Department for Education

Guidance

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

Updated 13 November 2020

Contents

Main changes to previous guidance

Effective infection protection and control

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

What care should be taken in residential settings, including residential schools, residential special

Please also see the New National Restrictions from 5 November.

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
- their parents or carers schools and children's care homes?
What care should be taken in foster care settings?
What care should staff visiting families in their own homes take?
What care should be taken in hospital education settings?
What specific steps should be taken to care for children with complex medical needs, such as tracheostomies?
How should I care for children who regularly spit or require physical contact?
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?
What protection is needed when settings organise transport for children?
What care should be taken in early years settings?
Is PPE required for tasks involving changing nappies or general care for babies?
Does coronavirus (COVID-19) mean that PPE is needed for administering first aid?
Does coronavirus (COVID-19) mean that air conditioning should not be used?
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?
How should PPE and face coverings be disposed of?

Print this page

It explains the strategy for infection prevention and control, including the specific circumstances in which PPE should be used, to enable safe working during the coronavirus (COVID-19) outbreak. If something is essential for public health reasons, as advised by Public Health England (PHE), this guidance uses the term 'must'. This guidance does not create any new legal obligations.

Main changes to previous guidance

We have added guidance on aerosol generating procedures (AGPs) in education and children's social care settings.

Effective infection protection and control

There are important actions that children and young people, their parents and carers, and those who work with them, can take during the coronavirus (COVID-19) outbreak to help prevent the spread of the virus.

Transmission of coronavirus (COVID-19) mainly occurs through respiratory droplets generated during breathing, talking, coughing and sneezing. These droplets can directly infect the respiratory tracts of other people if there is close contact. They also infect others indirectly. This happens when the droplets get onto and contaminate surfaces, which are then touched and introduced into the mouth or eyes of an uninfected person. Another route of transmission is through aerosols (extremely small droplets), but this is only relevant to medical procedures for a very small number of children in education and social care settings.

In all 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 can be seen as a system of controls that, when implemented, creates an inherently safer system in which the risk of transmission of infection is 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, your normal sense of taste or smell - anosmia), or have someone in your household who is, you should not be in a childcare setting, school or college. You should be at home, in line with the guidance for households with possible coronavirus infection.

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

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 or handling food, as well as after touching your face, blowing your nose and sneezing or coughing.

To clean your hands, you should wash your hands thoroughly for 20 seconds with running water and soap and 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 with soap and water or use a hand sanitiser.

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 rooms or shared areas 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, like detergents and bleach, because these are very effective at getting rid of the virus on surfaces.

All 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

You should, as much as possible, alter the environment of your setting (such as classroom layout) and your timetables (such as staggered break time) to minimise contact and mixing.

6. Where necessary, wear PPE

Most staff in education, childcare and children's social care settings will not require PPE beyond what they would normally need for their work, even if they are not always able to maintain a distance of 2 metres from others.

PPE is only needed in a very small number of cases if:

- an individual child, young person or other learner becomes ill with coronavirus (COVID-19) symptoms and only then if a distance of 2 metres cannot be maintained
- a child, young person or learner already has routine intimate care needs that involve the use of PPE, in which case the same PPE should continue to be used

Education, childcare and children's social care settings and providers are responsible for sourcing their own PPE. Read the technical specifications for personal protective equipment (PPE).

In addition to existing procurement routes, settings and local authorities can source PPE and cleaning products through the Crown Commercial Service (CCS) safer working supplies website. Suppliers and products listed on this website meet standards set out by the Department of Health and Social Care. Products purchased through this route will not detract from supply available to medical settings. In addition, public sector buying organisations have pre-existing experience and relationships across the education, childcare and children's social care sectors. Some of these organisations have e-catalogues offering PPE and cleaning products. They include:

- ESPO
- YPO
- NEPO

If education or childcare settings cannot obtain the PPE, they need they should approach their local authority. Local authorities should support them to access PPE suppliers and available stock locally, including through coordinating the redistribution of available supplies between settings according to priority needs.

