Part of
Education and childcare during coronavirus

DfE
Department for Education

Guidance
Safe working in education, childcare and children's social care settings, including the use of personal protective equipment (PPE)

Updated 17 July 2020

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This guidance applies to:

- staff working in education, childcare and children's social care settings in England
- children, young people and learners who attend these settings

Coronavirus (COVID-19) is highly infectious.

It explains the strategy for infection prevention and control, including the specific circumstances in which personal protective equipment (PPE) may be used in relation to coronavirus (COVID-19). It complements essentially local public health measures, as advised by Public Health England (PHE). This guidance uses the term 'must'. This guidance does not cover clinical medical interventions.

Main changes to previous guidance

We have updated this guidance to:

- align with updates to guidance for schools, further education institutions and early years settings in relation to face coverings
- provide guidance on using PPE for public sector buying organisations and the Crown Commercial Service (CCS) PPE website in addition to local procurement arrangements
- reflect updated content on the NHS test and trace system and provide links to information on how to contact local Public Health England health protection teams
- reflect the Department of Education's revised guidance on testing for staff in schools and other settings
- clarify that the same standard of PPE should be used where a child has tested positive for coronavirus (COVID-19) and needs to continue to be cared for within a setting
- clarify the need and whose responsibility it is to book a test when an individual displays symptoms of coronavirus (COVID-19)
- clarify that there are no additional PPE requirements because of coronavirus (COVID-19) for non-symptomatic children in residential settings who have been in contact with someone who has tested positive
- provide further guidance on personal protective equipments (PPE)
- link to Health and Safety Executive guidance on air conditioning and ventilation
- align with updates to guidance on waste disposal and cleaning of non-healthcare settings

Effective infection protection and control

These are important actions that children and young people, their parents and carers, and those who work in or visit education and children's social care settings should take to prevent the spread of the virus.

Transmission of coronavirus (COVID-19) mainly occurs through respiratory droplets generated by breathing, talking, coughing and sneezing. These droplets can directly infect (the respiratory tracts of other people) if there is close contact. They also can indirectly infect people who touch surfaces or objects that have been contaminated by droplets, which are then touched and introduced into the mouth or nasal or ocular mucosa (eyes). Droplets can also be inhaled into the lungs (in the form of aerosols), but this is only relevant to medical procedures for a very small number of children in education and social care settings.

In education, childcare and children's social care settings, preventing the spread of coronavirus (COVID-19) involves preventing:

- direct transmission, for instance, when in close contact with those sneezing and coughing
- indirect transmission, for instance, touching contaminated surfaces

A range of protective measures must be employed to reduce the risk of transmission of the infection. These are based on a system of controls that, when implemented, will create an environment safe enough to limit the risk of transmission of infection to substantially reduced. These controls are as follows:

1. Minimise contact with individuals who are unwell

If you have, or are showing symptoms of coronavirus (COVID-19) (a new continuous cough, a high temperature, or a loss of, or change in, sense of smell or taste, or feeling unwell generally), or have contacted a person who is, you should not be in a children setting, school or college. You should be at home, in line with the guidance for households with possible coronavirus (COVID-19) infection.

Children in residential schools and care homes who develop symptoms should be cared for in line with the guidance on managing the residential educational setting.

If you have symptoms you should arrange to have a test to check if you have coronavirus.

2. Clean your hands thoroughly more often than usual

Clean your hands more often than usual, particularly after arriving at your setting, when returning from breaks, when changing rooms, and before and after eating and drinking. Wash your hands for at least 20 seconds using soap and water.

To clean your hands, you should wash your hands thoroughly for 20 seconds with running water and soap and then dry them thoroughly, or use alcohol hand rub sanitiser ensuring that all parts of the hands are covered.

3. Ensure good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach

Avoid touching your mouth, eyes and nose. Cover your mouth and nose with disposable tissues when you cough or sneeze. If one is not available, sneeze into the crook of your elbow, not into your hand. Dispose of tissues into a disposable rubbish bag and immediately clean your hands after you have coughed, sneezed or touched tissues.

