Department for Education

Guidance

Actions for early years and childcare providers during the coronavirus (COVID-19) outbreak

Updated 31 March 2020

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Main changes to previous guidance

On 30 March 2020, we updated the following sections:

- systems of controls and childminder sections: 'take 50% off their positive LTO bill'

On 26 March 2020, we also updated the following sections:

- clinically extremely vulnerable children
- clinically extremely vulnerable (shielding) children
- vulnerable children and young people
- key worker and parents: particular cases and template letters
- systems of controls: definition of a close contact
- parent and child groups: impact
- educational visits
- early years settings
- added hyperlink to technical guidance for local authorities

A list of the previous updates to this guidance is available.

Who this guidance is for

This guidance is for local authorities and early years providers in England. This includes early years providers in:

- maintained schools
- non-maintained schools
- independent schools
- all providers on the Ofsted early years register
- all providers registered with an early years childminder agency

It also includes local authorities, schools, colleges, and third party refer to actions for schools during the coronavirus outbreak although some of the information in this guidance is relevant to receipts.

This guidance does not apply to:

- nannies or au pairs, as they work in the child's or children's family home
- providers only for children over the age of 5 and registered with Ofsted on either the compulsory or voluntary childcare register – providers caring for children over the age of 5 should refer to the guidance for schools, colleges and children's services providers, and plan for school closures arising from the coronavirus (COVID-19) outbreak
- providers offering childcare through community activities, holiday clubs, breakfast or after-school clubs, further and other out-of-school provision, and childminders in protective bubbles for holiday and after-school clubs, until the end of the school year during the coronavirus (COVID-19) outbreak

Introduction

This guidance is provided to support early years settings to manage provision during coronavirus (COVID-19). Early years registered nurseries, pre-schools, childminders, maintained nursery schools, nursery classes in schools, and other provision registered with Ofsted or childminder agencies have to plan and adjust to the delivery of their curriculum.

The context of coronavirus in this pandemic creates an environment for childcare and staff where the risk of transmission of infection is substantially reduced. Settings will need to adjust their provision to ensure they can continue to operate safely.

We continue to work with the early years sector to understand how they can best be supported to ensure that sufficient, safe, appropriate and affordable childcare is available for those who need it now, and for all families who need it in the longer term.

Contingency framework

You should continue to operate as normally as possible during the coronavirus (COVID-19) outbreak, and in line with your business continuity and contingency plans. In the spread of the virus, then you may be asked to revise your delivery models for a short period of time. To help with this, we have published a contingency framework and guidance on considering childcare and early education provision.

Any decisions on social restrictions in any childcare or education settings will be made by central government.

Other guidance available

Infection prevention and control

- safe working in education, childcare and children's social care settings, including the use of personal protective equipment (PPE) - GOV.UK (www.gov.uk)

Self-isolating

- if you need to self-isolate or cannot attend due to coronavirus
- how to self-isolate if you live with others
- now at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection
- guidance for carers of people with confirmed coronavirus (COVID-19) infection who do not live with the person

Funding

- financial support for education, early years and children's social care
- use of free early education entitlements funding during coronavirus (COVID-19)
- 25 hours free childcare
- tax-free childcare

Coronavirus job retention scheme

- check if you can claim for your employees, furlough the Coronavirus Job Retention Scheme
- furlough a furlough scheme and further economic support announced
- claim for wages through the Coronavirus Job Retention Scheme
- coronavirus Job Retention Scheme (CJRS) – a step by step guide for employers

Other business support

- coronavirus (COVID-19): financial support for education, early years and children's services
- self-employed Income Support Scheme
- Business Interruption Loan Scheme announced 2020 to 2021: coronavirus response – local authority guidance
- apply for the Coronavirus Business Interruption Loan Scheme
- check if you is eligible for the coronavirus Local Restrictions Support Grant (for open businesses) Business Insurance ABI

EYFS disapplications and reforms

- temporary early years transition dates (EYFS) coronavirus (COVID-19)
- disapplications EYSFs/early assessment moderation coronavirus

Ofsted

- Ofsted's response to coronavirus (COVID-19)

Responsibilities of early years providers and local authorities

Early years providers' responsibilities

We understand that it may not be possible for all settings to be open at this time. You should continue to provide the early years provision for children whose parents or provisions needed locally to support the needs identified. Settings are responsible for:

