Silverwoods Forest School Limited Policies And Procedures, Health and Safety, First Aid, infection Control and Risk Assessments Due to Covid-19

What systems are in place during your forest school sessions here at Silverwoods forest school?

- 1. All equipment is cleaned and sanitised after each session
- 2. Outdoor activities pose a lower risk of spread of the Covid-19 virus than indoor activities
- 3. <u>PLEASE BRING ALONG WITH YOU YOUR OWN SUPPLY OF HAND SANITISER</u> for you and your child, and use this frequently during your forest school session
- 4. All children, parents and staff members will need to wash their hands as soon as they enter our forest school base camp for 20 seconds
- 5. All children, parents and staff members need to wash their hands before eating and drinking around the fire circle. Such as marshmallows and hot chocolate
- 6. All children, parents and staff members must wash their hands after visiting the toilet
- 7. All children, parents and staff members must was their hands after blowing their nose and place it in the bin bag provided
- 8. Cups should not be shared, that's why we sit down at the fire circle so that the children can drink their hot chocolate and this can be monitored
- 9. Avoid touching face, nose, mouth and eyes

- 10. Children are to social distance as much as possible, but sometimes this is hard as they are so young and do not understand the concept of social distancing.
- 11. Adults should maintain social distance at all times, where this is not possible then you are required to wear a face covering.
- 12. All adults are to bring along with them a face covering to every session and wear them if they are involved in a close contact activity with others
- 13. When making hot drinks everyone is to sanitise their hands before touching any of the tea and coffee making equipment. Hand sanitiser is located next to the tea and coffee making station (PLEASE BRING YOUR OWN CUPS WITH YOU FOR YOURSELF AND YOU CHILD, I WILL HAVE SPARES FOR THE CHILDREN)
- 14. NO MASK NO ENTRY AND NO REFUND
- 15. Only one parent/carer allowed to accompany their child to their forest school session
- 16. Anti bacterial hand soap, tippy tap and paper towels are provided for hand washing
- 17. Paper towels are provided so you can blow your nose "catch it, bin it, kill it" Wash hands
- 18. Activities are spread out as much as possible
- 19. Everyone should look out for each other, if we all work together then we will be in a safe happy bubble
- 20.If you are booked onto the 1st or 2nd 7 sessions then you will be with the same group of people throughout your forest school journey (we will be in a bubble)
- 21. Please if you, or your child, or family member you share the same house with is unwell and showing signs of Covid-19 then please stay at home, as we want to keep everybody safe and well
- 22.Staff, children and parents do not come into the setting if they have coronavirus (COVID-19) symptoms, or have tested positive in the last 10 days, and anyone developing those symptoms during the day is sent home.

If anyone in the setting becomes unwell with a new, continuous cough or a high temperature, or has a loss of, or change in, their normal sense of taste or smell (anosmia), they are sent home and advised to follow 'stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection'. Below is the advice from the government website:

If you have COVID-19 symptoms or have received a positive test result

Stay at home and begin to self-isolate for 10 days from when your <u>symptoms</u> start. Arrange to have a <u>test</u> for COVID-19 if you have not already had one. The result of the test will determine how long you must stay at home and self-isolate.

Stay at home while you are waiting for a home test kit or a test site appointment.

A positive test result means you must complete a 10-day isolation period.

If your test is negative, you can stop self-isolating as long as you are well.

If you do not have symptoms but have tested positive for COVID-19, stay at home and self-isolate for 10 days from the day the test was taken. If you develop symptoms after your test, restart your 10-day isolation period from the day the symptoms start.

Stay as far away from other members of your household as possible, especially if they are <u>clinically extremely vulnerable</u>. Avoid using shared spaces such as kitchens and other living areas while others are present and take your meals back to your room to eat.

You could be <u>fined</u> if you do not stay at home and self-isolate following a positive test result for COVID-19 and you are notified by NHS Test and Trace that you need to self-isolate.

If you live in the same household as someone with COVID-19

Stay at home for 14 days. The 14-day period starts from the day the first person in your house developed <u>symptoms</u> or, if they do not have symptoms, from the day their test was taken.

If you do not have symptoms of COVID-19 yourself you do not need a test. Only arrange a test if you develop COVID-19 symptoms.

If you develop symptoms and your test result is positive, follow the same advice for people with COVID-19 to stay at home and self-isolate for 10 days from when your symptoms started, regardless of where you are in your 14-day period.

You could be <u>fined</u> if you are identified as a contact of someone with COVID-19 and you are notified by NHS Test and Trace that you need to self-isolate and do not to stay at home and self-isolate.