4. Introduce enhanced cleaning, including cleaning frequently touched surfaces often using standard products, such as detergents and bleach

Cleaning should be generally enhanced, including:

- more frequent cleaning of areas and objects that are used by different groups
- cleaning frequently touched surfaces more often than normal, such as:
  - door handles
  - handrails
  - table tops
  - play equipment
  - toys
  - electronic devices (such as phones)

When cleaning, use the usual products. Use detergents and bleach, because these are effective against coronavirus (COVID-19).

In education, childcare and children's social care settings should follow the PHE guidance on cleaning for non-healthcare settings.

5. Minimise contact between individuals and maintain distancing wherever possible

Where it is not possible to maintain distance, after the environment of your setting (such as classroom) and your timetables (such as staggered break time) to minimise contact between groups.

6. Where necessary, wear PPE

Most staff in education, childcare and children's social care settings will not require to wear PPE in addition to what they would normally wear. Very few do not need to be able to maintain distance of 2 metres from others.

PPE is only needed in a very small number of cases. It

An individual child, young person or other learner becomes ill with coronavirus (COVID-19) and is unable to return home, and is being cared for in a setting dedicated to a child, young person or learner already has positive infection or has been identified as the one off PPE, in which case the same PPE should continue to be used.

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Children in residential schools and care homes who develop symptoms should be cared for in line with the guidance on managing the residential educational setting.

Why this guidance is important

Education, childcare and children's social care settings and providers must ensure they are safe places for children, young people and learners to attend and for those who work within the setting is supported or confirmed to have coronavirus (COVID-19) to feel safe and know how to contact their local Public Health England health protection team, and to be able to access advice on managing coronavirus (COVID-19) in their setting.

Anyone who displays symptoms of coronavirus (COVID-19) can obtain a test. Tests can be booked on the NHS testing and tracing for coronavirus website or ordered by phone on 119. Tests are free of charge. Children, young people and learners in education, childcare or social care, and their households, have priority access to testing.

Settings must take swift action when they become aware that someone who has attended has tested positive for coronavirus (COVID-19). Based on the advice from their local Public Health England (PHE) health protection team, settings will need to work closely with the person who has tested positive to calculate the close contacts they were last in close contact with that person when they were infectious.

Further guidance is available on NHS test and trace, and there is a toolkit for schools. Further education institutions will apply equivalent

How to work safely in specific situations, including where PPE may be required

Reference to PPE in the following situations means:

- fluid-resistant surgical face masks (also known as Type IIR)
- aprons
- disposable plastic aprons
- eye protection (for example a face visor or goggles)

The PPE that should be used in the following situations when caring for someone with coronavirus (COVID-19) is:

- a face mask should be worn if a distance of 2 metres cannot be maintained
- if contact is necessary, then gloves, an apron and a face mask should be worn in addition to the usual personal protective equipment (PPE) that staff are wearing (the eye, for example, from coughing, spitting or vomiting

If a child tests positive for coronavirus (COVID-19) and needs to remain in a residential setting, the same type and level of PPE as above should be used.

When PPE is used, it is essential that it is used properly. This includes no longer hand hygiene and following guidance on how to put PPE on and take it off safely in order to reduce self-contamination.

Face masks must:

- cover both nose and mouth
- be fitted snugly and secured the neck
- not be touched once set up - except when carefully removed before disposal
- be changed when they become moist or damaged
- be worn once and then discarded - masks must be cleaned after disposal

What care should be taken in residential settings, including residential schools, residential special schools and children's care homes?

Residential settings in which no one is showing symptoms should operate like any other domestic household. However, it is important that staff buy and use hand sanitiser and hand soap.

If a child in a residential setting develops symptoms of coronavirus (COVID-19):

- a bed should be booked immediately to confirm whether the child has coronavirus (COVID-19)
- the isolation guidance for residential settings should be followed - including being clear on what a 'household' is in your residential setting
- the child should be treated as a household with other members of the 'household' as much as possible
- all other children living in the 'household' should also self-isolate in line with the guidance for households with possible coronavirus (COVID-19) infection
- staff can continue to travel and leave the home as required, consistent with PHE guidance, which should also provide guidance on what should follow good infection prevention and control
- staff should wear PPE for activities requiring close contact
- staff should adhere to distancing guidelines as far as they are able to but should take account of children's emotional needs

If a child with symptoms gets a test and the result is positive:

- the setting should contact their local Public Health England team immediately and follow their advice
- staff should wear PPE for activities requiring close contact

If a child who has been in close contact with someone who has tested positive for coronavirus (COVID-19) develops symptoms of coronavirus (COVID-19), the setting PPE is required to be using that setting for the child unless the child therefore develops symptoms and close contact is necessary.