- safeguarding - local agencies, services and contacts will be available to actively look for signs of harm and the greater risk of harm that your children may have been exposed to through coronavirus (COVID-19)
- ensuring the welfare of children who are still attending, the children who attend, as well as the risk assessments around COVID-19 coronavirus (COVID-19)
- in the case of vulnerable children, particularly those with social workers, early years providers should work with the local authority children's services and support their social worker if they attend
- planning and implementing the system of controls, building on the hierarchy of protective measures that have been in use throughout coronavirus (COVID-19)

Where early years settings are also caring for children over the age of 5, they should continue to provide care for children of key workers and children in protective bubbles in holiday clubs, and after-school and school settings during the coronavirus (COVID-19) outbreak.

Local authorities' responsibilities

Local authorities are responsible for:

- monitoring demand and capacity for childcare and should work with early years providers to ensure they are able to provide childcare for children who are eligible and attending childcare. We may receive providing childcare in alternative settings if necessary or working with neighbouring local authorities to ensure sufficient provision is available for those who need it during the pandemic
- continuing to safeguard and promote the welfare of all children in their area, working with partner organisations and agencies. throughout coronavirus (COVID-19) (for such as children identified as vulnerable children)
- ensuring that there is sufficient provision in place for children whose education, health and care (EHC) plan they maintain, and ensuring those children are able to access their provision, if they need to
- work together with local providers and services to actively look for signs of harm given the greater risk of harm some children may have been exposed to through the coronavirus (COVID-19) period

Ensuring sufficient places when settings have to close or have low capacity or demand

We understand some settings may be unable to open, especially if they are experiencing staff shortages due to self-isolation and sickness, or providing care levels of demand. Local authorities will work with local settings to determine the best way to ensure sufficient childcare.

Actions for local authorities to monitor and manage their local early years markets

Local authorities should:

- continue to work with early years providers to monitor and manage their local early years market
- develop an understanding of the place in childcare supply, and ensure that individual providers are experiencing and where they might temporarily be unable to open more widely or in part through coronavirus (COVID-19)
- where needed, manage the wider market facing issues that will be supported, including to work with providers to ensure that they are able to provide childcare for those who are working in a key provider and those who may maintain good operational practice in the workplace and home settings.

Shielding advice is being paused nationally from 31 March 2020. From 1 April 2020, clinically extremely vulnerable (CEV) people are no longer advised to shield but must continue to take extra care to reduce their risk of coronavirus (COVID-19) infection. Staff in settings with one CEV are advised to continue to work from home where possible, but if they cannot work from home they should attend their workplace.

Children who are clinically extremely vulnerable (CEV) are advised to continue to shielding until 31 July 2020. Children who are CEV are advised to continue to attend their school or other setting. While the risk of transmission between young children and adults is likely to be low, adults should continue to take care to socially distance from other adults including older children and parents.

CEV individuals (aged 18 years and over) have been prioritised for vaccination in phase 1 before the general population and in line with the priority groups set out by the Joint Committee on Vaccination and Immunisation. Current JCVI guidance states that children who are CEV should be offered the vaccine after adults who are clinically vaccinated. This may mean they are further delay on the offer of vaccination.

Staff who are clinically extremely vulnerable

Clinically extremely CEV staff can continue to attend early years settings. While in settings they must follow the system of controls and follow the hierarchy of protection.

Staff who are with children who are CEV can attend the workplace but must take more precaution good prevention practice in the workplace and at home.

Adults should maintain 2 metre distance from others. Where this is not possible, they should minimise the time they spend in close contact with other people (including children). While the risk of transmission between young children and adults is likely to be low, adults should continue to take care to socially distance from other adults including older children and parents.

Staff who are pregnant

You will need to follow the specific guidance for pregnant employees because pregnant women are at increased risk of severe illness from coronavirus (COVID-19) if they have certain conditions that mean they are considered CEV, where the advice is that clinically extremely vulnerable staff apply.

COVID-19 presents a risk for women of childbearing age, pregnant or recently pregnant women, and their babies.

Your workplace risk assessment should already consider any risks to female employees of childbearing age and pregnancy, to the health and safety of their unborn child, and notified that an employee is pregnant, breastfeeding, or has given birth within the last 6 months, in accordance with the Management of Health and Safety at Work Regulations 1999 as amended. You may need to modify any existing action but there needs to be taken to mitigate risks.

