

Coronavirus (COVID-19): Guidance on reducing the risks from COVID-19 in ELC Settings

Non-statutory guidance to support the continued safe operation of ELC settings.

Version 4

Published 14 December 2020

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Introduction

We know there are challenges in delivering services in the evolving COVID-19 situation in Scotland, including early learning and childcare. In line with Realising the Ambition, our focus must be on supporting children when they are in settings, 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 early learning and childcare.

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 reopening and delivering ELC services.

Although the prevalence of coronavirus in Scotland continues to evolve, we now know that young children are less likely to be affected by or transmit the virus. Advice from the Advisory Sub-Group on Education and Children's Issues states:

- Children in the age groups accessing early learning and childcare [N.B. 0-5 year olds] have a low susceptibility to COVID-19 infection, they also have a low likelihood of onward transmission.

Therefore, subject to surveillance and mitigations being in place, we are able to continue to deliver ELC with some restrictions in place. However, we cannot yet return to normal ELC practice – we all need to ensure that we continue to manage services and mitigate risks.

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 on which you can use your professional judgement to make a decision.

If the circumstances of the virus 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.

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

1. Purpose

This guidance 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 and crèches. This guidance also applies to fully outdoor services for children aged 5 and under.

This is version 4 of this guidance document, published on 14 December 2020. Version 4 reflects the change to a 10-day self-isolation period for close contacts of people who are confirmed COVID-19 cases, and people arriving from non-exempt countries, as announced on 11 December 2020.

All other parts of version 4 of this guidance, including the remainder of this introductory section, are unchanged from version 3, which was published on 30 October 2020.

The key updates to the guidance in this publication are:

- The guidance aligns with the strategic framework and the approach that should be taken by the sector at each level
- Face coverings should now be worn by all adults when physical distancing is not possible, but not when interacting with children
- Specific guidance on singing in ELC settings; children sing in the course of activities and play, and should not be discouraged from doing so
- Advice on the number of children in a group setting has been brought in line with primary class size numbers increasing to a maximum of 33 children. This does not change staffing requirements or ratios.
- The approaches to shielding, support for specific groups, test and protect and outbreak management have been updated to align with most up to date public health advice and approaches across education.
- Guidance on ventilation and temperature control.
- Peripatetic staffing and movement of staff between settings should be kept to a minimum and for essential purposes only.

This non-statutory guidance has been developed for early learning and childcare (ELC) providers in the local authority, private and third sectors to support the continued safe operation of these settings. This guidance provides the core measures that all providers must follow when delivering Early Learning and Childcare.

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.

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 Health Protection Scotland. It has been informed by judgements based on the scientific and public health advice available at the time of writing.

This guidance is based on a set of principles for all services across Scotland that recognises that safeguarding the health and wellbeing of the child, and adults who work with them, must be central to delivering services. This guidance is based on evidence and advice provided by the Coronavirus (COVID-19): Advisory Sub-Group on Education and Children's Issues, published in July 2020. The Sub-Group has since reviewed this advice in light of the changed position on infection and transmission rates, the evidence and experience of settings re-opening between August and October 2020, and recent scientific evidence. Following that review, the Sub-Group has concluded that its previous advice on physical distancing in settings should be maintained, and the need for compliance should be strongly reinforced. That further advice can be found [here](#).

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.

The core public health measures that underpin reopening of services are:

- i. enhanced hygiene and cleaning practice
- ii. limiting children's contacts
- iii. maximizing the use of outdoor spaces
- iv. physical distancing between adults in the setting including parents at drop-off and pick-up times
- v. active engagement with Test and Protect.

1.1 The aims of this guidance are to:

- Provide **clarity of expectation** with regard to practical approaches to safe provision of ELC; and
- To provide **key principles for consideration**. This guidance is not intended to promote a “checklist” approach. Providers should exercise their judgement to ensure the safety and wellbeing of their staff, children and families is paramount, taking account of local circumstances.

1.2 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.

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

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 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.

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.

