



COVID-19

Infection Prevention and Control guidance for Early Learning and Care and School Age Childcare settings during the COVID-19 Pandemic

V1.7 07.07.21

Note: If you have any queries on this guidance please contact the AMRIC team at hcai.amrteam@hse.ie

Version	Date	Changes from previous version
1.7	07.07.2021	Change in terminology and definitions on vaccine protection
1.6	14.06.2021	Updated to reflect latest contact tracing recommendations for those with significant vaccine protection
1.5	24.03.2021	Updated section on spread of the virus Updated section on samples and testing for the virus Updated recommendation on the use of face covering by staff in early learning and care and childcare settings Reference to increasing ventilation indoors and in vehicles in so far as practical consistent with comfort and security.
1.4	04.03.2021	Removal of appendix 1 and link to sample parental declaration form https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/educationguidance/
1.3	26.02.2021	Close contacts updated to advise restrict movement in line with current HPSC advice – link provided
1.2	31.07.2020	Introduction. Statement that medical practitioner/assurance is not required for return to childcare and introduction of the concept of parental declaration Information of COVID-19. Statement that routine testing of asymptomatic children and childcare workers is not required and that when testing is required the standard testing pathway is generally appropriate How to help prevent spread of all respiratory viruses including COVI-19. Statement that on site temperature checking is not recommended and advice to comply with Government advice regarding travel. Managing visitors. New information on managing visitors Limiting the extent to which groups of people mix with each other. Clarification on pod structures and more flexibility in relation to examples of possible pod structures Physical distancing measures. Statement to encourage outdoor activities Transport to and from childcare. Details on transport arrangements Hygiene measures and cleaning regimes. Clarification that cloth face coverings by childcare workers it appropriate if it is not a barrier to care and reference to the option of a visor. Advice against use of newer disinfection technologies. Selection and management of toys. Guidance on kinetic sand and sand pits Children with additional support or care needs. This is a new section Parent and Toddler Groups. This is a new section If a child or staff member is in the child care facility at the time that they feel unwell. Clarification that a temperature of 38°C should not be discounted as teething, that a staff member who has helped someone who is unwell does not need to go home, that the entire pod does not need to go home, parental declaration on return to childcare and link to guidance on First Aid Advice on Cleaning. Additional details and a new table Appendix 1. Sample Parental Declaration Form
1.1	24.06.2020	Altered wording regarding contact tracing to reflect changes in National Contact tracing guidance regarding suspected cases which is in line with actions for current phase of pandemic.
1.0	27.05.2020	Initial guidance

Table of Contents

Introduction	4
COVID-19.....	5
COVID-19 Vaccination.....	7
How to help prevent spread of all respiratory infections including COVID-19.....	8
1. Raise awareness.....	8
2. Hand Hygiene	9
3. Respiratory Hygiene.....	9
4. Managing visitors	10
5. Limiting the extent to which groups of people mix with each other.....	10
6. Physical distancing measures.....	12
7. Transport to and from childcare	13
8. Hygiene measures and cleaning regimes.....	13
9. Selection and management of toys from an infection prevention viewpoint.....	15
10. Cleaning of Toys	15
11. Plan.....	16
12. Children with additional support or care needs	17
13. Parent and Toddler Groups.....	18
If a child or staff member is in the childcare facility at the time that they feel unwell and develop symptoms of infection	18
What to do if there is a confirmed case of COVID-19 in your childcare setting	20
Advice on cleaning	21
Cleaning of communal areas if a person is diagnosed with COVID-19	23
Laundry if a person is diagnosed with COVID-19.....	24
Managing rubbish if a person is diagnosed with COVID-19.....	24
Key Good Practice Points for Staff Members.....	24

Introduction

This document does not replace existing health and safety regulations or other legal obligations for early year's childcare providers. It is intended to supplement existing infection prevention and control guidance by providing information around specific concerns relating to COVID-19.

It is important for parents and for those who deliver childcare to accept that no interpersonal activity is without risk of transmission of infection at any time. Generally the closer the physical contact, the more likely infection is to spread from one person to another. There are particular issues with small children because they tend to put things in their mouths and naturally seek very close contact with caregivers and other children. Many childcare services have had experience of dealing with these challenges in the context of bacteria that cause diarrhoea such as Verotoxigenic *E. coli* (VTEC) or of flu-like illness in childcare services. The risk of spread of infection in childcare or other settings is related to the size of the groups of people that interact with each other. Generally the larger the number of people in a group, the more people are placed at risk of infection if infection is accidentally introduced. These issues are brought into sharper focus during a pandemic, but the principles are not different from those that apply to childcare at any time. Most parents understand that some level of risk of infection is unavoidable as a part of a normal childhood. However, parents are very different with respect to their tolerance of infection risk and ability to accept infection and the harm it causes. Therefore, it is important that parents have a clear understanding of the benefits and risks of childcare and that it is not possible to guarantee that infection can be prevented in any setting either in a childcare centre, school or in a home.

