Department: Education and Children's Services RISK ASSESSMENT Process/Activity: Infection Prevention & Control Safe Location: Pitmedden School Nursery Describe activity: Safe running of Early Years Setting throughout COVID 19 Pandemic Describe activity: Safe running of Early Years Setting throughout COVID 19 Pandemic Establishment Name and Location: Pitmedden School Nursery Isolation Room Location in Establishment: Clo This is a risk assessment created from guidance written to the specifications of Pitmedden and reflects individu School Nursery Hazard Risk Risk Risk level before controls are in place. (Highlight as appropriate) Ethes://www.gov.acestpublications/coronavirus-covid-19-searty-learning of infection. Fit M L Spread of Words Cross contamination of infection. Fit Method infection. Fit method infection. Fit method is should discuss with their GP whether children wishould allocation should discuss with their GP whether children wishould discuss with t			Aberde								
						Safe Location: Pit	ocation:Pitmedden School NurseryDate: Latest Digital update: 16.02, 8.1.21Prior updates:5.8.20/18.8.20/1.10.20/20.10.20/6.11 12.20/				
Describe	activity: Safe	e running of Early Y	ears	Settir	ng thr	oughout COVID 19 Pand	demic				
Establish	ment Name	and Location: Pit	med	den S	Scho	ol Nursery	Isolation Room Location in Establishment:	Cloak Room or Growing Garder			
		sment created fr	rom	guid	lance	e written to the speci	ifications of Pitmedden and reflects indiv	idual & current practice of P	itmed	den	
	Person/s	Risk	bef cor in p (Hig app	iore htrols blace. ghligh	are nt as				contr are in (High	level a ols n place nlight a opriate	e. As
			H	М	L				н	М	L
of	Adults Children & Young People	contamination of infection. Infection of staff, children, and	×			The response to the Government sources PROTECTION LEVEL Parent/Guardia should attend The majority o individualised	e coronavirus COVID-19 outbreak is complex a s will be shared with staff daily on the Aberdee site: <u>https://covid19.aberdeenshire.gov</u> .	nd fast moving. Advice from enshire Council staff COVD-19 uk/ n with the highest clinical risk ers should ensure that risk are in place & updated			×

 Use individualised risk assessments to ensure appropriate protections are in place – protective measures in workplace, Option to work remotely or carrying out different tasks in workplace. If protections cannot be put in place staff should contact their GP to see if they require a" fit to work" note. Peripatetic staff or staff who attend various settings, should only attend setting, in person, where it demonstrably supports the Health & Wellbeing of young children. Staff with a single employer should only work in more than one childcare setting or service, if absolutely necessary. Staff who are employed by more than one employer should be risk assessed see risk assessment for relief and peripatetic staff.
PROTECTION LEVEL 4-ENHANCED & TARGETED PROTECTIVE MEASURES:
 Children on the shielding list should not attend settings (If Level 4 continues for an extended period Individualised risk assessment s may make it possible for these children to attend settings & regulated childcare services. This decision would be made by the secondary care(hospital) clinical team caring for the child. The majority of workplaces can be made safe for staff. Employers should ensure that
individualised risk assessment for staff with the highest clinical risk are in place & updated appropriately. Staff should speak to their employer to ensure all appropriate protections are in place
 Use individualised risk assessments to ensure appropriate protections are in place – protective measures in workplace, Option to work remotely or carrying out different tasks in workplace. If protections cannot be put in place staff should contact their GP to see if they require a" fit to work" note.(The Chief Medical Officer will issue a letter, which is similar to a fit note. This letter will last as long as the Level 4 restrictions apply. Being a receipt of a letter does not automatically mean staff should not attend work, but very careful consideration should be made as to how they can be protected if they do).
 Settings should be prepared to engage in enhanced testing, if recommended by Incident Management Team.
 Settings may be asked to implement additional Public Health measures which may affect the number of children/adults attending (small cohorts, restrictions on blended placements etc.). These decisions will be made by the Local Director of Public Health)
ENHANCED LEVEL 4 CONTROL MEASURES FROM 05.01.2021
 Nursery is open as a hub only open to in-person learning for children of key workers (Cat 1 and 2) and vulnerable children, with remote learning for all other children and young people from 11 January.
 Children of key workers can attend Nursery from 06.01.21 for education and childcare during normal nursery operating hours of 8-6pm. Households where both parents are Category 1 or 2 key workers (or one parent in a single parent household) are prioritised. Please view Scottish Government guidance on key workers and Category 1 and 2 definitions. During the period of lockdown all school

	staff and staff providing Day care of children's services, including early learning and childcare, who are required to attend their work in person would qualify as category 1 or 2 key workers; Staffing Ratios • Staff are working in Early Years aged 3-5 years old we are aiming for 1:4 ratio where possible, Minimum of two EY adults working to ensure cover for lunches, breaks and to maximise learning opportunities and experiences. • Ratio's are reflective of Pitmedden's circumstances, needs of children and activities being undertaken - see our Risk assessment on ratios. • There is always a minimum of Two staff members during our opening hours. Shielding • Children on the shielding list should not attend settings. • Continued care and support for vulnerable pupils will be in place from the period of 6 January. • We have re-grouped our vulnerable pupils and children of key workers to form one bubble after the two-week Christmas break. In order to meet children's needs and enable them to engage in learning and teaching which is age and stage appropriate. Upon a full return to school, children and young people may return to their original groupings. • Information on shielding, including who would be considered within the highest risk group, is available in COUD-19: shielding dwice and support. Where concens exist, guidance for people with underlying health conditions has been prepared and will continue to be updated. Individual Risk Assessments • Staff that work within more than one setting with one employer or without have plans to work from home during the period of lockdown and Tier 4. Testing	

Face Coverings • All staff and pupils should wear a face covering in the setting. • All staff and pupils should wear a face covering in the setting. COVID-19 GUIDANCE: Managers & Staff must make themselves familiar with COVID-19 Advice from Health Protection Scotland and review regularly SERVICE STATUS: "Change to Service Delivery due to Coronavirus (COVID-19)" notification – This a new notification that settings must use to inform Care Inspectorate about operational changes that are specifically related to COVID-19. This available through eforms.
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Hazard Who	Risk	H	м	L	GENERAL CONTROL MEASURES	Н	м	L
Spread Staff of Childry infection People Visitor	Infection of staff,	x			 <u>How Coronavirus Spreads</u>: Updated 09.09.20 <u>Directly</u>: from close contact from an infected person (within 2m where respiratory secretions can enter the eyes, mouth, nose, or air ways) This risk increases the longer someone has close contact with an infected person. <u>Indirectly</u>: by touching a surface, object or the hand of an infected person that has been contaminated respiratory secretions and then touching own mouth, nose, or eyes. Under most circumstances the amount of infectious virus on any contaminated surfaces is likely to have decreased significantly but 72 hours. It is understood that people may pass on COVID-19 in the 48 hours before they start to develop symptoms and up to 10 days after the symptoms start. Control Measures: 			X
					 Encourage and support all children, young people, staff, and others to maintain COVID-19 secure personal hygiene throughout the day and ensure continued rigour about hand hygiene. Share procedures with all staff, parents, and children. Frequently wash/sanitise hands for 20 seconds and dry thoroughly. Always sanitising hands when entering/leaving the building, washing them once changing shoes, before/after eating, toothbrushing and after using the toilet. Encourage children, young people, and staff to avoid touching their faces including mouth, eyes, and nose. Remind Daily Staff and children will have their hair tied back to minimise touching of the face. Use a tissue or elbow to cough or sneeze and empty bins regularly for tissue waste. Provide supplies of resources including tissues, soap, and hand sanitisers. Spare resources in school office Setting Should: Ensure all staff have access to the most up to date guidance and advice on COVID-19 from Aberdeenshire Council/Government and that this is implemented. Ensure changes in Policies/Procedures are recorded and shared. Keep a register of who has been informed. Identified Lead: Claire Rennie . Named Child Protection Officer in ELC Setting 			