What care should be taken in foster care settings?

Foster care is which no one is showing symptoms of coronavirus (COVID-19) should operate like any other domestic household.

If foster carers are caring for a child who develops symptoms of coronavirus (COVID-19), they should self-isolate in line with guidance for households with possible coronavirus (COVID-19) infection and notify the child's social worker. The social worker should liaise with the fostering service to:

- assess the ability of the carer to continue to deliver care to the child
- ensure that the foster home follows the guidance for households to avoid the spread of infection
- consult the foster carer on how best to protect themselves and the child
- ensure that the foster home follows the guidance for cleaning in non-healthcare settings if the child tests positive, which gives priority access to tests for vulnerable workers and their households.

Foster carers also require PPE from their fostering service provider. If needed, in line with guidance for local authorities in relation to social care.

What care should staff visiting families in their own homes take?

We expect social workers to meet face to face with children wherever possible.

An initial risk assessment by telephone may be helpful.

In cases where households are being requested to self-isolate due to a case, or suspected case, of coronavirus (COVID-19), social workers should not visit the household. If a child tests positive for coronavirus (COVID-19), social workers, other children's social care staff and support also considering the need for a frame visit should follow the guidance on social care and childcare providers asked about setting-wide testing in relation to coronavirus (COVID-19).

- visits to children and young people
- visits to carers
- visits to the workforce
- national guidance on social distancing and hygiene
- statutory responsibilities, including safeguarding

Staff and their managers are best placed to make professional judgements of risk in each case and decide upon the nature of contact they need.

If households report no coronavirus (COVID-19) symptoms, no PPE is required, but a social worker may need to make a judgement about the risks to children and families should a frame visit be required. Some hygiene measures should be taken, such as washing hands before and after the visit, and not touching your face during the visit.

If households are reporting coronavirus (COVID-19) symptoms, PPE should be worn if a frame visit is required. Appropriate hygiene measures should also be taken, as encouraged in usual care.

If it is not possible to find out whether any member of the household is suffering from coronavirus (COVID-19) symptoms, PPE should be worn if a frame visit is required, taken where should not be taken. These risks include but are not limited to:

- knocking on the front door or ringing the doorbell and then stepping back to a distance of 2 metres in adherence to social distancing guidelines
- taking PPE as a precautionary measure

Should social care visits to extremely clinically vulnerable children and young people continue?

From 1 August 2020, the vast majority of children and young people who have been previously identified as 'clinically extremely vulnerable' will no longer need to shielding. However, there will be a small number of children and young people who will still be advised to shield. Their social care providers will advice when consultation with their specialist health professionals has taken place.

Read guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19.

Any social care workers who need to visit and support a clinically extremely clinical vulnerable children and young people should follow the guidance for the vulnerable of coronavirus (COVID-19).

Extra care should be taken in the event that a social care visit is required to a child or young person who is shielding. Consultation with the child's or young person's GP practice should take place in advance of the visit, to ensure that the child or young person is not at risk.

Good basic hygiene should be followed, such as handwashing or use of sanitiser before and after the visit, and avoiding touch faces during the visit.

Staff should also follow social distancing guidance where this is possible.

Visits to provide essential support such as social care or personal care should continue only following a risked risk assessment.

What care should be taken in hospital education settings?

Hospital clinical amenities and control teams will be able to advise healthcare for hospital schools on measures required and how to work safely in these settings.

What specific steps should be taken to care for children with complex medical needs, such as tracheostomies?

There are a small number of medical procedures which increase the risk of transmission through aerosols (the respiratory droplets formed from the patient's lungs). These are: These increase so aerosol generating procedures (AGPs). Within education and children's social care settings, AGPs are most likely to be required for children with complex medical needs, such as tracheostomies.

