

Information & Guidance for the Parents/Guardians of Children Attending the Shine Early Learning Unit during the Covid-19 Pandemic



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1.0 Introduction:

It is important for parents and for those who deliver childcare to accept that no interpersonal activity is without risk of transmission of infection at any time. Parents must understand that some level of risk of infection is unavoidable as a part of a normal childhood. However, parents are very different with respect to their tolerance of infection risk and ability to accept infection and the harm it causes. Therefore, it is important that all of our parents have a clear understanding of the benefits and risk of childcare and that it is not possible to guarantee that infection can be prevented in any setting either in a childcare centre, school or in the home.

1.1 Information on COVID-19:

COVID-19 is a new illness that can affect your lungs and airways. It is caused by a new coronavirus (SARS-CoV-2), which is spread mainly through tiny droplets scattered from the nose and mouth of a person with infection. The droplets can be scattered when the infected person coughs, sneezes, talks or laughs. To infect you, it has to get from an infected person's nose or mouth into your eyes, nose or mouth.

This can happen - if:

- You come into close contact with someone who is shedding the virus and who is coughing or sneezing
- You touch - with your hands - surfaces or objects that someone who has the virus has coughed or sneezed on, and then touch your mouth, nose or eyes without having washed your hands thoroughly.

The virus that causes COVID-19 does not spread through the air over long distances (it is not airborne). This means that being in the same big room or in the same outside play area does not spread infection unless people are very close to each other or are touching the same things. COVID-19 can be a mild or severe illness. Severe illness is much more common in older people (especially older than 70) and in people vulnerable for other reasons. Severe illness is much less common in children and young adults in good health. Symptoms include fever (high temperature), cough, shortness of breath, difficulty breathing.

People with symptoms of infection are very important in the spread of the disease. Symptomatic people appear to be most infectious for other people in the early days after symptoms begin. Infection can also spread from people in the day or two before they get symptoms and it can spread from some people who get an infection but have no symptoms or such mild symptoms that they take little notice of them (asymptomatic spread). People are no longer infectious for other people 14 days after they have developed symptoms.

There are Covid-19 information points located throughout the building with information on

prevention, symptoms, isolation and the wearing of facemasks.

1.2 Information on COVID-19 and Children:

In the months since the COVID-19 pandemic started we have learned that:

1. Children seem generally less likely to catch infection.
2. Children seem more likely than adults to have no symptoms or to have mild disease. Symptoms in children include cough, fever, runny nose, sore throat, diarrhoea and vomiting.
3. Children have rarely been the person who brought COVID-19 into a household when household spread has happened.
4. Children are not more likely than adults to spread infection to other people.
5. There are some recent reports that the virus that causes COVID-19 may trigger a rare inflammatory disease called PIMS in some children. PIMS stands for Paediatric Inflammatory Multisystem Syndrome.

(Source: Infection Prevention and Control guidance for settings providing childcare during the COVID-19 Pandemic. HSE/hpsc - May2020)

1.3 Raising Awareness of Covid-19:

The Shine Early Learning Unit will take the following steps to raise awareness of the symptoms and infection control protocols for Covid-19:

- Promote awareness of COVID-19 and of the symptoms of COVID-19 among staff, parents and children by circulating clear and compliant policies and procedures on infection control measures and protocols that will be implemented during the Covid-19 pandemic.
- By prominently displaying guidance and information posters throughout the Early Learning Unit on the recognition of symptoms, prevention of transmission and hygiene protocols for the prevention of Covid-19.
- Advise parents not to send their child to the Early Learning Unit if they have symptoms of a viral respiratory infection or if there is someone in the household suspected or known to have COVID-19.
- Advise staff members not to present for work at the Early Learning Unit if they have they have symptoms of a viral respiratory infection or if a close contact or member of their household is suspected or known to have COVID-19.
- Advise staff members that develop symptoms at work to bring this to the attention of their manager promptly and to follow HSE guidance on self-isolation.

- Promote good hand hygiene and respiratory hygiene per the HSE and HPSC guidance.

1.4 Infection Control Measures on Entry:

Current information shows that COVID-19 can spread easily from people who have symptoms. It also can spread to some degree from an infected person even before they develop any symptoms. For this reason, the guidance from HPSC is to implement practical and comprehensive procedures to make sure that people with symptoms of COVID-19 do not enter a childcare setting at any time. The first step in this process is to create an infection prevention barrier to mitigate the risk at the entry point to the Early Learning Unit.