Requiring assurances/certification from medical practitioners prior to attendance at childcare or prior to return to childcare after an absence is not appropriate as it places an unnecessary demand on the healthcare system and there is no reason to expect it to increase the safety of childcare services. Any process of medical certification in this context will of necessity relate to the child's condition one or more days before attendance for childcare and the child's condition may have changed in the interim. In any case, there is no reason to believe that such a process could make any practical difference to the actual risk of COVID-19 infection for the child themselves, for other children attending childcare or for childcare workers beyond that which is achieved by parental judgment supported by vigilance on the part of sensible and experienced childcare workers. Parents of children who have medical conditions that require ongoing regular medical care will have an opportunity to discuss concerns they may have with the child's doctor during regular review visits. Parents must be trusted to incorporate that advice into their decisions regarding childcare so that it is not appropriate to require certification even in the case of such children. As below it may be helpful to ask parents to make a verbal or written declaration on returning to childcare to confirm that they have no reason to believe the child has infectious disease and have followed

all medical and public health guidance they have received with respect to exclusion of the child from childcare services. A sample parental declaration form is available at the following link:

<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/educationguidance/>

Standard infection prevention and control procedures in childcare settings are always important but even more so in a pandemic situation. A heightened awareness by staff, parents and children (where age appropriate) is required so that they know how to protect each other and how to recognise and report symptoms of COVID-19 infection. One of the key challenges for all who care for children during this pandemic is to balance the need for a practical and sensible level of caution with the need to provide a nurturing and supportive environment for children. An atmosphere of fear and an overwhelming preoccupation with hygiene can be harmful to children without materially reducing the risk of infection beyond what can be achieved with a common sense approach. It is important to note that there is no infection prevention and control requirement to limit outdoor activities in the childcare centre and that trips to nearby parks and amenities can be managed with a low risk of infection if physical distance from other people is maintained.

This guidance will assist childcare settings in providing advice for staff on the following:

1. the novel coronavirus that causes COVID-19 disease;
2. how to help prevent spread of all respiratory infections including COVID-19;
3. what to do if someone who is confirmed or suspected to have COVID-19 has been in a childcare setting;
4. advice on how to clean /disinfect areas where there has been a case of COVID-19 in a childcare setting.

COVID-19

COVID-19 is a new illness that can affect your lungs and airways. It is caused by a new coronavirus (SARS-CoV-2). This virus is changing over time. Since late 2021 a variant of the virus (now called the alpha variant) that is more infectious has spread very widely throughout Ireland. This alpha variant of the virus is now the most common variant of the virus in Ireland. The virus is spread mainly through tiny particles scattered from the nose and mouth of a person with infection. The particles can be scattered when the infected person coughs, sneezes, talks or laughs. To infect you, the virus has to get from an infected person's nose or mouth into your eyes, nose or mouth.

This can happen - *if*:

1. You come into close contact with someone who is shedding the virus and who is coughing or sneezing and particles land directly in your eyes nose or mouth. This is called droplet spread;
2. You touch - with your hands - surfaces or objects that someone who has the virus has coughed or sneezed on, and then you touch your mouth, nose or eyes without having washed your hands thoroughly. This is called contact spread;
3. Very small particles (aerosols) containing the virus can stay in the air and be carried some distance through a room or building. Spread of the virus by aerosols has been a concern in certain healthcare settings from the start of the pandemic but has also become more of a concern in certain other circumstances as experience with the virus has grown and new variants have developed.

As COVID-19 is a new illness, we are still learning about how easily the virus spreads from person to person and how to control it, so it is important to keep up to date and make sure you are using the most up to date guidance available. This information is available from the following links:

- HSE-HPSC: <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/>
- HSE Hub: <https://www2.hse.ie/coronavirus/>
- Department of Health: <https://www.gov.ie/en/news/7e0924-latest-updates-on-covid-19-coronavirus/>

COVID-19 can be a mild or severe illness. Severe illness is much more common in older people (especially older than 70) and in people with certain medical conditions that place them at increased risk of severe COVID-19. Severe illness is much less common in children and young adults in good health.

Symptoms of COVID-19 include fever (high temperature), new cough, shortness of breath, difficulty breathing and loss or change to your sense of taste or smell.

People with symptoms of infection are very important in spread of the disease. Symptomatic people appear to be most infectious for other people in the early days after symptoms begin. Infection can also spread from people in the day or two before they get symptoms and it can spread from some people who get an infection but have no symptoms or such mild symptoms that they take little notice of them (asymptomatic spread). People are no longer infectious for other people 10 days after they have developed symptoms except in certain circumstances for example some people in a hospital setting.

Testing for COVID-19 is based on taking a sample from the nose and or throat. A sample taken from the back of the nose and throat (a nasopharyngeal sample) was the main sample used early in the epidemic but there is a lot of experience now with samples taken from deep in the nose (deep nasal swab) but without going all the way back. Deep nasal swabs (also called

mid-turbinate swabs) are much less uncomfortable for many children and adults and are almost as good a sample as the sample from the back of the nose and throat. Deep nasal swab should be used in children who are distressed or have been upset by a previous nasopharyngeal swab. Swabs taken from just inside the nose (anterior nasal swabs) do not work well and are not suitable.

The sample is tested for virus genes in the laboratory. There are also tests for virus (antigen tests) that can be used outside of the laboratory. These tests are being evaluated and are used in some settings in Ireland but they are not widely used in Ireland at the moment.

Routine testing of children or childcare workers who have no symptoms of COVID-19 and have not been identified as COVID-19 contacts is not recommended. If a parent or guardian is concerned that they or a child may have symptoms of COVID-19 they should self-isolate /isolate the child and telephone their doctor for advice. Public health guidance on testing is updated regularly. If they need a test their doctor will arrange testing for them through the usual pathway unless there is a specific clinical reason for prioritised testing.

When a person is diagnosed with COVID-19 the HSE works to identify people that the person was in close contact with since they got symptoms and for the 2 days before they got symptoms. People identified as close contacts are at a higher risk of developing infection. They are asked to restrict movement in line with current HPSC advice. Asymptomatic people with vaccine protection or who have had COVID in the previous 9 months do not usually have to restrict their movement if they are COVID-19 contacts. They do need to self-isolate if they have symptoms, even if they have been vaccinated. Contact tracing guidelines as applied to vaccinated people are here: https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/vaccination/Guidance_impact%20of%20vaccination%20on%20contact%20tracing%20guidance.pdf

COVID-19 Vaccination

Vaccination against COVID-19 started in Ireland in late December 2020. The HSE is rolling out the vaccination programme in line with Government Policy as quickly as possible given the supply of vaccine available to date. At present there COVID-19 vaccination of children aged under 16 is not recommended in Ireland. However there the European Medicines Agency has recently approved a vaccine for use in children aged 12 years and older.

