Part of
Education, universities and childcare during coronavirus

Department for Education

Guidance

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

Updated 1 March 2021

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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 students who attend these settings
- their parents or carers

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

On 1 March we updated this guidance to include changes to the system of controls, in line with sector specific information in the guidance for schools, guidance for specialist settings, guidance for early years, guidance for further education and guidance for higher education.

This includes:

- advice on the use and disposal of face coverings in education and childcare settings
- advice on the areas in which cleaning should be enhanced
- advice on how to consider minimising contact and maintaining social distancing wherever possible
- guidance on ventilation
- guidance on asymptomatic testing
- advice on organising transport for children

Effective infection protection and control

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

The main way of spreading coronavirus (COVID-19) is through close contact with an infected person. When someone with coronavirus (COVID-19) breathes, speaks, coughs or sneezes, they release particles (droplets and aerosols) containing the virus that causes coronavirus (COVID-19). These particles can be breathed in by another person. Surfaces and belongings can also be contaminated with coronavirus (COVID-19) when people who are infected cough or sneeze near them or if they touch them. If you have coronavirus (COVID-19), there is a risk that you will spread the virus onto surfaces such as furniture, benches or door handles even if you do not touch them directly. The next person to touch that surface may then become infected.

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

Public Health England (PHE) advise that the way to control the virus is the same, even with the current new variants. 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 in line with their wider risk assessment, creates an inherently safer system in which the risk of transmission of infection is substantially reduced. These controls are grouped into 'prevention' and 'response to any infection' and are outlined in more detail in the following sections. We are further strengthening the measures to provide more reassurance and to help decrease the disruption the virus causes to education.

Information on how to implement the system of controls in each particular setting can be found in the guidance for schools, guidance for specialist settings, guidance for early years, guidance for further education and guidance for higher education.

Prevention

1. Minimise contact with individuals who are required to self-isolate by ensuring they do not attend the setting

If you have a positive test for, 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 (including in your support or childcare bubble if you have one), you must not be in an education or childcare setting. You must stay 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 must self-isolate immediately and arrange to have a test to check if you have coronavirus (COVID-19).

2. Ensure face coverings are used in recommended circumstances

For guidance on where face coverings should be worn in education and childcare settings, see the guidance on face coverings in education. Sector specific information is available in the guidance for schools, guidance for specialist settings, guidance for early years, guidance for further education and guidance for higher education.

3. Ensure everyone is advised to clean their hands thoroughly and more often than usual

Clean your hands more often than usual, particularly:

- after arriving at the setting
- when returning from breaks
- when changing rooms
- before and after eating or handling food
- after touching your face, blowing your nose and sneezing or coughing

To clean your hands, you must 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.

4. Ensure good respiratory hygiene for everyone by promoting the 'catch it, bin it, kill it' approach

The 'catch it, bin it, kill it' approach continues to be very important. 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. Make sure that enough tissues and bins are available to support children, young people and students to follow this routine.

The e-Bug coronavirus (COVID-19) website contains free resources for schools, including materials to encourage good hand and respiratory hygiene.

5. Maintain enhanced cleaning, including cleaning frequently touched surfaces often using standard products, such as detergents

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)
- cleaning toilets regularly
- encouraging children, young people and students to wash their hands thoroughly after using the toilet
- if your site allows it, allocating different groups their own toilet blocks

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. This contains advice on the general cleaning required in addition to the existing advice on cleaning when there is a suspected case.

6. Consider how to minimise contact across the site and maintain social distancing wherever possible

You must, as much as possible, alter the environment of your setting (such as classroom layout) and your timetables (such as staggered break times) to minimise contacts and mixing between individuals. The overarching principle to apply is reducing the number of contacts between staff, children, young people and students.

Further information on how this can be implemented in each setting is available in the guidance for schools, guidance for specialist settings, guidance for early years, guidance for further education and guidance for higher education.

7. Keep occupied spaces well ventilated

Good ventilation reduces the concentration of the virus in the air, which reduces the risk from airborne transmission. This happens when people breathe in small particles (aerosols) in the air after someone with the virus has occupied an enclosed area.

It is important to ensure that occupied spaces are well ventilated and a comfortable environment is maintained. These can be achieved using the following measures.

