

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

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

Version 7

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1 INTRODUCTION

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

1.2 All children have a right to play, to learn and to access experiences that meet their physical, social, emotional and cultural needs, and they have a right to associate with their peers. In line with Scotland's commitment to [Getting It Right For Every Child](#), children also have the right to the best possible health, with their best interests a top priority in all decisions and actions that affect them. Adults, of course, also have fundamental rights in relation to their health and wellbeing. These important rights and considerations have all been factored into the development of a framework for reopening and delivering ELC services.

1.3 The Coronavirus (COVID-19) Advisory Sub-Group on Education and Children's Issues reviewed the evidence on transmission and infection in Scotland, as well the impact of the new variants of the Coronavirus, at its meetings on 26 January and on 1 February. At both meetings the sub-group reviewed evidence on: the state of the epidemic in Scotland; transmission among young children and in ELC settings; and the wider impacts of the current restrictions on children and families. The sub-group advice (published [here](#)) is that, subject to a continued decrease in the levels of community transmission and in the prevalence of the virus, ELC could reopen in full from 22nd February.

1.4 Evidence continues to confirm that younger children are at lower risk of transmission and of clinical disease from COVID-19 than are older children and adults. There is no evidence of any difference in the risk of severe COVID-19 among pre-school, primary and secondary school teachers, relative to other adults of a similar age. The decision to prioritise the return to ELC also reflects the crucial role that ELC plays in supporting children's development, and the challenge of delivering this crucial support remotely. While we continue to make progress in suppressing the virus, we must recognise that returning to previously low levels will likely take some more weeks. ELC settings must therefore place very high priority on reinforcing the mitigations set out in this guidance.

1.5 Following the First Minister's announcement that ELC settings can re-open to all children from 22 February, the advisory sub-group met again on 9 February to consider whether any of the risk mitigations set out in previous versions of this guidance should be strengthened. The sub-group's advice (published [here](#)) was that there is no need adjust the key mitigations, including physical distancing and the use of face coverings, but that there should be greater support for implementation and understanding among staff, parents and providers of what is required. This guidance has therefore been updated to further clarify expectations. ELC settings should place the highest priority on reviewing risk assessments and ensuring that all appropriate mitigations are in place and implemented. To help ensure a safe return to ELC, every possible step should be taken to ensure the safety and wellbeing of children and staff.

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

1.7 If the circumstances of the epidemic in Scotland change, further changes to public health measures may be required and will be clearly notified to the sector. The Scottish Government will engage with sector representatives to ensure that any immediate changes are communicated to the sector as quickly as possible.

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

Purpose of this guidance

1.9 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.

1.10 **This is version 7 of this guidance document, published on 9 April 2021.** Updates in version 7 are as follows:

- link to an accompanying FAQ document (later in this introductory section)
- an update on the strategic framework
- link to staff training resource in the section on supporting the workforce to be confident and safe
- guidance on working for household members of people on the shielding list in the section on shielding and clinically at risk
- guidance on disinfecting using fog, mist and other systems in the section on cleaning practices
- a note that all contacts are now being asked to take a COVID test in the section on staying vigilant and responding to COVID-19 symptoms.

1.11 There were more substantial changes in version 6 published on 16 February. Those changes are also signposted below but providers are encouraged to read the guidance in full:

- Changes to the introduction to reflect the advice from the Advisory Sub-Group on Education and Children's Issues on re-opening ELC to all children (paragraphs 1.3 – 1.5)
- An emphasis on the need for clearly defined training sessions for staff on the risk mitigations set out in this guidance and being implemented in the setting (paragraph 3.3)
- New section on the introduction of routine asymptomatic testing for ELC staff (paragraphs 3.4 – 3.14) (further updated on 5 March 2021).

- A requirement that inductions for new staff must include guidance on the setting's infection prevention and control measures (paragraph 3.28).
- Further guidance on risk assessments and a requirement that these be reviewed regularly and in the context of the re-opening of ELC to all children (section 4.2)
- Further clarity on working from home (section 4.3).
- Added emphasis that all COVID-19 guidance, including the advice on shielding applies even in the context of the vaccine (section 4.4).
- An up-date on the advice on attending ELC that has been provide to children who are shielding (section 4.4).
- Reference to the UK Government [Coronavirus \(COVID-19\): advice for pregnant employees](#) (section 4.6)
- Where to find advice on detergents/ cleaning products (section 4.9).
- Reminder that internal fire doors should never be held open to promote ventilation (unless assessed and provided with appropriate hold open and self-closing mechanisms which respond to the actuation of the fire alarm system) (section 4.10).
- Reminder that risk assessments should be reviewed and updated on a regular basis to take account of changing circumstances, including seasonal changes in relation to ventilation and heating/warm (section 4.10).
- Extensive revision to the section on outbreak and case management (section 4.18).
- Further clarity on self-isolation requirements (section 4.16).
- Up-date to section on student placements to explain how challenges are being considered (section 4.20).
- New section to encourage settings to maintain as much consistency as possible in the staff who work in close proximity when planning working patterns (section 4.22).
- Reminder that the requirement to physically distance applies during breaks and outside of the work environment, including traveling to and from the service as well as while staff are on duty (section 4.26).
- Further reinforcement of the guidance on the use of face coverings to reduce the risk of adult to adult transmission (section 4.27)
- Further reminders that staff who wish to wear face coverings when working closely with children should be supported to do this (section 4.27).
- Reminder that parents/carers and older children and young people should be discouraged from gathering outside the setting (section 4.28).
- New section to make clear that visits to the setting should be avoided unless necessary (section 4.30).
- Advice that signage may be used to remind staff to wear a face covering when passing through areas where it is not possible to maintain a 2m distance to reduce transmission risk (section 4.31).
- Clarity that staff must not work across two premises if there is an outbreak in one of these and that settings should pay very close attention to any evidence suggesting bridges of transmission between settings and consult immediately with local public health teams (section 4.31)
- Guidance that the use of blended placements be reviewed on a case-by-case basis (section 4.34).
- Up-date to the section on financial impact (section 5.5).