If the local authority is not able to meet the PPE needs of education and childcare providers, it should approach its nearest local resilience forum (LRF), which will allocate stock if it is available once the needs of other vital services locally have been met. If neither the local authority or LRF are able to respond to an education or childcare setting's unmet urgent need for PPE, they will need to make their own judgement in line with their risk assessment as to whether it is safe to continue to operate.

The PPE portal can be used by children's homes, secure children's homes, and residential special schools to get critical coronavirus (COVID-19) PPE. These providers will receive an email invitation to register with the portal.

7. Where recommended, use of face coverings

From 1 September 2020, new guidance applies to the use of face coverings in education settings – see the guidance on face coverings in education. Further information is also available in the guidance for schools, guidance for early years, guidance for further education and guidance for higher education.

8. Engage with the NHS test and trace process and respond rapidly to confirmed cases

Education, childcare and children's social care settings and providers must ensure they understand the NHS test and trace process so that they know how to respond if anyone within the setting is suspected or confirmed to have coronavirus (COVID-19). They should also know how to contact the dedicated advice service introduced by Public Health England (PHE) and delivered by the NHS Business Services Authority, for further advice on how to respond to a confirmed case of coronavirus (COVID-19) if required.

The advice service can be reached by calling the DfE coronavirus helpline on 0800 046 8687 and selecting option 1 for advice on the action to take in response to a positive case.

Settings will be put through to a team of advisers who will inform them of what action is needed based on the latest public health advice. If, following triage, further expert advice is required, the adviser will escalate the setting's call to the PHE local health protection team.

Settings should report confirmed cases of coronavirus (COVID-19) through the online attendance form daily return. Settings should also continue to inform their local authority of any confirmed cases.

Anyone who displays symptoms of coronavirus (COVID-19) can and should get a test. Tests can be booked at NHS test and trace or ordered by telephone via NHS 119. Essential workers, which includes anyone involved in education, childcare or social work, and their households, have priority access to testing. Schools and FE providers also have access to a small number of home testing kits for use in line with our guidance on home testing kits.

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 the PHE dedicated advice service (or PHE local health protection team if escalated), settings must ask those people who have been in close contact with the person who has tested positive to self-isolate for 14 days since they were last in close contact with that person when they were infectious.

Following the launch of the NHS COVID-19 app in England, settings may find it helpful to refer to the guidance on the use of the app in schools and further education colleges. The app is intended for use by anyone aged 16 and over, including staff members, if they choose to do so. You should understand how the app relates to your setting's process for managing a positive case or an outbreak.

Further guidance is available on NHS test and trace, and there is also further guidance for schools, guidance for further education and guidance for early years providers.

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)
- disposable gloves
- 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 symptoms of 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
- eye protection if a risk assessment determines that there is a risk of fluids entering 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 scrupulous 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
- not be allowed to dangle around the neck
- not be touched once put on, except when carefully removed before disposal
- be changed when they become moist or damaged
- be worn once and then discarded - hands 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 soft toys are not shared between children.

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

- a test 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
- they should self-isolate, avoiding contact with other members of the 'household' as much as possible
- all other children living in the 'household' should also self-isolate in line with guidance for households with possible or confirmed coronavirus (COVID-19) infection
- staff can continue to enter and leave the home as required, consistent staff rotas should be used where possible and staff should follow good infection prevention 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 the PHE dedicated advice service immediately and follow their advice – this can be reached via the DfE coronavirus helpline on 0800 046 8687 and selecting option 1
- 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) is self-isolating within a residential setting, no additional PPE is required to be worn by staff caring for the child unless the child themselves develops symptoms and close contact is necessary.

What care should be taken in foster care settings?