Covid-19

Rigorous infection control measures

Staff and families should be confident that our service has rigorous infection control measures in place such as:

- Good basic hygiene practices such as regular hand-washing (practitioners and children)
- Supervise young children to ensure they wash their hands for 20 seconds more often than usual with soap and water
- Clean and disinfect regularly touched objects and surfaces more often than usual using your standard cleaning products
- Waterproof dressing to cover on any existing wounds or lesions
- Personal protective equipment (PPE) such as aprons and gloves are used as necessary
- Clear procedures are in place for cleaning equipment and wider environment
- Immediate cleaning of spillages of blood and other bodily fluids
- Clear procedures on safe disposal of waste
- Infection control guidance and management procedures in place which are clearly understood and adhered to by staff
- Any items that come into contact with mouths such as cups, bottles and straws should not be shared.

Hand Washing

Public Health England advises that children and staff should be encouraged to catch sneezes with a tissue, bin the tissue and wash their hands.

We should also remind children to wash their hands:

- After outside breaks
- Before meals and snack times
- After using the toilet
- When they arrive at your setting
- At the end of the day before they go home.

If we do not have access to soap and water to hand at the time, an alcohol-based hand sanitizer can be used instead. Look for products with minimum 60% alcohol. It is important that everyone should try not to touch their eyes, nose and mouth with unwashed hands.

Sick child policy

With the welfare of the sick child in mind and in the interests of the remaining children in the Forest School, if in the opinion of the staff, a child is ill, then the parent/carer will be contacted and requested to collect him/her as soon as

- We will endeavour to do all we can to comfort and reassure the child by taking them to a quiet place to rest whilst they are waiting to be collected. The staff must be convinced that the child has returned to good health before re-admitting him/her.
- Parents will be contacted and asked to collect their child as soon as possible.
- In the event of us being unable to contact parents, emergency contacts will be called.
- If a child is unwell at Forest School an illness record form will be completed and the parent/carer will be asked to sign it on the
 collection of their child.
- A record of why a child was sent home will always be kept.

We ask all parents to be honest with us as it is imperative that we are informed if a child has been given any medication before
arriving at Forest School or if he/she is taking medication on a regular basis.
 Any child on prescribed medication will be
admitted to Forest School in accordance with the Administration of Medicines policy.

Infection Control Procedures

- Parents will be informed of any contagious diseases and any risk to pregnant women will be highlighted.
- In the event of a child or adult suffering from a notifiable disease e.g. meningitis, or in the case of food poisoning affecting three or more children, the Health Protection Agency and/or Environmental Health Officer will be informed and advice sought.

Exclusion Procedure for Illness / Communicable Disease
The minimum exclusion periods are shown on the table below:

Disease/Illness	Minimal Exclusion
Antibiotics prescribed	24 hour exclusion from Forest School and can only return if they are well
Temperature	Will be sent home
Vomiting	48 hour exclusion after last episode
Diarrhoea	48 hour exclusion after last episode
Conjunctivitis	Child can return to nursery with treatment- after an exclusion period of 24 hours
Chickenpox	7 days exclusion from appearance of spots Children can only return if all spots have
	scabbed and they are well
Gastro-enteritis, food poisoning,	Min 48 hours. Health Protection Agency will be contacted for advice
salmonellosis and dysentery	
Infective hepatitis	Exclusion until all clear from GP
Measles Exclusion	Exclusion until all clear from GP
Meningococcal infection	Until recovered from the illness
Mumps	Excluded until full recovery is made
Pertussis (whooping cough)	21 days from the onset of paroxysmal cough
Poliomyelitis	Until declared free from infection by the appropriate public health official
Scarlet fever and streptococcal	Until appropriate medical treatment has been given and in no case for less than 3 days
infection of the throat	from the start of treatment GP or Health Protection Agency to advise.

Tuberculosis	Until declared free from infection by the appropriate public health official
Typhoid	Until declared free from infection by the appropriate public health official
Impetigo	Excluded until the infected areas have dried and there are no more fluid-filled blisters.
Pediculosis (lice)	No exclusion where appropriate treatment is being given and duration does not exceed three weeks
Plantar warts	No exclusion. Should be treated and covered
Ringworm of scalp	Until cured
Ringworm	Seldom necessary to exclude provided treatment is being given
Slapped Cheek Syndrome (Fifth	Kept away from Forest School until well.
Disease, Parvovirus)	