For further information see the HSE website.

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

1. Children seem generally less likely to catch infection;

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

How to help prevent spread of all respiratory infections including COVID-19

Current information shows that COVID-19 can spread easily from people who have symptoms. It also can spread to some degree from infected person even before they develop any symptoms and from people who never develop symptoms. For these reasons, this guidance is based on two key parts:

1. Do whatever is practical to make sure that people with symptoms of COVID do not enter a childcare setting at any time;
2. Take all practical precautions to reduce the chance of spread of virus all of the time just in case an infectious person with no symptoms is in the childcare setting. This includes vaccination of childcare workers as soon as they are eligible for vaccination, greater attention to hand hygiene, respiratory hygiene, ventilation and cleaning. It also means limiting contact between people, keeping groups as small as possible and limiting mixing of people between the different groups. If someone who is not sick is shedding the virus, but they only mix with one fairly small group the number of people exposed to risk of infection is smaller.

The following are some general recommendations to reduce the risk of spread of infection in a facility:

1. Raise awareness

1. Promote awareness that vaccination of parents and childcare workers as soon as they are eligible for vaccination can help protect the childcare service and families who use the service;
2. Promote awareness of COVID-19 and of the symptoms of COVID-19 among staff, parents and children for example with posters and other messages;
3. Tell staff members that are ill not to attend work and to follow [HSE guidance on self-isolation](#).
4. Tell parents not to present their children for childcare if the child has symptoms of a viral respiratory infection or if there is someone in the household suspected or known to have COVID-19;
5. On site temperature checking is not recommended because fever is not a consistent

feature of COVID-19 in children and could result in delay in access to the childcare centre. Parents and childcare settings do not need to take children's temperature every morning;

6. Tell staff members not to present for work if they have been identified as a close contact of a person with COVID-19 unless they have been informed by the HSE contact management programme at this particular time point that they have vaccine protection or have had COVID-19 in the previous 9 months and therefore are not now required to restrict their movements, unless they develop symptoms. Note in some circumstances people with vaccine protection or have had Covid-19 in the previous 9 months may be also be advised by Public Health to restrict movements;
7. Tell staff members, parents and guardians should follow Government advice regarding travel and restriction of movement following travel available at <https://www.gov.ie/en/campaigns/75d92-covid-19-travel-advice/>. These restrictions also apply to children who travel outside of Ireland;
8. Tell staff members that develop symptoms at work to bring this to attention of their manager promptly and to follow HSE guidance on self-isolation and note that this still applies even if a staff member has vaccine protection or had had COVID-19 in the previous 9 months;
9. Promote good hand and respiratory hygiene as described below and display posters throughout the facility.

2. Hand Hygiene

Wash your hands regularly. Wash your hands with soap and running water when hands are visibly dirty. If your hands are not visibly dirty, wash them with soap and water or use a hand sanitiser. Services to support these measures will be needed. You should wash your hands:

1. Before and after you prepare food;
2. Before eating;
3. Before and after caring for sick individuals;
4. After coughing or sneezing;
5. When hands are dirty;
6. After using the toilet;
7. After changing a nappy;
8. After handling animals or animal waste.

Note some children may develop obsessional behaviour related to hand hygiene and may damage their skin through excessive washing. See HSE hand hygiene guidance at <https://www2.hse.ie/wellbeing/how-to-wash-your-hands.html>

3. Respiratory Hygiene

Cover your mouth and nose with a clean tissue when you cough and sneeze and then promptly dispose of the tissue in a bin and clean your hands. If you do not have a tissue, cough

or sneeze into the bend of your elbow instead, not into your hands.

Posters on preventing spread of infection are available on the HPSC website.

4. Managing visitors

1. Any visits to the childcare facility during the day should be by prior arrangement and visitors should be received at a specific contact point (for example an office) and be subject to the same controls that apply to staff entering the childcare facility;
2. Physical distancing should be maintained with visitors where possible;
3. If a childcare facility is likely to have a high throughput of visitors to a specific contact point for example an office, increase natural ventilation as much as possible taking account of comfort and security, the goal is gentle air circulation rather than strong air movements; consider too the use of physical barriers such as a screen when adequate distance cannot be reliably maintained or use of cloth face coverings as per NPHET guidance;
4. In relation to drop off of forgotten items (change of clothes, nappies, lunch boxes, etc.) a designated drop off point that does not require interaction with staff may be appropriate;
5. Parents visiting for meetings with staff should be by appointment when possible and should be facilitated in a way that observes social distancing requirements. Meetings should be arranged to ensure that congregation of parents in waiting areas is minimised for example where parents travel for a meeting by private car they may be invited to remain in the car until staff are ready to meet them. Weather permitting and if privacy is not compromised meeting outdoors can be considered.