> Any risks identified at that point, or later during the pregnancy, in the first trimester, should be kept under review and the mitigation measures put in place included and managed as part of the general workplace risk assessment. You must take appropriate sensible action to reduce, remove or control the risks.

As part of your risk assessment, you should consider whether adapting duties and/or facilitating home working may be appropriate to mitigate risks.

You should be aware that pregnant women from 28 weeks' gestation, or with underlying health conditions that place them at greater risk of severe illness, may be considered clinically extremely vulnerable (CEV) from COVID-19. This is also the case for pregnant women with underlying health conditions that place them at greater risk of severe illness if they catch coronavirus (COVID-19).

Phone guidance and advice is available for coronavirus infection and pregnancy from the Royal College of Gynaecologists.

Staff who may otherwise be at increased risk from coronavirus (COVID-19)

Some people may be at increased risk of severe illness from coronavirus (COVID-19) but not clinically extremely vulnerable from coronavirus (COVID-19). These are people who fall into a range of underlying health conditions are now included in the CEV group and should have received a letter confirming this fact written to the patient.

For others who feel they may be at increased risk, where it is not possible to work from home, the risk should be managed in the workplace. The risk assessment process is the guidance set in place. You should continue with an equitable approach to management for your workforce, recognising that staff may have a variety of feasible concerns. Staff should be encouraged to discuss their concerns with their line manager and the increased risks they face.

There is further information available on who is at higher risk from coronavirus (COVID-19).

Staff who are both those who may have comparatively increased risk from coronavirus (COVID-19) can attend the workplace where it is not possible to work from home.

Staff shortages due to sickness or self-isolation

Settings that are experiencing staff shortages should:

- work with their local authority to identify how appropriate provision can be put in place, including by sharing staff across multiple settings if necessary
- where necessary, pool staff with another setting or take on qualified childminders and Barring Service (DBS) checked staff from other educational settings (including schools and colleges) and ensure they are fully briefed on the setting's systems and childminders to work with them at the setting. registered childminders can already do this under the EC 151 registration flexibility law.
- ensure staff are deployed to the most appropriate roles consistent on a weekly basis, rather than a daily basis, in order to limit contacts.

Staff meeting to quarantine

There is a list of risks about staff travel, their return travel arrangements could be disrupted due to coronavirus (COVID-19) restrictions and they may need to quarantine on their return. Guidance is available on how to quarantine when you arrive in England.

Recruitment

Recruitment should continue as usual. You should consider a flexible approach to interviews, with alternative options to face-to-face interviews if deemed appropriate.

Where face-to-face meetings are necessary, you should share the setting's control measures with candidates. Follow the hierarchy of protection and the system of controls principles that you have in place. This includes the requirements for wearing face coverings where social distancing cannot be managed safely.

When recruiting, you must continue to adhere to the legal requirements regarding pre-appointment checks.

Agency, peripatetic, students and other temporary staff

You can continue to use agency, peripatetic and other temporary staff, including students, as you would normally. You should be aware that agency staff may be at a slight elevated risk because the arrangements for managing and minimising contact on the workplace of contacts. They should also have access to information on the safety measures in place and be provided with information on how to report any concerns.

You can work with employment agencies, clubs and organisations for casual and some curricular activities. You should be satisfied that it is safe to do.

To help minimise the numbers of temporary staff entering the setting, you should consider:

- using longer assignments with agency staff
- agreeing to a minimum number of hours across the academic year

This also applies to other temporary staff such as:

- support staff working on an agency basis
- peripatetic staff such as music tutors and sports coaches
- those working in before and after school clubs and extra-curricular activities

Volunteers

Volunteers may be used to support the work of the setting, as would usually do the case. It is important that they are properly supervised and given appropriate roles.

Where you are using volunteers, continue to follow the supervision and safeguarding checks and risk assessment process. Under no circumstances should a volunteer who has not been checked and risk assessed be left unsupervised or allowed to undertake tasks in regulated activity.

Placing all volunteers across groups should be kept to a minimum, and they should adhere to the system of controls in place.

Student placements

Students completing level 2, level 3 qualifications, including the T level in Education and Childcare, and early years initial teacher training (EYITT) trainees, are included in the exceptions to the prohibition on non-essential travel and can continue to attend early years settings as placements.