Covid-19 prevention

- Staff and other adults do not come into the setting if they have coronavirus (COVID-19) symptoms, or have tested positive in the last 10 days, and anyone developing those symptoms during the day is sent home.
- If anyone in the setting becomes unwell with a new, continuous cough or a high temperature, or has a loss of, or change in, their normal sense of taste or smell (anosmia), they are sent home and advised to follow 'stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection', which sets out that they must self-isolate for at least 10 days and should arrange to have a test to see if they have coronavirus (COVID-19). Other members of their household (including any siblings) should self-isolate for 14 days from when the symptomatic person first had symptoms.
- If a child is awaiting collection, they are moved, where possible, to a room behind a closed door where they can be isolated with a member of staff. A window should be opened for ventilation. If it is not possible to isolate them, they are moved to an area, which is at least 2 metres away from other people.
- If they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom must be cleaned and disinfected using standard cleaning products before being used by anyone else.
- Everyone will wash their hands thoroughly for 20 seconds with soap and running water or use hand sanitiser after any contact with someone who is unwell. The area around the person with symptoms must be cleaned with normal household disinfectant after they have left to reduce the risk of passing the infection on to other people. See the COVID-19: cleaning of non-healthcare settings guidance.
- PPE will be worn by staff caring for the child while they await collection if a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs). More information on PPE use can be found in the safe working in education, childcare and children's social care settings, including the use of personal protective equipment (PPE) guidance.
- In an emergency, call 999 if someone is seriously ill or injured or their life is at risk. Anyone with coronavirus (COVID-19) symptoms should not visit the GP, pharmacy, urgent care centre or a hospital.

- Any members of staff who have helped someone with symptoms and any children who have been in close contact with
 them do not need to go home to self-isolate unless they develop symptoms themselves (in which case, they should
 arrange a test) or if the symptomatic person subsequently tests positive (see below) or they have been requested to do
 so by NHS Test & Trace.
- The Infection Control Policy and Cleaning in non-healthcare settings guidance to be followed to clean the area.
- Any medication given to ease the unwell individual's symptoms, e.g. paracetamol, is administered in accordance with the Administering Medications Policy
- Spillages of bodily fluids, e.g. respiratory and nasal discharges, are cleaned up immediately in line with the Infection Control Policy and Cleaning in non-healthcare settings guidance

Health and safety Policy Covid-19

Please visit the government website for guidance @ https://www.gov.uk/government/publications/coronavirus-covid-19-implementing-protective-implementing-protective-measures-in-education-and-childcare-settings

There are important actions that children and young people; their parents and those who work with them can take during the coronavirus (COVID-19) outbreak, to help prevent the spread of the virus.

In all education, childcare and social care settings, preventing the spread of coronavirus (COVID-19) involves dealing with direct transmission (for instance, when in close contact with those sneezing and coughing) and indirect transmission (via touching contaminated surfaces). A range of approaches and actions should be employed to do this. These can be seen as a

hierarchy of controls that, when implemented, creates an inherently safer system, where the risk of transmission of infection is substantially reduced. These include:

- minimising contact with individuals who are unwell by ensuring that those who have coronavirus (COVID-19) symptoms, or who have someone in their household who does, do not attend childcare settings, schools or colleges
- cleaning hands more often than usual wash hands thoroughly for 20 seconds with running water and soap and dry them thoroughly or use alcohol hand rub or sanitiser ensuring that all parts of the hands are covered
- ensuring good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach
- cleaning frequently touched surfaces and forest school kit often using standard products, such as detergents and bleach
- minimising contact and mixing by altering, as much as possible, the environment (such as classroom layout) and timetables (such as staggered break times)
- Cleaning down all kit used after each session with hot soapy water or disinfectant

Silverwoods Forest School's Emergency Plan for Covid-19 Managing confirmed COVID-19 cases

- Flowchart childcare and education settings response to suspected or confirmed COVID-19 cases to be followed for suspected or confirmed cases.
- Settings must take swift action when they become aware that someone who has attended has tested positive for coronavirus (COVID-19).
- Settings should contact the local health protection team. This team will also contact settings directly if they become
 aware that someone who has tested positive for coronavirus (COVID-19) attended the setting as identified by NHS
 Test and Trace.

- The local health protection team will work with settings to carry out a rapid risk assessment to confirm who has been in close contact with the person during the period that they were infectious, and ensure they are asked to self-isolate. Settings must carry out any advice given to them by the local health protection team. The health protection team will work with settings in this situation to guide them through the actions they need to take.
- Based on the advice from the health protection team, settings should send home those people who have been in close contact with the person who has tested positive, advising them to self-isolate for 14 days since they were last in close contact with that person when they were infectious. Close contact means:
 - direct close contacts face to face contact with an infected individual for any length of time, within 1 metre, including being coughed on, a face to face conversation, or unprotected physical contact (skin to skin)
 - o proximity contacts Extended close contact (within 1-2m for more than 15 minutes) with an infected individual
 - o travelling in a small vehicle, like a car, with an infected person
- The health protection team will provide definitive advice on who must be sent home. To support them in doing so, we recommend settings keep a record of:
 - children and staff in specific groups/rooms (where applicable)
 - o close contact that takes places between children and staff in different groups/rooms

(This should be a proportionate recording process. Settings do not need to ask staff to keep definitive records in a way that is overly burdensome.)

- A template letter will be provided to settings, on the advice of the health protection team, to send to parents and staff
 if needed. Settings must not share the names or details of people with coronavirus (COVID-19) unless essential to
 protect others.
- Household members of those who are sent home do not need to self-isolate themselves unless the child or staff member who is self-isolating subsequently develops symptoms.