Identified Lead: Lyn McGibbon or Claire Rennie in her absence.	
dentined Lead. Lyn wedibbon of clane Rennie in her absence.	
Identifying staff or pupils who are, or who live with someone who is, symptomatic or a confirmed case of COVID-19.	
Staff/pupils cannot return to setting until self-isolation is over, or a negative test is received. Set up	
clear, repeated messaging to parents/carers that pupils must not attend if they, or a member of their	
household, has COVID-19 like symptoms or a positive test.	
Update 14.08.20 All school/ Nursery staff/ children who feel they may have been infected can request a test even if not symptomatic.	
Identified Lead:	
Have a location where potentially symptomatic pupils can be located until they can be collected.	
ISOLATION ROOM <i>is located:</i> Within the Nursery Office or Outdoor growing garden- Senior	
Team to make the decision based on conditions and circumstances.	
Parents, carers, professionals, visitors, contractors will come on site by appointment only,	
unless in emergencies.	
Staff to adhere to health and safety guidelines.	
Records:	
Plan to resume taking twice daily registration and record the appropriate absence codes both existing and COVID-19 related. Registration must be in accordance with Guidelines on Managing and	
Promoting Pupil Attendance in Nursery, Primary and Special Schools .	
Clear information about individual. circumstances and meeting need of children should be shared	
from current records on SEEMIS.	
Franciscus contents double shocked and undeted routingly	
Emergency contacts double checked and updated routinely.	
First Aid	
Staff with relevant training in place: first aid, food hygians ato to be identified and abared across	
Staff with relevant training in place: first aid, food hygiene etc to be identified and shared across setting.	

			Ensure that there is always qualified First Aid Staff in ELC. If cover not available seek guidance from school SLT. Also available in school.	
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Workplace risk assessments should take account of age, sex, ethnicity, body mass index (BMI) as well as clinical conditions and recommended practical protective measures.	
 Risk assessments should link with Coronavirus (COVID-19) – guidance on individual risk assessment for the workplace. 	
https://www.nhsggc.org.uk/media/262073/covid19_scot_gov_occupational_risk_assessment_gu	
idance.pdf Underlying Health Conditions:	
Clinically vulnerable staff (including those who have underlying health conditions but who are not on the shielding list) can continue to work subject to a dynamic risk assessment.	
Guidance for People with Underlying Health Conditions is available.	
Pregnancy	
Normal pregnancy risk assessment should be undertaking. Settings should try and keep exposure as low as possible especially in the third trimester.	
Support for Minority Ethnic Children, Young People and Staff	
There is wider evidence that children, young people and adults from Minority Ethnic background who are infected with COVID-19 seem to be at higher risk of severe disease. Settings should respond to requests for additional protection on an individual basis and ensure this is reflected in the "Individual Risk Assessment"	
Support for Children with Additional Support Needs	
Every child will have different levels of support.	
 There is Guidance on supporting children and young people with Additional Support Needs – Scottish Government 	
Pitmedden has individual risk assessments for children with ASN, which considers the individual needs.	

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infection.		contaminati				Children attending more than one setting (Split Placement)		all ca show	
Spread of	Staff	Cross	H	Μ	Ľ	BLENDED PLACEMENTS:	н	Μ	L
						Assessment will be carried out to consider the individual needs of the 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. 26.1.21 Other: Explore barriers to attendance with parents/ carers where there are concerns. Effective Communication methods have been established with staff, parents and carers. Advice is available here for the education of children who are unable to attend nursery due to ill health. Schools will wish to maintain plans for remote education for some pupils. https://www.gov.scot/publications/coronavrus-covid-19-quidance-on-reodening-earty-learning-and-childcare-services/ Miss L McGibbon and Claire Rennie review existing documentation for individual pupils (Inc. behavioural/medical risk assessments, MAP, PEEP) with and update considering current guidance. The Fire Evacuation Procedure has been updated to reflect any changes and shared with all staff. Drills have been carried out in Nov & Dec 2020 to allow children and staff to be fully sure of the new process. Where manual handling / personal care is required, at least two members of appropriately trained staff should be available. It should be established if this additional support is needed and wear PPE where providing direct personal care. Only essential staff should enter the designated room where personal care is being carried out. Establish a cleaning routine for specialist equipment for children with additional support needs, sensory rooms, to ensure safe use. The senior team ensure Personal Plans are in place for all children within 28days of starting setting, EYSP to ensure theses are shared with Team & Parent Carers. Guidance and Links:			

challenging to maintain with children

Infection of staff, children & visitors.	Children & young people Visitors	on of infection. Infection of staff, children and visitors	 Senior will have established contact with the manager of the other setting and agreed communication methods, gathered contact details for the individual responsible for complete the risk assessment and sharing the information as the child moves between settings. Senior will have a list of all individuals attending split placements, which will include session pattern, contact details and agreed communication methods. Senior or lead will complete or delegate to key worker to ensure regular competition of the split placement checklists and the emailing of these in a timely manner prior to the child attending the other setting. Files will be saved as records for track and trace should it be required. Senior has created split placement risk assessment for child minders and agreed practice. Risk assessments for day to day running are published on the school website and shared with all split placement settings. 	
			In order to minimise the number of contacts and risk of transmission, attendance at multiple ELC settings should be reduced as far as possible. Split placements will not go ahead unless deemed absolutely essential and agreed between senior leadership team and the early years team throughout Tier 4 Lockdown periods. A risk assessment will need to be created in consultation with the families and other setting concerned. All settings should have relevant contact details in order to share necessary information as required. For children who attend multiple settings, either ELC settings or childminders, consideration should be given to how they are supported to ensure good hygiene practices (washing hands, not sharing resources, etc.) when moving between settings. Where a child attends more than one setting, consideration should be given to record keeping of the other setting(s), to assist with any Test & Protect process Any records should be GDPR compliant.	

Hazard	Who	Risk	Н	M	L	2.4 COMMUNICATION:	н	М	L
Information misunderstoo d or not passed on	Children & young people Staff	Staff not informed and practice not meeting child's needs.		x		Additional arrangements for sharing information between staff, families & between settings should be agreed to ensure there are clear lines of communication, where face to face contact is reduced. Parents/carers have had the methods of communication highlighted to them via emails, news letters and day to day hand overs and these are being used regularly. When settings communicate, electronically they must consider the General Data Protection regulations (GDPR) and update their privacy policies, where necessary. Where face to face communication is preferred and suitable, we have ensured that the physical distancing guidance is adhered to and appropriate risk assessments are in place but there Is a safe area outdoors to have conversations.			x
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Hazard	Who	Risk	Η	М	L	2.5 INFECTION PREVENTION & CONTROL CLEANING PRACTICES	Н	М	L
Spread of Infection	Staff Children and young people	Cross contaminati on of infection	x			SPECIFIC CONTROLS: CLEANING: ALL CLEANING SHOULD BE CARRIED OUT IN ACCORDANCE WITH- https://www.hps.scot.nhs.uk/web-resources-container/covid-19-guidance-for-non-healthcare-settings/			X
	Parents/ca rers	Infection of staff, children and families.				https://www.hps.scot.nhs.uk/web-resources-container/infection-prevention-and-control-in-childcare-settings-day-care-and-childminding-settings/ Open doors and windows to encourage natural ventilation whilst maintaining 17degree minimum room temperature in the nursery classrooms (minimum of 2 air changes per hour) .			
	Visitors					2.5.1 General Cleaning: 2.11.20			
		Outbreak.			2	 Settings should ensure regular (at least twice daily) cleaning of commonly touched objects and surfaces (e.g. desks. handles, dining tables etc.) This is supported by a refresh cleaner attending between 10-11am daily. Toys and equipment that children access should be cleaned when groups of children change (e.g. between sessions, if children changing) Toys and equipment should be cleaned 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 cleaning regimes for sensory rooms and soft play areas, to ensure safe use. Toys and equipment should be easy to clean. Resources such as sand, water & playdough can be used with regular cleaning of equipment/resources. Water & Playdough should be replaced on a daily/sessional basis or when groups change. Outdoor resources within the sheds are used on a rotation basis and allow 72 hours without use before another bubble group uses these areas or resources. 			
		0		5		 Toys & Resources going between Home & Setting-2.11.20 Children should be discouraged from brining Toys from home. Transitional objects, comforters or toys can be used but consideration as to how these are used and stored. These should not be shared with other children. 			
						• Restrict sharing resources between home & setting (e.g. Story sacks) If resources from the setting are taken home, these should be quarantined for 72 hours on return to setting and must			