1.3 This guidance should be read alongside:

1. COVID19: Scotland's Strategic Framework.
2. 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.
3. Realising the ambition: Being Me - early years national practice guidance for Scotland.
4. Setting the table: nutritional guidance and food standards for early years providers in Scotland.
5. Infection Prevention and Control in Childcare Settings (Daycare and Childminding Settings)
6. NHS inform – Covid 19
7. NHS Inform - Covid:19 Shielding Guidelines
8. Health and Social Care Standards
9. Test and Protect Guidance
10. Coronavirus (Scotland) Act 2020
11. Shielding advice and support

2 Practical Guidance for reducing the risks from COVID-19 in ELC Settings

- Scotland's Strategic framework
- COVID-19 Guidance
- Updating service status
- Risk Assessments
- Communication
- Infection Prevention and Control:
 - Cleaning practices
 - Temperature and ventilation
 - Enhanced hygiene
 - Toothbrushing
 - Personal Protective Equipment (PPE)
 - International travel limiting the number of children's contacts
- Staying vigilant and responding to COVID-19 symptoms
 - Test and Protect
 - Outbreak and case management
 - Surveillance
 - Student placements
- Limiting children's contacts
- Maximising use of outdoor spaces
- Singing, music and drama
- Physical Distancing (between adults in the setting, including parents at drop-off and pick-up times)
- Use of Face Coverings
- Drop-off and pick-up
- Settling In
- Moving within and between settings
- Evacuation Procedures
- Sharing Premises
- Blended placements
- Provision of meals and snacks

Scotland's Strategic Framework

As set out in the Strategic Framework, to best tackle the virus, and protect people, we are moving to an approach based on five levels of protection. This allows for a rapid and proportionate responses to be taken – locally or nationally – using a transparent range of measures and options. It also allows us to avoid a 'one size fits all' approach, where a part of the country with lower rates of infection lives with restrictions designed to suppress the virus in higher rate areas.

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. It is recognised that, to enable this to happen, other mitigations may need to be put in place in wider society.

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. These measures have been augmented in line with scientific and public health advice in the current context of rising prevalence levels. 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.

These standard protective measures represent the full suite of measures required at levels 0-2 of the Strategic Framework. Additional, specific mitigations should be put in place to provide enhanced protection where services are located in areas designated at protection levels 3 and 4 of the Strategic Framework. These enhanced protective measures aim to tackle specific areas of higher potential risk as prevalence increases, including for those people most clinically at risk.

In addition to the implementation of these mitigations, at any protection level, settings may be asked to respond to local issues, and specifically to local outbreaks. 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. However, there may be circumstances in which, based on clear evidence and public health considerations, specific settings require either to close, or to implement additional restrictions, 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.

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.

Enhanced and targeted protection in Levels 3 & 4

In addition to the suite of protective measures outlined throughout the core guidance, the following, enhanced protective measures should also be applied for settings within a local area that has been designated as at Protection Level 3 or 4.

These measures have been designed to enhance protections in areas where evidence suggests there may be higher potential risks as prevalence increases, including for those people who are at the highest clinical risk.

It is important to note that these measures are in addition to, not instead of, the protective measures set out in the main guidance.

Protection Level 3 – Enhanced protective measures

- Parents or guardians should discuss with their GP or clinician whether children with the highest clinical risk should still attend.
- The majority of workplaces can be made safe for staff. To ensure this remains the case, employers should ensure that individualised risk assessments for setting staff members with the highest clinical risk are in place and updated appropriately, and staff should speak to their employer to ensure all appropriate protections are in place.
- Decisions on appropriate protections should be informed by individual risk assessments, and may include protective measures in the workplace, mitigations such as working remotely (e.g. at home or in different settings), or carrying out different tasks within their usual workplace. If protections cannot be put in place, they can discuss whether they need a fit note with their GP or clinician.
- Settings should review use of peripatetic staff, to ensure that staff who by nature of their role support multiple settings only attend settings in person where it is demonstrably in support of the health and wellbeing of young children.
- Staff with a single employer should only work across more than one childcare setting or service when it is absolutely necessary. Risk assessments should be carried out where staff are employed by more than one childcare provider.

Protection Level 4 - enhanced and targeted protective measures

- The current advice is that children on the shielding list should not attend in person. However, there will be further consideration of how individualised risk assessments can be used to maximise school attendance, and remove barriers to access to regulated childcare services, for children who continue to shield during Level 4 restrictions. It is expected that these should be informed by the secondary care (hospital) clinical team caring for the child.