Mechanical ventilation systems

These should be adjusted to increase the ventilation rate wherever possible, and checked to confirm that normal operation meets current guidance and that only fresh outside air is circulated. If possible, systems should be adjusted to full fresh air or, if not, then systems should be operated as normal as long as they are within a single room and supplemented by an outdoor air supply.

Natural ventilation

Open windows for natural ventilation. In cooler weather, windows should be opened just enough to provide constant background ventilation, and opened more fully during breaks to purge the air in the space. Opening internal doors can also assist with creating a throughput of air.

If necessary, external opening doors may also be used (as long as they are not fire doors and where safe to do so).

Balancing the need for increased ventilation while maintaining a comfortable temperature

You may want to consider:

- opening high level windows in colder weather in preference to low level to reduce draughts
- increasing the ventilation while spaces are unoccupied (for example, between classes, during break and lunch, when a room is unused)
- providing flexibility to allow additional, suitable indoor clothing
- rearranging furniture where possible to avoid direct draughts

Heating should be used as necessary to ensure comfort levels are maintained, particularly in occupied spaces.

Further advice on this can be found in Health and Safety Executive (HSE) guidance on air conditioning and ventilation during the coronavirus outbreak and CIBSE coronavirus (COVID-19) guidance.

8. Ensure individuals wear the appropriate personal protective equipment (PPE) where necessary

Face coverings are not classified as PPE (personal protective equipment). PPE is used in a limited number of settings to protect wearers against hazards and risks, such as surgical masks or respirators used in medical and industrial settings. A face covering is a covering of any type that covers your nose and mouth.

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.

If a child, young person, or student already has routine intimate care needs that involve the use of PPE, the same PPE should continue to be used.

During the coronavirus (COVID-19) outbreak, additional PPE is only required in a very limited number of scenarios:

- if an individual child, young person or student becomes ill with coronavirus (COVID-

19) symptoms and only then if a distance of 2 metres cannot be maintained
- when performing aerosol generating procedures (AGPs)

Depending on local arrangements, education and childcare settings may be able to access PPE for their coronavirus (COVID-19) needs via their local authority or local resilience forum. In this context, education and childcare settings means all registered childcare providers, schools (including independent schools, special schools, 16 to 19 academies and alternative provision) and FE providers.

For information on the arrangements in your local area, read personal protective equipment (PPE): local contacts for providers.

Where these local arrangements are not in place, education and childcare settings 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

Regardless of local arrangements, if any education or childcare setting has an urgent unmet need for PPE they should contact their local authority. For urgent unmet need, local authorities should support settings to access PPE suppliers and locally available stock, including through coordinating the redistribution of available supplies according to priority needs.

If the local authority or local resilience forum is unable 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 all special school settings to access coronavirus (COVID-19) PPE. These providers will have received an email invitation to register with the portal. Go to the PPE portal for information about ordering PPE.

9. Promote and engage in asymptomatic testing, where available

Rapid testing remains a vital part of our plan to suppress this virus. Settings should follow the guidance set out for their particular setting:

- primary schools, school-based nurseries and maintained nursery schools
- secondary schools and colleges
- specialist settings

Response to any infection

10. Promote and engage with the NHS Test and Trace process

To respond if anyone within the setting is suspected or confirmed to have coronavirus (COVID-19), education, childcare and children's social care settings and providers must ensure they:

- understand the NHS Test and Trace process

- take swift action when they become aware that someone who has attended has tested positive for coronavirus (COVID-19)
- 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) must self-isolate immediately and get a test. Tests for symptomatic illness can be booked online through the NHS Test and Trace website, 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.

For further advice on how to respond to a confirmed case of coronavirus (COVID-19), contact the PHE dedicated advice 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 NHS Business Services Authority 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.

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 10 full 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.

Working 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

Residential settings (including residential schools, residential special schools and children's homes)

Children's homes, residential special schools and colleges, and other mainstream boarding schools, 16 to 19 academies and residential FE providers are usually considered as 'households' for the purposes of the household self-isolation policy.

A setting's approach to deciding what constitutes a household and who should self-isolate because they are part of this household will depend on the physical layout of the residential educational setting, considering who shares a kitchen or bathroom, dormitories, and staffing arrangements.

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 residents.

During current restrictions, there are exceptions that allow for contact between parents and residents where residents do not live in the same household as both their parents, and for contact between siblings when they don't live together and one or more of them is a looked-after child or a 16 or 17 year old care leaver.

