



COVID-19

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

V1.2 31.07.2020

Version	Date	Changes from previous version
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.
1.2	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



Version	Date	Changes from previous version
		<p>Transport to and from childcare. Details on transport arrangements</p> <p>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.</p> <p>Selection and management of toys. Guidance on kinetic sand and sand pits</p> <p>Children with additional support or care needs. This is a new section</p> <p>Parent and Toddler Groups. This is a new section</p> <p>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</p> <p>Advice on Cleaning. Additional details and a new table</p> <p>Appendix 1. Sample Parental Declaration Form</p>

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 speaking 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 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 Vero-Toxigenic *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 speaking the larger the number of people in a group the more people are placed at risk of 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 included below as Appendix 1.

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:

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

Information on COVID-19

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

This can happen - *if*:

- You come into close contact with someone who is shedding the virus and who is coughing or



sneezing.

- You touch - with your hands - surfaces or objects that someone who has the virus has coughed or sneezed on, and then touch your mouth, nose or eyes without having washed your hands thoroughly.

The virus that causes COVID-19 does not spread through the air over long distances (it is not airborne). This means that being in the same big room or in the same outside play area does not spread infection unless people are very close to each other or are touching the same things.

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 vulnerable for other reasons. Severe illness is much less common in children and young adults in good health. Symptoms include fever (high temperature), cough, shortness of breath, difficulty breathing.

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

Testing for COVID-19 is based on taking a sample from the back of the nose and throat and examining if for virus genes in the laboratory. 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, 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 for 14 days and are offered testing even if they do not develop symptoms.

Information on COVID-19 and Children

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 include cough, fever, runny nose, sore throat, diarrhoea and vomiting.
3. Children have rarely been the person who brought COVID-19 into a household when household spread has happened.
4. Children are not more likely than adults to spread infection to other people.
5. There are some recent reports that the virus that causes COVID-19 may trigger a rare [inflammatory disease called PIMS](#) in some children. PIMS stands for Paediatric Inflammatory Multisystem Syndrome.

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. 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 greater attention to hand hygiene, respiratory hygiene 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

- Promote awareness of COVID-19 and of the symptoms of COVID-19 among staff, parents and children for example with posters and other messages.
- Advise staff members that are ill not to attend work and to follow [HSE guidance on self-](#)



isolation.

- Advise 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.
- 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.
- Advise staff members not to present for work if they have been identified as a close contact of a person with COVID-19.
- All 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.
- Advise staff members that develop symptoms at work to bring this to attention of their manager promptly and to follow HSE guidance on self-isolation.
- Promote good hand and respiratory hygiene as described below and display posters throughout the facility.

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 sanitizer. Services to support these measures will be needed.

You should wash your hands:

- Before and after you prepare food.
- Before eating.
- Before and after caring for sick individuals.
- After coughing or sneezing.
- When hands are dirty.
- After using the toilet.
- After changing a nappy.
- 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>

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 wash 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.

2. Managing visitors

- 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.
- Physical distancing should be maintained with visitors where possible.
- If a childcare facility is likely to have a high throughput of visitors to a specific contact point for example an office consider 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.
- 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.
- 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.

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

- 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.
- 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.
- 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.
- A similar process should be followed for pick up.
- 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.
- The formation of “pods” is less relevant or not relevant in settings caring for smaller numbers of children. Generally speaking 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.
- Generally speaking, 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.

- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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).
- 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.
- Different pods should not share toys and should have separate breaks and meal times or separate areas at break and meal times.
- 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.
- Where practical, children from the same household should be in the same pod.
- 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.
- 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.

4. Physical distancing measures

- 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.
- 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.
- 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).
- 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.
- Encourage outdoor activities as much as possible as the risk of spread of infection between people is much lower when they are outdoors.

5. Transport to and from childcare

- Transport personnel should not attend for work if they have symptoms of COVID-19 or have been identified as close Contacts of COVID-19.
- Transport personnel should be empowered to decline to transport a child who has obvious symptoms of infection.
- 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.
- Transport personnel should regularly perform hand hygiene.
- 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.
- Supplies of hand sanitizer, tissues, gloves or wipes should be supplied on board the transport vehicle for staff and children to use as needed.
- 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.
- Where possible, children from the same play-pods should be seated together.
- Contact surfaces within the bus/car should be cleaned with water and detergent at least daily and whenever there is visible contamination.

