular when they are receiving personal care, need comforting or reassurance. Keyworkers will need to be close to the children, particularly young children and should feel confident to do so.
- Staff members should work with the same groups wherever possible. Limiting the number of children, and the number of groups that a staff member is in contact with is important. Where cover is required for breaks, toileting etc., this should be managed within the staff working with a particular group. If staff are, through necessity, to work with other groups, this should be for limited periods, with appropriate risk mitigation measures adopted. Staff should ensure strict hygiene practices are carried out if they are caring for different groups. Adults should seek to maintain the appropriate physical distance from other adults at all times (see section 4.26). Adults (except those who are medically exempt) must wear face coverings whenever it is not possible to maintain the appropriate physical distance.
- The minimum space standards for ELC settings should be in line with the [early learning, childcare and out of school care services: design guidance](#). In addition to this, consideration should be given to what additional space may

be required to manage children and staff's contacts. A flexible approach to the use of all existing spaces within the setting should be considered.

- Consideration should be given to the removal of unnecessary items in the setting to maximise capacity and decrease the number of items requiring cleaning, while ensuring the children still have adequate resources and furnishings to support quality experiences.
- Sharing of resources should be minimised. Where resources are used by different groups (e.g. on a rotational basis), cleaning between uses in accordance with requirements in section 4.12 must be undertaken.

#### **4.21 Limiting staff contact with each other**

Just as reducing the number of interactions that children and staff have is a key part of reducing risk in settings, so too is reducing the number of interactions that staff have with each other.

When agreeing staff working patterns, settings are encouraged to maintain as much consistency as possible in the staff who work in close proximity, especially in areas where physical distancing is more challenging. While this may not always be possible, having the same groups of staff working together consistently across each week will reduce the risk of transmission among staff. It will also help to limit the number of staff who might need to self-isolate through Test and Protect.

#### **4.22 Maximising use of outdoor spaces**

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

Given that the risks of transmission are much lower outdoors, ELC provision should maximise opportunities for outdoor play and experiences. Outdoor nurseries and childcare settings by their nature will already maximise time spent outdoors by children and staff.

If outdoor equipment is being used, settings should ensure that multiple groups of children do not use it simultaneously, as well as considering appropriate cleaning between groups of children using it. Staff should clean outdoor sandpit and mud kitchen equipment between use by different groups of children.

Staff should plan for children to enjoy active energetic play across the day and this may include making use of other areas near to the service. Within any public spaces staff should be aware at all times of the need to keep children distanced from any other children who are not part of the setting, and/or other adults who may be in the vicinity.

Staff should take the necessary precautions to protect children from the elements and this should include suitable clothing, head coverings and sunscreen. Advice on sun safety is available from the [NHS](#).

Guidance to promote high quality learning and play experiences for children outdoors is available in the [Care Inspectorate practice note, Early Learning and Childcare: Delivering High Quality Play and Learning Environments Outdoors](#).

#### 4.23 Short local excursions which promote outdoor learning

Short local excursions which promote outdoor learning (such as a short visit to a local park or green space) can take place as long as these excursions are appropriately risk assessed. The appropriate size of any group travelling off site to undertake outdoor learning should also be considered.

Settings should exercise judgement as to what constitutes a short local outdoor excursion and what constitutes a more substantial day visit. More substantial day visits should be undertaken in line with the guidance set out in the section below.

#### 4.24 Day visits

Day visits (i.e. visits which go beyond a local excursion and that do not include an overnight stay) can take place subject to the following conditions:

- appropriate risk assessments being carried out
- any travel arrangements follow latest guidance as set out in the [COVID-19 guidance on school and youth work visits](#).
- adherence to Covid protocols at the destination.

#### 4.25 Singing, music and drama

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

The sub-group has now reconsidered its [advice](#) in the light of the ongoing success of the vaccination programme, and the importance of singing for the health and wellbeing of children well as their social, physical and cognitive development.

**Table 4 Singing**

Level 0 and below	Level 1	Level 2	Level 3	Level 4/Stay local
Singing indoors and	At levels 3, 2 and 1, singing outdoors and indoors is permitted for children and adults in ELC settings, as long as careful attention is paid to ensuring			Singing should not happen indoors as an

Level 0 and below	Level 1	Level 2	Level 3	Level 4/Stay local
outdoors is permitted	effective and adequate ventilation and subject to risk assessment and other risk mitigation measures being implemented. Other risk mitigations include singing: outdoors or indoors in large, well ventilated spaces; at low volume; for short periods of time; in small groups; and with greater physical distancing between adults.			organised large group activity.
At any protection level, children need not be discouraged from singing naturally in the course of activities and play and singing can also be used to comfort young children when necessary.				

**Lead-in time for adapting to change in protection level:** as soon as the protection level increases

#### 4.26 Physical Distancing (between adults in the setting, including parents at drop-off and pick-up times)

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

Following the [review of physical distancing in Scotland](#), the First Minister announced in her [statement to parliament](#) on Tuesday 13 July that physical distancing measures will be slowly eased to enable us to operate in a less restricted way. When areas move down to Level 0 on 19 July, where there isn't already a 1 metre rule in place, the physical distance requirement in indoor public places will reduce from 2 metres to 1 metre. The Advisory Sub-Group on Education and Children's Issues provided advice at its meeting on 27 July on whether it was appropriate to make this change in childcare settings while Scotland remained in Level 0. The Sub-Group's advice is that, while Scotland remains in Level 0, settings should continue to adhere to the 2 metres physical distance between adults. However, **when Scotland moves beyond Level 0, the physical distancing requirement for adults in ELC settings will be at least 1 metre.** If settings already have 2 metre physical distancing arrangements that work well and do not limit capacity then they may retain these for logistical reasons. Retaining 2 metres between adults who do not yet meet the criteria for exemption from self-isolation will help to reduce the risk that they are identified as a close contact. (The definition of a contact is explained in section 8 of [Public Health Scotland's contact tracing guidance](#).)