- If someone in a group that has been asked to self-isolate develops symptoms themselves within their 14-day isolation period they should follow 'Stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection'. They should get a test, and:
 - o if the test delivers a negative result, they must remain in isolation for the remainder of the 14-day isolation period. This is because they could still develop the coronavirus (COVID-19) within the remaining days
 - o if the test result is positive, they should inform their setting immediately, and must isolate for at least 7 days from the onset of their symptoms (which could mean the self-isolation ends before or after the original 14-day isolation period). Their household should self-isolate for at least 14 days from when the symptomatic person first had symptoms, following 'Stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection'
- Settings should not request evidence of negative test results or other medical evidence before admitting children or welcoming them back after a period of self-isolation.

Contain any outbreaks

- If settings have two or more confirmed cases within 14 days, or an overall rise in sickness absence where coronavirus (COVID-19) is suspected, settings may have an outbreak, and must contact their local health protection team who will be able to advise if additional action is required.
- Follow local health protection advice. In some cases, health protection teams may recommend that a larger number of other children self-isolate at home as a precautionary measure perhaps the whole site or a group.

Make sure all emergency contact details are all up to date

- All children's emergency contact details are up to date, including alternative emergency contact details, where required.
- Parents are contacted as soon as practicable in the event of an emergency.

- Children's alternative contacts are called where their primary emergency contact cannot be contacted.
- The setting has an up to date First Aid Policy in place, which outlines the management of medical emergencies medical emergencies are managed in line with this policy.

In order that Forest School sessions may be run safely, the Forest School Leader will:

Have regard to the Activities policy and risk assessments
Ensure that at least one appropriately qualified first aider is on-site
Make sure every team member is DBS checked
Make sure that there is a Level 3 Forest School Practitioner on site
At least one team member has training in safeguarding Children
At least one team member has a Level 2 in Food Hygiene

Establish and maintain a safe and healthy environment by:

- Establishing, maintaining and evaluating appropriate procedures, policies and risk assessments
- Aware of the Emergency indecent Policy
- Ensure the provision of sufficient information and instruction for all adults so that they can contribute to their own health and safety and that of the children they are working with
- Establish and be utterly familiar with, all emergency procedures including the reporting and recording of procedures
- Ensure that risk assessments and site risk assessments take place before children are permitted on to the site.
- Ensure alternative plans are in place should a planned activity be compromised by health and safety concerns
- Ensure that Forest School helpers are aware of their responsibilities towards the children including any specific medical/dietary requirements or allergies.

- Make sure all medical consent forms for all children taking part in forest school activities are all filled out, signed
 and are in your leaders pack.
- Under NO circumstances do you have a child taking part in forest school activities if you have NO Medical from for them
- Investigate any accidents and use information gathered to inform future risk assessment and policy making
- Teach all members of the party to maintain their own and others health and safety by involving them in the risk assessment process at appropriate opportunities
- Maintain the adult-child ratio (1:4 for pre-school for those dropped off and 1:8 for school aged)
- Ensure that safety equipment is in good working order and is used appropriately
- Ensure all forest school furniture is risk assessed

First Aid during Covid-19

The Health and Safety Executive has issued advice for employers on providing first-aid during the coronavirus (COVID-19) pandemic crisis.

COVID-19 is a serious infectious illness caused by a new strain of coronavirus which emerged in China at the end of 2019. The first cases of infection appeared in the UK in January 2020. A pandemic was declared by the World Health Organization in March around the time of the first UK deaths caused by the virus.

The virus is transmitted by close contact, mainly through droplets which are spread when an infected person coughs or breathes.

The main symptoms of COVID-19 infection are fever, tiredness and dry cough. Most people recover without needing special treatment. However, a small percentage can become seriously ill and develop difficulty breathing. This is particularly dangerous for people with weakened immune systems, for older people and for those with long-term conditions, such as diabetes, cancer and chronic lung disease.

During the pandemic people who are infected are required to self-isolate themselves in their homes for a set period of time. Other methods to prevent the virus from spreading include "social distancing", which requires people to keep their distance from others and to stay alert.

COVID-19 First-aid Safety

The safety of first aiders is another consideration during the pandemic. COVID-19 is highly infectious and first aiders are at risk of infection, especially if their activities bring them into contact with bodily secretions.

Useful advice is available in <u>Guidance for First Responders and Others in Close Contact with Symptomatic People with Potential COVID-19</u>, published by Public Health England.

The guidance states that if a victim is suspected of having COVID-19, first aiders should use appropriate personal protective equipment wherever possible. Disposable gloves and fluid repellent surgical face masks are recommended. If available, disposable plastic aprons and disposable eye protection (such as face visors or goggles) should also be worn.

After providing assistance and taking off PPE, first aiders should wash their hands thoroughly with soap and water or use an appropriate alcohol hand rub.