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be cleaned before the next usage. Systems and procedures should be developed to ensure that containers for the resources from home are also quarantined and cleaned.	
Comfortable Areas-2.11.20	
Soft furnishings such as throws, if required, should be used by individual children and washed after use.	
Sleep – children should have individual bedding, stored in individual bags. Bedding should be laundered frequently- at least once a week.	
<u>Clothing-2.11.20</u>	
 Parents should, where possible, provide clothing for outdoor play. Children should not share outdoor clothes or footwear. Clothing belonging to the setting should be allocated to one child, within the session & 	
 Clothing belonging to the setting should be allocated to one child, within the session a laundered/cleaned before being used by another child. 	
Eating – 2.11.20	
 <u>All</u> surfaces within snack/eating area must be wiped down & disinfected between group of children (e.g. tables, cupboards, microwave, kettle etc.) 	
 Crockery, utensils & equipment in eating/snack area/kitchen should be cleaned with general- purpose detergent & dried thoroughly before being stored and reused. 	
 Staff should use their own cup/cutlery and ensure theses are cleaned straight away. These should be dried thoroughly before being stored & reused. 	
Staff should not share communal areas if they cannot socially distance or if cleaning schedules not in place.	
 Avoid leaving food stuffs (e.g. crisps, open sandwiches) exposed and open in communal areas– 26.11.20 	
Enhanced – High Frequency Touch Point Clean – Category 2 (Aberdeenshire Guidance for Cleaners – 26.11.20)	
 If building has been closed for many weeks, appropriate and thorough cleaning must take place before opening. 	
 Open doors and windows to encourage natural ventilation. Increase cleaning frequency of frequently touched surfaces, two hourly and before and after meals and snacks. 	
 Cleaning materials to be made available throughout the session for staff. These will be provided by Janitorial /Cleaning Services. 	

Staff to devise a cleaning schedule and identify procedures and cleaning products to be used.
Cleaning schedule to be recorded.
Cleaning materials to be stored for ease of use and to avoid cross contamination.
Follow manufactures instructions for dilution, application, and contact times for surfaces.
 Avoid creating splashes and spays when cleaning. Routine cleaning and disinfection of frequently touched objects and surfaces e.g. telephone,
chairs keyboard, tablets, desks, tables, light switches, taps and door handles.
 Routine toilet cleaning, paying attention to touch surfaces- doors, flush handles, soap, and
paper product dispensers.
Avoid leaving food stuff exposed and open for communal sharing unless individually wrapped.
 When undertaking general cleaning, double glove, and change top pair of gloves often. Cleaning Equipment & spray bottles should be clean before use and thoroughly cleaned
afterwards- 26.11.20
 All disposable items worn should be double bagged and then placed in normal waste –
26.11.20
Specific cleaning advice is available in 'Cleaners infection control procedures V1.1 21.04.20 produced
Rab Birnie' please ask your HT to share this document with you. Please also see 'Suma Bac D10 –
User's manual' produced by cleaning services Aug 2020. PowerPoint will be available for this soon.
Updated 14.08.20 HT to share when received
Decontamination and Focused Clean – Category 3 – (Aberdeenshire Guidance for Cleaners
<u>26.11.20)</u>
If you are unsure of any of the procedures necessary to carry out an enhanced clean or feel you don't have the necessary supplies STOP AND CONTACT YOUR LINE MANAGER. Or line
manager who should contact the cleaning services.
PPE – Disposable gloves, disposable aprons and Type IIR masks must be worn to carry out
decontamination clean.
PPE to be put on just outside of the contamination area and removed outside area of
contamination
Once a possible case has left the premises a thorough decontamination clean must take place
Cleaning should include the persons immediate workstation for a radius of 2metres and any area the individual has spent more than 15minutes in.
 Investigations as to where the individual has been needs to be identified by the building
management and reported to the relevant person.
The Head of Establishment should decide who should carry out the cleaning depending on
immediate availability of cleaning staff, site-based staff and or ability to isolate the area.

	 Consideration should be given to isolate immediate and wider are until relevant staff have been briefed and have the appropriate PPE and equipment ready to use. Head of Establishment to contact Cleaning Services to advise if cleaning staff are to undertake the clean. Cleaning Services will contact cleaning staff, directly to provide information as to cleaning requirement & arrange any additional training/guidance or support. Cleaning Services may also be contacted to provide guidance for site-based staff who are undertaking clean. Disinfect ALL surfaces in the room/area the person was isolated/placed, including all potentially High Contact Areas such as handles, grab rails, bathrooms, telephones, IT equipment and service user equipment e.g. wheelchair Ideally OXIVIR Plus should be used but SUMA BAC D10 can be used. Follow manufacturer's instructions for dilution, application and contact times. DISPOSABLE CLOTHS/PAPER ROLL MUST BE USED. Use blue and red mops as usual but dispose of after use ALL disposable items used in decontamination/focused clean- Category 3, including cloths, paper roll and mophead, PPE or items which have been in contact with a suspected case, should be put in a secure location. Double bag should be put in a secure location. Double bag should be stored for 72 hours and dated/labelled when the72 hours starts and finishes. Double bags can be disposed of in normal waste after the designated 72 hours quarantine. HANDS MUST BE WASHED WITH SOAP AND RUNNING WATER Body Fluid – Deep Clean – (Major Infection Incident) – Category 4 (Aberdeenshire Cleaning Guidance - 26.11.20) Information Only: If there is an actual physical, visible contamination such as a body fluid spill, then STOP AND CONTACT YOUR LINE MANAGER who should contact the cleaning services. Only suitably trained personnel should use	
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Products and Cloths - 26.11.20 • SUMA BAC D10: Cleaner Disinfectant – suitable for all areas during an outbreak • SANI 4 in 1: Acidic based Cleaner Disinfectant (Accelerated Hydrogen Peroxide) – only suitable for use in toilets • OXIVIR: broad Spactrum Cleaner Disinfectant (Accelerated Hydrogen Peroxide) – suitable for all areas during outbreak. DO NOT use at same time as COVIDguard Two Stage Cleaning - 26.11.20 Clean and then disinfect - lor solied surfaces • Clean until surfaces are visibly clean • Disinfection - 26.11.20 Clean and then disinfect - lor solied surfaces • Clean until surfaces are visibly clean • Disinfection - 26.11.20 Clean and then disinfect - lor solied surfaces as per manufactures contact time guidance One Stage Disinfection - 26.11.20 Clean and then disinfect - lor solied striger mechanism and other frequently touched parts of cleaning equipment mishould be wighed with disinfectant and left to air dry at the end of cleaning equipment should be wighed with disinfectant and left to air dry at the end of cleaning and the fabric conditioner. • Mop handles, spray bottles trigger mechanism and other frequently touched parts of cleaning equipment should be wighed with disinfectant and left to air dry at the end of cleaning abilit. Microfibre Cloths/ Colour coded cloths -26.11.20 • To be laundered in Washing Machine at a minimum temperature of 60 degrees. Do Not use fabir conditioner. • If NO washing	cleaning shift. Not use dered
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Guidance and Links: https://hospubsrepp.blob.core.windows.net/hps-website/nss/2973/documents/1_covid-19-guidance-for- non-healthcare-settings_collect https://www.tps.scot.nbs.uk/web-resources-container/infection-prevention-and-control-in-childcare- settings-dav-care-and-childminding-settings/ https://www.tps.scot.nbs.uk/web-resources-container/infection-prevention-and-control-in-childcare- settings-dav-care-and-childminding-settings/ https://www.tps.scot.nbs.uk/web-resources-container/infection-prevention-and-control-in-childcare- settings-dav-care-and-childminding-settings/ https://hospubsrepb.blob.core.windows.net/hps-website/nss/2448/documents/1_infection-prevention- control-childcare-2018-05.pdf UPDATE 11.8.20/See also 26.11.20 • Rith cleaners and staff must be aware of individual schools Risk Assessments. • Extra cleaning hours provided during the primary/secondary day include ELC • Infection Control Friefer Clean will vary from setting to setting but will typically be done between 10:00-14:00 – 26.11.20 • School cleaners will clean suifaced and allowed to remain were for the recommended contact time. Suffaces and HFTPs will be winged periodically to remove any residue – 26.11.20 • Different Products should NDT be used on the same sufface at the same time. – 26.11.20 • Different Products should NDT be used on the same sufface and changing room/pupil toliets which are used by individual staff or pupils are the responsibility of the individual to clean (e.g. keyboards, facas etc). • Individual diffices, dring areas and school kitchenes will nob																																																																																																																																																		
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 One use cloth if safe can be used more than once if they are laundered. These should disposed of when they become worn. Non disposable mops can be used more than once for regular routine cleaning but sh cleaned through between uses. Where you have bodily fluid spills cleaning including a suspected COVID-19 case use disposable mop/cloths, follow the guidance, and disposed them immediately. Updated 28.10.20/ See also 26.11.20: Advice from the Health & Safety team is that once a symptomatic person has left the the area/room where they have been needs undergo an enhanced clean as soon as performed. 	ould be a ose of oremises
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Hazard	Who	Risk	Η	Μ	L	2.5.2 TEMPERATURE AND VENTILATION	Н	М	L
Hazard Spread of Infection	Staff Children and young people Visitors Parent's /carers	Risk Infection of all involved Cross contaminati on	x			All settings must ensure the opening of doors & windows which increase natural ventilation are safe, ABERDEENSHIRE COUNCIL VENTILATION & HEATING Version 1.0-29.10.20 Ventilation is an important factor in mitigating against the risk of aerosol transmission of the COVID-19 virus but schools are required to maintain internal temperatures and conditions in line with the School Premises Regulation of 17 degrees and 2 air flow changes per hour. It will be unlikely to be able to keep external doors and windows open or open for as long as we would do in warmer periods, considerations on security & maintain internal temperatures. Janitorial Support Teams are able to support with the logging of any calls concerning window opening faults if detected. FES have been advised to prioritise any calls for windows that cannot open / are hard to open. Internal fire doors must be closed should an evacuation take place, when the space is not in use and a responsible adult must be present if propped opened and the Fire Risk Assessment updated. These temporary procedures are only allowed as a result of the need to ensure ventilation in all spaces where people are present and revised documents must be shared with all relevant parties. Balance of Ventilation & Internal Temperature – 2.11.20 Partially open doors and windows to provide ventilation, while reducing draughts Opening high level windows, in preference to low level windows to reduce draughts Partially open doors and windows to provide ventilation, while reducing draughts Partially open doors and windows to provide ventilation, while reducing draughts Aftershing air in spaces by opening windows & external doors, at times which avoid user discomfort (e.g. between sessions or when children are outdoors). https://hub.careinspectorate.com/media/3724/space-to-grow-indoor-outdoor-settings.pdf https://www.hse.gov.uk/pubns/books/l24.htm *In Local Authority Settings, Minimum temperature is 17C.* Keep doors open (with appropriate regard to safety & security) may			X