5. Limiting the extent to which groups of people mix with each other

1. Arrangements for dropping off and picking up children from childcare should be organised to maintain distance between parents and guardians and between parents and guardians and the childcare workers;
2. Where children are walked to the childcare care centre or travel by public transport provide marked waiting areas that support social distancing. A childcare worker should come to receive the child and avoid or limit physical contact with the accompanying adult. If there is no shelter then it may be necessary to have pre-agreed staggered arrival times particularly in bad weather;
3. Where children are dropped off and picked up by private car, the accompanying adult should remain in the car with the child. A childcare worker should come to the car to receive the child and avoid or limit physical contact with the accompanying adult. Subject to available space there is no strict requirement for cars to arrive one at a time provided that those accompanying the child remain in the car and do not interact with those accompanying other children;

4. A similar process should be followed for pick up;
5. Where possible the risk of spread of infection may be reduced by structuring children and their carers into discrete groups or “pods” to the extent that this is practical;
6. The formation of “pods” is less relevant or not relevant in settings caring for smaller numbers of children. Generally the objective is to limit contact and sharing of common facilities between people in different pods rather than to avoid all contact and sharing between pods as the latter will not be possible;
7. Generally, it is only practical to structure pods for the specific childcare setting. It is not practical to group all children who attend the same breakfast club/school in the same pod in other childcare setting as there may be issues of age and compatibility. However, if there are 2 or more children in the same age group/pod/class in a school that also attend the same childcare setting it is generally appropriate for those children to be in the same pod in the childcare setting if that is practical;
8. It is also acknowledged that staff may need to operate in different play-pods at different times (e.g. morning and afternoon sessions). While this may be necessary in some cases, the number of play-pods serviced should be limited and all appropriate infection prevention and control measures including hand hygiene observed;
9. If it is essential and unavoidable that a staff member must work or move between more than one pod, this movement should be minimised as much as possible and undertaken in a highly considered way. This means strict adherence to IPC measures, (hand hygiene, use of face coverings). The risk associated with this movement between pods is further likely to be substantially reduced if the staff member has vaccine protection (as per definition within guidance) or if they have had COVID-19 in the previous 9 months;
10. There is no evidence base on which to define a maximum pod size. This guidance is based on keeping pod sizes as small as is likely to be reasonably practical in the specific childcare context;
11. Services should continue to operate within regulatory adult-child ratios. A pod is generally likely to include up to 2 adults. In some cases, a pod may require 3 adults for example if there are children with specific needs that require additional care or support or if this is more practical when caring for very young children. These are just two examples; other scenarios may apply;
12. Pod size may take account of regulations relating to the maximum adult-child ratios in the relevant regulation quoted below. On this basis, the size of a pod in a given setting will be related to regulations that apply to the childcare context with the principle of keeping pods as small as practical;
13. The current maximum adult-child ratios for children in full day care are 1-3 for those aged less than 1 year, 1 to 5 for those aged 1 year, 1-6 for 2-year olds and 1-8 for 3-6 year olds;

14. Bearing in mind that the goal is to keep pod size as small as is practical at all times and the above ratios the following are examples, but not specifications, regarding possible pod structures. A pod size of 8 to 12 (2 to 3 adults and 6 to 9 children) may be practical for children aged less than 1 year, a pod size of 12 to 18 (2 to 3 adults and 10 to 15 children) for children aged 1, a pod size of 14 (2 adults and 12 children) for children aged 2 years and a pod size of 18 (2 adults and 16 children) for children aged 3 to 6;
15. For sessional pre-school provision in the 2 years before school entry, the ratio is 1 to 11 and for school age childcare, the ratio is 1 to 12. In this context a practical pod size would be 24 (2 adults and 22 children) or 26 (2 adults and 24 children);
16. To the greatest extent possible children and adults should consistently be cared for /deliver care in the same pod although this will not be possible at all times;
17. Different pods should not share toys and should have separate breaks and meal times or separate areas at break and meal times;
18. Floating/relief staff members who move from pod to pod will be essential but this should be limited as much as possible and they should move between as few pods as possible and between a consistent group of pods. A single staff member who moves between a large number of pods can generate a very large number of Contacts amongst other staff and children if they develop COVID-19. The risk associated with floating/relief staff members is reduced if they have vaccine protection as per the definition in the guidance or if they have had COVID-19 in the previous 9 months;
19. Where practical, children from the same household should be in the same pod;
20. A record should be retained of the people (children and carers) in each pod on each day to facilitate Contact Tracing in the event of an episode of infection;
21. If childcare can be delivered effectively with a pod structure the pods may be separated from each other by light and/or transparent partitions of sufficient height to limit children interacting with each other. There is no requirement for solid partitions from floor to ceiling.

6. Physical distancing measures

1. In an Early Learning and Care or School Age Childcare setting, it is not possible to observe physical distancing from a child you are caring for and it is not practical to enforce physical distancing between children who are cared for as a group;
2. Sleeping cots should be arranged so that there is physical distance between groups of cots for children from different pods. Physical distance between cots from children in the same pod is not likely to be important if the children interact with each other when playing;
3. A distance of 2 metres is recommended for physical distancing by the National Public Health Emergency Team. In the context of childcare this is relevant to distancing

between adults when they are not engaged in childcare activity (for example when on breaks and arriving for work);

4. Stagger the use of canteen or other communal facilities to try to avoid crowding and in particular try to manage entry and exiting to avoid close contact in doors and hallways between children and adults from different pods;
5. Encourage outdoor activities as much as possible as the risk of spread of infection between people is much lower when they are outdoors;
6. In so far as consistent with comfort and security it is appropriate to increase ventilation by opening windows or doors when there is a group of people in a room or other indoor space.