- The majority of workplaces can be made safe for staff. To ensure this remains the case, employers should ensure that individualised risk assessments for school staff members with the highest clinical risk are in place and updated appropriately, and staff should speak to their employer to ensure all appropriate protections are in place.

At Level 4, to provide additional assurance, the Chief Medical Officer will issue a letter which is similar to a fit note that will last for as long as the local area is under Level 4 restrictions. This letter can be used in the few cases where, following updating of risk assessments and discussions with employers, it is not possible to make a workplace safe for staff. Being in receipt of one of these letters does not automatically mean that staff should not attend work if appropriate protections are in place. Staff should use the period covered by the letter to discuss any concerns further with their employer or an occupational health adviser, and if, following individualised risk assessments, action results in adequate protection in the workplace then they may continue to attend work.

Decisions on appropriate protections should be informed by individual risk assessments, and may include protective measures in the workplace, mitigations such as working remotely (e.g. at home or in different settings), or carrying out different tasks within their usual workplace.

- Settings should be prepared to engage with enhanced testing responses to COVID-19 outbreaks, where recommended by the Incident Management Team. This may include more testing of people who do not have symptoms to support outbreak management, and address areas where we are concerned about transmission. This includes undertaking more testing of close contacts of confirmed cases when recommended by our local health protection teams and more intensive use of other asymptomatic testing.
- Settings in areas in level 4 may be asked to implement additional public health measures that may affect capacity. These may include for example, consistent small cohorts, minimising contact between cohorts, restriction of blended placements. Moving to level 4 does not automatically require the use of these additional measures. 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 settings to continue to operate. However, there may be circumstances in which, based on clear evidence and public health considerations, these measures will be required. All such decisions will be made in line with the independent advice of local Directors of Public Health.

2.1 COVID-19 Guidance

Managers and staff in the setting must make themselves familiar with COVID-19 advice available from Health Protection 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.

2.2 Update service status – services closed as a result of lockdown

Prior to recommencing their service, 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.**

2.3 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. Managers must ensure that risk assessments take place on a setting by setting and individual basis where required.

These are expected to consider all risks identified in respect of COVID-19 and must take account of the relevant guidance from Health Protection Scotland, and the Health and Safety Executive. 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.

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 all staff. This must include staff who are employed within the service but 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.

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.

Support for specific groups

Shielding and clinically at risk

This guidance applies to those who are at the **highest clinical risk from coronavirus (known as the shielding category)**. Information on shielding including who would be considered within the highest risk group is available in [COVID-19: shielding advice and support](#).

The approach to shielding is based on the following principles:

- advice must be proportionate to the level of infections in the local community;
- it should be set at a level which optimises the benefits of protection and minimises health, social and economic harms;
- it should be practical, empower people to make decisions which are right for them, and be culturally appropriate and tailored to ensure reach and accessibility.

There are new levels of advice to protect people with the highest clinical risk (shielding), setting out clearly how advice will change depending on the rates of infection in local areas. As the levels in a local area change, the protection advice for people on the shielding list in that area will change as well. People at highest risk should still follow the advice for the general public as a minimum.

In Protection levels 0 – 2, children with the highest clinical risk can continue to attend settings and follow the advice to the general population. Staff with the highest clinical risk can continue to work in settings, following a dynamic risk assessment, and arrangements should be made to enable appropriate physical distancing in line with current advice on public health measures. If they have to spend time within 2 metres of others, settings must carefully assess and agree with them whether this involves an acceptable level of risk, taking account of all relevant clinical and occupational health advice.

The majority of workplaces can be made safe. Workplace risk assessments should take account of age, sex, ethnicity, body mass index (BMI) as well as clinical conditions and recommend practical protective measures. The outcome of those risk

assessments may include implementation of specific mitigations in the workplace, undertaking different duties, working remotely, including from home, or being advised not to attend work, in line with medical advice to do so. Local authorities should ensure that clinical advice is taken fully into account when agreeing appropriate mitigations with employees.

To support individualised risk assessment in the workplace, shielding advice also contains links to the Coronavirus (COVID-19): guidance on individual risk assessment for the workplace.

Information in relation to pupils' attendance and absence is published by [Scottish Government Education Analytical Services](#). This may assist individuals' and employers' understanding of case numbers in relation to ELC settings, which may be helpful as part of risk assessment within the individual setting.