1.12 This non-statutory guidance has been developed for ELC providers in the local authority, private and third sectors to support the safe operation of these settings. This guidance provides the core measures that all providers must follow when delivering ELC.

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

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

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

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

1.17 The core public health measures that underpin reopening of services to all children are:

- enhanced hygiene and cleaning practices;
- limiting children's contacts by managing cohort sizes;
- maximising the use of outdoor spaces and access to fresh air;
- strict adherence to self-isolation for those who have symptoms, and to other Test and Protect measures for all; and
- strict adherence to 2 metre physical distancing between adults, including parents at drop-off and pick-up times
- supportive use of face coverings

The aims of this guidance are to:

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

1.19 Where this guidance states that providers:

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

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

1.21 This guidance is not exhaustive, and providers must continue to operate within the relevant legal and regulatory frameworks to ensure the health and wellbeing of staff and of children and parents while they are using their service. Measures put in place within the setting to comply with this guidance must not contravene health and safety legislation, for example, fire doors must not be left ajar to increase ventilation.

1.22 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.

1.23 This guidance should be read alongside:

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

1.24 The Scottish Government has also developed [a document to accompany this guidance that addresses some FAQs](#).

2. SCOTLAND'S STRATEGIC FRAMEWORK

2.1 Since midnight on the 4 January 2021, mainland Scotland entered into lockdown. This was reviewed by Cabinet on 2 February and it was decided to extend the current restrictions, which will now remain in place across mainland Scotland and some island communities.

2.2 On February 23, the First Minister announced that the [updated Strategic Framework](#) sets out how we will seek to accelerate the easing of restrictions to restore, on a phased basis, greater normality. If progress in suppressing the virus and vaccinating key groups remains on track, we will move fully back to a levels system from the last week in April.

2.3 As set out in the Strategic Framework, to best tackle the virus, and protect people, we moved to an approach based on five levels of protection. This allows for a rapid and proportionate response to be taken – locally or nationally – using a transparent range of measures and options. It also allows us to avoid, where possible, 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.

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

2.5 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.

2.6 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. These measures will be in addition to any specific risk mitigation measures which have been identified through individual risk assessment and risk assessment review processes.

2.7 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.

2.8 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

2.7 In addition to the suite of protective measure 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.

2.8 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.

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

2.10 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 safer 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.

2.11 Protection Level 4 - enhanced and targeted protective measures

- Children on the shielding list have been advised by the Chief Medical Officer not to attend regulated childcare services such as nurseries in person in level 4 areas or during lockdown. However, parents can consult with their child's secondary care (hospital) clinical team who may advise that an individualised risk assessment could be undertaken with the nursery and arrangements put in place which may allow their child to attend when settings re-open.
- If the area where someone on the shielding list is living or working in goes back down to level 4, they are advised to continue to follow the advice about going to work in level 4 areas, regardless of whether they have had 1 or 2 doses of the vaccination.
- 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 or of close contacts to support outbreak management, and address areas where we are concerned about transmission.

2.12 Settings at any level may be asked to implement additional public health measures that may affect capacity. 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, additional measures will be required. All such decisions will be made in line with the independent advice of local Directors of Public Health.

3 SUPPORTING THE WORKFORCE TO BE CONFIDENT AND SAFE

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

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

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

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

COVID-19 training animation for the early learning and childcare sector

3.4 We have developed [an animation to raise awareness of some of the key risk mitigation measures](#) included in this guidance. It focuses on the behaviours that all staff in settings should be demonstrating to reduce the risk of transmission of the virus. We have also produced [guidance to accompany this animation](#).

3.5 The animation is designed for use in staff training sessions. Settings may find it helpful to bring staff together to watch the animation, discuss the behaviours that they see and recognise how to keep each other, and the children they work with, as safe as possible.

3.6 Watching the animation should not be used as a substitute for reading the full guidance. This is especially true for managers of settings who must read the full guidance to understand the measures that they should implement in service planning.