All staff rooms, canteens, bases and offices should be reconfigured to ensure the physical distancing rule is able to be maintained. Where there is not sufficient space to support distancing, for example in staff rooms, offices or work areas, risk assessments should be carried out, and consideration should be given to measures to minimise risk. These measures could include limiting the number of adults in any one space at any one time, staggering staff breaks, creating additional staff work or welfare areas, use of rotas to manage access to spaces, etc. These useful mitigations could also be considered even where space allows for physical distancing.

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

The experience of providers since reopening after the first lockdown shows that use of physical distancing (alongside other precautions) will reduce the overall number who need to isolate in the event of a child or staff member contracting COVID-19.

#### **4.27 Use of Face Coverings**

The Advisory Sub-Group on Education and Children's Issues provided updated advice on the use of face coverings, in light of the latest scientific evidence and the [advice of the World Health Organisation](#), which was published on 22 August 2020. A [further update](#) was published on 30 October 2020. The advice notes that the volume of evidence supporting the initial scientific position on a key benefit of face coverings (protection of others from infection by the wearer) has grown. There is also emerging evidence to suggest that the wearer of a face covering can be protected to some extent from infection by others.

Considering the changed position on infection and transmission rates in the community, the evidence and experience of settings re-opening between August and October 2020, and recent scientific evidence, the Sub-Group strengthened its advice on face coverings in 2020 to manage the main area of risk within education settings, which is adult to adult transmission. The ELC guidance on face coverings was reviewed again by the Sub-Group on 9 February 2021 to support planning for return to ELC for all children. The Sub-Group concluded that no change was required but that the need for compliance with the existing guidance should be strongly reinforced.

**Face coverings must be worn by adults wherever they cannot maintain the appropriate physical distance from other adults (e.g. in corridor and communal areas).** Coverings should also be worn by staff and visitors when not working directly with children, for example when in office and admin areas, canteens (except



when dining), staff rooms and other confined communal areas, (including staff toilets) , except where a person is exempt from wearing a covering. In these circumstances, a face covering must be worn whenever staff move away from a seated position.

Face coverings are only one of the measures to suppress COVID-19 by reducing viral transmission and these should not be used to substitute the other measures needed to contain the virus. Therefore, when wearing a face covering, good hand and respiratory hygiene and physical distancing between adults are still be required.

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

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

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

Where local decisions on the strengthened use of face coverings are made, it will remain vitally important to consider the potential impact on children. For local authority run settings, any such local decisions should be reflected in Equality Impact Assessments.

Some children may need additional support/reassurance about the reasons for adults wearing face coverings. The wellbeing and needs of the child should remain a focus of attention.

The use of face coverings could have an impact for babies and young children, especially those with additional support needs (which includes any level of hearing loss). These impacts should be carefully considered as the ability to see a person's face clearly contributes to babies and young children's communication and understanding. This is particularly important for children with hearing loss, children who are acquiring English and who rely on visual cues to enable them to be included in learning. With this in mind, the wearing of transparent face coverings might be considered appropriate in some situations.

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

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

- Face coverings must not be shared with others.

- Before putting on or removing the face covering, hands should be cleaned by washing with soap and water or hand sanitiser if handwashing facilities are not available.
- Make sure the face covering is the right size to cover the nose, mouth and chin.
- When temporarily storing a face covering (e.g. during sessions), it should be placed in a washable, sealed bag or container. Avoid placing it on surfaces, due to the possibility of contamination.
- Re-usable face coverings should be washed after each day of use at 60 degrees centigrade or in boiling water.
- Disposable face coverings must be disposed of safely and hygienically. They are not considered to be clinical waste in the same way that used PPE may be.

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

The Scottish Government continually reviews the current policy position on face coverings in light of emerging scientific evidence and advice. It remains the Scottish Government's judgement that face coverings provide adequate protection for use in the community and in most workplaces because they are worn in addition to taking other measures, such as physical distancing.

Further general advice on face coverings is available on the [Scottish Government website](#). This includes a [poster that provides useful reminders about how to wear face coverings safely](#).

There should be regular messaging to adults about these instructions, with a clear expectation that face coverings are worn in the relevant areas except for those who are exempt.

#### **4.28 Drop Off & Pick Up**

The arrangements for parents to drop off and collect children requires careful consideration, to ensure that large gatherings of people can be avoided, and physical distancing maintained. Physical distancing between staff and other adults (including parents) must be adhered to at all times.

Most children can be placed in the care of staff with adults maintaining an appropriate distance. It is recognised that in some cases, a physical handover of very young children will be required and this should be reflected in risk assessments. Settings should ensure that the amount of time that staff spend in close proximity with parents or carers is minimised, that face coverings are worn by adults during a physical handover, and staff and children should wash hands after the child is safely in the setting. However, where possible, parents and carers should not enter buildings unless this has been planned in advance (see section Visits to the setting by parents/carers).