A first aider who is required to perform cardiopulmonary resuscitation (CPR) on a person suspected to have COVID-19 should adopt appropriate precautions for infection control and follow guidance published by the Resuscitation Council (UK). For further information see Defibrillators and CPR.

Below is the guidance and advice given by Gov.uk:

- 7. What to do if you are required to come into close contact with someone as part of your first responder duties
- 7.1 Personal protective equipment (PPE)

Where it is not possible to maintain a 2 metre or more distance away from an individual, disposable gloves and a disposable plastic apron are recommended. Disposable gloves should be worn if physical contact is likely to be made with potentially contaminated areas or items.

The use of a fluid repellent surgical face mask is recommended and additional use of disposable eye protection (such as face visor or goggles) should be risk assessed when there is an anticipated risk of contamination with splashes, droplets of blood or body fluids.

When using a fluid repellent surgical face mask, you should mould the metal strap of the mask over the bridge of the nose and make sure the mask fits snugly under the chin, around or across any facial hair if present.

Clean your hands thoroughly with soap and water or alcohol sanitiser before putting on and after taking off PPE. In all circumstances where some form of PPE is used, the safe removal of the PPE is a critical consideration to avoid self-contamination. <u>Guidance on putting on and taking off PPE is available</u>. Use and dispose of all PPE according to the instructions and training provided by your employer or organisation.

7.2 Cardiopulmonary resuscitation

If you are required to perform cardiopulmonary resuscitation (CPR), you should conduct a risk assessment and adopt appropriate precautions for infection control.

In adults, it is recommended that you do not perform rescue breaths or mouth-to-mouth ventilation; perform chest compressions only. Compression-only CPR may be as effective as combined ventilation and compression in the first few minutes after non-asphyxial arrest (cardiac arrest not due to lack of oxygen).

Cardiac arrest in children is more likely to be caused by a respiratory problem (asphyxial arrest), therefore chest compressions alone are unlikely to be effective.

If a decision is made to perform mouth-to-mouth ventilation in asphyxial arrest, use a resuscitation face shield where available.

Should you have given mouth-to-mouth ventilation there are no additional actions to be taken other than to monitor yourself for symptoms of possible COVID-19 over the following 14 days. Should you develop such symptoms you should follow the advice on what to do on the NHS website.

7.3 Providing assistance to unwell individuals

If you need to provide assistance to an individual who is <u>symptomatic</u> and may have COVID-19, wherever possible, place the person in a place away from others. If there is no physically separate room, ask others who are not involved in providing assistance to stay at least 2 metres away from the individual. If barriers or screens are available, these may be used.

7.4 Cleaning the area where assistance was provided

Cleaning will depend on where assistance was provided. It should follow the advice for cleaning in <u>non-healthcare settings</u>. Public areas where a symptomatic individual has passed through and spent minimal time in (such as corridors) but which are not visibly contaminated with body fluids can be cleaned in the usual way. However, all surfaces that a symptomatic individual has come into contact with must be cleaned and disinfected.

7.5 If there has been a blood or body-fluid spill

Keep people away from the area. Use a spill-kit if available, using the PPE in the kit or PPE provided by your employer/organisation and following the instructions provided with the spill-kit. If no spill-kit is available, place paper towels/roll onto the spill, and seek further advice from emergency services when they arrive.

7.6 Contacts of the person you have assisted

Advise anyone who had close contact with the individual that if they go on to develop symptoms of COVID-19 (a new continuous cough, fever or a loss of, or change in, normal sense of taste or smell), they should follow the advice on what to do on the <u>NHS website</u>.

Infection Control Policy

Policy statement

At Silverwoods Forest School it is our policy to encourage and promote good health and hygiene for all the children in our care. This includes monitoring the children for signs and symptoms of communicable diseases such as chickenpox, measles, mumps, rubella, meningitis, hepatitis, diarrhoea, covid-19, vomiting and fevers of 101°F/37.8°C or over. Should a child be unwell or sick before the start of the Forest School session, we would kindly ask parents not to bring their child to Forest School. Forest School is an environment for well children, and not suitable for a child who is unwell. This policy has been made with the best interests of the unwell child and with all children and staff in mind.

Forest School Leaders assume responsibility for the maintenance of the First Aid Kit, Kit boxes and any tools brought into the Forest School basecamp

Risk assessment - System of controls Covid-19

Setting Name: Silverwoods Forest School Limited

Date: 21/10/20

Name of person completing: Victoria Hofgartner

Signature of completer: Victoria Hofgartner



Setting Leaders should share their risk assessment with the staff and parents and should consider publishing it on their website to provide transparency of approach to parents and carers.