6. Hygiene measures and cleaning regimes

- Where possible teach children how to clean their hands and about respiratory hygiene.
- 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.
- Ensure hand-washing facilities, including soap and clean towels/disposable towels, are well maintained.
- Hand sanitised dispensers should be readily available in every room and hand wash sinks should be within easy walking distance.
- Soap should be neutral and non-perfumed to minimise risk of skin damage.
- The National Public Health Emergency Team recommends the use of cloth face coverings by people aged 13 years or older in certain indoor settings. This guidance is applicable in childcare settings where it does not pose a barrier to care. This includes situations where there is interaction between adults when not caring for children. Guidance is available at the following link:
<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/useoffacemasksbythegeneralpublic/>
- 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.
- Provide bins for disposal of tissues and make sure they do not overflow.
- Increase the frequency and extent of cleaning regimes and ensure that they include:
 - Clean regularly touched objects and surfaces using a household cleaning product.
 - Pay particular attention to high-contact areas such as door handles, grab rails/hand rails in corridors/stairwells, plastic-coated or laminated worktops, desks, access touchpads, telephones/keyboards in offices, and toilets/taps/sanitary fittings.
 - Wear rubber gloves when cleaning surfaces, wash the gloves while still wearing them, then wash your hands after you take them off.
 - 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.

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

- In line with existing national guidance it is recommended to:
 - Choose toys that are easy to clean and disinfect (when necessary) and dry.

- 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.
- Play dough should be replaced daily and soft toys should be washed regularly.
- 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.
- 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.
- Jigsaws, puzzles and toys that children are inclined to put in their mouths must be capable of being washed and disinfected.
- Discourage children from putting shared toys into their mouths.
- Store clean toys/equipment in a clean container or clean cupboard.
- Always follow the manufacturer's cleaning instructions.
- Always wash your hands after handling contaminated toys and equipment.
- 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.
- If separate toy boxes are not possible toys must be cleaned between use by different pods.
- Outdoor sand pits that are managed in keeping with current national guidance are unlikely to pose 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/>.

8. Cleaning of Toys

- 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 germs.
- Toys that are used by very young children should be washed daily.
- Toys that children put in their mouths should be washed after use or before use by another child.
- 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

- Wash the toy in warm soapy water, using a brush to get into crevices.
- Rinse the toy in clean water.
- Thoroughly dry the toy.
- Hard plastic toys may be suitable for cleaning in the dishwasher.

- 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:
 - Toys/equipment that children will place in their mouths.
 - Toys/equipment that have been soiled with blood or body fluids.

During an outbreak of infection

- If disinfection is required:
 - 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).
 - Rinse and dry the item thoroughly.
 - **Note:** Always follow the manufacturer's cleaning/disinfecting instructions and use recommended products to ensure effective usage and to ensure equipment is not damaged.

9. Plan

- 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.
- 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.
- 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.
- Have a small supply of surgical masks in a readily accessible place for use if someone develops symptoms of COVID-19 if staff members caring for a sick child feel they need to use them.

10. Children with additional support or care needs

- Social 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.
- 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.
- 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.

- 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.
- 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.
- The following points can guide the development of such cleaning schedules:
 - Equipment used to deliver care should be visibly clean.
 - Care equipment should be cleaned in accordance with the manufacturer's instructions. Cleaning is generally achieved using a general-purpose detergent and warm water.
 - 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.
- If equipment is soiled with body fluids:
 - First, clean thoroughly with detergent and water.
 - Then disinfect by wiping with a freshly prepared solution of disinfectant.
 - Rinse with water and dry.

11. Parent and Toddler Groups

- 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.
 - The risk of infection is reduced if parent and toddler group can meet /spend as much time outdoors as possible.
 - 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.
 - A system for pods within a group can help limit the spread of infection if infection is introduced.
 - The group should have a process for declaration of wellness from parents and children on arrival.
 - 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.
 - The group should promote hand hygiene, cough etiquette, and cleaning as above for other childcare settings.
 - Parents should observe guidance on distancing and use of cloth face coverings.
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If a child or staff member is in the childcare facility at the time that they feel unwell and develop symptoms of infection

- 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.
- 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>
- Call their parent or guardian and ask them to collect their child as soon as possible.
 - Remember the virus is spread by droplets and is not airborne so the physical separation is enough to reduce risk of spread to others even if they are in the same room.
 - A staff member caring for a child waiting for pick-up will need to be prepared to have contact with the child as necessary. The childcare worker should wear a 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.
 - 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.
- 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.
 - They should remain 2 m away from others if possible.
 - 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.
 - If they can tolerate doing so, they should wear a surgical mask.
 - If they must wait, then they should do so in an office or other area away from others.
 - If they need to use toilet facilities they should wipe contact surfaces clean and clean their hands after attending the toilet.
- In an emergency, call the ambulance, and explain that the child or staff member is unwell with symptoms of COVID-19.
- The room will need to be cleaned and contact surfaces disinfected once they leave.
- 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.