Some approaches that local authorities and ELC providers should consider include the following:

- Parents/carers who are self isolating while they wait for the results of their PCR test, or who have received a positive PCR test should not leave the house to bring children to or from settings. They should make arrangements for someone else to do this on their behalf or, if that's not possible, children should stay home with parents/carers.
- Parents and carers (and older siblings where they are required to accompany parents) should be strongly encouraged to wear face coverings at drop-off and pick-up
- Staggered and allocated drop off/pick up times (so that not all children arrive onsite at one time).
- Parents/carers and other family members should be discouraged from gathering outside the setting and should maintain physical distancing, as far as practicable, when dropping off children. Appropriate markings may be introduced outside the entrance to the setting to support physical distancing.
- If possible, take account of start time for other children in the family who may be attending a primary school attached to the setting or close by to reduce multiple visits to services for parents where practicable
- Consideration of additional access points and children's routes to play spaces when they arrive at the facility. This could include children heading straight to the area in which their group are working, which could be indoors or outdoors, after washing their hands.
- For those arriving by car, parents may be encouraged to park further away from the setting and then walk with their children to avoid congestion, or alternatively use active travel routes where feasible.
- Staff and parents should only share a vehicle with those from their household or extended household. If they have no other option, they should follow the [safe travel guidance](#) at the Transport Scotland website which provides advice on how to share vehicles safely. Particular consideration should be given to meeting the individual needs of families where children have complex needs or disabilities.
- The advice is not to use public transport in a level 4 area. If the use of public transport is essential, encourage staff and parents to plan their journey to and from their setting, and to minimise pressure on public transport. They should also be encouraged to plan other forms of transport to minimise pressure on the road network and consider walking or cycling where possible.
- Where parents are dropping off young children and it is not possible to maintain physical distancing between adults, staff and children should wash hands after the child is safely in the setting.
- Ensure both the child and the parent is comfortable in the handover and make arrangements if a child is distressed for the parent to comfort them without the parent coming into contact with other children or staff.
- Encourage staff and parents to follow physical distancing when travelling to and from nursery, as advised in the latest guidance on [how to remain safe when walking, cycling and travelling in vehicles or on public transport during the coronavirus outbreak](#).

#### 4.29 Visits to the setting by parents/carers

At its meeting on 21 September, the Advisory Sub-Group on Education and Children’s Issues discussed its advice on visitors to settings. It agreed that visits by parents could be allowed in a broader range of circumstances. A note of the discussion can be found [here](#). Visits must necessary and proportionate, agreed in advance, risk assessed and with the permission of the manager or head teacher.

**Table 5 Visits by parents/carers**

Level 0 and below	Level 1	Level 2	Level 3	Level 4/Stay local
<p>Parents/carers may accompany children onto ELC premises where this is agreed in advance with the setting and is considered necessary to support children. Where it is considered beneficial, parents/carers may also attend settings for individual parental visits related to the wellbeing, progress and behaviour of children.</p> <p>Parents/carers may attend appropriate outdoor events at settings such as sports days or celebration events, providing all activity is consistent with relevant Scottish Government guidance on health, physical distancing, and hygiene.</p>	<p>Telephone calls, online meetings and ‘virtual’ visits should be the norm for meetings with parents. However, where it may be in the best interests of children for a parent or carer to attend in person, this should be considered on a case by case basis, for example in relation to child protection issues, addressing additional support needs or where a parent has a disability which affects communication over the telephone or online.</p>			
<p>Where virtual arrangements for parental engagement (such as virtual tours) are already in place and working well, these can continue to be used.</p> <p>Visitors should maintain physical distancing from other adults who are not part of their household and should aim to physically distance from children who are not part of their household as far as is feasible, recognising that some children will find this difficult.</p>				

Level 0 and below	Level 1	Level 2	Level 3	Level 4/Stay local
<p>Risk mitigation measures should be clearly communicated to visitors. This may include, amongst other things, the displaying of notices around the setting.</p> <p>The ability to maintain physical distancing should determine the number of visitors that can be accommodated.</p> <p>If the visit takes place indoors ensure that the meeting space is well ventilated, face coverings are worn by adults and that there is a supply of alcohol based hand rub available to visitors at the entrance to the setting.</p> <p>Visits should be with the permission of the manager or head teacher, who will be best placed to judge what is appropriate in local circumstances (including in the context of cases within the setting's community). Parents should be encouraged to take part in the universal testing offer prior to entering the setting.</p> <p>The number of staff meeting with parents/carers in each visit should also be kept to a minimum.</p> <p>Where parents have been identified as a close contact but are exempt from self-isolating because they have been double vaccinated and have had a negative PCR test, the visit should be delayed to minimise the risk of transmission into the setting.</p>				

Additional arrangements for sharing information between staff and families should be agreed to ensure that clear lines of communication are available where face to face contact is not routinely taking place, for example this might include (where appropriate) video messaging, phone calls or text messages, photographs or email. When settings communicate using these additional measures they must also consider the General Data Protection regulations (GDPR), and update their existing privacy policies where necessary.

### 4.30 Supporting transitions in other ways

Education Scotland have developed two resources to supporting transitions during COVID restrictions: [Transitions in 2020](#) and the [Wakelet on Supporting young children at points of transition](#).