We encourage you to find ways to continue hosting students completing level 2 and level 3 qualifications, including the T level in Education and Childcare, and EYITT trainees that require a placement. This is to ensure they can complete their course of study and staff. Trainees and students should follow the system of controls and adhere to early years settings.

Support for placements

Private, voluntary or independent settings which offer placements may be able to apply for a grant of up to £500 to cover the costs of providing the visit during the period 23 July 2019 to 31 March 2020 inclusive. Providers of apprenticeships should contact their local authority to check whether they are eligible to apply for the scheme.

Find out more from the traineeship employer incentive registration form.

Risk assessments

Employers have a legal duty to protect people from harm. This includes taking reasonable steps to protect staff, children and others from coronavirus (COVID-19) within the workplace.

You should implement sensible and proportionate control measures which follow the health and safety hierarchy of controls to reduce the risk to the lowest reasonably practicable level. This hierarchy of controls is set out in Annex 5, health and safety risk assessment.

You must regularly review and update your risk assessments – treating them as living documents. Ensure that you share the results of your risk assessment with your workforce. This includes having a live arrangements in place to monitor that the controls are:

- effective
- working as planned

You must ratify your staff and their health and safety representatives of reviews outcomes.

When conducting risk assessments, you should ensure consideration is given to staff who may be disproportionately impacted by coronavirus (COVID-19) for reasons other than underlying health conditions, such as those who are pregnant, or those from ethnic minority backgrounds, disabled people, or those who are older (women over 55, pregnancy, ethnicity and/or people's occupation).

Estates

Fire safety

Fire safety management plans should be reviewed and checked in line with operational changes. You should check:

- all fire doors are operational at all times
- the fire alarm system and emergency lights have been tested and are fully operational

Carry out emergency drills as normal. You should make adjustments to the drills to allow for social distancing as appropriate. Refer to fire safety advice.

Cleaning

Your cleaning management plans should be reviewed and checked in line with operational changes. You should check:

- all fire doors are operational at all times
- the fire alarm system and emergency lights have been tested and are fully operational

Carry out emergency drills as normal. You should make adjustments to the drills to allow for social distancing as appropriate. Refer to fire safety advice.

Where the information on specific venues is not available, they should be maintained in accordance with the guidance for workplaces, taking into account the risk to staff and visitors as well as attendees at events and performances.

Refer to the system of controls for guidance on how to keep occupied spaces well ventilated.

Reopening buildings

Unoccupied spaces have closed or have reduced occupancy, water system stagnation can occur due to lack of use. This can increase the risk of Legionnaires' disease.

Advice on what to do to reopening buildings safely can be found in the Chartered Institute of Building Services Engineers guidance on emerging from lockdown.

Emergency first aid

The Health and Safety Executive guidance on first aid during the coronavirus (COVID-19) pandemic supports local risk assessments and provides guidance for first aiders.

It's clear that treating any casualty properly should be the first concern. Where it is necessary to deal with a casualty suspected of coronavirus (COVID-19), personal protective equipment should be used to minimise transmission risks. Where appropriate, in adhering to these, the minimum amount of time should be spent with the casualty.

Employers should review their first aid certificates during the coronavirus (COVID-19) pandemic and be flexible in the guidance on extending expiry dates for refresher courses, where appropriate.

Public health advice

We have worked closely with the Department of Health and Social Care (DHSC) and PHE to develop this guidance. Based on the recent DHSC data, the risks to staff and children staff are similar to those for most other occupations.

The way to control this risk is the same, even with the current variants.

You must comply with health and safety law and put in place proportionate control measures. To meet these obligations, you must:

- review your health and safety risk assessments in light of the refreshed guidance on ventilation
- make any necessary changes to your control measures applying the system of controls

System of controls

The 'system of controls' set out in this section provides a set of principles for infection control in schools. Following these principles will reduce the risk of these control measures; they will effectively minimise risk of cross-infection.

We know that the predominant variant of coronavirus (COVID-19) is more transmissible than previous variants. We know that it is likely to continue this and, as with other viruses, it continues, even with these variants.

In this section, where something is essential for public health reasons as advised by Public Health England (PHE), we have said 'must'. Where there is a clear public health reason, we have made that clear. The guidance does not create any new legal obligations.

This is the set of actions we know, from experience, have proved most effective in 'suppressing' the virus. Implement these to reduce the spread of contacts, you will be likely reduce risk to your setting and cascade an otherwise safe environment.