7. Transport to and from childcare

1. Transport personnel should not attend for work if they have symptoms of COVID-19 or have been identified as close Contacts of COVID-19;
2. Transport personnel should be empowered to decline to transport a child who has obvious symptoms of infection;
3. The National Public Health Emergency Team recommends the use of cloth face coverings by people aged 13 years or older on public transport. This guidance is applicable in vehicles dedicated to transport of children to and from childcare settings where it does not pose a barrier to care. If the transport personnel are protected by a screen a face covering is not required. If no screen is available and a cloth face covering is not practical, a visor can be expected to provide substantial protection from droplets although there is a consensus of expert opinion is that a visor does not provide protection equivalent to a face covering;
4. Transport personnel should regularly perform hand hygiene;
5. Children should embark and disembark in a controlled way from the bus/car, that is one at a time and should perform hand hygiene on boarding;
6. Supplies of hand sanitizer, tissues, gloves or wipes should be supplied on board the transport vehicle for staff and children to use as needed;
7. As children using transport are likely to be in different pods within the childcare facility as much distance as is practical should be maintained on the bus/car;
8. Where possible, children from the same play-pods should be seated together;
9. Contact surfaces within the bus/car should be cleaned with water and detergent at least daily and whenever there is visible contamination;
10. In so far as consistent with comfort and security it is appropriate to increase ventilation by opening windows.

8. Hygiene measures and cleaning regimes

1. Where possible teach children how to clean their hands and about respiratory

hygiene;

2. Supply tissues and hand sanitisers / hand gel outside canteen, playrooms, and toilets and encourage children to use them. Hand sanitiser dispensers should be positioned safely to avoid risk of ingestion by young children;
3. Ensure hand-washing facilities, including soap and clean towels/disposable towels, are well maintained;
4. Hand sanitised dispensers should be readily available in every room and hand wash sinks should be within easy walking distance;
5. Soap should be neutral and non-perfumed to minimise risk of skin damage;
6. Be aware of the risk of skin damage related to excessive hand hygiene or intolerance of particular hand hygiene products. Damaged skin is not only harmful to the child or adult but also it is far more difficult to decontaminate damaged skin;
7. Staff should use face coverings in early learning and care settings when it is not possible to keep a 2m distance from other adults;
8. Staff should wear a face covering when in close proximity to children if doing so does not pose a barrier to early learning and care. It is expected that use of face coverings will generally be practical when attending to school age children;
9. Additional information on use of cloth face coverings and masks is available at the following link:
 - a. <https://www2.hse.ie/conditions/coronavirus/face-coverings-masks-and-covid-19/when-to-wear.html>
10. In some cases, childcare workers who wish to use a face covering but who find that a cloth face covering is an impediment to childcare may consider use of a visor. If a visor is used it should extend from above the eyes to below the chin and from ear to ear. A visor does not provide protection equivalent to a face covering;
11. Provide bins for disposal of tissues and make sure they do not overflow;
12. Increase the frequency and extent of cleaning regimes and ensure that they include:
 - a. Clean regularly touched objects and surfaces using a household cleaning product (detergent);
 - b. Pay particular attention to high-contact areas such as door handles, grab rails/hand rails in corridors/stairwells, plastic-coated or laminated worktops:
 - i. desks, access touchpads, telephones/keyboards in offices, and toilets/taps/sanitary fittings.
 - c. Wear rubber gloves when cleaning surfaces, wash the gloves while still wearing them, then wash your hands after you take them off;
 - d. Use of newer technologies e.g. fogger machines, air purifiers, etc. marketed for disinfection of surfaces or decontamination of air are not recommended. They have not been shown to make children less likely to get sick than good cleaning and the application of standard disinfectants in situations where this is specifically required. Some novel approaches to disinfection may require specific precautions in their application to avoid risk of toxicity.

9. Selection and management of toys from an infection prevention viewpoint

In line with existing national guidance it is recommended to:

1. Choose toys that are easy to clean and disinfect (when necessary) and dry;
2. In the context of the pandemic, the use of certain types of toys (e.g. soft toys, stuffed toys, play dough) needs to be considered carefully. If their use is considered important for the children avoid sharing of items between children in so far as is practical;
3. Play dough should be replaced daily and soft toys should be washed regularly;
4. Although it is not clear that kinetic sand poses a specific risk a container should be allocated to one pod or to a limited number of pods and containers cleaned regularly. There is no requirement to change kinetic sand at specific intervals;
5. If soft toys /comfort blankets are essential for some children they should be personal to the child, they should not be shared and they must be machine washable;
6. Jigsaws, puzzles and toys that children are inclined to put in their mouths must be capable of being washed and disinfected;
7. Discourage children from putting shared toys into their mouths;
8. Store clean toys/equipment in a clean container or clean cupboard;
9. Always follow the manufacturer's cleaning instructions;
10. Always wash your hands after handling contaminated toys and equipment;
11. If groups or children are cared for in pods or if there are morning and afternoon groups in the same room avoid sharing of toys between groups to the greatest extent possible for example by having separate boxes of toys for each group;
12. If separate toy boxes are not possible toys must be cleaned between use by different pods;
13. Outdoor sand pits that are managed in keeping with current national guidance are unlikely to post a significant added risk for spread of COVID-19 if used by one pod of children at a time. There is no requirement to allow a specific interval between use of a sand pit by one pod and by a subsequent pod.

Further guidance is available at <https://www.hpsc.ie/a-z/lifestages/childcare/>.

10. Cleaning of Toys

1. All toys (including those not currently in use) should be cleaned on a regular basis, i.e. weekly. This will remove dust and dirt that can harbour infectious microorganisms;
2. Toys that are used by very young children should be washed daily;
3. Toys that children put in their mouths should be washed after use or before use by another child;

4. All toys that are visibly dirty or contaminated with blood or body fluids must be taken out of use immediately for cleaning or disposal. Toys waiting to be cleaned must be stored separately.

Cleaning Procedure

1. Wash the toy in warm soapy water, using a brush to get into crevices;
2. Rinse the toy in clean water;
3. Thoroughly dry the toy;
4. Hard plastic toys may be suitable for cleaning in the dishwasher;
5. Toys that cannot be immersed in water i.e. electronic or wind up should be wiped with a clean damp cloth and dried.