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

Providers should consider how they will support staff, parents and children to familiarise themselves to the revised layouts and movement patterns described above. This should be made fun for children.

For children with additional support needs, settings must work in partnership with parents, lead professionals, children and young people to establish what support and plans need to be put in place to meet their needs. Enhanced transitions may be considered for children with additional support needs, such as through visual representations and plans of physical distancing in their settings.

Settings may wish to consider the following approaches:

- A map could be displayed in the setting detailing entry/exit points and new circulation patterns, for use by staff and parents.
- Social stories and videos shared with children in advance to explain what will be new, and what the nursery day will be like.
- Drawing on learning from the retail sector, clear signage and colour coding on walls and floors could be implemented prior to return to help with wayfinding.
- Appropriate visuals will be particularly important for children. These will need to be clear and child friendly to enable them to be understood by as many children as possible taking account of any visual impairments children may have. These could include signs that display meaningful pictures or symbols. Any signage that involves direct interaction from children will need to be cleaned regularly and additional methods of communication should also be considered.

#### 4.31 Specialist visitors to the setting

The advice for specialist visitors is specific to protection level. Specialist visitors include allied health professionals, local authority quality improvement officers, Education Scotland and Care Inspectorate inspectors and improvement advisors, and specialist coaches and instructors, and other bodies to delivering their legal duties to the setting.

**Table 6 Visits to the setting by specialist staff**

Level 0 and below	Level 1	Level 2	Level 3	Level 4/Stay local
No restrictions on visits by specialist staff	Visits by any specialist staff can take place where it supports the health, wellbeing, care or development of children.		Visits by any specialist staff should take place only where it is demonstrably necessary to support of the health and wellbeing of children (for example in relation to child protection issues or addressing additional support needs) and it is not possible to provide this support remotely.	

Level 0 and below	Level 1	Level 2	Level 3	Level 4/Stay local
			Specialist visitors should not attend more than one setting in the same day.	
	<p>Telephone calls, online meetings and 'virtual' visits should be the norm for regular and other meetings with specialists.</p> <p>Visits should take place outdoors wherever possible.</p>			
<p>Tradespeople can visit to carry out essential repairs or maintenance to support safe or effective running of the setting or to support future capacity building. They should remain physically distanced from staff and children.</p> <p>Visits by specialist staff and tradespeople should be included in the setting's risk assessment.</p> <p>Specialist visitors should maintain appropriate physical distance from staff in the setting.</p> <p>If the visit takes place indoors, ensure that the physical distancing requirements can be strictly adhered to, the meeting space is well ventilated, face coverings are worn and that there is a supply of alcohol based hand rub available to visitors at the entrance to the setting.</p> <p>Visits should be with the permission of the manager or head teacher.</p> <p>Where practicable, specialist visitors should look to reduce the number of settings visited and to limit their contact time with children. They should also be encouraged to take regular lateral flow tests.</p>				

**Lead-in time for adapting to change in protection level:** as soon as protection level changes

### 4.32 Transitions to Primary School

Given the current progress in suppressing the transmission of the virus and the easing of restrictions for children in other parts of society, primary schools may wish to offer some in person transition support from ELC to primary school to supplement online transition activities. Decisions around in person transition support should be made on a collegiate basis, with full involvement of the school and ELC staff involved.

The Advisory Sub-Group on Education and Children's Issues agreed that transition visits should be done in a way that uses good COVID practice. This includes undertaking transitions with as low numbers as possible and following mitigations required for primary schools.

Where possible, primary schools should promote the use of the outdoors for transition days, as that is the safest space in which young people from different settings should mix. However, children do not have to be invited as an entire P1 year group, but could be grouped together in small bubbles in line with those applicable in their ELC setting, or in small groups from several settings.

These visits must be supported by a detailed risk assessment and must not take place if there is an outbreak in the ELC setting or primary school. The risk assessment should include consideration of the protection level in both the ELC and school setting. While transitions visits would constitute a permitted reason for leaving or entering areas in level 3 or 4, this should be supported by enhanced risk mitigations, such as smaller group sizes and maximising time outdoors.

Unless absolutely necessary to offer comfort and support to children who are anxious about the visit or become unsettled during the visit, ELC staff and other adults (including parents) should not be present with the children throughout the transitions visit. ELC staff can accompany the children to the school but remain on hand from a safe distance, such as an empty staff room or playground. They should avoid interacting indoors with school staff and pupils unless absolutely necessary to support the wellbeing of children in their care and must be made aware of and adhere to the risk mitigations in place for essential visitors to the school.

Where this minimises the number of adults visiting schools, children should be accompanied to transition visits by ELC staff rather than by parents. This should also ensure that the visit is undertaken by someone who is familiar with and used to applying the COVID risk mitigations in education settings. Schools will be able to explain what alternative provisions they have in place to engage with parents remotely to support their child's transition to school. Where only one child is visiting from the ELC setting or staff pressures mean that ELC settings are not able to support the visit, parents (rather than ELC staff) can accompany their child but should enter the school only if it is absolutely necessary to provide comfort and support to children who become unsettled during the visit. Comfort and support should be provided at a safe distance from other children, pupils and adults.

The Sub-Group also recognised that schools should be able proceed with enhanced in person transition to support children who need it most, allowing children with additional support needs to become familiar with the primary school before they attend in August, if that is in their best interests, in line with responsibilities under the Additional Support for Learning Act. This may involve the attendance of parents but this will be decided on a case by case basis through collegiate dialogue between the ELC setting and the school and should be supported by a bespoke risk assessment. All identified risk mitigation measures should be in place at the time of the visit.