Routine asymptomatic testing of ELC staff

3.7 Alongside the reopening of the childcare sector to all children, the Scottish Government is working to make available routine asymptomatic at-home testing using lateral flow devices (LFD), twice a week to all day care of children services. This will not replace the existing procedures for testing of staff who have symptoms of COVID.

3.8 The first phase of this testing will be available at the earliest opportunity to ELC and childcare staff based in local authority, independent and grant-aided primary schools as part of the schools-based roll out.

3.9 This offer will be extended to regulated day care of children services which are non-schools based (including stand-alone local authority settings) in the weeks following the start of the programme. This extension is being informed by, and depends upon, close engagement with the sector to ensure effective communications, training and logistical preparations.

3.10 Testing is voluntary and nobody is required to undergo testing without consent, or excluded from a setting if they do not wish to be tested. However, we are asking that staff be encouraged to participate, to contribute to the wellbeing of everyone in their setting.

3.11 If staff are working from home, and not attending a setting, they should not participate. This is because the goal of the programme is to minimise the risks of COVID-19 in the physical setting environment. Any person who has had a PCR-confirmed COVID diagnosis in the previous 90 days is exempt from further testing unless they develop symptoms, in which case they should stay at home and arrange a PCR test via the usual NHS inform route.

3.12 Step by step guidance has been shared with schools and ELC settings attached to schools via Objective Connect. Stand-alone settings are being invited to join Objective Connect and access this guidance throughout early March. The guidance was developed in collaboration with NHS Test and Protect and the UK Department for Health and Social Care to support schools and ELC settings in the delivery of the Schools Asymptomatic Testing Programme.

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

3.14 Anyone who experiences symptoms of coronavirus must self-isolate immediately and arrange a PCR test at www.gov.uk/get-coronavirus-test. People with symptoms must not rely on a negative LFD result to continue to attend their setting.

3.15 Ahead of the full extension of the programme to all day care of children settings, staff in stand-alone local authority settings and in private and third sector day care of children settings, who are concerned that they have been exposed to the virus, can continue to access asymptomatic PCR testing through the NHS portal, as an essential worker, living in Scotland and working in the field of education.

Testing – Childminders

3.16 Reflecting the lower risk in small settings with fewer opportunities for adult to adult transmission, childminders have not to date been included in the offer of access to asymptomatic testing. In the light of the creation of an at home testing offer for nurseries and other larger settings we are reviewing the testing offer in place.

3.17 Recognising the importance of reassurance to the sector, and to the families with whom childminders work, childminders now have access to asymptomatic PCR testing on demand if they are worried about having been exposed to the virus. To access this and book a test at a site or an at home kit, they should use the NHS portal, and enter their information as an essential worker, living in Scotland and working in the field of education.

Staff Wellbeing and Professional Learning Support

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

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

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

3.21 Practitioners may find it valuable to access support for their 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.

Children’s wellbeing, nurture and experiences

3.22 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.

3.23 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.

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

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

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

3.27 The national practice guidance '[Realising the Ambition: Being Me](#)' talks about the crucial role of the environment. This includes the importance of physical spaces; the human, social environment of positive nurturing interactions; and children's experiences. Settings need to be confident that they are providing experiences and sensitive interactions in a variety of outdoor and indoor spaces, in ways which best support the needs of children within the context of the recovery period. This will help develop the emotional resilience babies, toddlers and young children need to form a secure wellbeing base.

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

- put the best interests of the child at the heart of decision making;
- take a holistic approach to the wellbeing of a child;
- work with children, young people and their families on ways to improve wellbeing;
- advocate preventative work and early intervention to support children, young people and their families; and
- believe professionals must work together in the best interests of the child.

Communication

3.29 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 on Education and Children's Issues have both emphasised the importance of staff and families being actively engaged in establishing new practices and routines; and of public health (including good hygiene) becoming a core part of ELC processes. Inductions for new staff must include guidance on the setting's measures to ensure good infection prevention and control.

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

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

4 COVID-19 GUIDANCE

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

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

Prior to recommencing their service after closure due to COVID-19, the manager must contact the Care Inspectorate to advise them of their updated operational status.

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

4.2 Risk Assessments

Employers must protect people from harm. This includes taking reasonable steps to protect staff, children, young people and others from COVID-19 within the education setting. It is a legal requirement that local authorities and ELC settings ensure that risk assessments are conducted and reviewed on a regular basis or when circumstances change. Managers must ensure that risk assessments take place on a setting by setting and individual basis where required. To help with setting-level risk assessments, the Health and Safety Executive (HSE) has [an example COVID-19 risk assessment](#) which provides a general framework for all business sectors. Guidance on how to undertake individual level risk assessments for members of staff is available in [guidance produced by the Scottish Government](#). Setting-level risk assessments are expected to consider all risks identified in respect of COVID-19 and must take account of the relevant guidance from [Public Health Scotland](#), and the [HSE](#). The assessment should directly address risks associated with coronavirus, so that appropriate measures can be put in place to control those risks for everyone. All risk assessments should be reviewed regularly and as circumstances change. Risk assessments must be reviewed prior to the re-opening of ELC to all children and when there is any significant changes to service delivery.