Foster homes in which no one is showing symptoms of coronavirus (COVID-19) should behave 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 or confirmed 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 to avoid the spread of infection
- consult the foster carer on how best to protect themselves and the child
- arrange for the child to get tested through essential workers: get a test today to check if you have coronavirus, which gives priority access to tests for essential workers and their households

If foster carers develop symptoms of coronavirus (COVID-19), their fostering service should:

- assess the ability of the carer to continue to deliver care to the child
- ensure that the foster home follows the guidance for households with possible or confirmed coronavirus (COVID-19) infection to avoid the spread of infection
- if additional support is needed for the carer or child, ensure that staff providing this care are provided with PPE prior to entering the home and follow the guidance below on home visiting
- direct the foster carer to book a test through essential workers: get a test today to check if you have coronavirus, which gives priority access to tests for essential workers

Foster carers are able to request PPE from their fostering service provider, if needed, in line with guidance for local authorities on children's social care.

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

We expect social workers to make face-to-face visits wherever possible.

An initial risk assessment by telephone may be helpful.

In cases where households are being required to self-isolate due to a case, or suspected case, of coronavirus (COVID-19), or contact with someone who has tested positive for coronavirus (COVID-19), social workers, other children's social care staff and anyone else considering the need for a home visit should follow the children's social care services guidance and make a judgement about visiting which balances considerations of the:

- risks to children and young people
- risks to families
- risks 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 what form of contact they need.

If households report no coronavirus (COVID-19) symptoms, no PPE is required, but a distance of 2 metres should be maintained where possible. If this is not possible, you should undertake a risk assessment. Good basic hygiene should be followed, such as handwashing or use of sanitiser 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 distance of 2 metres cannot be maintained. Anyone displaying symptoms should be encouraged to book a coronavirus (COVID-19) test.

If it is not possible to find out whether any member of the household is suffering from symptoms of coronavirus (COVID-19) before face to face contact, steps should be taken where practical to mitigate risk. These steps include but are not restricted 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

Extra care should be taken when visiting a child or young person who is extremely clinically vulnerable and at very high risk of severe illness from coronavirus (COVID-19) due to an underlying health condition. For more information, read the guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19.

What care should be taken in hospital education settings?

Hospital infection prevention and control teams will be able to advise headteachers of 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?

It is vital that all children, young people and learners, including those with complex or additional health needs, are supported to continue their education and care in their education or children's social care setting, where it is safe to do so.

There are some additional considerations to support children, young people and learners who require procedures that may generate aerosols. This is because aerosol generating procedures (AGPs) can increase the risk of coronavirus (COVID-19) transmission in the presence of a positive case between those giving and receiving care.

We recognise that all settings, children, young people and learners will have individual needs. This guidance should be adapted to meet these specific and local circumstances. We know from the areas where this works well that collaboration between education and children's social care settings, families and local agencies to find solutions is key.

These principles for managing AGPs in education and children's social care settings provide a framework for this collective approach to support the education, care and safety needs of the child, young person or learner and of the setting.

Aerosol generating procedures (AGPs)

AGPs that are commonly performed in education and children's social care settings include:

- non-invasive ventilation (NIV)
- bi-level positive airway pressure ventilation (BiPAP)
- continuous positive airway pressure ventilation (CPAP)
- respiratory tract suctioning beyond the oro-pharynx [footnote 1] [footnote 2]

Procedures that are not classed AGPs include:

- oral or nasal suction
- the administration of nebulised saline, medication or drugs
- chest compressions or defibrillation
- chest physiotherapy
- the administration of oxygen therapy
- suctioning as part of a closed system circuit
- nasogastric tube insertion and feeding

Education and children's social care settings, health providers and local teams should work together to build on existing processes in place when implementing coronavirus (COVID-19) adjustments.

Education and children's social care settings should lead on assessments for their setting. The child, young person or learner's lead health professional should oversee their care assessments. PHE local health protection teams can advise on infection prevention and control concerns about the child, young person or learner, or the setting. Settings should work with the lead health professional to coordinate any assessments required, with input from PHE local health protection teams as needed.