Disinfection procedure

In some situations toys/equipment may need to be disinfected following cleaning. For example:

1. Toys/equipment that children will place in their mouths;
2. Toys/equipment that have been soiled with blood or body fluids.

During an outbreak of infection

If disinfection is required:

1. Use a chlorine based disinfectant at a concentration of 1,000ppm available chlorine (See <https://www.hpsc.ie/a-z/lifestages/childcare> Appendix F on Chlorine Based Disinfectants);
2. Rinse and dry the item thoroughly;
3. **Note:** Always follow the manufacturer's cleaning/disinfecting instructions and use recommended products to ensure effective usage and to ensure equipment is not damaged.

11. Plan

1. Have a plan for dealing with children and staff who become ill with symptoms of COVID-19. Make sure they know who to contact and where to go right away to self-isolate while they telephone their doctor or the occupational health service for medical advice;
2. Have a plan for how the setting will manage core services (for example accommodation, food, meals, laundry, cleaning, showers, toilets) in the event some

of the staff become ill with COVID-19 or need to restrict their movements due to being a close contact of a case;

3. Ensure that childcare workers are aware of the plan to manage a child who may develop symptoms of COVID-19 and that, at all times, there is at least one person who is prepared to undertake the care of such a child if the need arises;
4. Have a small supply of surgical masks in a readily accessible place for use if someone develops symptoms of COVID-19. Staff members caring for a sick child who is thought to have COVID-19 should wear a surgical mask and increase ventilation in the room as much as is practical consistent with comfort and security.

12. Children with additional support or care needs

1. Physical distancing is not a requirement for children in early learning and care and school age childcare settings and may not be practical or reasonable to implement where children have personal care or assistance needs;
2. The focus should therefore be on emphasising that parents/guardians should have a heightened awareness of signs, symptoms or changes in baseline which might suggest illness/COVID-19 infection and where symptoms are present, children should not attend for childcare;
3. Children who are unable to wash their hands by themselves should be assisted to clean their hands using either soap and water or a hand sanitiser (if their hands are visibly clean) as outlined previously;
4. If healthcare is provided to children in a childcare setting the childcare worker, nurse or healthcare assistant should follow the standard infection prevention and control practice for healthcare delivery, as advised by the child's parent and the health professional;
5. Some children may have care needs (physical, emotional or sensory) which require the use of aids and appliance and/ or medical equipment for example toileting aids, moving and handling equipment, respiratory equipment. Where cleaning of aids and appliances is carried out in the childcare setting it is recommended that a cleaning schedule is provided, detailing when and how the equipment is cleaned and the cleaning products to be used in accordance with the manufacturers' instructions;
6. The following points can guide the development of such cleaning schedules:
 - a. Equipment used to deliver care should be visibly clean;
 - b. Care equipment should be cleaned in accordance with the manufacturer's instructions. Cleaning is generally achieved using a general-purpose detergent and warm water;
 - c. Equipment that is used for different children must be cleaned and, if required, disinfected immediately after use and before use by another child e.g. toileting aids.
7. If equipment is soiled with body fluids:

- a. First, clean thoroughly with detergent and water;
- b. Then disinfect by wiping with a freshly prepared solution of disinfectant;
- c. Rinse with water and dry.

13. Parent and Toddler Groups

1. Parent and toddler groups can provide important support for parents and children but pose a risk of infection if they result in congregation of large groups of parents and children in particular if there is extensive and unstructured interaction between adults and children;
2. All meeting of groups of people should take account of Government policy on meetings of groups of people at the Framework Level in place at the time;
3. The risk of infection is reduced if parent and toddler group can meet /spend as much time outdoors as possible;
4. Groups should keep as small as possible and membership of a group should be stable and consistent from meeting to meeting to the greatest degree practical;
5. A system for pods within a group can help limit the spread of infection if infection is introduced;
6. The group should have a process for declaration of wellness from parents and children on arrival;
7. The group should have a process for recording attendance each day to support contact tracing in the event that a member of the group is diagnosed with infection;
8. The group should promote hand hygiene, cough etiquette, and cleaning as above for other childcare settings;
9. Parents should observe guidance on distancing and use of cloth face coverings.
10. If meeting indoors increase ventilation in the room as much as is practical consistent with comfort and security
11. Groups should identify someone as responsible for ensuring the cleaning, hygiene and promotion of the IPC measures which should be adhered to, at each session.

If a child or staff member is in the childcare facility at the time that they feel unwell and develop symptoms of infection

1. If a child develops any symptoms of acute respiratory infection including cough, fever, or shortness of breath while in the care facility, a staff member will need to take them to the place that is planned for isolation. This should be a room if possible but if that is not possible it should be place 2m away from others in the room. The place chosen should if possible be one that can be ventilated by opening a window or door;