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

- effective;
- working as planned; and
- updated appropriately considering any issues identified and changes in public health advice.

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

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

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

4.3 Home working

During the lockdown introduced at midnight 4 January 2021, everyone should work from home where possible. This may apply to ELC staff working in administrative roles, and practitioners who may be able to undertake tasks from home if they are not required in the adult:child ratios.

Home working will be new to many and may have been implemented at pace, without normal health and safety planning to ensure people have suitable working arrangements and equipment. Employers are responsible by law for the health, safety and welfare at work of their workers and these responsibilities apply wherever their staff are working. Arrangements for the welfare of employees must provide for homeworkers, as well as those who work in the employer's workplace.

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

Full [home working guidance](#) provides more information on this. Please also see the HSE advice on [home working](#) for further information.

4.4 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 who is considered to be at highest risk is available at <https://www.gov.scot/publications/covid-shielding/> along with advice and support for this group. Everyone in this cohort will have received a letter from the Chief Medical Officer. This has been updated in the context of the new variants of concern.

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.

Staff who are on the shielding list are advised that if they cannot work from home, then they should not go into work as long as the area they live or work in is under lockdown. The Chief Medical Officer's advice issued on 5 January for people on the shielding list living or working in areas under lockdown is that if your employer cannot arrange for you to work from home, then you should not attend work. This advice remains, regardless of whether you have had 1 or 2 doses of the vaccination. We will update this guidance if this advice changes as we learn more about the impact of the vaccination.

Children on the shielding list have been advised by the Chief Medical Officer not to attend regulated childcare services such as nurseries in person in level 4 areas or during lockdown. However, parents can consult with their child's secondary care (hospital) clinical team who may advise that an individualised risk assessment could be undertaken with the nursery and arrangements put in place which may allow their children to attend. Please encourage staff and parents of children on the shielding list to consider joining the free text messaging service for people at highest risk from coronavirus. To join, they can send a text from their mobile phone with their Community Health Index (CHI) number to 07860 064525. They can also get information from the free National Assistance Helpline on 0800 111 4000.

There are 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 may change. People at highest risk should still follow the advice for the general public as a minimum but take note of the expectations about workplace risks assessments for those who are shielding at each [protection level](#).

For staff, the current guidance at levels 0 - 3 includes that the majority of workplaces can be made safe, and following an individual workplace risk assessment, employers should make the necessary adjustments to the workplace to make sure protective measures are in place. Workplace risk assessments should take account of age, sex, ethnicity, body mass index (BMI) as well as clinical conditions and recommend

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 and trade unions

There is guidance for employers and employees on making the workplace safe at Coronavirus (COVID-19): guidance on individual risk assessment for the workplace - gov.scot (www.gov.scot). This includes an individual workplace risk assessment (COVID-Age) tool, which employees can use to show their employer their assessment of personal risk. This can help discussions with employers about any additional adjustments or arrangements needed to make the workplace and duties safe

Where people on the shielding list have a concern they should discuss this with their employer. It is the employer's responsibility to make the workplace and duties safe. Employees also have a responsibility to comply with safe working practices. Any concerns can be discussed with managers or employers. Further advice is also available from:

- Occupational Health services provided by your employer, where available
- a Health and Safety representative in your workplace
- your workplace's Human Resources (HR) department
- your trade union or professional body

Information in relation to pupils' attendance and absence is published by [Scottish Government Educational 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.

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.

Household members of people on the shielding list and work

Family members of people on the shielding list can go to work if working from home is not possible in protection level 4. It is the employer's responsibility to make sure the workplace and duties are as safe as possible. Household members of people that are shielding should discuss their concerns with their employer.

Employers can also, at their discretion, furlough people through the Coronavirus Job Retention Scheme which has now been extended until September 2021. They may also be able to furlough people in the event that they have caring responsibilities resulting from COVID-19.

4.6 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.

4.7 Considerations related to pregnancy

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

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

4.8 Coronavirus (COVID-19): Individual Risk Assessment Guidance

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

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

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

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

4.9 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. As well as wider planning around the child in line with GIRFEC principles, they should have reference to [Scottish Government guidance on individual risk assessment for staff in the workplace](#).

4.10 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](#) (which includes advice on, amongst other things, detergents/ cleaning products) and [Infection Prevention and Control in Childcare Settings](#) guidance.

This should be an extension of the cleaning regime normally used in ELC settings, with touchpoints such as table tops, chairs, doors, light switches, banisters, equipment, sinks, and toilets cleaned more regularly. There should be routine cleaning and disinfection of frequently touched objects and hard surfaces. 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 are cleaned thoroughly. 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 an integral part of the overall cleaning strategy. Staff should use their own cup/cutlery and ensure these are cleaned straight after use.

There is not a requirement to use fog, mist, vapour or UV (ultraviolet) treatments in ELC settings to help control the spread of coronavirus. Should a provider choose to use one of these it is important these are used appropriately. Any use of these treatments for these purposes should form part of your COVID-19 risk assessment and clear rationale would be required through risk assessment as to whether such

devices would be appropriate. Users must be competent and properly trained. These treatments can be used in a larger space or room in addition to enhanced cleaning and disinfecting, but not as a substitute.