Enhanced measures apply to children and young people, and staff, at highest clinical risk in settings in local areas at Protection Levels 3 and 4 - see the section above on Scotland's Strategic Framework for details.

Parents/carers may wish to have a discussion with their child's healthcare team if they are unsure or have queries about returning to or attending school because of their own health condition.

Support for those who have underlying health conditions

Clinically vulnerable staff (including those who have underlying health conditions, but who would not be on the shielding list) can continue to work in settings, subject to a dynamic risk assessment confirming it is safe to do so. Arrangements should be made to enable appropriate physical distancing. If they have to spend time within 2 metres of others, settings must carefully assess and agree with them whether this involves an acceptable level of risk.

Where any concerns do exist, [guidance for people with underlying health conditions](#) has been prepared and will continue to be updated. Staff who have underlying health conditions will wish to be aware of this advice in order to inform discussions with their employer, trade union and/or healthcare team.

Considerations related to pregnancy

Schools 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 women, particularly in the third trimester. Normal pregnancy risk assessments should also be undertaken, and appropriate attention paid to mental health and wellbeing.

Support for Minority Ethnic children, young people and staff

There is some wider evidence that children, young people and adults from a Minority Ethnic background who are infected with COVID-19 seem to be at higher risk of severe disease. The recent report by the National Records of Scotland on the breakdown of COVID-19 deaths in Scotland by ethnic group concluded that over the course of the pandemic to date, COVID-19 was a relatively more common cause of death for people in the South Asian ethnic group compared to people in the white ethnic group. Work is ongoing to build upon these data and to improve understanding. The Scottish Government continues to work with experts from a range of fields, including our new Ethnicity Expert Reference Group, to develop actions to help mitigate any disproportionate effects.

The concerns within Minority Ethnic communities must be recognised and individual requests for additional protections should be supported wherever possible. Responding to requests for additional protections may include offering access to support from occupational health services (OHS) and the provision of individual risk assessments. Providers should have reference to Scottish Government guidance on individual risk assessment for the workplace. Care should be taken to ensure that Minority Ethnic children, young people, families and staff are involved in decisions about additional protections - automatic referrals to OHS should not be made. Managers should have sensitive, supportive conversations with all Minority Ethnic staff, which also consider their health, safety and psychological wellbeing and personal views and concerns about risk.

Employers should be mindful of their duties under the Equality Act 2010 at all times. All Minority Ethnic staff from South Asian backgrounds with underlying health conditions and disabilities, who are over 55, or who are pregnant, should be individually risk assessed, and appropriate reasonable adjustments should be made following risk assessment

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. They should have reference, also, to Scottish Government guidance on individual risk assessment for staff in the workplace.

2.4 Communication

Consultation with all staff, parents, providers and trade unions on the reopening 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 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 should include guidance on the setting's approach to ensuring distancing by adults as well as routines to ensure good infection prevention and control.

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

Settings will need to communicate any new arrangements to parents in advance of children returning, particularly where there are new routines and procedures that children and families will need to understand and follow.

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 being reduced, for example and 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 consider updating their existing privacy policies where necessary. When face to face communication is preferred and suitable, ensure that the physical distancing guidance is adhered to and appropriate risk assessments are in place.

2.5 Infection Prevention and Control

There are a range of key practices that providers should consider in relation to hygiene and the prevention and control of the spread of infection.

2.5.1 Cleaning practices

The provider must undertake appropriate and thorough cleaning of the premises prior to reopening, including areas that may have been closed or out of use for a number of weeks.

Consideration should be given to the cleaning strategy to be adopted in the setting once it reopens. All cleaning should be carried out in accordance with [COVID-19 – guidance for non-healthcare settings](#) and [Infection Prevention and Control in Childcare Settings](#) guidance.

This should be an extension of the cleaning regime normally used in early learning and childcare 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. This should include equipment staff use, (e.g. telephones, keyboards, door

handles, and tables). Settings should ensure regular (at least twice daily) cleaning of commonly touched objects and surfaces (e.g. desks, handles, dining tables, etc.). Toys and equipment that children access should be cleaned when groups of children change – e.g. between sessions (if groups are changing) and at the end of the day or in the morning before the session begins using standard detergent and disinfectant that are active against viruses and bacteria.

