



## **Introduction**

Following the relaxation of a number of COVID-19 related control measures in educational settings, it may be necessary to reintroduce some measures as a result of an increase in cases either in the setting or in the community more generally. For example:

- To help manage a significant COVID-19 outbreak within a setting
- If there is extremely high prevalence of COVID-19 in the community and other measures have failed to reduce transmission
- As part of a package of measures responding to a Variant of Concern (VoC)
- To prevent unsustainable pressure on the NHS

## **Prioritising education**

The overarching objective is to maximise the number of children and young people in face-to-face education or childcare and minimise any disruption, while protecting those most vulnerable to increased risk from COVID-19.

The impacts of having missed face-to-face education during the pandemic are severe for children, young people and adults. In all cases, any benefits in managing COVID-19 risk should be weighed against any educational drawbacks and the additional measures should be considered only in exceptional circumstances and be time limited, to minimise disruption to face-to-face education and protect the most vulnerable.

Managers will endeavour to keep any additional measures in the setting for the shortest amount of time possible.

Managers will keep all measures under regular review and lift them as soon as the evidence supports doing so. Attendance restrictions should only ever be considered as a last resort - neither contacts nor siblings of positive cases should under normal circumstances be asked to isolate.

## **Baseline Measures**

### **Good Hygiene Practices**

- Handwashing – sufficient facilities and staff encourage and supervise this regularly throughout the day. Staff and children wash hands on arrival, before/after eating, after sneezing/blowing nose/coughing/using. Children assisted to wash hands. Staff use hand sanitizer regularly. Staff educates children about good hand-washing. Notices displayed in toilet areas.
- Respiratory hygiene – children taught good respiratory hygiene (use tissue to blow nose and bin straight after, sneeze into tissue or elbow), staff also practice good respiratory hygiene. Bins for tissues provided in rooms and all other indoor areas, in outdoor area – these are emptied and disposed of at the end of every day. Notices displayed about good respiratory hygiene.

- Ventilation – Windows and doors to be opened to the outside throughout the day if possible (only when perimeter exits are locked). In very cold weather windows and doors will be opened periodically to allow for ventilation.
- CO2 detectors installed in each playroom to identify poor ventilation
- Illness – ‘zero tolerance’ policy on illness – parents informed that a child displaying any signs of illness must not come to playgroup. Any child becoming ill during the day will be sent home.

#### **Use of PPE**

- Face coverings- There is no longer a legal requirement to wear face coverings in indoor settings or on public transport therefore it is now personal preference/responsibility.
- Staff are no longer required to wear PPE for activities that include hard to clean resources, however vigilance regarding hand washing remains.
- ‘Normal’ PPE requirements ( disposable apron and gloves) must be used for nappy changing, any prolonged close contact (eg; changing a child’s clothes, administering first aid) or if supervising a child who has become ill.

Room and outdoor layouts have been returned to normal operational requirements.

#### **Social distancing**

- Arrivals/Departures – Arrivals and departure of children will continue to happen in the outdoor area with staff supervision. Gates will only be opened 5 minutes prior to arrival/departures to allow adults to spread out in the garden. Parents are allowed to enter the building in some circumstances (arranged meetings) and are able to wear face masks if they wish. Hand sanitizer will be available.
- Building and premises – windows to be open to allow air to flow around indoor area. Room and outdoor layouts have been returned to normal operational requirements.

#### **Cleaning**

- Normal cleaning procedures are sufficient for daily practice. Staff will support thorough cleaning systems by keeping the rooms and outdoor space tidy and free from clutter. Periodic disinfection of resources and washing of soft furnishings will be included as part of the cleaning regime.
- Extra cleaning equipment and resources such as spray disinfectant, sanitiser and wipes available throughout the premises to facilitate regular cleaning with a particular focus on frequently touched surfaces.

#### **Shielding of vulnerable people**

- Following expert clinical advice and the successful rollout of the COVID-19 vaccine programme, people previously considered to be clinically extremely vulnerable (CEV) will not be advised to shield again. The situation is now very different to when shielding was first introduced.

We understand a lot more about the virus and what makes someone more at risk from severe disease 13 from COVID-19.

The vaccine continues to be successfully rolled out, and other treatments and interventions are becoming available. Individuals previously identified as CEV are advised to continue to follow the same guidance as the general public on how to stay safe and help prevent the spread of COVID-19.

Individuals with a weakened immune system should follow DHSC and UKHSA advice for people whose immune system means they are at higher risk from COVID-19.

The risk to children and young people of severe disease from COVID-19 is very low compared to adults, even for those with chronic conditions.

All children and young people over 5, including those who have been identified by their medical team as being at higher risk, are eligible for COVID-19 vaccinations.

They should attend their education setting unless advised otherwise by a health care professional or medical team. Individuals should consider advice from their health professional on whether additional precautions are right for them.

### **Visitors/Deliveries**

- Parents – parents and other family members are permitted to enter the building but this will be arranged in advance. However, meetings via telephone or online are preferable.
- Partnership agencies – if possible, all meetings and conferences with partnership agencies will be conducted remotely. Individual requests for visits will be reviewed and if accepted visitors must abide by all protective measures. The exception would be if there was an immediate risk to the safety of a child or in the event of a need for emergency medical attention.
- Deliveries – drivers announce their arrival at the main gate and are permitted entry by staff. Staff will meet delivery personnel at the perimeter gate and take delivery of items.