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

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

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

4.11 Temperature and ventilation

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

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

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

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

The suitability of solutions will depend on a range of local factors including building type, occupancy patterns and weather conditions.

All settings must ensure as a minimum, that adequate levels of ventilation are provided in line with existing guidance (Care Inspectorate “Space to Grow”, and the [Workplace \(Health, Safety and Welfare\) Regulations 1992](#)).

For all settings, an adequate level of ventilation is likely to be indicated by a 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 private and voluntary sector, a minimum temperature of 16 C is required under the Workplace (Health, Safety and Welfare) Regulations 1992.

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

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

4.12 Ventilation Systems

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

4.13 Enhanced Hygiene

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

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

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

[Health Protection Scotland guidance on infection prevention and control in childcare settings](#) advises that if there is no running water, hand wipes can be used. If wipes are being used in situations where running water is not available, it is recommended that hands are washed with soap and water at the earliest opportunity.

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

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

4.15 Tooth brushing

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

4.16 Personal Protective Equipment (PPE)

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

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

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

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

- A fluid-resistant surgical mask should be worn by staff if they are looking after a child who has become unwell with symptoms of COVID-19 and 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, fluid-resistant surgical mask should be worn by staff.
- 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.

4.17 International Travel

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

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

4.18 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. Their household must also self-isolate.

The key COVID symptoms are:

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

All staff and parents and carers should be advised that anyone with these symptoms, or who has had contact with a family/community member with these symptoms, should not attend or should be asked to return home. They should also be told to follow [Test and Protect procedures](#).

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

The National Clinical Director has also written an [open letter](#) to parents and carers providing guidance on how COVID-19 symptoms differ from those of other infections circulating at this time of year. 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.
- All contacts are now being asked to take a COVID test. This doesn't replace self-isolation and any contact who has a negative test during the isolation

period must still complete the 10 day isolation period recommended for contacts, as they may still be incubating the COVID-19 virus. Contacts who test positive will be asked to self-isolate for an additional 10 days from the day of the test result. Any contact who has a positive test during their isolation period will be managed as a case and subject to contact tracing. ELC setting staff who opt to undertake **asymptomatic testing** do not need to self-isolate while awaiting results, as long as no symptoms develop, unless they are a close contact of a symptomatic or confirmed case, in which case they will need to self-isolate. If their asymptomatic test is positive, the member of staff must isolate until a confirmatory PCR is received, even if they are without symptoms. If their asymptomatic test is negative, they can remain at work unless symptoms develop but should not consider themselves free from infection and must still adhere to all mitigations.

- If the **PCR test** is positive, the person must remain in isolation until 10 days from symptom onset, or longer if symptoms persist or 10 days from the test date if there are no symptoms. The 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. The date of onset of symptoms (or of test, if asymptomatic) is to be considered day 1 of 10.
- Everyone who tests positive for COVID-19 will be put in touch with the local contact tracing team so that other close contacts can be identified. 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 from their last day of exposure to the case, even if they have a negative test result. In a household, the 10 days starts on the date of symptom onset in the first case.
- Unless otherwise advised by Test and Protect or local Incident Management Teams, where 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. If they have been identified as a close contact they must self-isolate regardless of any test result.

Staff should make such requests via their employer, who can book a test for them using the employer portal, or for staff in Orkney, Shetland and Eilean Siar, can advise staff on the testing arrangements with their local Health Board.

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

4.19 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.

4.20 Outbreak and Case Management

The management of single cases, clusters and outbreaks of COVID-19 is led by local health protection teams (HPTs) in health boards across all settings in society. For educational settings this occurs inclusively alongside local partners, such as ELCs, schools and local authorities as well as Public Health Scotland, as required.

The procedures for incident and outbreak investigation and management are well established through [Managing Public Health Incidents](#).

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

A cluster or outbreak of COVID-19 occurs when a setting has two or more confirmed cases of COVID-19 within 14 days. If a plausible transmission link between two or more cases is identified within the setting, this is indicative of an 'outbreak'; if not, it is referred to as a 'cluster'.

For educational settings, Public Health Scotland advise that the local HPT is contacted when a single confirmed (test positive) case of COVID-19 occurs in a pupil or staff or if there is suspicion of an outbreak of cases in a specific setting, e.g. an increase in the background rate of absence due to suspected or confirmed cases of COVID-19. In this way, the HPT can provide quick advice to settings to support risk assessment of the situation and any further action required.

Early year settings will be expected to work closely with their local HPT to resolve such situations. Actions that ELC and other management teams may need to be involved in when cases of COVID-19 arise in staff or children include (but are not restricted to):

- attendance at multi-agency incident management team meetings
- communications with children, parents/carers and staff – these are vital to provide reassurance to school communities
- providing records of setting layout / attendance / groups
- implementing enhanced infection, prevention and control measures
- media communications.