It should be used alongside the government guidance below:

https://www.gov.uk/government/publications/coronavirus-covid-19-early-years-and-childcare-closures/coronavirus-covid-19-early-years-and-childcare-closures

https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/guidance-for-full-opening-schools

https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance

https://www.gov.uk/government/publications/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings

 $\underline{https://www.gov.uk/government/publications/preparing-for-the-wider-opening-of-early-years-and-childcare-settings-from-1-june/planning-guide-for-early-years-and-childcare-settings$

https://www.hse.gov.uk/coronavirus/assets/docs/risk-assessment.pdf

https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe

The following setting policies (but not limited to) should also be reviewed and updated as required:

- Health and Safety Policy
- Infection Control Policy

- First Aid Policy
- Setting Emergency Plan

On the 2 July 2020 government set out a list of 9 actions that becomes the system of controls to help reduce the risk in settings. Those 9 actions are:

Prevention:

- 1) minimise contact with individuals who are unwell by ensuring that those who have coronavirus (COVID-19) symptoms, or who have someone in their household who does, do not attend settings
- 2) clean hands thoroughly more often than usual
- 3) ensure good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach
- 4) introduce enhanced cleaning, including cleaning frequently touched surfaces often using standard products, such as detergents and bleach
- 5) minimise contact between groups where possible
- 6) where necessary, wear appropriate personal protective equipment (PPE)

Numbers 1 to 4 must be in place in all settings, all the time.

Number 5 must be properly considered, and settings must put in place measures that suit their particular circumstances. Number 6 applies in all specific circumstances.

Response to any infection:

- 7) engage with the NHS Track and Trace process
- 8) manage confirmed cases of coronavirus (COVID-19) amongst the setting community
- 9) contain any outbreak by following local health protection team advice

Numbers 7 to 9 must be followed in every case where they are relevant.

This document has been based on the risk assessment for schools document created by Surrey Recovery Planning Team. It has been adapted by the Early Years Educational Effectiveness Team to meet the needs of early years settings.

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Risk rating		In	Bv		Risk rating
prior to	Recommended controls/Mitigation and Protective Measures	place?	whom?	Deadline	following action

	action H/M/L		Yes/No			H/M/L
Awareness of and adherence to policies and procedures	H	 Health and Safety Policy has been updated considering latest the COVID-19 advice All staff, children and volunteers are aware of all relevant policies and procedures including, but not limited to, the following: Health and Safety Policy Infection Control Policy First Aid Policy All staff have regard to all relevant guidance and legislation including, but not limited to, the following: The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 The Health Protection (Notification) Regulations 2010 Public Health England (PHE) (2017) 'Health protection in schools and other childcare facilities' DfE and PHE (2020) 'COVID-19: guidance for educational settings' The relevant staff receive any necessary training that helps minimise the spread of infection, e.g. infection control training. The setting keeps up-to-date with advice issued by, but not limited to, the following: DfE; NHS; Department of Health and Social Care; PHE Staff are made aware of the setting's infection control procedures in relation to coronavirus. 	YES	V.HOF	1 ST SEPT. 2020-	L

		 Parents are made aware of the setting's infection control procedures in relation to coronavirus via letter, email or social media – they are informed that they must not send their child to the setting if they have coronavirus (COVID-19) symptoms, or have tested positive in the last 7 days, or if another household member develops coronavirus symptoms. In both these circumstances the parents/carers should call the setting to inform the setting of this and that they will be following the national Stay at Home guidance. The settings Confidentiality Policy is followed at all times – this includes withholding the names of staff, volunteers and children with either confirmed or suspected cases of coronavirus. 				
Prevention 1. Minimise contact with individuals who are unwell with COVID-19 symptoms	H	 Staff and other adults do not come into the setting if they have coronavirus (COVID-19) symptoms, or have tested positive in the last 7 days, and anyone developing those symptoms during the day is sent home. If anyone in the setting becomes unwell with a new, continuous cough or a high temperature, or has a loss of, or change in, their normal sense of taste or smell (anosmia), they are sent home and advised to follow 'stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection', which sets out that they must self-isolate for at least 7 days and should arrange to have a test to see if they have coronavirus (COVID-19). Other members of their household (including any siblings) should self-isolate for 	YES	V.HOF	1 ST SEPT. 2020	L

 14 days from when the symptomatic person first had symptoms. If a child is awaiting collection, they are moved, where possible, to a room behind a closed where they can be isolated with a member of staff. A window should be opened for ventilation. If it is not possible to isolate them, they are moved to an area which is at least 2 metres away from other people. If they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom must be cleaned and disinfected using standard cleaning products before being used by anyone else. Everyone will wash their hands thoroughly for 20 seconds with soap and running water or use hand sanitiser after any contact with someone who is unwell. The area around the person with symptoms must be cleaned with normal household disinfectant after they have left to reduce the risk of passing the infection on to other people. See the COVID-19: cleaning of non-healthcare settings guidance. PPE will be worn by staff caring for the child while they await collection if a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs). More information on PPE use can be 	
complex needs). More information on PPE use can be found in the safe working in education, childcare and children's social care settings, including the use of personal protective equipment (PPE) guidance. In an emergency, call 999 if someone is seriously ill or injured or their life is at risk. Anyone with coronavirus (COVID-19) symptoms should not visit the GP, pharmacy,	