(a) Mitigation of Risk on Entry: Staff

- 1 All staff will receive training on infection control measures and protocols prior to the reopening of the Early Learning Unit.
- 2 Access to the Early Learning Unit will be restricted to staff working in the service and children attending the service only.
- 3 All staff working in the service must continuously self-monitor to ensure that they do not have any symptoms of Covid-19.
- 4 Any staff member who feels unwell and displays any symptoms of Covid-19 must not come to work, self-isolate and contact their GP to arrange to be tested.
- 5 The staff member must immediately contact the ELU Manager to inform them of the situation. Once the test result is received, the staff member must report the result of their test to the ELU Manager immediately so that the appropriate infection control and isolation protocols can be deployed if required.
- 6 If a staff member has had close contact with a confirmed case of Covid-19 they must not come to work, self-isolate, contact their GP and arrange to be tested. The staff member must contact the ELU Manager to inform them of the situation. Once the test result is received, the staff member must report the result of their test to the ELU Manager so that the appropriate infection control and isolation protocols can be deployed if required.
- 7 All staff will adhere to social distancing protocols when in contact with other staff members on their way to work and upon their arrival at work.
- 8 All staff must follow social distancing protocols and avoid all contact with children and parents waiting to enter the service.
- 9 All staff will have their temperature taken and recorded on arrival for work.
- 10 All staff must follow hand hygiene measures by washing and sanitising their hands immediately on arrival for work. All staff must also comply with respiratory hygiene measures.
- 11 All staff will sign in remotely via an app.
- 12 All staff will immediately go to their assigned classroom (pod) on arrival at work.

(b) Mitigation of Risk on Entry - Children & Parents:

- 1 Parents must not send their child to school if they have symptoms of a viral respiratory infection or any other prescribed symptoms of Covid-19 or if someone in their household is suspected or known to have Covid-19.
- 2 Arrangements for dropping off children will be organised to maintain physical distance between parents/guardians and between parents/guardians and ELU staff members.
- 3 All parents and children must adhere to physical distancing protocols when waiting for admission to the Early Learning Unit.
- 4 All parents must adhere to the queueing/waiting procedure for admission to the Early Learning Unit (as outlined later in this document).
- 5 If a parent misses the prescribed drop off time for their child's pod, they must remain in their car and contact the ELU Manager on arrival to arrange for the child to be dropped to the Early Learning Unit. They must not mix with other pods awaiting admission to the service.
- 6 Parents do not need to physically sign in their child, all children will be signed in remotely via an app and will receive notifications by email.
- 7 All children will be taken immediately to their designated classroom (pod).
- 8 Immediately on arrival at their designated classroom all children will wash/sanitise their hands.
- 9 Where practical, children from the same household will be in the same pod.
- 10 All children will have their temperature monitored at regular intervals throughout the day.

1.5 Infection Control Measures During Sessions:

The Shine Early Learning Unit will take all practical precautions to reduce the spread of the Covid-19 virus. These includes greater attention to hand hygiene, respiratory hygiene and cleaning. It also means limiting contact between groups of children by creating smaller pods of students and tutors and by keeping those pods as small as possible. A policy of limiting the mixing of students and tutors between different pods will also help reduce the risk of infection. A record will be kept of children and tutors in each pod to facilitate Contact Tracing in the event of an episode of infection.

(a) Pod System:

1. There will be 3 morning pods consisting of 4 children and 3 Tutors.
2. There will be 2 afternoon pods consisting of 3 children and 2 Tutors.
3. The configuration of each individual pod (Tutors and students) will remain unchanged.
4. Each pod will have a designated classroom.
5. Each pod will have a designated bathroom.
6. Each pod will have a designated snack area.

7. Each pod will have their own resources and toys designated for their exclusive use.
8. Each pod will have a designated time in shared spaces such as the sensory room and outdoor play area and will not mix with other pods.
9. All shared spaces will be cleaned and disinfected after use.

1.6 Management of resources and toys for infection prevention:

1. Toys and resources will not be shared between pods
2. Toys that are easy to clean and disinfect will be used.
3. In the context of the pandemic, the use of certain types of toys (e.g. soft toys, stuffed toys, play dough) will be prohibited.
4. If soft toys /comfort blankets are essential for some children they should be personal to the child, they should not be shared and they must be machine washable.
5. Jigsaws, puzzles and toys that children are inclined to put in their mouths must be capable of being washed and disinfected.
6. Children will be discouraged from putting shared toys into their mouths.
7. Clean toys and equipment will be stored in a clean container or clean cupboard.
8. Staff will follow the manufacturer's cleaning instructions.
9. Staff and children will wash their hands after handling contaminated toys and equipment.

1.7 Cleaning of Toys & Resources:

1. All toys (including those not currently in use) will be cleaned on a regular basis to remove dust and dirt that can harbour germs.
2. Toys that are in regular use will be cleaned daily.
3. Toys that children put in their mouths will be washed after use or before use by another child.
4. All toys that are visibly dirty or contaminated will be taken out of use immediately for cleaning or disposal.
5. Toys waiting to be cleaned will be stored separately.

