




Department: Education and Children's Services			RISK ASSESSMENT (ELC Settings)			  			
Process/Activity: Infection Prevention & Control			Location: All ELCs Establishments			Date: 16/02/21			
Describe activity: Location of staff at ELC establishments open during Covid-19 outbreak. Staff providing childcare and access to sites.									
*Establishment Name and Location: <u>Dunnottar Nursery</u>				*Isolation Room Location in Establishment: <u>Left Hand Changing Room, Carronhill School</u>					
Hazard	Person/s Affected	Risk	Risk level before controls are in place. (Highlight as appropriate)			Control Measures	Risk level after controls are in place. (Highlight as appropriate)		
			LOW	MED	HIGH		LOW	MED	HIGH
Spread of infection	Staff Children & young people Visitors	Cross contamination of infection. Infection of staff, children and visitors				<p style="text-align: center;">GENERAL CONTROL MEASURES</p> <p><u>Control Measures</u></p> <ul style="list-style-type: none"> All staff and children and families, should continue to be vigilant for coronavirus symptoms. Staff will be offered Lateral Flow Testing twice a week regardless of their working pattern. The asymptomatic testing programme using LFD testing does not replace the current testing policy for those with symptoms. If their symptomatic test is positive, the member of staff must isolate and access a confirmatory PCR (polymerase chain reaction) test as per their usual symptomatic testing channel, even if they are without symptoms. If their symptomatic test is negative, they can remain at work unless symptoms develop but should not consider themselves free from infection and must still adhere to all mitigations. On the occasion that a symptomatic staff member has used a LFD test and has returned a negative result, they should still self-isolate and arrange a PCR test. Anyone who experiences symptoms of coronavirus must self-isolate immediately and arrange a PCR test at www.gov.uk/get-coronavirus-test. People with symptoms must not rely on a negative LFD result to continue to attend their setting. All children, young people, staff and any others for whom it is necessary to enter the setting supported and encouraged to maintain COVID-19 secure personal hygiene throughout the day and ensure continued rigour about hand hygiene. Procedures shared with all staff, parents and children. Frequent washing hands for 20 seconds and drying thoroughly, and always when entering/leaving the building, before/after eating and after using the toilet. Children, young people and staff encouraged to avoid touching their faces including mouth, eyes and nose. Daily reminders to be provided. Using a tissue or elbow to cough or sneeze and use bins that are emptied regularly for tissue waste. Wash hands after sneezing, coughing or blowing nose. Supplies of resources including tissues, soap and hand sanitisers readily available and spare resources in nursery cupboard. 	L		

						<ul style="list-style-type: none"> HT/DHT to 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. HT/DHT to ensure effective staffing ratio & cover at short notice. HT identified named Child Protection Officer in ELC Setting. Identify those staff or pupils who are, or who live with someone who is, symptomatic or a confirmed case of COVID-19. They 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. All school/ Nursery staff/ children who feel they may have been infected can request a test even if not symptomatic. <p style="text-align: center;">Isolation room location - Left Hand Changing Room, Carronhill School for potentially symptomatic pupils can be located until they can be collected.</p> <p><u>First Aid</u></p> <ul style="list-style-type: none"> Staff all have relevant training in place: first aid, food hygiene, infection control. 			
Spread of infection	Staff Children & young people Visitors	Cross contamination of infection. Infection of staff, children and visitors	L	M	H	<p>SPECIAL CONSIDERATION FOR CERTAIN GROUPS:</p> <p>Record kept of staff and children who are clinically & extremely vulnerable. These must be accurate and up to date.</p> <p>Those who are at Highest Clinical Risk from Coronavirus (known as shielding): Children on the shielding list should not attend settings (If Level 4 continues for an extended period, individualised risk assessment may make it possible for these children to attend. This decision would be made by the secondary care (hospital) clinical team caring for the child.</p> <p>Protection Level 0-2</p> <ul style="list-style-type: none"> Children with the highest clinical risk can continue to attend the setting, following the advice for the general public. Staff with the highest clinical risk can continue to work in settings, following a dynamic risk assessment and appropriate social distancing. If social distancing cannot be maintained at 2m then setting must assess the risk, taking account of all relevant clinical and occupational health advice <p>Protection Level 3-4</p> <ul style="list-style-type: none"> Enhanced measures apply to children, young people and staff, at highest clinical risk. Parents/carers may wish to have a discussion with their child's healthcare team if they are unsure or have queries about returning to or attending school because of their own health condition. <p>Other</p> <ul style="list-style-type: none"> DHT/EYLP ensured Personal Plans are in place for all children within 28 days of starting setting. EYLP shared and discussed these with Team & Parent Carers. 	L		