Ventilation Systems – 2.11.20 Where it is not possible to keep doors and windows open and mechanical ventilation systems (central or local) are in place, these should be set to full fresh air.(If this cannot be done systems should be operated to achieve statutory requirements, as a minimum). • If Ventilation Unit has filters, enhanced precautions should be taken when changing. • Ventilation Systems should be checked or adjusted to ensure that they do not automatically adjust ventilation levels to differing occupancy of the room/area.	
ABERDEENSHIRE COUNCIL VENTILATION & HEATING Version 1.0 -29.10.20 Mechanical Ventilation It is anticipated that it will not be possible to maintain adequate temperatures with mechanical ventilation operating on full fresh air. As such colleagues in Property will arrange for such systems to be returned to normal operation, which will allow statutory requirement to be met.	

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Hazard	Who	Risk	H	М	L	2.5.3 ENHANCED HYGIENE	Н	М	L
Spread of Infection	Staff	Infection of all involved	x			Handwashing -2.11.20			x
	Children and young people	Cross contaminati on			Q	Provide supplies of tissues, soap, paper towels in all areas. Staff and children wash hands with soap and water for 20 seconds. Dry hands thoroughly with paper towels/kitchen rolls and dispose of in a foot pedal bin.			
	Visitors					Anti-bacterial handwash is not recommended for children when soap and water is available and is used for the interim periods between entering the building and accessing hand washing facilities and if outdoors away from the setting. Alcohol and non-alcohol-based gels/hand rubs should be discouraged in children under 5.			
	Parent's /carers	X							

If there is no running water, hand wipes can be used. If wipes are being used in this situation, it is recommended that hands are washed with running water as soon as possible. All handwashing facilities should be able to be accessed by the child (e.g. provide step to reach sini etc.) Antibacterial hand gel should be made available to parents & staff at the entrance to setting. Staff should ensure enhanced hygiene measures are in place, including washing their own and the hands of all children. Wash Hands: • On arrival at setting. • Before & after Putting on & Removing PPE • Before & after Putting on & Removing PPE • Before & after cleaning equipment & environment • Before & after cleaning experiment and environment • Staff should be the wash hands. • Staff and children should be tide on handwashing facilities outdoors. • Staff and children should be tide back where appropriate and clothes changed daily. Children encouraged to also the hair back. https://creativestarleaming.co.uk/early-years-outdoors/hand-hygiene-outdoors/	bin. y stop.
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Hazard	Who	Risk		м	L	2.5.4 TOOTHBRUSHING-2.11.20 Toothbrushing can continue where there are adequate facilities to do so. Settings operating toothbrushing should follow updated Child smile Guidance: See Pitmedden Nursery toothbrushing risk assessment completed in line with guidance from Child Smile 2020. http://www.child-smile.org.uk/professionals/Coronavirus-Return-of-supervised-daily-toothbrushing-in-nursery-and-school-settings.aspx 2.5.5 USE OF PPE	Н	M	L
Spread of Infection	Staff Children and young people Visitors Parent's /carers	Infection of all involved Cross contaminati on	x			 No additional PPE Measures are required for general use in Early Learning & Childcare Settings. PPE - 2.11.20 It is the responsibility of the Head Teacher to ensure that they have sufficient stocks of PPE within their school (including EYSP in the ELC Setting) at all times – the current guidance from procurement is always having 4 weeks stock on site. Use of PPE in ELC settings should continue to be based on a clear assessment of the risk and need for an individual child, i.e. personal care. If a risk assessment (individual or organisational) states that PPE is required, use HSE Personal Protective Equipment (PPE) at Work Guide to identify what PPE is required. PPE should be readily available to staff Staff should be trained how to use it, including how to put on, take off and dispose of appropriately. Waste Facilities should be provided. Staff should continue to follow existing guidance on the use of PPE: Examples of this include: Staff should have access to disposable single us gloves for spillage of blood and other bodily fluids, disposing of dressing and equipment (Local infection control procedures and safety protocols should be stringently followed. Training should be provide). Training to include putting on/taking off of PPE, disposal of soiled items, laundering of clothes- including uniforms & staff clothing, laundering of towels & linen, cleaning personal equipment, for children, such as hoists & wheelchairs. Hand Hygiene is essential before and after all contact with a child receiving intimate or personal care, before putting on/removing PPE and after cleaning equipment and environment. Hands should be washed with scap and water. 			x

 Types of PPE required for specific circumstances: ROUTINE ACTIVITIES – No PPE required SUSPECTED COVID-19 – Gloves, apron, and a fluid-resistant surgical mask when direct personal care needed. Eye protection if a risk assessment determines there is a risk of splashes to the eyes. Gloves and aprons worn when cleaning the areas where suspected case has been. INTIMATE CARE – Gloves and apron. Surgical face masks and eye protection can be worn if there is a risk of splashing. Gloves and aprons worn when cleaning the area. GENERAL CLEANING – Disposable Gloves – 3.12.20 CLEANING TOILETS – Chemical Resistant Gloves -3.12.20 PPE Equipment is: (specific PPE to be identified for each specific circumstance) Aprons -change after every use (single use) Gloves - change after every use (single use) Fluid Repellent Surgical Masks –change after every use (single use) If there is risk of splitting, or facial exposure to bodily fluids - then eye protection will minimise risk. First Aid trained staff to be informed of protocol and follow procedures All First Aid Kits to contain PPE: gloves, aprons, and masks. All toilet areas to contain signage highlighting good handwashing routines. Where manual handling / personal care is required, at least two members of appropriately trained staff should be available. It should be established if this additional support is needed and wear PPE where providing direct personal care 		

Hazard	Who	Risk	Н	М	L	INTERNATIONAL TRAVEL – Self-Isolation Arrangements	Н	Μ	L
Spread of Infection	Staff Children and young people	Infection of all involved	×	4	9	 Children & young people returning to Scotland are not exempt from self-isolation (Quarantine) rules. All those returning from non-exempt counties have to self-isolate at home or another appropriate location for 10 days 14.12.20 Those self-isolating should not go out to work or an ELC setting or visit public areas. "Sector Advice Card" should be displayed in all settings. https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and- 		X	
	Visitors	Q)		 guidance/2020/08/scottish-covid-19-workbook-2020/documents/sector-advice-card- schools/sector-advice-card-schools/govscot%3Adocument/sector-advice-card-schools.pdf Providers should ensure they are familiar with the most up to date list of exempt countries. Providers should engage with children and their families to ensure adherence to the legal requirements. 			