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

It is recommended that children access toys and equipment that are easy to clean. Resources such as sand, water and playdough can be used with regular cleaning of the equipment used. Water and playdough should be replaced on a daily/sessional basis, when groups change.

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.

It is advised at this time that settings should restrict sharing resources between home and nursery. If resources from the setting (for example, story bags) are taken home by a child, these should be quarantined for 72 hours upon return to the setting and must be cleaned before the next usage. Under most circumstances, the amount of infectious virus on any contaminated surfaces is likely to have decreased significantly by 72 hours. We know that similar viruses are transferred to and by people's hands. Therefore, frequent hand hygiene and regular decontamination of frequently touched environmental and equipment surfaces will help to reduce the risk of infection transmission. It is also important to ensure any containers in which equipment is transported back to the setting is cleaned thoroughly, where this is possible. Settings should develop quarantine procedures for returned resources if they choose to share resources between home and setting for a particular reason. For example, trolleys can be used as they are easy for staff to wheel into a dedicated quarantine area and can be easily labelled.

Each setting should be cleaned at least daily or when groups of children change, in preparation for a new group of children being in the next day/session. This may require a review of cleaning arrangements to ensure additional cleaning hours are available.

Children will require comfortable areas to play. Soft furnishings such as throws, if required, should be used for individual children and should be washed after use. Where children sleep or nap in the setting, children should have individual bedding, stored in individual bags and this should be laundered frequently and as a minimum weekly.

Where possible parents should provide the necessary clothing for outdoor play. Where this is not possible, children should not share outdoor clothes or footwear.

Items belonging to the service should be allocated to one child within each session and laundered/cleaned before use by another child.

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 considered as part of the overall cleaning strategy. Staff should use their own cup/cutlery and ensure these are cleaned straight after use.

2.5.2 Temperature and ventilation

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 CO₂ concentration of no greater than 1,500 ppm as measured by a CO₂ monitor. Where settings have a CO₂ monitor we advise you use this to assess your setting periodically.

For the PVI 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. The Fire Safety Risk Assessment should always be reviewed before any internal doors are held open

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](#).

2.5.3 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 and staff 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, and dispose of tissues appropriately
- Supervise children washing their hands and provide assistance if required.
- Never share water in a communal bowl when washing hands
- Always dry hands thoroughly

2.5.4 Tooth brushing

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

2.5.5 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 early learning and childcare settings. Staff should continue to follow existing 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 mindful of the additional distress and impact on emotional wellbeing that children might experience due to measures introduced such as the use of face coverings or PPE due to COVID-19, and the need for continued protection of staff and children. 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 2m 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 should be worn by staff and a fluid-resistant surgical mask may be required.
- Eye protection should also be worn if a risk assessment determines that there is a risk of splashing to the eyes such as from coughing, spitting, or vomiting.
- 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.

International Travel – self-isolation arrangements

The Chief Medical Officer, Chief Nursing Officer and National Clinical Director [wrote to all childcare providers on 19 August 2020](#) to clarify the arrangements for children and young people returning to Scotland who are not exempt from self-isolation (“quarantine”) rules.

The Health Protection (Coronavirus) (International Travel) (Scotland) Regulations 2020 require all those returning to Scotland from non-exempt countries to self-isolate at home or another appropriate location for 10 days. Those self-isolating should not go out to work or an ELC setting or visit public areas. This point is covered prominently in the [sector advice card](#) which should be displayed in all settings. The

list of exempt countries is kept under constant review, and providers should ensure they are familiar with the most up to date list.

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.

Detailed guidance on [International travel and quarantine](#) is available, as is the [list of exempt countries](#).

2.6 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 most common 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, or who has had contact with a family/community member with symptoms, should not attend or should be asked to return home, and be tested.

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. Some of the key points to ensure that parents, carers and staff are aware of are as follows:

- It is essential that people do not attend a setting if symptomatic.
- 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).
- People who live in the same household as a person with symptoms must also self-isolate straight away and stay at home. Only those developing COVID-19 symptoms should be tested.