Primary class teachers or senior staff can attend ELC settings to meet children who are making the transition to primary school if this is in the best interest of the child and is safe to do so, having regard to the protection level in which the school and ELC setting are situated. These meetings may be especially important for children with additional support needs. These visits must be risk-assessed and there must be appropriate mitigations in place, in line with the section on visitors to the setting.



These visits must not take place if there is an outbreak in the ELC setting or primary school.

Education Scotland have developed some practical advice on supporting the transitions from ELC and into Primary 1 during the pandemic. ELC settings and schools may wish to consider strategies such as:

- using Sway or narrated PowerPoints to share information with parents and children;
- sharing staff video introductions and welcomes on ELC and or school blogs or YouTube;
- sharing school and classroom video tours (both the child and parent's eye level view should be considered when doing this);
- setting up a private Facebook group, or having an email address where parents can ask questions.
- adding a 'transitions frequently asked questions' section the setting and/or school website and or newsletter.

#### 4.33 Moving within and between settings

Some approaches to circulation of children and staff and transitions between different parts of the setting's indoor spaces providers can include:

- **One-way systems:** Settings may wish to adopt one-way systems within corridors and stairs. This may help avoid bottlenecks and ease travel around the setting.
- **External circulation:** As part of an amended circulation strategy it may be beneficial to encourage the use of external areas to move between parts of the building. This would reduce the density of use of the internal areas and also provide some movement and fresh air. Appropriate solutions would be specific to each location. Safety in all weathers and security issues would require to be considered in each location.
- **Signage/communication:** Appropriate signage or verbal communication about the system adopted may need to be implemented, if it differs from previous arrangements at the setting, for the benefit of staff and parents. Signage may be used to remind all adults to wear a face covering when passing through these areas where it is not possible to maintain the appropriate physical distance to reduce transmission risk and/or to remind staff to wait until others have passed.
- **Peripatetic Staffing:** Settings should review use of peripatetic staff, to reflect the current advice for the level in which they are located:

#### Table 7 Use of peripatetic and agency staff, including peripatetic managers

Level 0 and below	Level 1	Level 2	Level 3	Level 4/Stay local
No restrictions on the use of peripatetic or agency staff	Peripatetic and agency staff should not attend more than one setting in the same day.		Peripatetic and agency staff should only attend settings in person where it is demonstrably necessary to support the health and wellbeing of young children and should not attend more than one setting in the same day.	
<p>The use of peripatetic staff should be included in the settings' joint risk assessment and mitigations should include reducing the number of children and other staff that staff members work with across settings.</p> <p>Where possible staff, whether permanent or agency/bank, should minimise working across settings if there is an outbreak in one. All precautions should be taken where this cannot be avoided, including adherence to use of face coverings; asymptomatic testing; and good hand hygiene. A cluster or outbreak of COVID-19 occurs when a setting has two or more confirmed cases of COVID-19 within 14 days. The local health protection team should be notified. If a plausible transmission link between two or more cases is identified within the setting, this is indicative of an 'outbreak'; if not, it is referred to as a 'cluster'. The outbreak will be 'closed' by the local health protection team; risk assessment of the second location may be needed to establish any transmission risk.</p> <p>Consideration should be given to sharing of information such as setting contact details, to support contact tracing.</p> <p>Students may attend the setting for a placement block provided they are attending only one setting</p>				

**Lead-in time for adapting to change in protection level:** As soon as possible but no more than 7 days from the change in protection levels

- Staff working or volunteering for other organisations/employer:** where staff work for a single employer with more than one setting, they should be supported to work in the same setting as far as possible. However it would not be appropriate to require staff to cease working or volunteering with another organisation or employer if that would be allowed under normal contract terms, even if this means that they are attending more than one setting or work place. In these circumstances, staff should discuss arrangements with the manager and consider how to reduce risk of transmission across settings. This arrangement should also be reflected in the setting's COVID risk assessment which should set out the measures in place to reduce risk of transmission across workplaces (such as good hygiene practice, maintaining records of contacts, limiting unnecessary contact and stringent adherence to self-isolation in the event of contact with a suspected or confirmed case).
- The Strategic Framework notes that travel restrictions between areas of different prevalence will be set out in guidance. Exceptions will apply for essential travel including work and education.

- It is recognised that the above restrictions on movement of staff between settings may impact on the ability of some practitioners to continue with the patterns of work they would have chosen prior to the COVID-19 response period. Where this is the case, employers/heads of centres should undertake early engagement with staff who will be affected, and unions where appropriate.
- Settings should, in partnership with related partners and local public health teams, pay very close attention to any evidence suggesting the potential for emerging bridges of transmission between settings. In the event that any such evidence is identified, they should consult immediately with local public health teams on any requirement to pause or further reduce such movement between settings.

#### **4.34 Evacuation Procedures**

If the layout of facilities is changed, and/or circulation routes or entry/exit points are altered, consideration should be given to evacuation procedures (e.g. in the event of a fire or other incident).

Muster points should also be considered to ensure appropriate physical distancing arrangements are maintained between individuals/groups as far as practically possible. During these times it may be that children are upset or need reassurance from staff, and this should be given by staff comforting children.

Evacuation arrangements must be included as part of the risk assessment for the setting.