	Local Health Protection Teams can be available to offer further support.
Parent's /carers	Links: https://www.gov.scot/publications/coronavirus-covid-19-public-health-checks-at- borders/pages/exemptions/

Hazard	Who	Risk	Н	М	L	2.6 STAYING VIGILANT & RESPONDING TO COVID-19 SYMPTOMS	н	м	L
Spread of Infection	Staff	Infection of all involved	X			ELC Settings should ask staff & parents/carers to be vigilant for the symptoms of COVID-19 and to understand what actions they should take if someone develops them within or out with their setting.			X
	Children and young people	Cross contaminati				NHS Grampian/Public Health- Coronavirus Guide for Schools in NHS Grampian Area - Version 3 (29.10.20) (FLOWCHARTS for Actions to be taken if person symptomatic can be found on Page7 & 8)			
		on Image: NHS Coronavirus Guide Schools Aug 2020.docx	NHS Coronavirus Guide Schools Aug 2020.docx						
	Visitors					<u>SYMPTOMS</u>			
						New Persistent cough			
	Parent's /carers					High Temperature			
						Loss or change to taste and smell			
						In children under the age of 5 are vulnerable to Kawasaki disease, this is a strain of COVID-19. Updated 14.08.20			
						 Symptoms may include: High temperature that lasts for 5 days or more 			
						A rash Swollen glands in the neck			
						Dry cracked lips			
						Red fingers or toes Red eyes			
						All staff and parents/carers should be advised that anyone with these symptoms, or who has contact with			
						family/community member with symptoms should not attend or should be asked to return home and be tested.			
				5		• All staff working in and with the setting should be supported to follow up to date health protection advice on household or self-isolations.			
						 All staff working in and with the setting should be supported to follow Test & Protect Guidance if they or someone in their household exhibits COVID-19 symptoms. 			

All staff working in and with the setting should be supported to follow Test & Protect Guidance if they have been identified by NHS Contact Tracers, as a close contact with the virus.	
Common Cold & COVID-19 Symptoms -31.8.20	
Parents/Carers and staff should be aware that COVID-19 Symptoms differ from Seasonal Infections:	
 It is common for colds and similar viral infections to circulate in ELC settings. In many cases children will be well enough to attend school 	
 If children do not have COVID-19 symptoms but has other cold like symptoms, such as a runny nose, they do not need to be tested or self-isolate. 	
IF STAFF, CHILDREN OR FAMILIES ARE SYMPTOMATIC- 14.12.20	
It is essential that people do not attend a setting if symptomatic. People who are in a household contact where compare who has tested assigns for COVID 10 should not attend astrong	
 where someone who has tested positive for COVID-19 should not attend setting. Anyone who develops COVID-19 symptoms must self-isolate straight away. Stay at home and arrange a 	
test.	
 People who live in the same household as a person with COVID-19 symptoms must also self-isolate straight away and stay home. ONLY those developing COVID-19 symptoms should be tested. 	
 ELC staff who do not have COVID-19 symptoms but have undergone a test do not need to stay at home 	
whilst waiting for results. (Unless they develop symptoms whilst waiting).	
 If a person has a positive test, after having symptoms, must remain in isolation for 10 days after the symptoms started. The rest of the household must remain in isolation for 10 days after the person first 	
 showed symptoms, even if they don't have symptoms. Everyone who tests positive for COVID-19 will be referred to the Local Contact Tracing Team. Their Close 	
 Everyone who tests positive for COVID-19 will be referred to the Local Contact Tracing Team. Their Close Contacts will be identified and will be advised to self-isolate immediately. 	
• Everyone who is identified as a Close Contact of a confirmed case must self-isolate for 10 days, even if	
they have a negative test.	
 Any person who has been advised by Test and Protect/Local Incident Management that they are a close contact of a confirmed case and do not have symptoms will be asked to self-isolate. Other people in the 	
household will not be asked to self-isolate along with them.	
BOOKING A TEST	
Staff can book a test:	
<u>www.nhsinform.scot</u>	
Employer Referral Portal (The portal will prioritise tests and appointments over the general public.	
Individuals will be directed to a Regional Test Centre or Mobile Testing Unit or possibly sent a home test if they cannot travel)	
• 0800 028 2816	
Parents can book a test on a child's behalf.	

 they can be collected. Please access guidance here https://aberdeenshire.sharepoint.com/:w:/r/sites/covid- 19childcarehubstaffinformation/_layouts/15/Doc.aspx?source 265839BB5CEB%7D&file=School%20guidance%20on%20s Covid%2019.docx&wdLOR=c663CBE70-38B6-4FC5-9AFC- Adults who begin to show mild symptoms should re public transport. Children who begin to show symptoms during sessi 	atic but are concerned they have been at risk of oms, they should be sent home. are potentially symptomatic pupils can be located until and see detailed information below. bdoc=%7B52A7F852-B8F6-485C-804F- ymptomatic%20or%20confirmed%20cases%20of%20 72A7C16515CF&action=default&mobileredirect=true turn home and self-isolate, where possible avoiding on should be taken to an isolation room, preferably tion. Tissues and foot pedal bin to be provided. Room ry distress to a child/ young person. ear a Type IIR face mask to reduce environmental from child. If not possible PPE to be worn. w. d objects. Ensure child coughs into tissue and tting. 1 from when your symptoms started 10 days from when you had the test
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 you just have a cough or changes to your sense of smell or taste – these can last for weeks after the infection has gone 	
 When to keep self-isolating Keep self-isolating if you have any of these symptoms after 10 days: a high temperature or feeling hot and shivery a runny nose or sneezing feeling or being sick diarrhoea 	
Only stop self-isolating when these symptoms have gone. Guidance should be followed from NHS Inform and from Test and Protect here. Settings should ensure they understand this process and cases in settings, as complex settings, will be prioritised and escalated to specialist Health Protection Teams. <u>https://www.nhsinform.scot/campaigns/test-and-protect</u>	

					2				
Hazard	Who	Risk	Н	М	L	2.6.1 TEST AND PROTECT	Н	Μ	L
	Staff	Infection of			\rightarrow	Staff and Parent who have smart phones should be encouraged to download The Protect Scotland			X

Children and young people Visitors Parent's /carers	Cross contaminati on	 ELCs are considered complex settings and therefore will be prioritised by the Local Health Protection Team, should they have suspected cases. All parents/carers should mention their childcare arrangements, if contacted by or contacting Test & Protect services. If a child or staff member tests positive, the contact tracer will consider the close contact that person has had within that setting. ELC providers must keep clear records of children, adults and staff attending their settings. ELC providers must keep records of which children and adults have been involved in group/bubble activities. These records will help ensure a rapid response if a positive case occurs. ELC providers should maintain records of staffing capacity and plan, as much as possible, to minimise the operational impact of individual staff or groups of staff being required to self-isolate. 	
	it		
			30