2. Note that a temperature of 38°C should not be discounted on the basis that a child is teething. For information on teething see the link below: <https://www2.hse.ie/wellbeing/child-health/baby-teething-and-gums.html>
3. Call their parent or guardian and ask them to collect their child as soon as possible:
 - a. Physical separation and reasonable ventilation is enough to reduce risk of spread to others to a very large degree even if they are in the same room;
 - b. A staff member caring for a child waiting for pick-up will need to be prepared to have contact with the child as necessary. If there are staff members who have vaccine protection (as per guidelines) the risk of infection is lower if they undertake this role;
 - c. The childcare worker should wear a surgical mask. Staff members may prefer to wear gloves in this situation although they are not strictly necessary as the virus does not pass through skin. Whether gloves are worn or not it is essential to avoid touching your own nose, mouth or eyes while caring for a symptomatic child and to perform hand hygiene. If gloves are used, you must perform hand hygiene immediately after removal and safe disposal of gloves;
 - d. Where possible and consistent with comfort and security the staff member should increase ventilation in the area;
 - e. If a member of staff has helped someone with symptoms, they do not need to go home unless they develop symptoms themselves or unless they are subsequently advised to do so by public health.
4. If a staff member develops symptoms of acute respiratory infection including cough, fever or shortness of breath while in the care facility ask them to go home without delay and contact their GP by telephone:
 - a. They should remain 2 m away from others if possible;
 - b. They should avoid touching people, surfaces and objects and be advised to cover their mouth and nose with a disposable tissue when they cough or sneeze and put the tissue in the bin. If you don't have any tissues available, they should cough and sneeze into the crook of their elbow;
 - c. If they can tolerate doing so, they should wear a surgical mask;
 - d. If they must wait, then they should do so in an office or other area away from others and increase ventilation where possible;
 - e. If they need to use toilet facilities they should wipe contact surfaces clean and clean their hands after attending the toilet.
5. In an emergency, call the ambulance, and explain that the child or staff member is unwell with symptoms of COVID-19;
6. The room will need to be cleaned and contact surfaces disinfected once they leave;
7. If they need to go to the bathroom whilst waiting for medical assistance, they should use a separate bathroom if available and it needs to be cleaned and contact surfaces disinfected before use by others;

8. There is no requirement to send everyone else in the pod or the staff working the pod home or to disseminate information to all parents at that point. The childcare service should continue to provide care for other children unless there is specific grounds for concern regarding an outbreak for example an unusual number of children or childcare workers with similar symptoms at the same time. If there is a specific concern regarding an outbreak the service should contact the Department of Public Health;
9. When a child who has needed to stay away from child care for a period is ready to return to childcare the parent/guardian should be asked to provide a brief written declaration that they are satisfied that the child has recovered, that they have followed any medical advice given regarding staying away from childcare and that they have no reason to believe that the child now represents a particular infection risk to other children or to staff. Childcare workers should use their judgement also in considering if the child is well enough to return to childcare. It is not appropriate to require certification from a medical practitioner.

Note. If a child requires first aid in a childcare setting please see guidance from PHECC at the link below.

https://www.phecit.ie/PHECC/Publications_and_Resources/Newsletters/Newsletter_Items/2020/PHECC_COVID_19_Advisory_v1.aspx

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

1. All individuals with symptoms of COVID-19 should contact their GP for further advice;
2. If the doctor arranges testing and the test comes back as positive for SARS-CoV2 (COVID-19) they (or their parent) will be contacted by Public Health to identify anyone who has been in close contact with them during the period when they were likely to have been infectious;
3. The childcare setting will then be contacted by local Public Health staff of the HSE to discuss the case, identify people who have been in close contact with them and advise on any actions or precautions that should be taken;
4. An assessment of each childcare setting where this may occur will be undertaken by HSE public health staff;
5. Advice on the management of children and staff who came into close contact with the case will be based on this assessment;
6. The HSE Public Health staff will also be in contact individually with anyone who has been in close contact with the case to provide them with appropriate advice regarding testing and restriction of their movement to reduce the spread of infection;
7. Advice on cleaning of communal areas such as classrooms, changing rooms and toilets is outlined later in this document;

8. Confirmed COVID-19 cases should continue to self-isolate at home. Confirmed cases can generally stop isolating once it has been 10 days since symptoms first developed, of which the last 5 days have been fever free;
9. Close contacts of a confirmed case should go home and restrict their movements. If they have vaccine protection (as defined above) or have had COVID-19 in the previous 9 months this will be identified by the CMP or PH and they may be informed they no longer need to restrict their movements. Those with vaccine protection or have had COVID-19 in the previous 9 months may also be advised to restrict movement in some circumstances.

Advice on cleaning

Liquid particles (droplets and smaller particles) carrying the virus that causes COVID-19 can fall from the air on to surfaces such as tabletops, toys, and other things that we touch. If people contaminate their hands while sneezing or coughing they may contaminate surfaces by touching them. A person may become infected when they touch a contaminated object or surface and they then touch their own mouth, nose or eyes. For example someone may touch a contaminated door handle and then rub their eyes or put something in their mouth. The virus cannot grow on surfaces but it can survive if they are not cleaned. The virus gradually dies off over time and under most circumstances, the amount of infectious virus on any contaminated surfaces is likely to have decreased significantly by 72 hours. Regular cleaning of frequently –touched hard surfaces and of hands will therefore help to reduce the risk of infection.

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

1. Cleaning is best achieved using a general-purpose detergent and warm water, clean cloths, mops and the mechanical action of wiping/scrubbing. The area should then be rinsed and dried;
2. The routine use of disinfectants is generally not appropriate but is recommended in specific circumstances where there is a higher risk of cross-infection for example someone has become ill with an infection such as COVID-19 whilst in the childcare facility or if there has been a spillage of blood, faeces or vomit. See Table 1;
3. Disinfectants are potentially hazardous and must be used with caution and according to the manufacturer’s instructions. Surfaces and items must generally be cleaned before a disinfectant is applied as most disinfectants are inactivated by dirt however there are products that facilitate a combined cleaning and disinfection (2 in 1) process.