System of controls: Summary

Prevention

You must ensure:

1) Minimise contact with individuals who are required to self-isolate to ensure they do not attend the setting

2) Ensure face coverings are used in recommended circumstances

3) Ensure everyone is aware of how to cover their hands (hand hygiene) and mouth when they cough

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

5) Increase enhanced cleaning, including cleaning frequently touched surfaces often, and more routine cleaning such as bathrooms

6) Consider how to minimise close contact in our setting and maintain social distancing wherever possible

7) Ensure occupant spaces are ventilated

In specific circumstances:

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

9) Promote and ensure in asymptomatic testing, where available

Response to any infection

You must ensure:

10) Promote and ensure with the NHS Test and Trace process

11) Manage and ensure outbreaks of coronavirus (COVID-19) amongst the setting community

12) Contact any outbreaks by following local health protection team advice

System of controls: prevention

This section contains actions relating to systems of control, prevention.

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

When an individual needs to self isolate

Children, staff and visitors must not come into the setting if:

- they have one or more coronavirus (COVID-19) symptoms
- a member of their household (including someone in their support bubble or childcare bubble if they have one) has coronavirus (COVID-19) symptoms or have tested positive
- they are eligible to receive the vaccine, but is recently or they are awaiting their second dose of the coronavirus vaccine
- they are a close contact
- they have been in close contact with someone who tests positive for coronavirus (COVID-19)

They must not attend with immediate effect and for at least 10 full days from the day of:

- the start of their symptoms
- the test date, if they did not have any symptoms but had a positive test (whether this was a polymerase chain reaction (PCR) or coronavirus (COVID-19) lateral flow test) – staff will be informed of the test date by their employer or a pre-booked appointment at a local test site (PCR) or by another test result
- the date they entered quarantine as a close contact (previously, you

You must follow the process and ensure everyone onsite or visiting is aware of it.

When an individual develops coronavirus (COVID-19) symptoms at the setting

Everyone in your setting should know a new and continuous cough or a high temperature, or a change to their normal cough or temperature, is one of the 3 main symptoms of coronavirus (COVID-19).

- must send them home to begin isolation – the sooner they develop the symptoms (cough and the rest 10 days)
- advice them to follow the stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection
- advice them to arrange to book a test to see if they have coronavirus (COVID-19)

Other members of their household (including any siblings and members of their support or childcare bubble if they have one) should isolate. These cases should be reported to the stay-at-home: guidance for households with possible or confirmed coronavirus (COVID-19) infection and follow local health protection team advice, or if a local outbreak management team is in place, follow their advice.

Other members of their household (including any siblings and members of their support or childcare bubble if they have one) should isolate. These cases should be reported to the stay-at-home: guidance for households with possible or confirmed coronavirus (COVID-19) infection and follow local health protection team advice, or if a local outbreak management team is in place, follow their advice.

If a child is awaiting collection:

- they must be moved, if possible, to a room where they can be isolated behind a closed door, depending on the age and needs of the child, with appropriate adult supervision if they are under 18 years old
- a window should be opened for fresh air ventilation, if it is safe to do so
- if it is not possible to isolate them, move them to an area which is at least 2 metres away from others if possible
- if they need to go to the toilet while waiting to be collected, they should use a separate bathroom if possible – the bathroom must be cleaned and disinfected using standard cleaning products before other people use it
- personal protective equipment (PPE) must be worn by staff member if they cannot maintain a distance of 2 metres cannot be maintained (such as for a young child who is being comforted or who is unwell and needs to be held), and the benefit of the interaction is judged to outweigh the risks in this situation

In an emergency, call 999 if someone is seriously ill or injured or their life is at risk.

Anyone with coronavirus (COVID-19) symptoms should not visit the GP, pharmacy or hospital to take a test during the outbreak.

The individual should not use public transport if they are symptomatic. If symptoms occur in their family home to isolate, settings should follow advice on transport – for example, they may be able to walk or use their own transport to avoid using public transport. Available from and cannot provide the equipment PPE.

Public Health England (PHE) has given guidance that routinely taking the temperature of children is not recommended as this is an unreliable method for identifying coronavirus (COVID-19).

Further advice to take when someone tests positive in the setting can be found in section 12. Manage and respond coronavirus (COVID-19) amongst the setting community.