Hazard	Who	Risk	Н	М	L	2.6.2 OUTBREAK MANAGEMENT	Н	М	L
Spread of Infection	Staff Children and young people	Infection of all involved Cross contaminati	X			 Management of outbreaks in schools is led by Local Health Protection Teams (HPTs) alongside local partners following established procedures. Ensure you know how to contact local HPT: Grampian Health Protection Office Hours Tel No. 01224 558520. Out of Hours Tel No. 0345 456 6000 (Ask for Public Health on Call) Email Address: grampian.healthprotection@nhs.net 			X
		on				 Settings should contact their local HPT & Local Authority if there is a single confirmed case of COVID- 			
	Visitors Parent's					 Settings should contact their local HPT & Local Authority in there is a <u>single commed case of COVID-19</u>. Settings should contact their local HPT & LA if there is any suspicion that there might be an outbreak of cases (e.g. an increase in rates of absences due to suspected or confirmed cases of COVID-19). Settings should contact their local HPT if there is an increase in respiratory illness for further advice. 			
	/carers					The Test and Protect contact tracing team will be in touch with the case (or case's parent/guardian) to identify any potential close contacts. The preliminary investigation by Test and Protect will identify that a school is involved. This will then lead to notification of the Health Protection Team who will undertake the relevant investigation.			
						It is possible that the school may be the first organisation to be made aware of a new case of COVID19, either directly from the case (the person who tested positive) or from their parent or guardian. Schools are asked to maintain the confidentiality of the case where possible. If the school becomes aware of a confirmed case or cluster of cases of COVID-19 in associated with the school, they should contact the Health Protection Team for further advice before taking any public health action.			
						If an outbreak confirmed the ELC should work with local HPT to manage with local authority. Actions may include:			
						 Attendance at multi-agency incident management team meetings Communications with pupils, parents/carers, and staff Provide records of school layout / attendance / groups Implementing enhanced infection, prevention, and control measures. 			
				2		HPT will make recommendations on self-isolation, testing and the arrangements to do this. Any discussion of possible school closures should take place between school, local authority, and local HPTs. Schools should maintain appropriate records.			
			K			 Early Years settings should inform their Care Inspectorate in the event of any confirmed or suspected outbreak of infectious disease and specifically COVID-19. 			
						• 8/1/2020 – UPDATE Taken from CI provider update: Where staff have ongoing symptoms after 14 days or symptoms of 'long COVID', services can end their confirmed outbreak with either a negative test from the staff member or agreement from public health.			

 If a service currently has a confirmed case of COVID-19, they do not need to notify us of further suspected cases until after the confirmed case(s) has been ended. Only one end of confirmed case(s) notification is required (per outbreak). This should be used to signify that there are no current confirmed cases in the service regardless of whether it was an individual or multiple confirmed case(s) notification is required. This should be used to signify that all suspected cases in the service have either had a negative test or shown no symptoms for 14 days. Where a confirmed case notification has been submitted, the service is automatically deemed to be in an outbreak and there is no need to submit and end of suspected cases notification. <u>https://www.careinspectorate.com/index.php/coronavirus-professional</u>

Hazard	Who	Risk	Н	Μ	L	2.6.4 STUDENTS:	Н	Μ	L
Tiazara		T GOIL							
Spread of	Staff	Infection of			x	The government expects that student placements will begin to be accommodated within settings for placement from			x
Infection		all involved			_	the end of the October break 2020 onwards, although timescales may vary across authorities. Guidance and			-
	Children					Toolkits are is being developed to support these placements.			
	and young	Cross							
	people	contaminati				Pitmedden Currently do not have any students in placement.			
		on							
	Students								
	Visitors								
	Parent's								
	/carers								

Hazard	Who	Risk	Н	M	L	2.7 LIMITING CHILDREN'S CONTACTS:	Н	Μ	L
Spread of Infection	Staff Children and young people	Infection of all involved Cross contaminati on	X			 Reducing the number of interactions that children and staff have a key part of reducing risks in settings. This will reduce likelihood of direct transmission and allow for more effective contact tracing. Limiting interactions reduces the overall number of those who will need to self-isolate in the event of a child or staff member becoming ill with COVID-19. In line with CI Guidance (max of 33 children in a bubble group over a full week) our nursery has split into two bubbles running at consecutive times with 33 or less in each of the two bubbles. 			×

Visitors	Contacts must be limited by managing children within groups. Children should stay in the same group 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).
Parent's /carers	 In open plan 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, should be used to separate groups. The management of the groups should reflect the circumstances of the setting).
	Large indoor groupings should be avoided and where possible minimise the size of group. The appropriate size of the group will depend on the age and overall number of children and layout of the settings.
	 ELC children should be managed in groups of up to 25 to 33 children. Setting must maintain adult to child ratios as stated in the National Standard. Large indoor groupings should be avoided.
	 Children are not required to physically distance from each other or 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, being comforted and reassured.
	Keyworkers will need to be close to the children and should feel confident to do so.
	Staff members should work with the same children, where possible. Limit the number of children & the number of groups that staff is in contact with.
	 If staff have to work with other groups, this should be for limited periods.
	 Breaks, toileting etc. should be covered by staff working with that particular group.
	 Staff should ensure strict hygiene practices are carried out, if caring for other groups.
	 Staff must physically distance by 2 metres at all times.
	A flexible approach to the use of existing spaces, within the setting, should be considered.
	Considerations should be given to the removal of unnecessary items in the setting to maximise capacity and decrease the number of items requiring cleaning.
	Setting should ensure that children still have adequate resources and furnishing to support quality experiences.
	Sharing of resources should be minimised. Where resources are used by different groups (e.g. on rotational basis) they should be cleaned in accordance with most up to date guidance.

Hazard	Who	Risk	Н	Μ	L	2.8 MAXIMISING USE OF OUTDOOR SPACES:	Н	Μ	L
T lazara									

Spread of Infection	Staff Children and young people Visitors Parent's /carers	Infection of all involved Cross contaminati on		 Evidence suggests that outdoor environments can limit transmission, as well as more easily allowing for appropriate physical distancing between children and staff. ELC provisions should maximise opportunities for outdoor play and activities. 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 cohorts of children using it. For outdoor sandpits or mud kitchens, staff should clean equipment which the children use between groups using them. 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, always, of the need to physically distanced and to keep groups of children distanced from any other children or adults who may be in the vicinity. Staff should take the necessary precautions to protect children from the elements and this should include suitable clothing, head coverings and sunscreen. Advice on sun safety is available from the NHS. Parents should provide all weather appropriate clothing. If they can, to avoid children sharing items. Staff and children should not share outdoor clothing. Ensure that every person has their own designated jackets/wellies etc. These should be washed regularly and stored appropriately. (All changes of clothes should be kept in setting and should not go back and forwards from home.) 	×
				planning, and a risk assessment should be created detailing the unique circumstances of that trip e.g. weather, ratios, location, staff, COVID-19 prevention measures etc. Updated 14.08.20	
				Guidance and Links: https://hub.careinspectorate.com/media/1157/delivering-play-and-learning-environments-outdoors-practice-note.pdf	

Hazard	Who	Risk	Н	M	L	2.9 SINGING, MUSIC AND DRAMA:	Н	Μ	L
Spread of Infection	Staff Children and young people	Infection of all involved.		5		 There is an increased transmission risk associated with music and drama activities. Singing should not happen indoors, as an organised large activity. If a child sings naturally in the course of an activity and play, they should not be discouraged to do so. 			X

	Cross contaminati	Singing can be used to comfort young children, when necessary.
Visitors	on	21.11.20- ADDITIONAL EVENTS- from Vincent Docherty (Head of Education, Aberdeenshire)
Parent's		1. In keeping with the guidance of having "no visitors, parents or carers beyond the front door where possible", no performance activities with an indoor parental audience are permitted.
/carers		 Any activity which would bring together the bubbles of pupils/staff within your school, whether to participate in performance or to form an audience should be avoided. This is the case regardless of whether the activity is planned indoors or outdoors.
		 Any performance type activity by either an individual or group (from within existing bubbles) which might encourage any gathering of parents to form an audience outside are not permitted.
		4. In accordance with national guidelines published by Education Scotland there is no singing and no playing of brass or woodwind instruments (including bagpipes) permitted. Following guidance from the Heads of Instrumental Music Tuition Scotland, this applies to both indoors and outdoors.
		 In keeping with the guidance of having "no visitors, parents or carers beyond the front door where possible", no visiting performers, whether individuals or groups are permitted.
		6. In accordance with mitigating risk please note the information in relation to <i>Christmas parties out with</i> normal school hours. While this is keeping an individual class within its existing bubble, it is encouraging that bubble to meet for an extra hour unnecessarily! Additionally, there is also the potential of us being seen to encourage parents to have an additional drop of and collection of children and therefore gathering at the school which could lead to unnecessary parental close contact. As such we would not permit such Christmas parties.
		If however, an individual class Christmas party is planned during the school day and the school
		are keeping it within their existing bubble and not inviting additional adults to attend during the party or
		indeed at drop off or pick up points, then this activity suitably risk assessed is permissible following final
		discussion/agreement with the school's leadership team and QIO.
		Notwithstanding the above, activities or performances performed by pupils, whether individually or as part of a
		group, as part of their learning and teaching and where bubbles are maintained, are permitted.