ELC and other childcare facilities remain settings of low risk for COVID-19. The HPT will lead the incident management team (IMT) that usually co-ordinates such activities and through its members will investigate the circumstances of each incident and agree control measures. The investigation will involve reviewing risk assessments and compliance with existing guidance. Control measures may include hand hygiene reviews, enhanced cleaning regimes, adequate ventilation, reinforcement of messages on physical distancing, reminders about symptom vigilance and self-isolation and advice on face coverings and testing of children and staff, when needed. Usually childcare settings continue to operate throughout. In larger-scale clusters, it may be necessary to temporarily close a setting to facilitate cleaning or when staff capacity makes it unfeasible to remain open. Rarely do settings need to close on Public Health grounds. Any discussion of possible closures will be determined through the multi-agency IMT.

Setting should maintain appropriate records to support outbreak control measures and information flow between participating agencies must be facilitated respecting the principles of confidentiality and Data Protection legislation. In order to protect children and staff and to maintain access to education, confirmation of child and staff COVID-19 case and close contact numbers (including those self-isolating) are shared in confidence between the agencies.

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](#).

The Scottish Government has produced an [infographic](#) that can be used to remind staff of what to do if there is a suspected outbreak.

4.21 Surveillance

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

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

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

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

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

4.22 Student placements

In the 2020-21 academic year, there has been an expectation at national level that HNC Childhood Practice students will commence their placements from the end of the October break onwards, although timescales for commencement may vary across colleges. To support colleges and childcare settings to offer placements to HNC students in academic year 2020-21, SSSC have published an Employer Toolkit to provide further information to support placement providers, students and centres

to support the safe return of students to placements. The toolkit provides guidance and links to more information to support the safe completion of the placement element where possible. It also contains links to risk assessment tools, current national guidance, frequently asked questions and an example contract. [Read the toolkit here.](#)

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

4.23 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 reduces 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 important, 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. It is also worth noting that having larger group sizes will mean that more staff and children would be required to self-isolate in the event of anyone in the group testing positive. As well as reducing the risk of transmission, there will therefore be wider benefits of supporting children in smaller groups.
- The physical capacity of the setting may be affected by physical distancing requirements. Providers should review the layout of settings and consider **how many children can be accommodated safely at any one time** while meeting these requirements. This may be below the normal Care Inspectorate registered capacity of the setting based on current floor space requirements.
- Children are not required to physically distance from each other, or from adults. It is important for children to feel secure and receive warmth and physical contact that is appropriate to their needs, in particular when they are receiving personal care, need comforting or reassurance. Keyworkers will need to be close to the children, particularly young children and should feel confident to do so.
- Staff members should work with the same groups wherever possible. Limiting the number of children, and the number of groups that a staff member is in contact with is important. Where cover is required for breaks, toileting etc., this should be managed within the staff working with a particular group. If staff are, through necessity, to work with other groups, this should be for limited periods, with appropriate risk mitigation measures adopted. Staff should ensure strict hygiene practices are carried out if they are caring for different groups. Adults should seek to maintain at least a 2 metre physical distance from other adults at all times. Adults (except those who are medically exempt) must wear face coverings whenever it is not possible to maintain 2 metre distance.
- The minimum space standards for ELC settings should be in line with the [early learning, childcare and out of school care services: design guidance](#). In addition to this, consideration should be given to what additional space may be required to manage children and staff's contacts. A flexible approach to the use of all existing spaces within the setting should be considered.
- Consideration should be given to the removal of unnecessary items in the setting to maximise capacity and decrease the number of items requiring cleaning, while ensuring the children still have adequate resources and furnishings to support quality experiences.

- Sharing of resources should be minimised. Where resources are used by different groups (e.g. on a rotational basis), cleaning between uses in accordance with requirements in section 4.12 must be undertaken.

4.24 Limiting staff contact with each other

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

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

Settings should also 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.

4.25 Maximising use of outdoor spaces

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

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

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

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

Staff should take the necessary precautions to protect children from the elements and this should include suitable clothing, head coverings and sunscreen. As already highlighted in the section on cleaning practices, children should not share outdoor clothes or footwear. Advice on sun safety is available from the [NHS](#).

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

4.26 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, and/or other adults who may be in the vicinity.

4.27 Singing, music and drama

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

4.28 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 carers (and any other adults who may attend the setting), older siblings and any external contractors or delivery people. It is essential that all these groups are taken into consideration.

All 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, canteens, 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 to minimise risk. These measures could include limiting the number of adults in any one space at any one time, staggering staff breaks, creating additional staff work or welfare areas, use of rotas to manage access to spaces, etc. These useful mitigations could also be considered even where space allows for 2 metres physical distancing.

Learning from outbreaks across a range of sectors suggests that lapses in adherence to physical distancing can occur when staff take breaks from work and mix with colleagues outside or in staff rooms and other social areas. Staff should be reminded that the requirement to physically distance applies at all times, including during breaks and before and after sessions and traveling to and from the setting. The only exception to this is for staff who live in the same household, have formed an [extended household](#) in accordance with the [guidance](#), or where there are health and safety reasons why staff have to come within 2 metres of each other.