- ELC setting staff who opt to undertake asymptomatic testing do not need to self-isolate while awaiting results, as long as no symptoms develop, unless they are a close contact of a symptomatic and confirmed case, in which case they will need to self-isolate.
- If the test is positive, the symptomatic person must remain in isolation until 10 days from symptom onset, or longer if symptoms persist. The rest of the household must remain in isolation for 10 days from symptom onset in the symptomatic person, even if they don't have symptoms themselves. These people should not attend settings.
- 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. All close contacts who are in the same household as confirmed cases must self-isolate immediately.
- Everyone who needs to self-isolate as close contacts of confirmed cases must continue to do so for 10 days, even if they have a negative test result.
- Unless otherwise advised by Test and Protect or local Incident Management Teams, where children or 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.

Staff can book a test through 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 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. It should be noted that testing when there are no symptoms can be unhelpful and may provide false positive results that need to be acted on initially or false reassurance since the test is only relevant for that moment in time and cannot predict if someone will go on to develop the infection.

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. Where space allows, you should prevent contact between 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.

2.6.1 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. 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.

All parents should be asked to mention childcare arrangements if contacted by or contacting the Test and Protect service.

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](#).

If a child or staff member tests positive, the contact tracer will take into account the close contacts the person has had within the setting.

ELC providers must keep clear records of children, adults and staff attending their settings, and of the composition of groups undertaking activities. These records will help to ensure rapid response and contact tracing should a positive case occur. This will 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.

2.6.2 Outbreak and Case Management

The management of outbreaks and cases of infectious disease in settings is led by local health protection teams (HPTs) alongside local partners, such as local authorities. Settings should ensure that they know how to contact [their local HPT](#) and who will usually be responsible for doing so.

The [procedures for outbreak management](#) are well established. If there is either a single confirmed (test positive) case of COVID-19 or *any* suspicion that there may be an outbreak of cases in a setting (e.g. an increase in background rate of absence due to suspected or confirmed cases of COVID-19), settings should make prompt contact with their local HPT and local authority so they can assess the situation and offer advice. Note that settings with increased rates of respiratory illness should also be alert to the possibility that this could be due to COVID-19 and contact their local HPT for further advice.

ELC settings will work closely with their local HPT to resolve the situation. Public Health Scotland are developing a national protocol for managing cases and outbreaks in schools and ELC settings, but actions that settings may need to be involved in include (but are not restricted to):

- attendance at multi-agency Incident Management Team meetings;
- communications with children, parents/carers and staff;
- providing records of school layout / attendance / groups; and
- implementing enhanced infection, prevention and control measures.

The HPT will make recommendations to the Incident Management Team (IMT) on self-isolation and on testing of children and staff and the arrangements for doing this. The IMT will discuss and agree additional measures to deal with the specific situation faced in a setting. These may include reviewing risk assessments and compliance with existing guidance, reviewing and reducing higher risk activities, and/or a move to further restrictions or potentially closure.

Settings must maintain appropriate records to support outbreak control measures, e.g. child and staff attendance, details of groups, visitors, and clinically vulnerable/extremely vulnerable children who are attending settings.

Managers must notify the Care Inspectorate in the event of any confirmed or suspected outbreak of an infectious disease. Notifications and guidance are available through [eForms](#).

2.6.3 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.

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.

2.6.4 Student placements

In the 2020-21 academic year, we expect that students will begin to be accommodated within settings for placements from the end of the October break onwards, although timescales for commencement may vary across colleges. SQA is developing guidance for the HNC Childhood Practice, to support providers with the potential challenges of delivering the placement element of the qualification in the current academic year. To ensure that maximum flexibility is maintained, this guidance will highlight to providers that they should develop contingency plans to allow students to undertake some of their practice through the use of remote learning, where appropriate, in the event that placements are interrupted or cut short due to the ongoing COVID-19 pandemic.

In addition, SSSC has worked with SQA, Care Inspectorate and Scottish Government to develop a position statement on placements for the childcare sector, which stresses the importance of time on placement for HNC students and encourages centres and placement providers to work together to offer placements to students, making clear the importance of taking forward full risk assessments when doing so. The statement was published on 16 October 2020. SSSC are also working with partners to develop a toolkit for centres and placement providers to support the safety of students placed within settings. The toolkit will consist of resources including links to current guidance and FAQ's which will be hosted on SSSC's Learning Zone and will be monitored to reflect any ongoing changes.