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Spread of infection. Infection of staff, children & visitors.	Staff Children & young people Visitors	Cross contamination of infection. Infection of staff, children and visitors	L	M	H	<p>INFECTION PREVENTION AND CONTROL CLEANING PRACTICES</p> <p>Inductions for new members of staff will include guidance on our good infection prevention and control procedures.</p> <p>General Cleaning</p> <ul style="list-style-type: none"> Regular cleaning of commonly touched objects and surfaces (e.g. desks. handles, dining tables etc.) Toys and equipment cleaned at the end of the day using standard detergent and disinfectant that are active against viruses and bacteria. 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 basis. <p>Toys & Resources going between Home & Setting</p> <ul style="list-style-type: none"> Children are discouraged from bringing toys from home. Transitional objects, comforters or toys can be used but can only be touched by child and must be kept in bags when not in use. <p>Comfortable Areas</p> <ul style="list-style-type: none"> Soft furnishings such as throws, if required, should be used by individual children and washed after use. <p>Clothing</p> <ul style="list-style-type: none"> Parents should provide clothing for outdoor play. Children should not share outdoor clothes or footwear. <p>Eating</p>	L		

						<ul style="list-style-type: none"> • All surfaces within snack/eating area must be wiped down & disinfected before and after use (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. • Avoid leaving food stuffs (e.g. crisps, open sandwiches) exposed and open in communal. 			
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Spread of infection. Infection of staff, children & visitors.	Staff Children & young people Visitors	Cross contamination of infection. Infection of staff, children and visitors	L	M	H	<p style="text-align: center;">ENHANCED HAND HYGIENE</p> <ul style="list-style-type: none"> • Supplies of tissues, soap, paper towels provided 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. • Anti-bacterial handwash is not recommended for children when soap and water is available. • All handwashing facilities should be able to be accessed by the child (e.g. provide step to reach sink etc.) • Staff should ensure enhanced hygiene measures are in place, including washing their own and the hands of all children. <p><u>Wash Hands:</u></p> <ul style="list-style-type: none"> • On arrival at setting. • Before & after Putting on & Removing PPE • Before & after Intimate & Personal Care • Before & after cleaning equipment & environment • Before & after eating • After toileting • At regular intervals throughout the day • When moving between different areas e.g. between rooms or inside/outside • After blowing nose/sneezing use a tissue or elbow to catch coughs or sneezes. Person to dispose of tissue in foot pedal bin • Staff supervise and support of children wash hands effectively. There should be daily reminders/demonstrations of how to do this. • Communal bowls never shared to wash hands. • Children encouraged not to touch face – use distracting methods rather than asking them to stop. • Portal water butt provided outside for hand washing facilities outdoors. • Staff hair should be tied back where appropriate and clothes changed daily. Children encouraged to also tie hair back. 	L		
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						<ul style="list-style-type: none"> reasserting the importance of infection control measures and cleaning. 			
Spread of infection. Infection of staff, children & visitors.	Staff Children & young people Visitors	Cross contamination of infection. Infection of staff, children and visitors	L	M	H	<p>PPE (PERSONAL PROTECTIVE EQUIPMENT)</p> <p>Training has taken place to include putting on/taking off of PPE.</p> <p>Staff will continue to follow existing guidance on the use of PPE:</p> <ul style="list-style-type: none"> Staff carrying out intimate care should wear disposable, single-use plastic aprons and gloves Staff should have access to disposable single use gloves for spillage of blood and other bodily fluids, disposing of dressing and equipment. 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 soap and water. <p>Types of PPE required for specific circumstances:</p> <ul style="list-style-type: none"> 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 	L		
Spread of infection. Infection of staff, children & visitors.	Staff Children & young people Visitors	Cross contamination of infection. Infection of staff, children and visitors	L	M	H	<p>INTERNATIONAL TRAVEL – Self Isolation Arrangements</p> <ul style="list-style-type: none"> 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. 	L		
Spread of infection. Infection of staff, children & visitors.	Staff Children & young people Visitors	Cross contamination of infection. Infection of staff, children and visitors	L	M	H	<p>COVID 19 SYMPTOMS</p> <p>Parents/carers are regularly reminded to be vigilant for the symptoms of COVID-19 and understand what actions they should take if someone develops any one of the symptoms within or out with their setting.</p> <p>SYMPTOMS</p> <ul style="list-style-type: none"> New Persistent cough High Temperature Loss or change to taste and smell <p><u>In children under the age of 5 are vulnerable to Kawasaki disease, this is a strain of COVID-19.</u></p> <ul style="list-style-type: none"> 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 	L		