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

4.29 Use of Face Coverings

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

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

Face coverings must be worn by adults wherever they cannot maintain 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) , except where a person is exempt from wearing a covering. In these circumstances, a face covering must be worn whenever staff move away from a seated position.

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

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

Face coverings are not required when working directly with children, including on the floor or supporting children to move around the building or with toileting, or as a result of being less than 2 m distant from children. However, staff who wish to wear a face covering in these circumstances should be supported to do so.

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

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

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

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

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

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

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

- Disposable face coverings must be disposed of safely and hygienically. They are not considered to be clinical waste in the same way that used PPE may be.

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

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

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

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

4.30 Drop Off & Pick Up

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

Most children can be placed in the care of staff with adults maintaining a 2 metres distance. It is recognised that in some cases, a physical handover of very young children will be required and this should be reflected in risk assessments. Settings should ensure that the amount of time that staff spend in close proximity with parents or carers is minimised, that face coverings are worn by adults during a physical handover, and staff and children should wash hands after the child is safely in the setting. However, where possible, parents and carers should not enter buildings.

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

- Parents and carers (and older siblings where they are required to accompany parents) should be strongly encouraged to wear face coverings at drop-off and pick-up
- Staggered and allocated drop off/pick up times (so that not all children arrive onsite at one time).
- Parents/carers and other family members should be discouraged from gathering outside the setting and should maintain distancing of 2 metres, as far as practicable, when dropping off children. Appropriate markings may be introduced outside the entrance to the setting to support physical distancing.

- If possible, take account of start time for other children in the family who may be attending a primary school attached to the setting or close by to reduce multiple visits to services for parents where practicable
- Consideration of additional access points and children's routes to play spaces when they arrive at the facility. This could include children heading straight to the area in which their group are working, which could be indoors or outdoors, after washing their hands.
- For those arriving by car, parents may be encouraged to park further away from the setting and then walk with their children to avoid congestion, or alternatively use active travel routes where feasible.
- Staff and parents should only share a vehicle with those from their household or extended household. If they have no other option, they should follow the [safe travel guidance](#) at the Transport Scotland website which provides advice on how to share vehicles safely. Particular consideration should be given to meeting the individual needs of families where children have complex needs or disabilities.
- The advice is not to use public transport in a level 4 area. If the use of public transport is essential, encourage staff and parents to plan their journey to and from their setting, and to minimise pressure on public transport. They should also be encouraged to plan other forms of transport to minimise pressure on the road network and consider walking or cycling where possible.
- Where parents are dropping off young children and it is not possible to maintain physical distancing between adults, staff and children should wash hands after the child is safely in the setting.
- Ensure both the child and the parent is comfortable in the handover and make arrangements if a child is distressed for the parent to comfort them without the parent coming into contact with other children or staff.
- Encourage staff and parents to follow physical distancing when travelling to and from nursery, as advised in the latest guidance on [how to remain safe when walking, cycling and travelling in vehicles or on public transport during the coronavirus outbreak](#).

4.31 Settling-in

Individual settings have established practice for settling children and their families into the setting and this should continue wherever practicable and safe to do so. It is important that children are sensitively supported into their new arrangements, while maintaining physical distancing between adults. Education Scotland have developed two resources to supporting transitions during COVID restrictions: [Transitions in 2020](#) and the [Wakelet on Supporting young children at points of transition](#).

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

Settings may wish to consider the following approaches:

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

4.32 Visitors to the setting

Visits to the setting should be avoided unless necessary, and this should be with permission of the manager, head teacher or local authority. This includes adult visitors to the setting e.g. contractors, deliveries etc. Adult visitors to settings should be strictly limited only to those that are necessary to support children or the construction, maintenance and running of the setting and arrangements should be communicated clearly to staff and the wider ELC community. Other authorised visitors will include the Care Inspectorate who have a legal duty to undertake scrutiny work.

Telephone calls, online meetings and 'virtual' visits should be the norm for regular and other meetings with specialists and parents. However, where it may be in the best interests of children for a specialist or parent or carer to attend in person, this should be considered on a case by case basis, for example in relation to child protection issues, addressing additional support needs or where a parent has a disability which affects communication over the telephone or online.

For necessary visitors, when face to face communication is essential, this should be reflected in risk assessments and risk mitigations and physical distancing guidance

should be adhered to. Consider whether essential face to face communication could take place outdoors. If it takes place indoors, ensure that the 2m physical distancing requirements can be strictly adhered to, the meeting space is well ventilated, face coverings are worn and that there is a supply of antibacterial hand gel available to visitors at the entrance to the setting.

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 this might include (where appropriate) video messaging, phone calls or text messages, photographs or email. When settings communicate using these additional measures they must also consider the General Data Protection regulations (GDPR), and update their existing privacy policies where necessary.