2.7 Limiting children's contacts

Reducing the number of interactions that children and staff have is a key part of reducing risk in settings. This will reduce likelihood of direct transmission, and allow for more effective contact tracing through Test and Protect.

The experience of providers since reopening is that limiting interactions will reduce the overall number who need to isolate in the event of a child or staff member becoming ill with COVID-19.

Providers should consider carefully how to apply the principles in this section to their settings. Settings must apply proportionate, risk-based approaches to limiting contacts.

- Contacts must be limited by managing children within groups. Consistency of groups is beneficial, and children should remain within the same groups wherever possible. More than one group can use a large space, but children should not mix freely with children in other groups, including in open plan settings. In such settings, the layout of the playroom should be carefully considered to allow groups to remain separate. Use of management approaches such as clearly allocated areas, or physical barriers such as furniture, etc should be used to support separation of groups. The management of groups should reflect the circumstances of the setting.
- The appropriate size of groups will depend 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.
- The Advisory Sub-Group on Education and Children's Issues said:

"The evidence base and the advice of the Sub-Group would be to support a move to cohort sizes for children under five in line with those aged 5-12 assuming the level of infection remains low, appropriate surveillance, test and protect and all the other appropriate mitigations and measures are in place."
- It would therefore be reasonable for children to be managed in groups up to the size encountered in primary school, for example no more than 25 to 33 children in any one group. The adult to child ratios in the national care standards must continue to apply. large indoor groupings should be avoided.
- 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 to, through necessity, work with other groups, this should be for limited periods. Staff should ensure strict hygiene practices are carried out if they are caring for different groups – see section 2.5.3. Physical distancing of 2 metres must be maintained between adults at all times.
- The minimum space standards for early learning and childcare 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 2.5.1 must be undertaken.

2.8 Maximising use of outdoor spaces

Evidence suggests that outdoor environments can limit transmission, as well as more easily allowing for appropriate physical distancing between children, and 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 activities. Outdoor nurseries and childcare settings by their nature will already maximise time spent outdoors by children.

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. For outdoor sandpits or mud kitchens staff should clean equipment children use in these activities between use by 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, 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](#).

Use of Public Space

Some outdoor settings operate within space which can also be accessed by members of the public. 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, or other adults who may be in the vicinity.

2.9 Singing, music and drama

Advice from the Advisory Sub-Group on Education and Children's Issues ([link](#)) shows that there are increased transmission risks associated with music and drama activities. When considering planning such activities, providers should carefully consider this advice, and advice from Education Scotland on these activities.

The Sub-Group has specifically considered the question of singing in ELC settings ([link](#)). It has concluded that singing should not happen indoors as an organised, large group activity. However, the Sub-Group recognises that children sing naturally in the course of activities and play, and should not be discouraged from doing so, and that singing can also be used to comfort young children when necessary.

2.10 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. Individual physical distancing applies to staff, parents (and any other adults who may attend the setting) and any external contractors or delivery people. It is essential that all these groups are taken into consideration.

Adults in settings should stay 2 metres apart in line with physical distancing principles. This will reduce likelihood of direct transmission, and allow for more effective contact tracing through Test and Protect.

All staff rooms, bases and offices should be reconfigured to ensure the physical distancing rule of 2 metres 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 such as limiting the number of adults in any one space at any one time, creating additional staff work or welfare areas, use of rotas to manage access to spaces, etc.

The experience of providers since reopening shows that use of physical distancing will reduce the overall number who need to isolate in the event of a child or staff member becoming ill with COVID-19.

2.11 Use of Face Coverings

The Advisory Sub-Group on Education and Children's Issues has 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 22nd August 2020. 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 has since concluded that its advice on face coverings in settings should be further strengthened and augmented to manage the main area of risk within education settings, which is adult to adult transmission. The need for compliance should be strongly reinforced.

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 less than 2 m distant from children.

To support this, adults must maintain a 2m distance from other adults when working together with groups of children.

Face coverings should be worn by adults wherever they cannot maintain a 2 m 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) when 2 metre distancing cannot be maintained, except where a person is exempt from wearing a covering.

Face coverings should be strongly encouraged for parents and other visitors to the setting (whether entering the building or otherwise), including parents at drop-off and pick-up.