Evacuation arrangements for children with complex needs or disabilities should be reviewed in light of any changes.

#### **4.35 Sharing Premises**

Some providers operate from school or other community premises. Where services have their own entrance, exit and general facilities including toilets and kitchen facilities they should follow this guidance.

Where services share these facilities, they should consider the following:

- Engage in early discussion with the head teacher of the school, or the manager of the premises to agree use
- Consider potential implications of other services' operating model
- Maintaining physical distance with other users
- Make arrangements for the use of outdoor spaces

#### **4.36 Blended Placements**

This relates to children attending more than one ELC setting (for example, a nursery and a childminder).

It remains very important to continue to minimise the number of contacts and risk of transmission, and to maintain progress in suppressing the virus..

Guidance on blended placement is specific to the setting’s protection level.

**Table 8 Blended placements**

Level 0 and below	Level 1	Level 2	Level 3	Level 4/Stay local
<p>All blended placements can go ahead.</p>	<p>The risk of transmission is lower where group size is smaller and lower where provision is outdoors. For this reason, blended placements need not be restricted when they involve a fully outdoor setting provided the blended arrangement involves no more than two settings. They also need not be restricted when they involve indoor settings – if one of the settings is caring for fewer than 12 children, provided the blended arrangement involves no more than two settings.</p> <p>With the exceptions set out above, other blended placements are permitted only where they ensure access to high quality childcare and meet childcare need.</p>		<p>The risk of transmission is lower outdoors and so blended placements need not be restricted when they involve a fully outdoor setting, provided the blended arrangement involves no more than two settings.</p> <p>With the exception set out above children should ideally attend one setting only but blended placements are permitted to ensure access to high quality childcare and to meet childcare need.</p>	
	<p>The use of blended placements should be reviewed on a case-by-case basis.</p>			
<p>Blended placement must be supported by a refreshed risk assessment that has been undertaken in collaboration with parents and all providers involved in the care of the child.</p> <p>If there is an outbreak within the child’s cohort arrangement in either of the settings that the child attends, blended placements should, where possible, be suspended until after the outbreak. A cluster or outbreak of COVID-19 occurs when a setting has two or more confirmed cases of COVID-19 within 14 days. The local health protection team should be notified. If a plausible transmission link between two or more cases is identified within the setting, this is indicative of an ‘outbreak’; if not, it is referred to as a ‘cluster’. The outbreak will be ‘closed’ by the local health protection team</p> <p>The decision about whether to suspend the blended placement and which one setting the child should attend while the blended placement is suspended should be made in discussion with the family and the settings involved.</p>				

**Lead in time for adapting to change in protection level:** as soon as possible but no more than 7 days

Where it is judged that a child should attend multiple settings, either ELC settings, childminders or other settings, consideration should be given to how they are supported to ensure good hygiene practices (washing hands, not sharing resources, etc.) when moving between settings, and how their contacts with other groups of children are managed, based on an appropriate risk assessment in each setting.

Where it is judged that a child should attend multiple settings, childminders and other key workers may undertake drop-off and pick-up from other ELC settings but physical distancing with other adults must be maintained.

Where a child attends more than one setting, consideration should be given to sharing of record keeping across settings, to assist with any Test & Protect process. Any records should be managed in way which is consistent with the requirements of GDPR and setting privacy policies.

#### **4.37 Provision of Meals and Snacks**

It is important to continue to ensure that mealtimes are a relaxed and enjoyable time where children can socialise, while implementing practical approaches to prevent the spread and control of infection.

Staff should follow usual good hygiene practices when preparing or serving food or assisting children with packed lunches. There is no need for additional PPE at meal and snack times.

ELC providers may wish to consider the following potential approaches to managing at dining times and dealing with associated logistical issues. Arrangements in each setting may depend on whether food is being prepared on the premises.

- Implementing staggered dining arrangements
- Having set snack times for groups
- Maximising the use of the outdoor environment for dining
- Support children to wash hands before and after eating.

## 5. CONSIDERATIONS IN APPLYING THE GUIDANCE

The practical guidance on implementing public health measure provides the basis for settings to operate safely. These measures will change the way that providers deliver services. When implementing these measures, providers will have to consider how this will affect their operating model. This will differ from provider to provider, and from setting to setting, and a single guidance document could not cover the range of possible settings and delivery models across Scotland.

### 5.1 Capacity

The public health measures described above may have an impact on capacity, and that impact may be different depending on the physical layout and staffing approaches in each setting. Providers will need to assess whether there is a capacity impact for each available space in their setting, and how this affects the number of children that can be safely cared for in the setting. Providers should assess what capacity is available before making offers of placements to parents.

Key principles to consider in assessing capacity impact are discussed below.

### 5.2 Physical Capacity

The physical capacity of the setting may be affected by public health measures, including limiting children's interactions, ensure physical distancing for adults, and enhanced hygiene practices. Providers should review the layout of settings and consider **how many children can be accommodated safely at any one time** while meeting these requirements. This may be below the normal Care Inspectorate registered capacity of the setting based on current floor space requirements.

### 5.3 Staffed capacity

The staffing requirements may be affected by public health measures. Staff may also need to clean play equipment etc. on a more regular basis as well as monitoring and supporting children's hygiene practices. Potential absence and reduced staff availability due to, for example self-isolation, may also affect a setting's capacity to deliver services. Consideration should be given to the impact on vulnerable staff as discussed above.