Staff performing AGPs in these settings should follow PHE's personal protective equipment (PPE) guidance on aerosol generating procedures, and wear the correct PPE, which is:

- a FFP3 respirator
- gloves
- a long-sleeved fluid-resistant gown
- eye protection

The respirator required for AGPs must be fitted by someone trained to do so. This is a fit test. Fit testing should be carried out by a competent person, who has been trained and supervised to perform this task and who has the appropriate equipment and facilities for fit testing persons. This could be through either the Designated Clinical Officer for SEND or the local authority school-based commissioning group, or the school nurse, or the local hospital.

Children and young people should be tested from the classroom or shared area for any signs of a fit test such as a disagreement seal with the dams (skin contact with respirator). If this is not possible, the respirator should be fitted by a competent person who has been trained and supervised to perform this task and who has the appropriate equipment and facilities for fit testing persons.

Fit tests should be carried out in a room with a ventilation system, or in a room with a window that can be opened.

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How should I care for children who regularly spit or require physical contact?

If non-symptomatic children present behaviours which may increase the risk of droplet transmission, such as spitting, or require physical contact, then the same PPE should be provided without change to the usual practice. They should continue to behave in the same way, including as existing routine use of PPE.

The issues will be specific to each child or young person and individual responses will be required. Staff should review and update risk assessments.

Children who are not showing symptoms of coronavirus (COVID-19) but, nonetheless, are additional PPE is necessary because they are accompanied by healthcare professionals, healthcare setting and so the risk of viral transmission is very low. However, additional measures should be taken to ensure that the risk is low. Risk assessments and arrangements should be reviewed in advance and put in place specific focus on surfaces, which are touched a lot.

Read guidance on cleaning for non-healthcare settings.

In non-residential settings, what should be done if a child, young person or other learner becomes unwell with symptoms of coronavirus (COVID-19) and needs to be cared for until they can return home?

If anyone in an education or childcare setting develops symptoms while settling, becomes unwell with a new, continuous cough or a high temperature, or has a loss of, or change in, sense of smell or taste, they should be sent home and should self-isolate in line with the guidance for households with possible coronavirus (COVID-19) infection. They should self-isolate for at least 7 days and arrange to have a test to see if they have coronavirus (COVID-19). If they live with someone who is vulnerable, they should stay for 14 days from when the household member first had symptoms.

If a child is seeking collection, they should be moved, if possible, to a room where they can be isolated behind a closed door, with appropriate ventilation and supervision depending on the age of the child. Ideally, a window should be opened for ventilation. If the child is able to move around, they should be given a face mask if it is tolerable from other people.

If they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom should be left locked and disinfected using standard cleaning products before being used by anyone else.

PPE should be worn by staff caring for the child while they await collection if direct personal care is needed and a distance of 2 metres cannot be maintained (for example, if they are young child or a child with complex needs).

An emergency call, dial 999 if they are unwell to an injured or their life is at risk. Do not call the ambulance, unless it is an emergency.

Ensure that the child's parents/carers are informed as soon as possible, and any children or young people who have been in close contact with them, as soon as they are aware. Staff should inform unless they develop symptoms themselves or they are taken advice to do so by NHS test and trace or the local PHE health protection team.

Everyone should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell. It is not necessary to send home other children or staff who have been after someone with symptoms has left, with the exception of those who are awaiting the infection on the other people.

Read PHE's 19 cleaning of non-healthcare settings guidance.

What protection is needed when settings organise transport for children?

If the children or young people being transported do not have symptoms of coronavirus (COVID-19), then the usual PPE for the setting is sufficient. Read the guidance on PPE for coronavirus for children and young people and their carers.

In non-residential settings, any child, young person or other learner who starts displaying symptoms of coronavirus (COVID-19) should be taken home by a parent or carer.

What care should be taken in relation to transport?

Transport providers should follow the guidance for transport to the more specific of coronavirus (COVID-19) and the guidance for transport providers.

PPE required for more complex or intimate care interventions

Risks associated with the use of PPE and other measures to minimise exposure

Are there any other risks associated with using PPE?

Have there been any concerns about the use of PPE?