- 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.
- 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/PH_ECC_COVID_19_Advisory_v1.aspx

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

- All individuals with symptoms of COVID-19 should contact their GP for further advice.
- If the doctor arranges testing 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.
- 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.
- An assessment of each childcare setting where this may occur will be undertaken by HSE public health staff.
- Advice on the management of children and staff who came into close contact with the case will be based on this assessment.
- The HSE Public Health staff will also be in contact individually with anyone who has been in close contact with the case to provide them with appropriate advice regarding testing and restriction of their movement to reduce the spread of infection.
- Advice on cleaning of communal areas such as classrooms, changing rooms and toilets is outlined later in this document.
- Confirmed COVID-19 cases should continue to self-isolate at home for a **minimum of 14 days** and should not return to the childcare setting until they are advised that it is safe to do so.
- Close contacts of a confirmed case should go home and restrict their movements for 14 days. They should not attend the childcare facility during that time. They will be offered testing for

COVID-19 and will need to stay away from the childcare centre for 14 days even if the virus is not detected on the tests. This is because some people who are infected do not have a positive test at the time the test was taken.

Advice on cleaning

Droplets 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.

- 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.
- 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.
- Disinfectants are potentially hazardous and must be used with caution and according to the manufacturer’s instructions. Surfaces and items must be 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	Neutral detergent AND 0.05% sodium hypochlorite OR Virucidal disinfectant
Toilets	Neutral detergent AND (optional) 0.1% Sodium Hypochlorite	0.1% sodium hypochlorite OR other Virucidal disinfectant

	OR other virucidal disinfectant	
Cleaning equipment	Non –disposable cleaned at the end of cleaning session	Non-disposable 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

- The manufacturer’s instructions for mixing, using and storing solutions must always be followed.
- 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.
- Water should be changed when it looks dirty, after cleaning bathrooms and after cleaning the kitchen.
- Always clean the least dirty items and surfaces first (for example countertops before floors, sinks before toilets).
- Always clean high surfaces first, and then low surfaces.
- Separate colour coded cleaning cloths and cleaning equipment should be used for kitchen areas, classrooms and toilets.
- Cleaning cloths can either be disposable or reusable. Disposable cloths should be disposed of each day.
- Ideally, reusable cloths should be laundered daily on a hot wash cycle (at least 60°C) in a washing machine and then tumble dried.
- 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.
- 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.
- Mop heads/buckets should not be cleaned in a sink that is used for food preparation.
- Mop heads should not be left soaking in dirty water.

- Buckets should be emptied after use, washed with detergent and warm water and stored dry.
- If equipment is stored wet, it allows germs to grow increasing the risk of cross infection.
- 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)

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

- Laundry for example from cots should be washed at the highest temperature that the material can stand.
- Items can be tumble dried and ironed using a hot setting/ steam iron if required.
- Household/rubber gloves can be worn when handling dirty laundry and items should be held away from 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
- If gloves are not available, hands should be washed thoroughly after handling laundry.

Managing rubbish if a person is diagnosed with COVID-19

- All personal waste including used tissues and all cleaning waste should be placed in a plastic rubbish bag.
- The bag should be tied when it is almost full and then place it into a second bin bag and tied.
- Once the bag has been tied securely it 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

- 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.



Appendix 1

This appendix presents a sample form that may be used to record a parental declaration made when a child returns to a childcare setting after an absence.

Return to Childcare Setting Parental Declaration Form

Childs Name:	Manager Name:
Parents/Guardians Name:	
Name of Setting:	
This form is to be used when children are returning to the setting after any absence.	
<p>Declaration: I have no reason to believe that my child has infectious disease and I have followed all medical and public health guidance with respect to exclusion of my child from childcare services.</p> <p>Signed _____</p> <p>Date: _____</p>	

ENDS