Settings should be supported by local partners to review and build on existing risk assessments. This will allow the setting to consider any adaptations that they may need, for example, designating a room for undertaking AGPs, or if within a classroom, making sure that all other staff, children, young people and learners are at least 2 metres distance away (as recommended by infection prevention and control guidance and the system of controls set out in sections 1 to 8) with a window opened for ventilation.

We expect children, young people and learners with complex health needs will be able to return to their education or social care setting without settings needing to make significant changes to their ways of work beyond required adherence to the system of controls (as set out in sections 1 to 8). We do not envisage that settings will generally require specialist equipment, for example, tents or airflow systems.

Education, health and care plans

Settings and health care professionals need to work with individual children, young people and learners and their families to identify and manage risks to support the care of the child or young person and the safety of the setting. Where a child, young person or learner has an existing education, health and care (EHC) plan, settings and local agencies can work together to update it as necessary, building on current processes in place.

For children, young people and learners who do not have an EHC plan, a health assessment should be undertaken to determine levels of potential need and risk. If an AGP may be needed when travelling to and from the setting, this should be included in any risk or needs assessment.

PPE

Staff performing AGPs in education or children's social care settings should follow the infection prevention and control guidance on aerosol generating procedures which is based on advice from the Health and Safety Executive (HSE). They should also wear the correct PPE, which is:

- a FFP2/3 respirator
- gloves
- a long-sleeved fluid repellent gown
- eye protection

The respirator required for AGPs must be fitted by someone trained to do so

The respirator required for AGPs must be fitted by someone trained to do so. This is known as 'fit testing'. Staff in education and children's social care settings who need support with fit testing should contact the appropriate health lead for the child or young person. This could be through either the designated clinical officer for special educational needs and disabilities (SEND) for support from the local clinical commissioning group or the lead nursing team at the health provider.

Settings must be able to access the PPE they require for this purpose. Further information on sourcing PPE can be found in section 6 of the system of controls.

Healthcare professionals and others visiting settings that provide care should follow the infection prevention and control guidance, including the use of PPE. This describes the types of PPE that different groups undertaking different activities should use.

Principles

The following principles have been developed to support education and children's social care settings in their planning for routine AGPs.

Risk management

Settings should work collaboratively with their local authority, PHE local health protection team and others to consider current local context including current coronavirus (COVID-19) prevalence.

Children, young people and learners, as well as staff members and all other visiting professionals and persons, should follow the guidance for households with possible coronavirus infection if they or a member of their household or bubble experience coronavirus (COVID-19) symptoms, or if they have been notified by NHS Test and Trace to self-isolate. They should not attend the setting if they or someone in their household are showing symptoms or have tested positive for coronavirus (COVID-19).

Designating a room for AGPs

Children, young people and learners should ideally be taken from the classroom for any AGP to be carried out in a designated room.

Settings should designate a room for undertaking AGPs that is adequate for the individual and carer where possible.

The room should be adequate in size for the individual and carer and should have all non-essential furniture or equipment removed. For the furniture that cannot be moved, a wipeable covering should be placed on top. The room should have a door which can be closed, and a window opened for ventilation.

If a designated room for AGPs is not possible

If a designated room is not possible or available, an AGP can be undertaken within a classroom if all other staff and pupils are at least 2 metres distance away (as recommended by infection prevention and control guidance and the systems of controls set out in sections 1 to 8) with a window opened for ventilation.

Where possible, all other pupils and persons should leave the room prior to undertaking an AGP. This ensures the privacy of the child, young person or learner receiving an AGP, and safety for all those within proximity.

If using a multi-purpose room to undertake AGPs

Dependent on local situations a room may be identified as single or multi-use.

If using a multi-use room to undertake an AGP:

- there should be clear signage on the timing of the last AGP
- the room should be left for an hour for aerosol settle time post procedure
- the room must be cleaned before being used by another pupil or accessed without PPE

Ventilation

Ventilate the room for undertaking AGPs as much as reasonably possible.

In some cases, it might be possible to seat the child, young person or learner close to a window to improve ventilation. A sensible and pragmatic approach is required for this, particularly when the weather is poor.