2.0 Hygiene Measures and Cleaning Regimes:

2.1 Hand Hygiene & Respiratory Hygiene:

Regular handwashing or hand sanitising is vital in the preventing the spread of Covid-19. Staff will wash or sanitise their hands when:

1. Entering or re-entering the building
2. Before and after preparing food
3. Before eating
4. Before and after caring for sick individuals
5. After coughing or sneezing
6. When hands are dirty
7. After using the toilet
8. After assisting a child to use the toilet
9. After contacting a potentially contaminated surface
10. After changing a nappy
11. As required to ensure effective hand hygiene

Where possible children should be taught to clean their own hands. Regular handwashing or hand sanitising is vital in the preventing the spread of Covid-19. Children will wash or sanitise their hands when:

1. Entering or re-entering the building
2. Before and after using shared spaces
3. Before eating their daily snack
4. After coughing or sneezing
5. When hands are dirty
6. After using the toilet
7. After contacting a potentially contaminated surface
8. After having their nappy changed
9. As required to ensure effective had hygiene

Staff will adhere to **respiratory hygiene** protocols by covering their mouth and nose with a clean tissue when they cough and sneeze and then promptly dispose of the tissue in a bin and wash your hands.

Staff will assist children in adhering to the respiratory hygiene protocols by showing them how to covering their mouth and nose with a clean tissue when they cough and sneeze and then promptly dispose of the tissue in a bin and wash your hands.

2.1 Hygiene Measures and Cleaning Regimes:

- Hand sanitiser dispensers are available at all entry/exit points in the building.
- Hand sanitiser dispensers are available in every classroom.
- Additional hand sanitiser dispensers are available at the entry/exit point of all shared spaces.
- Hand sanitiser, handwashing facilities and disposable paper towels are available in the staff canteen.
- Hand wash sinks are available in every classroom and toilet.
- Hand-washing facilities, including soap disposable paper towels and are well maintained.
- The soap is neutral and non-perfumed to minimise risk of skin damage.
- Bins are provided in each classroom and toilet for the disposal of tissues.
- Hand sanitiser dispensers are positioned safely to avoid risk of ingestion by young children.
- All hygiene, cleaning and disinfectant materials are stored safely away from children.

In line with infection control guidance the frequency of cleaning has been increased and cleaning regimes have been extended to include:

- The cleaning of regularly touched objects and surfaces.
- Particular attention will be given to high-contact areas such as door handles, grab rails/ hand rails in corridors/stairwells, plastic-coated or laminated worktops, desks, access touchpads, telephones/keyboards in offices, and toilets/taps/sanitary fittings.
- Staff will use disposable gloves when cleaning surfaces and hands will be washed after disposing of the gloves.
- A classroom specific cleaning log will be maintained for each individual classroom and a general cleaning log will continue be maintained for the premises.
- Regular cleaning of frequently –touched hard surfaces and of hands will therefore help to reduce the risk of infection.

3.0 Physical Distancing Measures:

Guidance from HSE/hpsc on providing early years services states that it is not possible to observe physical distancing from a young child and it is not practical to enforce physical distancing between young children who are cared for as a group or pod.

- Children and tutors from different pods will maintain social distancing.
- A distance of 2 metres is recommended for physical distancing by the National Public Health Emergency Team. Physical distancing measures will be observed between staff of different pods where practicable and physical distancing between adults will also be observed when staff are on breaks and arriving and departing from work.
- Physical distancing will also be observed by staff when using the canteen or other communal facilities.
- Parents/Guardians will be asked to observe physical distancing protocols when dropping and collecting their children.

4.0 Protocol if a child or staff member feels unwell and develop symptoms while attending/working at the Early Learning Unit:

(a) Child:

- If a child develops any symptoms of acute respiratory infection including cough, fever, or shortness of breath while in the care facility, a staff member will take them to a designated room for isolation. (Boardroom – Ground Floor)
- The ELU Manager will contact the parent or guardian and ask them to collect their child as soon as possible
- A staff member caring for a child waiting for pick-up will need to be prepared to have contact with the child as necessary. The staff member will wear a mask, gloves, apron and faceguard.
- In an emergency or if the child's condition deteriorates, the staff will call an ambulance, and explain that the child is unwell with symptoms of COVID-19.
- Staff members must avoid touching their nose, mouth or eyes while caring for a symptomatic child and perform hand hygiene. After gloves are used, the staff member must perform hand hygiene immediately after removal and safely dispose of the gloves.
- The isolation room must be thoroughly cleaned and contact surfaces disinfected once they leave. PPE must be worn by the person charged with the responsibility of cleaning the isolation room.