Providers should review staffing models and consider how many children can be safely accommodated throughout the day.

### 5.4 Hours of opening

Settings across the country operate a range of models, including term time only or all year models, and longer or shorter days. Providers may wish to consider what hours of opening are required to meet the needs of parents while responding to public health measures, and to offset reduced physical or staffed capacity.

If appropriate and deliverable, extending the opening hours of a setting each day or across more weeks of the year may offer more capacity to enable more children to attend.

## 5.5 Financial Impact

We recognise that any restrictions on operating may affect the cost of delivery of services per child. If the number of children that can be accommodated in a setting, or within a given staffing model, is reduced, there may be an increase in the cost per hour of childcare. However, the extent of this impact will vary from setting to setting, and will be closely linked to capacity. There may also be additional costs, relating to implementation of public health measures for cleaning and hygiene requirements. These increases in cost base may apply throughout the period where these public health measures are in place.

The period since March 2020 and the onset of the impacts of COVID-19 has been challenging for the childcare sector, as it has been for many other sectors of the economy.

The Scottish Government has undertaken a Financial Sustainability Health Check to collect evidence on the sustainability of the childcare sector in Scotland, in particular in light of the impacts of COVID-19. The exercise have also captured information on the impact of the range of financial support that has been made available.

The Health Check has been informed by evidence and analysis from:

- detailed surveys of childcare providers;
- in-depth case study interviews with a range of providers;
- discussions with childcare provider representative bodies; and
- analysis of trends in Care Inspectorate registration data.

The findings were published on 31 August 2021 and set out in [Financial Sustainability Health Check of the Childcare Sector in Scotland](#).

Alongside this a supporting [Analysis and Evidence paper](#) has also been published.

We are working with the sector and delivery partners to progress the series of actions set out in the Health Check to enable recovery and to support the long-term sustainability of the sector.

Further details on the Financial Health Check Report and the Sustainable Rates Report is provided on the Scottish Government's [information pages on Early Education and Care](#).

These pages will continue to be updated as more information becomes available.

We recognise that funded ELC is an important source of revenue for many providers. The Scottish Government and Local Government have jointly committed in the

strategic framework to designing a model which is financially sustainable for local authorities, and private and third sector providers.

Assessment of the impact on cost of childcare provision while these public health measures are in place must be based on an open, transparent approach. Providers should consider carefully what the impact of restrictions are on cost of delivery in their settings, and how this can be demonstrated.

Advice on the application of [Funding Follows the Child and the National Standard for ELC Providers](#) includes guidance on the payment of sustainable rates for the delivery of funded ELC. [Interim guidance](#) was published in March 2021 regarding the requirements on ELC settings and local authorities from August 2021 for delivery of Funding Follows the Child. This includes updated interim guidance on the setting of sustainable rates for the delivery of funded ELC in the context of the impacts of COVID-19.

As part of the Health Check exercise we have also collected updated information from all local authorities on: the sustainable rates that they have set for their funded providers in the private, third and childminding sectors; rates paid for the delivery of the free meal commitment; their approach, in-line with [guidance](#) published in April 2019, for setting sustainable rates; and any additional support that has been offered to their funded providers during the pandemic.

The information provided by local authorities is set out in [Overview of local authority funding and support for early learning and childcare providers](#), which was also published on 31 August 2021.

## **5.6 Allocation of places**

If capacity is reduced, careful consideration must be given to the allocation of places within a setting. Before making offers to parents, providers should consider the capacity within settings, and ensure that there is a clear and transparent approach to how allocations will be made.

Local authorities will continue to have duties in relation to the provision of funded ELC and other services. Scottish Government and Local Government will work together on the implementation of these duties, building on the principles laid out in [the Strategic Framework](#).

Funded providers who are in partnership with a local authority to deliver places should discuss any changes in their capacity with their local authority to help with the development of a local delivery plan for funded ELC. Effective dialogue, transparency and partnership working between funded providers and local authorities will be essential to reach a shared understanding of capacity, cost and availability.



## 6. SUMMARY OF USEFUL RESOURCES

This summary is not exhaustive.

- NHS Inform [Covid-19 General Advice](#)
- COVID-19: framework for decision making - Scotland's route map through and out of the crisis: <https://www.gov.scot/publications/coronavirus-covid-19-framework-decision-making-scotlands-route-map-through-out-crisis/>
- COVID-19: strategic framework for reopening schools, early learning and childcare provision: <https://www.gov.scot/publications/excellent-equity-during-covid-19-pandemic-strategic-framework-reopening-schools-early-learning-childcare-provision-scotland/>
- COVID-19: physical distancing: <https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/coronavirus-covid-19-physical-distancing>
- Coronavirus (COVID 19): Advisory Sub-Group on Education and Children's Issues – [advisory note on physical distancing in early learning and childcare settings \(ELC\)](#)
- Public Health Scotland Guidance: <https://www.hps.scot.nhs.uk/>
- Test and Protect - Scotland's approach to implementing the 'test, trace, isolate, support' strategy: <https://www.gov.scot/publications/coronavirus-covid-19-test-and-protect/>
- [Education Scotland: ELC – Supporting Learning at Home during COVID-19](#)

Hand Hygiene resources:

- Best practice guidance on how to wash hands: <http://www.nipcm.hps.scot.nhs.uk/appendices/appendix-1-best-practice-how-to-hand-wash/>
- NHS resources to encourage children to wash their hands: <http://www.nipcm.hps.scot.nhs.uk/resources/hand-hygiene-wash-your-hands-of-them/childrens-pack/>
- Video demonstration on the correct way to wash hands: <https://vimeo.com/212706575>

## ANNEXE A

### Local authority contact list for CO2 monitors

LOCAL AUTHORITY	CONTACT ADDRESS
Aberdeen City Council	<a href="mailto:ecsassets@aberdeencity.gov.uk">ecsassets@aberdeencity.gov.uk</a>
Aberdeenshire	<a href="mailto:earlyyears@aberdeenshire.gov.uk">earlyyears@aberdeenshire.gov.uk</a>
Angus	<a href="mailto:ELC@angus.gov.uk">ELC@angus.gov.uk</a>
Argyll and Bute	<a href="mailto:Susan.tyer@argyll-bute.gov.uk">Susan.tyer@argyll-bute.gov.uk</a>
City of Edinburgh	<a href="mailto:earlyyears@edinburgh.gov.uk">earlyyears@edinburgh.gov.uk</a>
Clackmannanshire	<a href="mailto:kcarmichael@clacks.gov.uk">kcarmichael@clacks.gov.uk</a>
Comhairle nan Eilean Siar	<a href="mailto:education.resources@cne-siar.gov.uk">education.resources@cne-siar.gov.uk</a> . Questions/queries to <a href="mailto:jmackay1p@gnes.net">jmackay1p@gnes.net</a>
Dumfries and Galloway	<a href="mailto:earlyyearssupport@dumgal.gov.uk">earlyyearssupport@dumgal.gov.uk</a>
Dundee City	<a href="mailto:educationcovid19@dundeecity.gov.uk">educationcovid19@dundeecity.gov.uk</a>
East Ayrshire	<a href="mailto:janie.allen@east-ayrshire.gov.uk">janie.allen@east-ayrshire.gov.uk</a>
East Dunbartonshire	<a href="mailto:Laura.Gold@eastdunbarton.gov.uk">Laura.Gold@eastdunbarton.gov.uk</a>
East Lothian	<a href="mailto:childcareinfo@eastlothian.gov.uk">childcareinfo@eastlothian.gov.uk</a>
East Renfrewshire	<a href="mailto:Karen.Carmichael@eastrenfrewshire.gov.uk">Karen.Carmichael@eastrenfrewshire.gov.uk</a>
Falkirk	<a href="mailto:cspropertyteam@falkirk.gov.uk">cspropertyteam@falkirk.gov.uk</a>
Fife	<a href="mailto:earlyyears.manager@fife.gov.uk">earlyyears.manager@fife.gov.uk</a>
Glasgow City	<a href="mailto:EducationELC@glasgow.gov.uk">EducationELC@glasgow.gov.uk</a> Please put CO2 Monitors in the subject heading.
Inverclyde	<a href="mailto:Linda.Wilkie@inverclyde.gov.uk">Linda.Wilkie@inverclyde.gov.uk</a>
Highland	<a href="mailto:ELCTeam@highland.gov.uk">ELCTeam@highland.gov.uk</a>
Midlothian	<a href="mailto:Laurence.McIntosh@midlothian.gov.uk">Laurence.McIntosh@midlothian.gov.uk</a> – <a href="mailto:EarlyYears@midlothian.gov.uk">EarlyYears@midlothian.gov.uk</a>
Moray	<a href="mailto:Jennie.Ordonez@moray.gov.uk">Jennie.Ordonez@moray.gov.uk</a>
North Ayrshire	<a href="mailto:earlylearningchildcare@north-ayrshire.gov.uk">earlylearningchildcare@north-ayrshire.gov.uk</a>
North Lanarkshire	<a href="mailto:SmithLou@northlan.gov.uk">SmithLou@northlan.gov.uk</a>
Orkney Islands	<a href="mailto:education.leisure@orkney.gov.uk">education.leisure@orkney.gov.uk</a>
Perth and Kinross	<a href="mailto:ELC@pkc.gov.uk">ELC@pkc.gov.uk</a> <a href="mailto:Childcare@pkc.gov.uk">Childcare@pkc.gov.uk</a>

Renfrewshire	<a href="mailto:elc@renfrewshire.gov.uk">elc@renfrewshire.gov.uk</a>
Scottish Borders	<a href="mailto:EarlyYearsTeamEd@scotborders.gov.uk">EarlyYearsTeamEd@scotborders.gov.uk</a>
Shetland Islands	<a href="mailto:Samantha.Flaws@shetland.gov.uk">Samantha.Flaws@shetland.gov.uk</a>
South Ayrshire	<a href="mailto:Sarah.Pye@south-ayrshire.gov.uk">Sarah.Pye@south-ayrshire.gov.uk</a>
South Lanarkshire	<a href="mailto:EarlyYears@southlanarkshire.gov.uk">EarlyYears@southlanarkshire.gov.uk</a>
Stirling	<a href="mailto:millst@stirling.gov.uk">millst@stirling.gov.uk</a>
West Dunbartonshire	<a href="mailto:Teresa.Devaney@west-dunbarton.gov.uk">Teresa.Devaney@west-dunbarton.gov.uk</a>
West Lothian	<a href="mailto:milkandhealthysnackscheme@westlothian.gov.uk">milkandhealthysnackscheme@westlothian.gov.uk</a>