Clearance of infectious particles after an AGP is dependent on the ventilation and air change within the room. Where possible, allow one hour for aerosol settle time post procedure with a window open before accessing without PPE or using again for an AGP.

Cleaning

Remove all non-essential items from the room and minimise clutter to make the process of cleaning the room following AGPs as straightforward as possible.

All surfaces where particles may have settled should be cleaned as outlined in the guidance on cleaning for non-healthcare settings.

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 biting, licking, kissing or spitting) or require care that cannot be provided without close hands-on contact, they should continue to receive care in the same way, including any 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 existing risk assessments.

In these circumstances, to reduce the risk of coronavirus (COVID-19) transmission, no additional PPE is necessary because these are non-symptomatic children in a non-healthcare setting and so the risk of viral transmission is very low. However, additional space and frequent cleaning of surfaces, objects and toys will be required. Cleaning arrangements should be increased in all settings, with a 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, childcare or non-residential children social care setting develops symptoms of coronavirus (COVID-19): a high temperature, new and persistent cough or a loss of, or change in, normal sense of taste or smell (anosmia), however mild, they should self-isolate for at least 10 days from when the symptoms started; or if they are not experiencing symptoms but have tested positive for coronavirus (COVID-19) they should self-isolate for at least 10 days starting from the day the test was taken.

If they have tested positive whilst not experiencing symptoms, but develop symptoms during the isolation period, they should restart the 10-day isolation period from the day they develop symptoms.

If a child is awaiting collection, they should be moved, if possible, to a room where they can be isolated behind a closed door, with appropriate adult supervision if required depending on the age of the child. Ideally, a window should be opened for ventilation. If it is not possible to isolate them, move them to an area which is at least 2 metres away 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 cleaned 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 (such as for a very young child or a child with complex needs).

In an emergency, call 999 if they are seriously ill or injured or their life is at risk. Do not visit the GP, pharmacy, urgent care centre or a hospital.

Any members of staff who have provided close contact care to someone with symptoms, even though wearing PPE, and any other members of staff or pupils who have been in close contact with them, even if wearing a face covering, do not need to go home to self-isolate unless:

- they develop symptoms themselves, in which case, they should also arrange to have a test
- the symptomatic person subsequently tests positive
- they are requested to do so by NHS Test and Trace or the PHE advice service or PHE local health protection team if escalated

Everyone should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell. Cleaning the affected area with normal household disinfectant after someone with symptoms has left will reduce the risk of passing the infection on to other people.

Read COVID-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), there is no need for a driver to use PPE. Read COVID-19: safer transport guidance for operators for further guidance on PPE and face coverings.

In non-residential settings, any child, young person or other learner who starts displaying coronavirus (COVID-19) symptoms while at their setting should, wherever 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 pandemic.

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 wear 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 disposable 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 waste bins for staff and customers to throw away disposable face coverings and PPE and should ensure that staff and customers do not use a recycling bin.

Settings should communicate clearly to pupils, staff and visitors a process for removing face coverings when those who use face coverings arrive at their setting and when face coverings are worn within a setting in certain circumstances.

The safe wearing of face coverings requires cleaning of hands before and after touching – including to remove or put them on – and the safe storage of reusable face coverings in individual, sealable plastic bags between use. Where a face covering becomes damp, it should not be worn and the face covering should be replaced carefully. See further guidance on face coverings in education settings.

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.

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1. The available evidence relating to respiratory tract suctioning is associated with ventilation. In line with a precautionary approach, open suctioning of the respiratory tract regardless of association with ventilation has been incorporated into the current coronavirus (COVID-19) AGP list. Currently, only open suctioning beyond the oro-pharynx is considered an AGP - oral or pharyngeal suctioning is not an AGP. The evidence on respiratory tract suctioning is being reviewed by the AGP panel. ↩
2. See guidance on infection prevention and control and assessing the evidence base for medical procedures which create a higher risk of respiratory infection transmission from patient to healthcare worker for more information. ↩

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