(b) Staff Member:

- If a staff member develops symptoms of acute respiratory infection including cough, fever or shortness of breath while in the care facility they will be asked to go home without delay and contact their GP by telephone.
- If the staff member must wait to be collected or needs medical assistance, then they must immediately go to the designated isolation room and remain 2 m away from others. (Boardroom Ground Floor).
- The staff member must be monitored from a distance by a colleague and in an emergency an ambulance must be called and explain that the person is unwell with symptoms of COVID-19.
- The staff member must avoid touching people, surfaces and objects and be advised to cover their mouth and nose with a disposable tissue when they cough or sneeze and put the tissue in the bin.
- If they can tolerate doing so, they should wear a surgical mask.
- If the staff member needs to use toilet facilities they should wipe contact surfaces clean and clean their hands after attending the toilet.
- The room must need to be cleaned and contact surfaces disinfected once they leave.
- The bathroom used by the staff member whilst waiting for medical assistance must be cleaned and contact surfaces disinfected before use by others.
- The isolation room must be thoroughly cleaned and contact surfaces disinfected once they leave. PPE must be worn by the person charged with the responsibility of cleaning the isolation room.

4.1 Cleaning/disinfecting rooms where a child or staff member with suspected or confirmed COVID-19 was present

Once a person with suspected COVID-19 is identified in a childcare setting all surfaces that the person has been in contact with should be cleaned and disinfected.

- Once the room is vacated, the room must not be reused until the room has been thoroughly cleaned and disinfected and all surfaces are dry.
- The person assigned to clean the area must avoid touching their face while they are cleaning and should wear household or disposable single use non-sterile nitrile gloves and a disposable plastic apron.
- The environment and the furniture will be cleaned using disposable cleaning cloths and a household detergent followed by disinfection with a chlorine based product such as sodium hypochlorite (household bleach). Chlorine based products are available in different formats including wipes.
- Special attention will be paid to frequently touched flat surfaces, the backs of chairs, couches, door handles and any surfaces or items that are visibly soiled with body fluids.

- Once the room has been cleaned and disinfected and all surfaces are dry, the room can be put back into use.

4.2 Cleaning of communal areas if a person is diagnose with COVID-19

- If a the child or adult diagnosed with COVID-19 spent time in a communal area like a play area or sleeping area or if they used the toilet or bathroom facilities, then these areas must be cleaned with household detergent followed by a disinfectant (as outlined above) as soon as is practicably possible.
- Special attention to frequently touched sites including door handles, backs of chairs, taps of washbasins, toilet handles. Once cleaning and disinfection have been completed and all surfaces are completely dry, the area can be put back into use.

4.3 Laundry if a person is diagnosed with COVID-19

- Laundry should be washed at the highest temperature that the material can stand.
- Items can be tumble dried and ironed using a hot setting/ steam iron if required.
- Household/rubber gloves can be worn when handling dirty laundry and items should be held away from clothing. Hands should be washed thoroughly with soap and water after removing the gloves

4.4 Managing rubbish if a person is diagnosed with COVID-19

- All personal waste including used tissues and all cleaning waste must be placed in a plastic rubbish bag.
- The bag must be tied when it is almost full and then place it into a second bin bag and tied.
- Once the bag has been tied securely it must be left somewhere safe. The bags should be left for three days before collection by the waste company.

4.5 What to do if there is a suspected or confirmed case of COVID-19 in your childcare setting

- All individuals with symptoms of COVID-19 should contact their GP for further advice.
- If the doctor arranges testing for them, they (or their parent) will be contacted by Public Health to identify anyone who has been in contact with them during the period when they were likely to have been infectious.
- The childcare setting will then be contacted by local Public Health staff of the HSE to discuss the case, identify people who have been in contact with them and advise on any actions or precautions that should be taken.
- An assessment of each childcare setting where this may occur will be undertaken by HSE public health staff.
- Advice on the management of children and staff who came into contact with the case will be based on this assessment.

- The HSE Public Health staff will also be in contact individually with anyone who has been in contact with the case to provide them with appropriate advice.
- Advice on cleaning of communal areas such as classrooms, changing rooms and toilets is outlined later in this document.
- Symptomatic people should self-isolate and arrange to get tested for COVID-19.
- Confirmed COVID-19 cases should continue to [self-isolate](#) at home for a **minimum of 14 days** and should not return to the childcare setting until they are advised that it is safe to do so.
- Close contacts of a confirmed case should go home and [restrict their movements](#) for 14 days. They should not attend the childcare facility during that time. They will be offered testing for COVID-19 and will need to stay away from the childcare centre for 14 days even if the virus is not detected on the tests. This is because some people who are infected do not have a positive test at the time the test was taken.