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

- a test should be booked immediately to confirm whether the resident 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 immediately, avoiding contact with other members of the 'household' as much as possible
- all other residents 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 resident's emotional needs

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

- the setting should contact their local health protection team who will take forward the contact tracing and support the home to manage through their response
- staff should wear PPE for activities requiring close contact

If a resident 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 resident unless the resident develops symptoms and close contact is necessary.

Where possible, residential settings should operate a consistent staff rota to minimise the risk of transmission. If a setting is self-isolating, they should follow careful infection control measures during and after visits, in the same way as any self-isolating household would if they had unavoidable visitors.

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 immediately 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.

Staff visiting families in their own homes

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
- 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 self-isolate immediately and 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.

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.

hospital schools on measures required and how to work safely in these settings.

Children with complex medical needs, such as tracheostomies

It is vital that all children, young people and students, 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 students 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 students 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 student 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 student '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 student, 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 students 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 students 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 students 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 student 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 students 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. 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 students, 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 students 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 student 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 student 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.

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.

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

If a child, young person or student develops 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), and 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 needs and age of the individual. 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, young person or student 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 student with complex needs). Read further information on the circumstances in which PPE should be used in section 6 of the system of controls.

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, unless advised to.

Any members of staff who have provided close contact care to someone with symptoms, regardless of whether they are wearing PPE, and any other members of staff, children, young people or students who have been in close contact with them, are only required to go home to self-isolate if:

- they develop symptoms themselves, in which case they should self-isolate immediately and 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)
- they have tested positive from a lateral flow device (LFD) test as part of a community or worker programme

Everyone should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell. The area around the person with symptoms should also be cleaned after they have left to reduce the risk of passing the infection on to other people.

Read COVID-19: cleaning of non-healthcare settings guidance.

Anyone in an education, childcare or non-residential children's social care setting who 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, should self-isolate immediately for the next 10 full days counting from the day after their symptoms started. If they did not have any symptoms but have had a positive test (whether this was an LFD or polymerase chain reaction (PCR) test), they should self-isolate from their test date.

If anyone tests positive while not experiencing symptoms, but develops symptoms during the isolation period, they must restart the 10-day isolation period from the day they develop symptoms.

Anybody who is contacted by NHS Test and Trace or the local health protection team and told to self-isolate because they have been a close contact of a positive case has a legal obligation to do so.

Protection needed when settings organise transport for children

If the children or young people being transported do not have symptoms of coronavirus (COVID-19) or a positive coronavirus (COVID-19) test, there is no need for additional measures to be taken. Read COVID-19: safer transport guidance for operators for further guidance on how to provide safer services.

In non-residential settings, if a child, young person or student displays coronavirus (COVID-19) symptoms, or has a positive test, while at their school they should avoid using public transport and, wherever possible, be collected by a member of their family or household. In exceptional circumstances, if parents or carers cannot arrange to have their child collected, if age-appropriate and safe to do so the child should walk, cycle or scoot home following a positive test result.

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 covering if they are old enough and able to do so

The local authority may be able to help source a suitable vehicle which would provide appropriate protection for the driver, who must be made aware that the individual has tested positive or is displaying symptoms.

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.

Early years settings can operate at normal group sizes. You should still consider how you can minimise mixing within settings, for example, using different rooms for different age groups, keeping those groups apart as much as possible. Minimising contact between groups can reduce the number of children and staff required to self-isolate in the event of children or staff testing positive for coronavirus (COVID-19).

We know that travel patterns differ greatly between settings. If those patterns allow, you should consider staggered starts or adjusting start and finish times to keep groups apart as they arrive and leave the setting. Staggered start and finish times should not reduce the amount of overall time children spend in the setting. A staggered start may, for example, include keeping the length of the day the same but starting and finishing later to avoid busy periods.

PPE 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.

PPE and first aid

Children, young people or students 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.

Air conditioning

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.

Social distancing: young children or children with SEND

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.

Disposing of PPE and face coverings

Used PPE and any disposable face coverings that staff, children, young people or students wear should be placed in a refuse bag and can be disposed of as normal domestic waste. If the wearer has symptoms of coronavirus (COVID-19), disposal of used PPE and face coverings should be 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 when face coverings should be worn within certain settings.

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. Staff, pupils and students may consider bringing a spare face covering to wear in the event that their face covering becomes damp during the day. 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.

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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