4.33 Moving within and between settings

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

- **One-way systems:** Settings may wish to adopt one-way systems within corridors and stairs. This may help avoid bottlenecks and ease travel around the setting.
- **External circulation:** As part of an amended circulation strategy it may be beneficial to encourage the use of external areas to move between parts of the building. This would reduce the density of use of the internal areas and also provide some movement and fresh air. Appropriate solutions would be specific to each location. Safety in all weathers and security issues would require to be considered in each location.
- **Signage/communication:** Appropriate signage or verbal communication about the system adopted may need to be implemented, if it differs from previous arrangements at the setting, for the benefit of staff and parents. Signage may be used to remind all adults to wear a face covering when passing through these areas where it is not possible to maintain a 2m distance to reduce transmission risk and/or to remind staff to wait until others have passed.
- **Peripatetic Staffing:** Settings should review use of peripatetic staff, to 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 and to minimise the time they are on site. Consideration should also be given to alternative methods of delivery, including remote provision, to other settings.
- **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. Staff, whether permanent or agency/bank, must not work across 2 premises if there is an outbreak in one; risk assessment of the second location may be needed to establish any transmission risk.

- 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.
- Settings should, in partnership with related partners and local public health teams, pay very close attention to any evidence suggesting the potential for emerging bridges of transmission between settings. In the event that any such evidence is identified, they should consult immediately with local public health teams on any requirement to pause or further reduce such movement between settings.

4.34 Evacuation Procedures

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

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

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

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

4.35 Sharing Premises

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

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

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

4.36 Blended Placements

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

It remains very important to continue to minimise the number of contacts and risk of transmission, and to maintain progress in suppressing the virus as schools and the ELC sector re-opens more widely. As has been the case, parents and carers should be encouraged and supported to limit the number of settings their child attends, ideally attending one setting only. For children who attend more than one setting, consideration should be given to ensuring their child only attends the same setting(s) consistently.

As already explained elsewhere in this guidance, risk assessments must be refreshed in the context of the re-opening of ELC to all children and in the context of new variants of concern. Existing blended placements may continue provided they are supported by a refreshed risk assessment that has been undertaken in collaboration with parents and all providers involved in the care of the child, and there is agreement that the arrangement continues to be required to ensure access to high quality ELC and to meet childcare needs.

When increased demand for blended placements arises due to the wider re-opening of schools and nurseries these requests should also be risk assessed and considered together, on a case by case basis, by local authorities, providers and parents. This risk assessment should take account of the importance of children's wellbeing and protecting their access to high quality ELC which supports families' needs.

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

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

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

4.37 Provision of Meals and Snacks

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

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

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

- Implementing staggered dining arrangements
- Having set snack times for groups
- Maximising the use of the outdoor environment for dining.

5. CONSIDERATIONS IN APPLYING THE GUIDANCE

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

5.1 Capacity

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

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

5.2 Physical Capacity

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

5.3 Staffed capacity

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

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

5.4 Hours of opening

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

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

5.5 Financial Impact

Response to the additional restrictions

The Scottish Government announced on 13 January 2021 that up to £3.8 million of financial support will be available to day care of children providers who remain open during the period of temporary restrictions for vulnerable children and those of key workers.

Day care of children providers, and childminding services who are currently providing care for 12 or more children, are subject to temporary restrictions which restrict them to being open only for key worker and vulnerable children until at least 22 February.

The [Temporary Restrictions Fund](#) opened on 4 February for applications for the first round of grants covering the four week period from 4 January and closed on 1 March.

A second round of grants covering the period from 1 February will open on 5 March.

While the restrictions continue, those who continue to be subject to the restrictions will be able to apply for a grant.

Full details of round 2 and future rounds of the Temporary Restrictions Fund will be made available on the [Scottish Government website](#).

Ongoing 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. [Interim guidance](#) was published in July 2020 regarding the requirements on ELC settings and local authorities from August 2020 for delivery of Funding Follows the Child. This includes updated interim guidance on the setting of sustainable rates for the delivery of funded ELC in the context of the impacts of COVID-19.

Further information on support available to the sector throughout the recovery can be found on the [Scottish Government website](#).

5.6 Allocation of places

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

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

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

6. SUMMARY OF USEFUL RESOURCES

This summary is not exhaustive.

- NHS Inform [Covid-19 General Advice](#)
- COVID-19: framework for decision making - Scotland's route map through and out of the crisis: <https://www.gov.scot/publications/coronavirus-covid-19-framework-decision-making-scotlands-route-map-through-out-crisis/>
- [Coronavirus \(COVID-19\): stay at home guidance](#)
- 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 \(ELC\)](#)
- Coronavirus (COVID 19): Advisory Sub-Group on Education and Children's Issues – [overview of the evidence that informed the decision to close early learning and childcare settings to all but the children of key workers and other priority groups, in the context of the Variant of Concern 202012/01.](#)
- [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](#)
- Public Health Scotland Guidance: <https://www.hps.scot.nhs.uk/>
- Test and Protect - Scotland's approach to implementing the 'test, trace, isolate, support' strategy: <https://www.gov.scot/publications/coronavirus-covid-19-test-and-protect/>

- [Education Scotland: ELC – Supporting Learning at Home during COVID-19](#)

Hand Hygiene resources:

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