		•	urgent care centre or a hospital. Any members of staff who have helped someone with symptoms and any children who have been in close contact with them do not need to go home to self-isolate unless they develop symptoms themselves (in which case, they should arrange a test) or if the symptomatic person subsequently tests positive (see below) or they have been requested to do so by NHS Test & Trace. The Infection Control Policy and Cleaning in non-healthcare settings guidance to be followed to clean the area. Any medication given to ease the unwell individual's symptoms, e.g. paracetamol, is administered in accordance with the Administering Medications Policy Spillages of bodily fluids, e.g. respiratory and nasal discharges, are cleaned up immediately in line with the Infection Control Policy and Cleaning in non-healthcare settings guidance				
Prevention 2. Good hand hygiene practice	M	•	The setting will ensure that children clean their hands regularly, including when they arrive at the setting, when returning from breaks, when they change rooms and before and after eating. Supervision of hand sanitiser use will take place due to risk around ingestion. Small children and children with complex needs will continue to be helped to clean their	YES	V.HOF	1 ST SEPT. 2020	L

		hands properly. Regular and thorough hand cleaning is going to be needed for the foreseeable future. Points to consider and implement: o whether the setting has enough hand washing or hand sanitiser 'stations' available so that all children and staff can clean their hands regularly o The setting will build hand washing routines into the settings culture. Sufficient handwashing facilities are available. Where a sink is not nearby, provide hand sanitisers in classrooms and other learning environments.				
Prevention 3. Good respiratory hygiene	M	 'Catch it, bin it, kill it' approach continues to be very important, suitable number of tissues and bins available in the setting to support children and staff to follow this routine. Younger children and those with complex needs are helped to follow this. Risk assessments to identify children with complex needs who struggle to maintain good respiratory hygiene, for example those who spit uncontrollably or use saliva as a sensory stimulant. 	YES	V.HOF	1 ST SEPT. 2020	L
Prevention 4. Enhanced cleaning	M	 Surfaces that children are touching, such as toys, books, desks, chairs, doors, sinks, toilets, light switches, bannisters are cleaned more regularly than normal; Soft furnishings, soft toys and toys that are hard to clean (such as those with intricate parts) are removed. Different groups/rooms do not need allocated toilets, but toilets will be cleaned regularly, and children are 	YES	V.HOF	1 ST SEPT. 2020	L

		 encouraged to clean their hands thoroughly after using the toilet. More frequent cleaning of rooms that are used by different groups The COVID-19: cleaning of non-healthcare settings guidance is followed. Outdoor equipment should be cleaned more frequently. Spillages of bodily fluids, e.g. respiratory and nasal discharges, are cleaned up immediately in line with the Infection Control Policy and Cleaning in non-healthcare settings guidance The manager monitors the cleaning standards within the setting and discusses any additional measures required with regards to managing the spread of coronavirus with staff, cleaners and or landlord. 				
Prevention 5. Minimise contact	M	 From 20 July, early years settings will not be required to arrange children and staff in small, consistent groups. (Reception is subject to school admissions (infant class size) regulations, therefore, until the end of the summer term, schools should follow the primary guidelines for reception which sets a limit of 15 children per group. New guidance has also been published for schools for autumn term from September.) Settings should still consider how they can minimise mixing within settings, for example where they use different rooms for different age groups, keeping those groups apart as much as possible. Parents and carers should be encouraged to limit the 	YES	V.HOF	1 ST SEPT. 2020	L

		number of settings their child attends, ideally ensuring their child only attends the same setting consistently. This should also be the same for staff.				
Prevention 6. Where necessary, wear PPE	M	 Most staff in early years settings will not require PPE beyond what they would normally need for their work. PPE is only needed in a very small number of cases, including: where an individual child or young person becomes ill with coronavirus (COVID-19) symptoms while at the setting, and only then if a distance of 2 metres cannot be maintained where a child or young person already has routine intimate care needs that involves the use of PPE, in which case the same PPE should continue to be used Read the guidance on safe working in education, childcare and children's social care for more information about preventing and controlling infection, how PPE should be used, what type of PPE to use. 		V.HOF	1 ST SEPT. 2020	L
Response to infection 7. Test and trace	M	 Settings must ensure they understand the NHS Test and Trace process and how to contact their local Public Health England health protection team. Settings must ensure that staff members and parents/carers understand that they will need to be ready and willing to: book a test if they are displaying symptoms. Staff and children must not come into the setting if they 	YES	V.HOF	1 ST SEPT. 2020	L