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 children with additional support needs (which includes any level of hearing loss). These impacts should be carefully considered as communication for these learners relies on the ability to see a person's

face clearly. This is also important for children who are acquiring English and who rely on visual cues to enable them to be included in learning.

It is not recommended that children aged 5 and under wear face coverings in an ELC setting. However, anyone (whether a child or adult) 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 should 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.
- 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.

Further general advice on face coverings is available on the [Scottish](#) Government website.

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.

2.12 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 in the settings (including parents) must be adhered to at all times.

Most children can be placed in the care of staff with adults maintaining a 2 metres distance. It is recognised that in some cases, a physical handover of very young children will be required. In these circumstances, settings should ensure that the amount of that staff spend in close proximity with parents or carers is minimised, 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.

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

- Parents and carers 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).
- 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.
- Encourage staff and parents to plan their journey to and from their setting, and to minimise pressure on public transport and the road network through 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.

2.13 Settling-in

Individual settings have established practice for settling children and their families into the setting and this should continue wherever practicable. It is important that children are sensitively supported into their new arrangements, while maintaining physical distancing between adults.

Settings may wish to provide a virtual tour to parents prior to their child attending for the first time.

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 (ASN), 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 ASN, 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.

2.14 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 consider 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.

- **Peripatetic Staffing:** Settings should review use of peripatetic staff, to ensure that staff who by nature of their role support multiple settings only attend settings in person where it is demonstrably in support of the health and wellbeing of young children.
- **Staff employed in more than one childcare setting:** Staff with a single employer should only work across more than one childcare setting or service when it is absolutely necessary. Risk assessments should be carried out where staff are employed by more than one childcare provider. Consideration should be given to sharing of information such as setting contact details, to support contact tracing. Consideration should be given to additional joint risk assessment and mitigations by providers to reduce the number of children and other staff that staff members work with across settings.
- 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.
- **Use of agency or bank staff:** where settings use agency or bank staff they should ensure that staff do not move between settings where possible.
- 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.

2.15 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.

2.16 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:

- 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
- Arrangements for use of outdoor spaces

2.17 Blended Placements

In order to minimise the number of contacts and risk of transmission, attendance at multiple ELC settings should be reduced as far as possible. Parents and carers should be encouraged and supported to limit the number of settings their child attends, ideally ensuring their child only attends the same setting consistently.

However, the balance of scientific advice supports the use of more settings where required to ensure high quality childcare is available to children and in support of parents' need. For children who attend multiple settings, either ELC settings or childminders, 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 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.

2.18 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.

3. 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.

3.1 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.

3.1.1 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.

3.1.2 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.

3.1.3 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.

3.2 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.

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.

Further information on support available to the sector throughout the recovery can be found on the Scottish Government website.

3.3 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.

3.4 Supporting the workforce to be confident and safe

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:

- [Health Protection 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](#)

As settings plan to welcome back children and families and staff, staff wellbeing must be protected. Staff will need time to re-connect, to meet, talk and 'check in' with each other.

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.

3.5 Staff Wellbeing and Professional Learning Support

Practitioners may find it valuable to access support for their mental health and wellbeing in the lead-up to settings reopening and once they do reopen, given many will be balancing the return to 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.

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 early learning and childcare, and out of school care, practitioners and childminders. This is updated and shared across the education and childcare sector at regular intervals.

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.

It is also important that professionals from across the early learning and childcare 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 via Twitter.

3.6 Wellbeing, nurture and experiences

As settings re-open 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.

It is essential, at this time of transition, 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.

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.

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).

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.

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.

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.

4. Summary of Useful Resources:

This summary is not exhaustive.

- 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: school and early learning and closures – guidance about key workers and vulnerable children: <https://www.gov.scot/publications/coronavirus-guide-schools-early-learning-closures/>
- 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 \(ELC\)](#)
- [Advisory note from the Coronavirus \(COVID 19\): Advisory Sub-Group on Education and Children's Issues about school transport](#)
- [Advisory note from the Coronavirus \(COVID 19\): Advisory Sub-Group on Education and Children's Issues about physical distancing in schools](#)
- [Scottish Government guidance on unregulated children's services](#)
- Health Protection 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/>
- 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>