		Consider the use of digital technology for celebration of learning, either by pupils in school or recorded at home, and where appropriate agreement has been sought and given regarding recording and/or sharing with parents then this would also be permitted.				
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Hazard	Who	Risk	Н	М	L	2.10 PHYSICAL DISTANCING between adults in settings, including parents at drop-off and pick-up times):	н	М	L
Spread of Infection	Staff Children and young people Visitors Parent's /carers	Infection of all involved Cross contaminati on				 Physical distancing between adults remains a fundamental protective measure that should apply at all times. Individual physical distancing applies to staff, parents and other adults who may attend the setting or delivery people &contractors-2.11.20 Adults should stay 2 metres apart from all other adults within the setting. Nursery have established , filmed and shared with all parents/carers the entry system to allow safe drop of fand collection of children from nursery. Each bubble group will use a separate door for entry and exit. All staff rooms, bases & offices should be reconfigured to ensure that physical distancing of 2m can be maintained. Where physical distancing of 2 metres cannot be maintained Risk Assessments should be undertaken & control measures implemented. 			X

Hazard	Who	Risk	Н	М	L	2.11 USE OF FACE COVERINGS	н	М	L
Spread of Infection	Staff Children and young people Visitors	Infection of all involved Cross contaminati on	*	5	Q/,	 Face Coverings are <i>NOt</i> required when working directly with children in ELC, including on the floor, supporting children to move around setting, toileting or as a result of being less than 2 metres distant for children2.11.20 Face coverings should be worn, by adults, wherever they cannot maintain a 2-metre distance from other adults (e.g. in communal areas and corridors). Face coverings should be worn by adults when not working directly with children, in offices, admin areas, staff rooms, canteens (except when eating) and other confined communal areas, where 2 metres distancing cannot be maintained. Some adults will be exempt from wearing face coverings. Parents & other visitors (whether entering the building or not) should be strongly encouraged to wear face coverings. Including parents/carers at drop off and pick-up. Children may require support/reassurance about the reasons for adults wearing face coverings. 			×

Parent's /carers	 Adults wearing face coverings may have an impact on children with additional support needs (which includes hearing loss, EAL, communication needs, children depending on visual cues) Careful consideration should be given to key adults wearing face masks. It is not recommended that children under 5 wear face coverings in ELC settings. Anyone (staff or child) who wishes to wear a face covering is free to do so. 	
	 Instructions must be provided to staff on how to put on, remove, store, and dispose of face coverings must be provided to staff and pupils: Face coverings must not be shared Hands should be cleaned by appropriate washing or hand sanitiser before putting on or removing the face covering Face covering of an appropriate size should be worn. It should cover mouth, nose & chin. Where applicable, children should be taught how to wear the face covering properly, including not touching the front and not pulling it under the chin or into their mouth. 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 	
	 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. Children and young people should be encouraged not to litter and to place their face coverings in the general waste bin. They are not considered to be clinical waste in the same way that used PPE may be. 	
	Guidance and Links: <u>covid-19-decontamination-in-non-healthcare-settings</u> guidance. <u>https://aberdeenshire.sharepoint.com/sites/Arcadia/services/Pages/Business%20Services/HR%20and%20OD/H</u> <u>ealth%20and%20Safety,%20Wellbeing%20and%20Risk%20Management/Health-and-Safety,-Wellbeing-and-</u> <u>Risk-Management.aspx</u> .	
	Guidance for School Staff on Personal Prot Face Coverings – Care Inspectorate & Grampian HP Team state that face coverings (face coverings should not be confused with PPE, including Type IIR face masks), are not required for normal day to day activities within ELC settings but should be worn in the circumstances below:	

 Definition of face covering found here: https://www.gov.scot/publications/coronavirus-covid-19-phase-3-staying-safe-and-protecting-others/pages/face-coverings/ Where adults cannot keep 2m distance and are interacting/working face-to-face with a child, a Type IIR face mask should be worn. Face covering should be worn in the following circumstances (except where an adult or child/young person is exempt from wearing a covering). TYPE IIR Face Mask What is a Type IIR Face Mask? Type IIR face Masks/ EN14683 are medical face masks made up of a 4-ply construction that prevents large particles from reaching the patient or working surfaces. Type IIR Face covering/PPE to Pupil Escort. Schools using ASN transport should provide Type IIR face to face for one minute or longer. Where adults cannot keep 2m distance and are interacting face-to-face -a Type IIR face mask should be worn. SUSPECTED COVID-19 – A fluid-resistant surgical mask should be worn by staff in they are looking after a child or young person who has become unwell with symptoms of COVID-19 and 2m distancing cannot be maintained while doing so. 			
	L	L	

Hazard	Who	Risk	Н	М	L	2.12 DROP OFF & PICK UP- 2.11.20	н	М	L
	Infection of all involved.	×			The drop off/collection of children requires careful consideration to ensure that large gathering of people can be avoided and to ensure social distancing is adhered to.			X	
	Cross contaminati on		5	9	 Most children can be placed in the care of staff whilst parents/carers maintain a 2metre distance. In some cases, a physical handover will be required. In these circumstances: Limit time staff spend in close proximity with parent/carer All parent/carers are asked to wear masks when on the school grounds. Ensure both child and parents are comfortable in the handover. Make arrangements that if the child is destressed for the parent to comfort them without the parent coming into contact with other children or staff. Staff and children should wash hands after the child is safely settled. Parents/Carers should not enter the building. 				
						Drop Off & Pick Up -2.11.20			
						 Parents/carers should be strongly encouraged to wear face coverings. 			

 Stagger and allocate drop off/collection times. Take account of start times of other children in the family, to reduce multiple visits for parents. Utilise other access points Encourage parents using cars to park further away from setting and then walk with children to avoid congestion. Staff and parents should only share a vehicle with people from their own household. Consideration should be given to children with complex needs or disabilities. Updated 2.09.20 Escorting pupils by transport Do not work with more than 2 contacts in one day. A contact is defined as one child, a group of children (maybe a class), a single member of staff, a group of staff, a parent or carer or a family group. Employers should provide face coverings / PPE to pupil escort. If child is over 5 a face covering must be worn on transport. 	