Table1. Cleaning options for childcare settings

	Routine	Post COVID case
--	---------	-----------------

Surfaces	Neutral detergent	Detergent AND 0.05% sodium hypochlorite OR Virucidal disinfectant
Toilets	Neutral detergent AND (optional) 0.1% Sodium Hypochlorite OR other virucidal disinfectant	Detergent and 0.1% sodium hypochlorite OR other Virucidal disinfectant
Cleaning equipment	Non –disposable cleaned at the end of cleaning session	Non-disposable cleaned and disinfected with 0.1% sodium hypochlorite OR other virucidal disinfectant
Personal protective equipment for cleaning staff	Uniform AND household gloves	Uniform AND plastic apron (if available) AND household gloves
Waste management	Domestic waste stream	Place in plastic bag and tie , then place in a second plastic bag and store securely for 72 hours before putting it out for collection in the normal domestic waste stream

Adapted from Table 1. ECDC Technical Report. Disinfection of environments in healthcare and non-healthcare settings potentially contaminated with SARS-CoV-2. March 2020.

1. The manufacturer’s instructions for mixing, using and storing solutions must always be followed;
2. Using excessive amounts of cleaning agents or disinfectant will not clean better or result in better disinfection but it may damage work surfaces, make floors slippery and give off unpleasant odours;
3. Water should be changed when it looks dirty, after cleaning bathrooms and after cleaning the kitchen;
4. Always clean the least dirty items and surfaces first (for example countertops before floors, sinks before toilets);
5. Always clean high surfaces first, and then low surfaces;
6. Separate colour coded cleaning cloths and cleaning equipment should be used for kitchen areas, classrooms and toilets;
7. Cleaning cloths can either be disposable or reusable. Disposable cloths should be disposed of each day;
8. Ideally, reusable cloths should be laundered daily on a hot wash cycle (at least 60°C) in a washing machine and then tumble dried;
9. Ideally, mop heads should be removed and washed in the washing machine at 60°C at the end of each day or in accordance with the manufacturer’s instructions;
10. If a setting does not have a washing machine, after use the cloths and mops should be cleaned thoroughly with warm water and detergent, then disinfected using a low concentration of household bleach rinsed and air dried;
11. Mop heads/buckets should not be cleaned in a sink that is used for food preparation;

12. Mop heads should not be left soaking in dirty water;
13. Buckets should be emptied after use, washed with detergent and warm water and stored dry;
14. If equipment is stored wet, it allows some infectious microorganisms to grow increasing the risk of cross infection. Viruses such as the SARS-CoV-2 virus cannot grow in this setting;
15. Waste bins should be emptied on a daily basis.

Tips for cleaning/disinfecting rooms where a child or staff member with suspected or confirmed COVID-19 was present (see Table 1 above)

1. Once the room is vacated, the room should not be reused until the room has been thoroughly cleaned and disinfected and all surfaces are dry;
2. The person assigned to clean the area should avoid touching their face while they are cleaning and should wear household or disposable single use non-sterile nitrile gloves and a disposable plastic apron (if one is available);
3. Where possible open a window or door to provide ventilation while cleaning;
4. Clean the environment and the furniture using disposable cleaning cloths and a household detergent followed by disinfection with a chlorine based product such as sodium hypochlorite (often referred to as household bleach). Chlorine based products are available in different formats including wipes. Alternatively use a 2 in 1 process of cleaning and disinfection with a single product for example certain wipes;
5. If you are not familiar with chlorine based disinfectants then please refer to the HPSC Management of Infectious Diseases in Schools available at <https://www.hpsc.ie/az/lifestages/schoolhealth/>
6. Pay special attention to frequently touched flat surfaces, the backs of chairs, couches, door handles and any surfaces or items that are visibly soiled with body fluids;
7. Once the room has been cleaned and disinfected and all surfaces are dry, the room can be put back into use;
8. Carpets (if present) do not require special cleaning unless there has been a spillage however for ease of cleaning, it is preferable to avoid carpets in areas of a childcare facility where children are cared for.

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

If the child or adult diagnosed with COVID-19 spent time in a communal area like a play area or sleeping area or if they used the toilet or bathroom facilities, then these areas should be cleaned with household detergent followed by a disinfectant (as outlined above) as soon as is practicably possible.

1. Pay special attention to frequently touched sites including door handles, backs of chairs, taps of washbasins, toilet handles. Once cleaning and disinfection have been completed and all surfaces are completely dry, the area can be put back into use.

Laundry if a person is diagnosed with COVID-19

1. Laundry for example from cots should be washed at the highest temperature that the material can stand;
2. Items can be tumble dried and ironed using a hot setting/ steam iron if required;
3. Household/rubber gloves can be worn when handling dirty laundry and items should be held away from your clothing. The gloves can be washed prior to removal and dried for reuse. Hands should be washed thoroughly with soap and water after removing the gloves;
4. If gloves are not available, hands should be washed thoroughly after handling laundry.

Managing rubbish if a person is diagnosed with COVID-19

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

Key Good Practice Points for Staff Members

Get vaccinated as soon as you are eligible for vaccination.

Keep the number of your social contacts small and keep your distance from people from outside your household both at work (when possible) and elsewhere.

Do not attend for work if you have symptoms of respiratory virus infection, cough, fever, shortness of breath, sudden loss of sense of taste or smell.

If you are considering travel outside of Ireland follow Government advice and note in particular advice to restrict movement on return.

Avoid touching your eyes, nose and mouth, respiratory viruses need access to these body sites in order to cause infection.

Clean your hands regularly using an alcohol-based hand rub (if hands are not visibly soiled) or by washing with soap and water.

Observe respiratory hygiene and cough etiquette for example when coughing and sneezing, cover your mouth and nose with a tissue. Discard the tissue immediately into a closed bin and clean your hands with alcohol-based hand rub or soap and water.

If you do not have a tissue cough into your upper arm or the crook of your elbow -do not cough into your hand.

ENDS