Where can I find more information about the use of PPE?

possible, be collected by a member of their family or household. In exceptional circumstances, if this is not possible, and the setting needs to take responsibility for transporting them home, or if a symptomatic child or young person needs to be transported between residential settings, you should do one of the following:

- use a vehicle with a bulkhead or partition that separates the driver and passenger
- the driver and passenger should maintain a distance of 2 metres from each other
- the driver should use PPE, and the passenger should wear a face mask if they are old enough and able to do so

What care should be taken in early years settings?

Because it is challenging to reduce contact between young children in early years settings, regular cleaning and disinfection of surfaces, objects and toys, as well as handwashing, are particularly important. The use of soft toys and toys with intricate parts or that are otherwise hard to clean should be avoided.

Read guidance on cleaning for non-healthcare settings.

Settings should manage risks by keeping children in small groups and trying, as far as possible, to keep the same children and staff members together from day to day. Settings should consider staggering mealtimes and should discourage parents and carers from gathering at setting entrances. As far as possible, parents and carers should not enter early years premises.

Is PPE required for tasks involving changing nappies or general care for babies?

Staff should follow their normal practice when changing nappies and caring for babies more generally, provided the child is not showing symptoms of coronavirus (COVID-19). This includes continuing to use the PPE that they would normally wear in these situations, for example, aprons and gloves. If a child shows symptoms, they should not attend a childcare setting. They should be at home and get tested.

Does coronavirus (COVID-19) mean that PPE is needed for administering first aid?

Children, young people or learners who require first aid should continue to receive care in the same way. No additional PPE is needed because of coronavirus (COVID-19) for anyone who does not have coronavirus (COVID-19) symptoms.

Does coronavirus (COVID-19) mean that air conditioning should not be used?

You can continue using most types of air conditioning system as normal. However, if you use a centralised ventilation system that removes and circulates air to different rooms, it is recommended that you turn off recirculation and use a fresh air supply.

Read guidance on air conditioning and ventilation during the coronavirus outbreak.

How should I care for young children or children with special educational needs who do not understand why they must stay apart or who ignore distancing guidelines?

Young children and children with special educational needs may not be able to understand the need for social distancing and may also seek close interaction with their peers or adults to provide reassurance at a period of disruption to their routines.

It is imperative that education, childcare and children's social care settings conduct risk assessments around managing groups of children within the setting. This should include limiting the number of children in each group and reducing this to provide more space in each classroom or learning area.

As far as possible, small groups of children should be supported by consistent staffing, and groups should remain as consistent as possible throughout the outbreak.

How should PPE and face coverings be disposed of?

Used PPE and any disposable face coverings that staff, children, young people or other learners arrive wearing should be placed in a refuse bag and can be disposed of as normal domestic waste unless the wearer has symptoms of coronavirus (COVID-19), in line with COVID-19: cleaning of non-healthcare settings outside the home.

Used PPE and face coverings should not be put in a recycling bin or dropped as litter. Education, childcare and children's social care settings should provide extra bins for staff and customers to throw away face coverings and PPE and should ensure that staff and customers do not use a recycling bin.

Any homemade non-disposable face coverings that staff or children, young people or other learners are wearing when they arrive at their setting must be removed by the wearer and put in a plastic bag that the wearer has brought with them in order to take it home. The wearer must then clean their hands.

To dispose of waste such as disposable cleaning cloths, face coverings, tissues and PPE from people with symptoms of coronavirus (COVID-19), including people who are self-isolating and members of their household:

- put it in a plastic rubbish bag and tie it when full
- place the plastic bag in a second bin bag and tie it
- put it in a suitable and secure place marked for storage for 72 hours

This waste should be stored safely and securely kept away from children. You should not put your waste in communal waste areas until the waste has been stored for at least 72 hours.

Storing for 72 hours saves unnecessary waste movements and minimises the risk to waste operatives. This waste does not require a dedicated clinical waste collection in the above circumstances.

Settings such as residential care homes or special schools that generate clinical waste should continue to follow their usual waste policies.

Read COVID-19: cleaning of non-healthcare settings outside the home.

Is this page useful? Yes No Is there anything wrong with this page?

Coronavirus (COVID-19)

Coronavirus (COVID-19): guidance and support

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