					<p>All staff and parents/carers have been 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.</p> <ul style="list-style-type: none"> • All staff/parents and carers supported to follow up to date health protection advice on household or self-isolations. • All staff/parents and carers supported to follow Test & Protect Guidance if they or someone in their household exhibits COVID-19 symptoms. • All staff/parents/carers supported to follow Test & Protect Guidance if they have been identified by NHS Contact Tracers, as a close contact with the virus. <p>IF STAFF, CHILDREN OR FAMILIES ARE SYMPTOMATIC:</p> <ul style="list-style-type: none"> • It is essential that people do not attend a setting if symptomatic. People who are in a household contact 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. • 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 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, <i>even if they have a negative test.</i> • 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. <p><u>COVID-19 SYMPTOMS IN SETTINGS</u></p> <ul style="list-style-type: none"> • Remind all staff that if they or pupils develop symptoms, they should be sent home. • Isolation Room – left hand changing room at Carronhill for potentially symptomatic pupils can be located until they can be collected. • Children who begin to show symptoms during session should be taken to isolation room, preferably with a closed door. Windows to be open for ventilation. Tissues and foot pedal bin to be provided. Children will be supervised to avoid unnecessary distress to a child/ young person. • Adult supervising child should try to keep 2m apart from child and wear PPE (apron, mask, gloves). • Children should avoid touching people, surfaces, and objects. Ensure child coughs into tissue and disposes in bin. • Parents/Carers called to collect from entrance of setting. <p><u>Guidance for households with possible Coronavirus Infection</u></p> <ul style="list-style-type: none"> • You may still have a cough or loss of, or change in, sense of smell or taste for several weeks after the infection clears. You can return to usual activities if you 			
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						haven't had a high temperature in 48 hours, without the need for medication to control fever.			
Spread of infection. Infection of staff, Children & visitors.	Staff Children & young people Visitors	Cross contamination of infection. Infection of staff, children and visitors	L	M	H	<p style="text-align: center;">TEST AND PROTECT</p> <ul style="list-style-type: none"> We will keep clear records of children and staff in our setting. We will liaise with partner providers regularly to ensure we have up to date information about times and days children attend other settings. Parents/carers encouraged to keep us up to date with any changes to childcare provision. 	L		
Spread of infection. Infection of staff, children & visitors.	Staff Children & young people Visitors	Cross contamination of infection. Infection of staff, children and visitors	L	M	H	<p style="text-align: center;">OUTBREAK MANAGEMENT</p> <p>Management of outbreaks in nursery will be led by Local Health Protection Teams (HPTs) alongside local partners following established procedures.</p> <ul style="list-style-type: none"> We will contact our local HPT & Local Authority if there is a single confirmed case of COVID- 19. We will contact our 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). We will contact our local HPT if there is an increase in respiratory illness for further advice. 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: <ul style="list-style-type: none"> 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. 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. Early Years settings should inform their Care Inspectorate in the event of any confirmed or suspected outbreak of infectious disease and specifically COVID-19. 	L		
Spread of infection. Infection of staff,	Staff Children & young people Visitors	Cross contamination of infection.	L	M	H	<p style="text-align: center;">LIMITING CHILDREN'S CONTACT</p> <ul style="list-style-type: none"> Our maximum group size is 16 children per session which is well below the guidelines for groups to be no bigger than 25 – 30 children. Children are not required to physically distance from each other or adults. 	L		