Hazard	Who	Risk	Н	М	L	2.13 SETTLING-IN	н	М	L
Spread of Infection	Staff	Infection of all involved.	X			Children may need extra support and additional time to return to or start a setting.			X
Intection	Children	an mvolveu.				Settings where possible, should continue to use existing policies and procedures to settle children into settings.			
	and young people	Cross contaminati on				Where possible, settling in activities should happen outdoors with the parent and away from other children whilst adhering to current social distancing guidance.			
						Ensure that plans for settling in are individualised to support the needs of families and children.			
	Visitors					For children with ASN, setting must work in partnership with parent, lead professionals and children to establish what support and plans need to be put in place to meet their needs.			
	Parent's					Enhanced transitions may be considered for children with ASN, such as, through visual representations and plans of physical distancing.			
	/carers					Providers should consider how they will support staff, parents & children to familiarise themselves to the revised layout and movement patterns. This should be made fun for the children.			
						A map could be displayed, detailing entry/exit points and new circulation patterns.			
						 Social stories and videos shared with children in advance. 			
			K			 Use clear signage and colour coding on walls and floors to help wayfinding. Use clear child friendly visuals – meaningful pictures or symbols (any signage which is directly touched by children will need to be cleaned regularly). 			
						Guidance and Links:			
						https://abcdoes.com/abc-does-a-blog/2020/05/30/what-now/			

Hazard	Who	Risk	Н	Μ	L	2.14 MOVING WITHIN AND BETWEEN SETTINGS:	н	М	L
Spread of Infection	Staff Children and young people Visitors Parent's /carers	Infection of all involved Cross contaminati on				 Some approaches to circulation of children & staff and transitions between different parts of the setting's indoor; 2.11.20 <u>One-way systems:</u> This may ease bottle necks and ease travel around the setting. <u>External Circulation:</u> Encourage the use of external areas to move between parts of the building. Safety in all weathers and security issues would be required to be considered. <u>Signage/communication:</u> Appropriate signage or verbal communication about one-way system etc. should be adopted and implemented. <u>Peripatetic Staffing:</u> Staff, who by the nature of their role support multiple settings should only attend settings in person where it is demonstrably in the support of the health and wellbeing of children. <u>Staff Employed in More than One Childcare Setting:</u> Staff with a single employer, should only work across more than one childcare setting when it is absolutely necessary. Staff where employed by more than one childcare provider should be risk assessed. A joint risk assessment should be created to reduce the number of children & other staff they come in to contact with, in each setting. Setting contact information should be shared to support Test & Protect. <u>Use of Agency or Bank Staff:</u> where settings use agency/bank staff they should ensure that staff do not move between settings, where possible. Travel restrictions between areas of different prevalence will be set out in guidelines. Exceptions will apply for essential travel including work & education. Restrictions on movement of staff between settings may impact on the ability of some practitioners to continue with their pattern of work. Where this is the case, employers/ head of centres should with staff who will be affected and unions, if appropriate. Movement between settings should be kept			X

Updated 2.09.20 Peripatetic staff (ASN) working location base school and one other location per week. • Follow school guidelines in their base school • Only visit one school per day when not in base school • Do not work with more than 2 contacts per day in schools that are not base school. • A contact is defined as one child, a group of children (maybe a class), a single member of staff, a group of staff, a parent or carer or a family group.
 Updated 2.09.20 Supply / relief staff working across various settings Maximum of one setting per day No limit on number of groups but staff advised to reduce the number of interactions A risk assessment should be taken for each relief member of staff Relief staff must adhere to social distancing, good hand hygiene and risk assessments within setting. Ensure staff have signed in at school for trace and protect purposes Face coverings must be worn on all public and dedicated school transport where children are aged over 5.

Hazard	Who	Risk	Н	М	L	2:15 EVACUATIONS:	н	м	L
Spread of Infection	Staff Children and young people Visitors	Infection of all involved Cross contaminati on	×	S_{2}	$\Theta_{/}$	 If the layout of the setting has changed and/ or circulation routes or entry/exit points are altered, consideration given to emergency evacuation procedure (e.g. in the event of a fire or other incident) Muster Points should be located to ensure social distancing (if child upset due to evacuation, they can be comforted by staff). EVACUATION ARRANGEMENTS must be included in Risk Assessment. Evacuation arrangements for children with complex needs or disabilities should be reviewed and updated with latest evacuation guidance -2.11.20 Drill practice to be carried out with staff and pupils lead by the HT/EYSP. When not a drill all people occupying the site should evacuate as quickly as possible (without panic) and then when at assembly point. Review and update all Emergency Evacuation Plans (including PEEPS). 			×

Parent's	Identify socially distanced Assembly Points. <u>https://aberdeenshire.sharepoint.com/sites/Arcadia/services/Pages/Business%20Services/HR%20and%20OD/Health%20and</u> <u>%20Safety,%20Wellbeing%20and%20Risk%20Management/Health-and-Safety,-Wellbeing-and-Risk-Management.aspx.</u>	
/carers	Infection Prevention and Control in Childcare Settings (Day Care and Childminding Settings	
	https://aberdeenshire.sharepoint.com/sites/Arcadia/services/Documents/Business%20Services/HR+OD/Health%20and%20Safety /Aberdeenshire%20Council%20Corporate%20H+S%20Policy/Aberdeenshire%20Council%20- %20General%20HS%20Policy%20Statement.pdf	

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Hazard	Who	Risk	Н	М	L	2.17 BLENDED PLACEMENTS:	н	М	L
Spread of Infection	Staff Children and young people Visitors Parent's /carers	Infection of all involved Cross contaminati on		22	2	 Parents and carers should be encouraged and supported to limit the number of settings their child attends, ideally ensuring their child only attends the same setting consistently – 28.1.21 In order to minimise the number of contacts and risk of transmission, attendance at multiple ELC settings should be reduced as far as possible. A dynamic risk assessment will need to be created in consultation with the families and other setting concerned. Guidance to follow on the completion of a dynamic risk assessment 18.08.20 All settings should have relevant contact details in order to share necessary information as required. For children who attend multiple settings, either ELC settings or childminders, consideration should be given to how they are supported to ensure good hygiene practices (washing hands, not sharing resources, etc.) when moving between settings. Where a child attends more than one setting, consideration should be given to record keeping of the other setting(s), to assist with any Test & Protect process Any records should be GDPR compliant. Guidance and Links: 			X

Spread of Infection Staff Infection of all invoided. Infection of all invoided. Ensure that mealtimes are a relaxed and enjoyable time where children can socialise, while implementing practical approaches to prevent the spread of infection -2.11.20. Image: Constantion of approaches to prevent the spread of infection -2.11.20. Visitors Visitors Staff should follow usual good hygiene practices when preparing or serving food. There is no need for additional PPE at meal and snack times. Ensure that mealtimes are a relaxed and enjoyable time where children can socialise, while implementing practical approaches to prevent the spread of infection -2.11.20. Visitors Visitors Ensure all staff are aware of food allergies and intolerances and support children with these. Parent's /carers Implemention of the service is a risk of cross contamination children should stay in their play area or eat outdoors. Implemented control of the service is a risk of cross should be kept as clear and clear; all dishes should be water. Staff should howays makes to away for good hygiene. If there is a risk of cross should be kept as clear and clear; all dishes should be water available. In the follow for age should here as source for ding or shared findiges besure for and dinks to children. Staff should howays make should be water available. In the should share in place and fully implemented. Care inspectorale should be put straight in the bin by children wat and sellos in clear up. If the risk and diverse makes should be put straight in the bin by children water should be put straight in the bin by children water should be makes as

Hazard	Who	Risk	Η	Μ	L	Other:	н	Μ	L
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Spread of Infection Staff Children and young people Visitors Parent's /carers	Infection of all involved. Cross contaminati on	X		 3.5 Staff Wellbeing & Professional Learning Support-2.11.20 Practitioners may find it valuable to access support for their mental health and wellbeing in the lead-up to settings reopening and once they reopen. Scottish Government/ Early Years Scotland to develop new Team ELC Wellbeing Hub 3.6 Wellbeing, Nurture & Experiences – 2.11.20 It is essential that ELC continues to be informed by the principles which underpin high quality provision. While aspects of practice may be delivered differently, practitioner will be working to meet the needs of their children and their families. Article 31(1) UNCRC 1.32 HSCS GIRFEC Realising the Ambition During the COVID-19 Recovery Period, settings will require to adjust <i>how</i> they provide high quality provision. Best Practice will: Put the best interests of the child at the heart of decision making. Take a holistic approach to the wellbeing of the child. Work with children and their families on ways to improve wellbeing 		×
				 Work with children and their families on ways to improve wellbeing. Advocate preventative work and early intervention to support children, people and their families. Believe professionals must work together in the best interest of the child. 		

Hazard	Who	Risk	Н	М	L	Other:	Н	М	L
					0				

Hazard	Who	Risk	Н	М	L	Other:	Н	М	L
		\mathbf{Q}				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. Your Local Authority will advise - 28.1.21

Process/Activity: Rev	view of RA		Location:	Pitmedden School Nursery	Date: 08.01.2021	
Establishment RA Author:	Claire Rennie	Da	te of Review:	of Review: Feb 2021(or if changes and updates occur)		
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