Parents/Carers wishing to visit the setting with a view to registering their child can do so.

Adults are encouraged to sanitise hands on arrival and departure. Visits can take place during normal operational hours and we offer a free taster session to parents for 1.5 hours.

### **Pupils, Staff and others with COVID 19 symptoms**

- Symptoms identified at home – if a member of staff, child or family member displays symptoms of COVID 19 they must NOT come to playgroup. They must order a PCR test. They must also adhere to this guidance if they have tested positive on a LFD and have no symptoms.
- Member of staff falling ill at playgroup – the staff member will leave work to isolate and seek a PCR test/ LFD test.
- If a child is displaying COVID-19 symptoms, parents will be contacted to collect them immediately and will be advised to seek a PCR/LFD test for child and to share results with management.

- Staff/ Parents/Carers will be advised to undertake a LFD test from 5 days after symptoms started (or the day the test was taken if they did not have symptoms) followed by another LFD test the next day. If both these test results are negative, and they do not have a high temperature, the risk that they are still infectious is much lower and they can safely return to their normal routine.
- **Staff/Children that have tested positive for Covid-19 or are displaying the key symptoms of COVID-19 will not be able to attend the setting, given the potential risk to others. Management will take the decision to refuse attendance as it is necessary to protect other children and staff from possible infection from Covid-19.**
- The setting will continue to ensure good hygiene measures are in place for everyone, maintaining appropriate cleaning regimes, keeping occupied spaces well ventilated and follow public health advice on testing, self-isolation and managing confirmed cases of COVID-19.
- The setting will continue to encourage the vaccination uptake to staff members.

### Testing

- From 21<sup>st</sup> February 2022 staff will no longer be expected to continue taking part in asymptomatic testing and should follow asymptomatic testing advice for the general population.
- The Department of Public Health (DPH) may advise rapid lateral flow device (LFD) testing by some staff in an individual setting or on high prevalence areas as part of the outbreak management plan.
- **Children, Staff and other adults with a positive test will be advised to undertake a LFD test from 5 days after symptoms started (or the day the test was taken if they did not have symptoms) followed by another LFD test the next day. If both these test results are negative, and they do not have a high temperature, the risk that they are still infectious is much lower and they can safely return to their normal routine. Staff, children and other adults known to have tested positive for NOT be allowed on site until two negative lateral flows have been displayed or after 10 full days of isolation from the setting.**

### Face coverings

- In England, face coverings are no longer required by law. In education and childcare settings, face coverings are not advised for children, staff and visitors in communal areas, or teaching spaces.
- Face coverings in communal areas may be temporarily introduced as part of outbreak management.

### Attendance Restrictions

High- quality face-to-face education remains a national priority. Attendance restrictions will only ever be considered as a short-term measure and as a last resort:

In ALL circumstances, priority will be given to vulnerable children and children of critical workers so they are able to attend to their normal timetables.

Other groups that will then be prioritised will be our 'pre-school' group who will be transitioning to Reception.

In some cases, we may have to temporarily mix ages of children when managing staff absence in order to maintain the legal ratio requirements. If we are unable to maintain ratio requirements then those sessions and/or days may be temporarily closed until we are able to sufficiently staff them.

### **Charges for childcare places if a child is unable to attend**

The setting will continue to take a fair and balanced approach if a child is unable to attend the setting for a significant period of time. Each case will be dealt with on an individual basis, however, if the setting is forced to close due to insufficient staffing then parents/carers will NOT be charged for the session/s their child would have attended.

### **Remote Education**

- Management will promote mental well-being by being available for support and advice where needed for staff and families. Any concerns or worries will be discussed and addressed if possible.
- Where needed and possible management will signpost staff and families to outreach support.
- SENDCo/DSL will maintain strong links with families in the setting and at home, working closely with partnership agencies to monitor the welfare of vulnerable children who are not attending the provision and other families who are displaying safeguarding concerns.
- The setting will continue to support the learning of children who are unable to attend the setting, ensuring they have contact with their key person and peers.

### **Staff**

In some circumstances, staff may have received personal advice from their specialist or clinician on additional precautions to take and they should continue to follow that advice. Managers will discuss any concerns and act accordingly. Managers will follow the specific guidance for pregnant employees.

### **Safeguarding and designated safe guarding leads**

There will be no changes to safeguarding arrangements. If attendance restrictions are needed or the setting is closed, Sarah Rawlings (Designated Safeguarding Lead) or Carly Halford (Deputy Safeguarding Lead) will continue to be the point of contact for vulnerable children and their families via online video, email and/or telephone.

### **Educational Visits/ Events and Parent Attendance**

Educational visits/ Events and Parent Attendance will only be considered if appropriate and safe to do so, after a full risk assessment has taken place.

Wherever additional measures are considered, the objective is to maximise the number of children in face to face education or childcare and minimise any disruption, while protecting the most vulnerable to COVID-19.

The measures listed above may change with the emergence of new variants of concern (VoCs). The government will continue to advise baseline measures and provide thresholds at which can help can be sought and extra measures may be introduced. In light of this, the setting will revisit the contingency plan based on the advice given at that time.