children & visitors.		Infection of staff, children and visitors				<ul style="list-style-type: none"> 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. Staff should only provide physical contact when absolutely necessary. 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. 			
Spread of infection. Infection of staff, children & visitors.	Staff Children & young people Visitors	Cross contamination of infection. Infection of staff, children and visitors	L	M	H	<p>OUTDOOR SPACE</p> <ul style="list-style-type: none"> We will maximise opportunities for outdoor play and activities through freeflow access to our outdoor when able. If outdoor equipment is being used, we will 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 will clean equipment which the children use between groups using them. Staff will 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 will provide all weather appropriate clothing, if they can, to avoid children sharing items. Staff and children will 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.) Staff and children should wash their hands when they go outside and come in from outside. Physical Education should only take place out of doors. If weather is extremely bad, then schools may use their judgement as to whether it is safe for children to be outside. 			
Spread of infection. Infection of staff, Children & visitors.	Staff Children & young people Visitors	Cross contamination of infection. Infection of staff, children and visitors	L	M	H	<p>SINGING, MUSIC AND DRAMA</p> <p>There is an increased transmission risk associated with music and drama activities.</p> <ul style="list-style-type: none"> Singing should not happen indoors, as an organised large activity. If a child sings naturally in the course of individual activities or play, they should not be discouraged to do so. 	L		
Spread of infection. Infection of staff, children & visitors.	Staff, Children & young people Visitors	Cross contamination of infection. Infection of staff, children and visitors	L	M	H	<p>PHYSICAL DISTANCING</p> <p>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</p> <ul style="list-style-type: none"> Adults will stay 2 metres apart from all other adults within the setting. All staff rooms have been reconfigured to ensure that physical distancing of 2m can be maintained. 	L		

<p>Spread of infection. Infection of staff, children & visitors.</p>	<p>Staff Children & young people Visitors</p>	<p>Cross contamination of infection. Infection of staff, children and visitors</p>	<p>L</p>	<p>M</p>	<p>H</p>	<p style="text-align: center;">FACE COVERINGS</p> <ul style="list-style-type: none"> • 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 in admin areas, staff rooms (except when eating) and other confined communal areas, where 2 metres distancing cannot be maintained. • Some adults will be exempt from wearing face coverings. <p>Parents/carers strongly encouraged to wear face coverings at drop off and pick-up. We politely ask only one adult to drop off/collect each child to reduce the number of adults at drop off and collection times.</p> <ul style="list-style-type: none"> • Children may require support/reassurance about the reasons for adults wearing face coverings. • 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 give to staff on how to put on, remove, store, and dispose of face coverings must be provided to staff. • 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. • When temporarily storing a face covering (e.g. during sessions), it should be placed in a washable, sealed bag or container. Avoid placing it on surfaces, due to the possibility of contamination. • Re-usable face coverings should be washed after each day of use at 60 degrees centigrade or in boiling water. We advise staff to wear Type IIR face masks/ EN14683 medical face masks. • Disposable face coverings must be disposed of safely and hygienically. <p>Face Coverings</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ➢ 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 this circumstances (except where an adult or child/young person is exempt from wearing a covering). <p>TYPE IIR Face Mask</p> <ul style="list-style-type: none"> • 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 masks include a splash resistant layer to protect against blood and other bodily fluids. • When staff cannot keep 2m distance and are interacting with other adults face-to-face -a Type IIR face mask should be worn. <p>SUSPECTED COVID-19</p>	<p>L</p>		
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Spread of infection.	Staff Children & young people Visitors	Cross contamination of infection. Infection of staff, children and visitors	L	M	H	<p style="text-align: center;">EVACUATIONS</p> <ul style="list-style-type: none"> Muster Points are located to ensure social distancing (if child upset due to evacuation, they can be comforted by staff). Drill practice to be carried out with staff and pupils lead by the EYLP termly. When not a drill all people occupying the site should evacuate as quickly as possible (without panic) and then when at assembly point. 	L		
Spread of infection. Infection of staff, children & visitors.	Staff Children & young people Visitors	Cross contamination of infection. Infection of staff, children and visitors	L	M	H	<p style="text-align: center;">PROVISION OF MEALS AND SNACKS</p> <p>Staff ensure mealtimes are a relaxed and enjoyable time where children can socialise, while implementing practical approaches to prevent the spread of infection.</p> <ul style="list-style-type: none"> Staff follow usual good hygiene practices when preparing or serving food. Staff are aware of food allergies and intolerances and support children with these. Limit the number of staff using staffrooms or bases to eat. Social distancing to apply. All areas and surfaces should be kept as clear and clean; all dishes should be washed, dried, and tidied away for good hygiene. Safe hygienic and labelled food storage is necessary for main fridge. <i>Communal bowls, dishes and jugs should not be used. Staff should always serve food and drinks to children. Staff should always make water available, but children must not self-serve.</i> All rubbish and waste should be put straight in the bin by children/ staff (own)and not left for someone else to clear up. All areas used for eating must be thoroughly cleaned at the end of each sitting and session, including chairs, door handles, vending machines etc. 	L		

Process/Activity: Infection Prevention & Control	Location: All ECS Establishments	Date: 16/2/21
Establishment RA Author: Caroline Duncan	Date of Review: March 2021	