	have symptoms and must be sent home to self- isolate if they develop them in the setting. All children can be tested, including children under 5, but children under 11 will need to be helped by their parents if using a home testing kit provide details of anyone they have been in close contact with if they were to test positive for coronavirus (COVID-19) or if asked by NHS Test and Trace self-isolate if they have been in close contact with someone who tests positive for coronavirus (COVID-19) symptoms or someone who tests positive for coronavirus (COVID-19) Anyone who displays symptoms of coronavirus (COVID- 19) can and should get a test. Tests can be booked online through the NHS website, or ordered by telephone via NHS 119 for those without access to internet. Essential workers, which includes anyone involved in education or childcare, have priority access to testing. Settings should ask parents and staff to inform them immediately of the results of the test: if someone tests negative, and they feel well and no longer have symptoms similar to coronavirus (COVID-19), they can stop self-isolating. They could still have another virus, such as a cold or flu – in which case it is still best to avoid contact with other people until they are better. Other members of their household can also stop self-isolating. if someone tests positive, they should follow Stay at	
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Response to	M		home: guidance for households with possible or confirmed coronavirus (COVID-19) infection and must continue to self-isolate for at least 7 days from the onset of their symptoms and then return to the setting only if they do not have symptoms other than cough or loss of sense of smell or taste. This is because a cough or anosmia can last for several weeks once the infection has gone. The 7-day period starts from the day when they first became ill. If they still have a high temperature, they should keep self-isolating until their temperature returns to normal. Other members of their household should continue self-isolating for the full 14 days. Flowchart childcare and education settings response to	YES	V.HOF	1 ST	
infection	IVI	•	suspected or confirmed COVID-19 cases to be followed for suspected or confirmed cases.	TES	V.HOF	SEPT. 2020	L
8. Managing confirmed COVID-19 cases		•	Settings must take swift action when they become aware that someone who has attended has tested positive for coronavirus (COVID-19). Settings should contact the local health protection team.				
			This team will also contact settings directly if they become aware that someone who has tested positive for coronavirus (COVID-19) attended the setting – as identified by NHS Test and Trace.				
		•	The local health protection team will work with settings to carry out a rapid risk assessment to confirm who has been in close contact with the person during the period that they were infectious, and ensure they are asked to self-isolate. Settings must carry out any advice given to them by the				

local health protection team. The health protection team will work with settings in this situation to guide them through the actions they need to take. • Based on the advice from the health protection team, settings should send home those people who have been in close contact with the person who has tested positive, advising them to self-isolate for 14 days since they were last in close contact with that person when they were infectious. Close contact means: o direct close contacts - face to face contact with an infected individual for any length of time, within 1 metre, including being coughed on, a face to face conversation, or unprotected physical contact (skin to skin) o proximity contacts - Extended close contact (within 1-2m for more than 15 minutes) with an infected	
individual o travelling in a small vehicle, like a car, with an infected person	
 The health protection team will provide definitive advice on who must be sent home. To support them in doing so, we recommend settings keep a record of: children and staff in specific groups/rooms (where applicable) 	
 close contact that takes places between children and staff in different groups/rooms (This should be a proportionate recording process. Settings do not need to ask staff to keep definitive records in a way that is overly burdensome.) 	

• A template letter will be provided to settings, on the advice of the health protection team, to send to parents and staff if needed. Settings must not share the names or details of people with coronavirus (COVID-19) unless essential to protect others. Household members of those who are sent home do not need to self-isolate themselves unless the child or staff member who is self-isolating subsequently develops symptoms. If someone in a group that has been asked to self-isolate develops symptoms themselves within their 14-day isolation period they should follow 'Stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection'. They should get a test, and: o if the test delivers a negative result, they must remain in isolation for the remainder of the 14-day isolation period. This is because they could still develop the coronavirus (COVID-19) within the remaining days o if the test result is positive, they should inform their setting immediately, and must isolate for at least 7 days from the onset of their symptoms (which could mean the self-isolation ends before or after the original 14day isolation period). Their household should selfisolate for at least 14 days from when the symptomatic person first had symptoms, following 'Stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection' Settings should not request evidence of negative test results or other medical evidence before admitting children

		or welcoming them back after a period of self-isolation.				
Response to infection 9. Contain any outbreaks	M	 If settings have two or more confirmed cases within 14 days, or an overall rise in sickness absence where coronavirus (COVID-19) is suspected, settings may have an outbreak, and must contact their local health protection team who will be able to advise if additional action is required. Follow local health protection advice. In some cases, health protection teams may recommend that a larger number of other children self-isolate at home as a precautionary measure – perhaps the whole site or a group. 	YES	V.HOF	1 ST SEPT. 2020	L
Emergencies	L	 All children's emergency contact details are up to date, including alternative emergency contact details, where required. Parents are contacted as soon as practicable in the event of an emergency. Children's alternative contacts are called where their primary emergency contact cannot be contacted. The setting has an up to date First Aid Policy in place which outlines the management of medical emergencies – medical emergencies are managed in line with this policy. 	YES	V.HOF	1 ST SEPT. 2020	L