When an individual has had close contact with someone with coronavirus (COVID-19) symptoms

Any member of staff who has attended close contact with someone with symptoms, regardless of whether they are wearing PPE, and all other members of staff in children's bubble in close contact with the person, do not need to self-isolate unless they develop symptoms.

- the symptomatic person subsequently tests positive
- the person with symptoms cannot provide a test result, they should self-isolate immediately and arrange to book a test
- they are requested to do so by NHS Test and Trace or the Public Health England (PHE) local health protection team (or their advisers) as part of a local outbreak
- they have tested positive with an LFD test as part of a community or surge programme

Everyone must wash their hands thoroughly for 20 seconds with soap and running water or use hand sanitiser gel that kills the virus as soon as they can. Staff who around the person with symptoms must be cleaned after the incident, to reduce the risk of passing the infection on to other people. See COVID-19: cleaning of non-healthcare settings outside the home.

If you are contacted by NHS Test and Trace or your local health protection team and advised that you have been in close contact with a positive case, you have a legal obligation to do so.

2) Ensure face coverings are used, in recommended circumstances

The government is not recommending universal use of face coverings in early years settings, schools and colleges. Face coverings are not required in classrooms and by people on campus or around us to wear face coverings including children and staff aged 11 PHE also advise that for health and safety reasons, face coverings should not be worn by children in primary education. Face coverings can be worn to minimize the risk of transmission, and there may be negative effects on communication and children's development.

Adult use of face coverings

In early years settings, we recommend that face coverings should be worn by staff and adult visitors to the premises in communal areas, where social distancing is not practicable, when moving between corridors and communal areas. Children in early years settings do not need to wear a face covering.

Transparent face coverings, which may assist communication with someone who relies on lip reading, clear sound or facial expressions to communicate, can be worn. The Department for Education (DfE) has purchased a small stock of transparent face coverings, but they may be effective in requiring the support of deaf people.

Face visors or shields should not routinely be worn as an alternative to face coverings. They may protect against direct spray in specific circumstances but are likely to be effective in reducing aerosol transmission when used without an additional face covering. Face visors or shields can be worn in addition to a face covering if the specific situation and risk-assessed may be deemed appropriate.

There are some places outside of the setting where the law requires face coverings to be worn. For example on public transport. Further information can be found in face coverings: when to use and how to make your own.

Exemptions

Face coverings are exempt from wearing face coverings. This applies to those who:

- cannot put on, wear or remove a face covering because of a physical impairment or disability. Illness or mental health difficulties
- speak to or provide help to someone who relies on lip-reading, clear sound or facial expressions to communicate

The same exemptions will apply in education and childcare settings and you should not ask people who fall into one of these exemptions to prove that they wear face coverings and that the reasons for this may not be visible to others.

Access to face coverings

Due to the increasing use of face coverings in wider society, staff are already likely to have access to face coverings. PHE has also published guidance on how to make face coverings for schools.

You should have a small contingency supply available for people who:

- are struggling to access a face covering
- have forgotten their face covering
- have forgotten their face covering

Safe wearing and removal of face coverings

You should have policies for when face coverings are worn within your setting and how they should be removed. You should communicate this process clearly to staff and parents. Staff should be aware of the risks to people who are deaf, have hearing loss and disabilities. Staff may need to be allowed if required to remove a face covering against their wishes.

Safe wearing of face coverings requires the:

- cleaning of hands before and after touching – including to remove a pit them on
- safe storage of them 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 may consider bringing a spare face covering in their bag or pocket. Disposable face coverings should be disposed of.

Frequent and thorough hand cleaning should now be regular practice. You should ensure:

- whether you have enough hand sanitising or hand sanitiser stations available so that all children and staff can clean their hands regularly
- if you need to supplement hand sanitiser you given the risks around ingestion – ensure it is appropriately stored and managed
- building these routine into setting culture, supported by displays and posters and helping ensure younger children and those with complex needs understand the need to follow them

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 an important theme. Make sure enough tissues and bins are available to support children and staff to follow this routine. As with other measures, this will be most effective if all children and staff are supported to adopt this habit as part of the wider prevention strategy. Ensure children understand that this is now part of the setting operation. Use these resources, including materials to encourage good hand and respiratory hygiene, to support your communication with children.

Some children with complex needs will struggle to maintain a good hygiene routine. Staff, as their parents, for example those who pick unconditionally or use saliva as a sensory stimulus, will need to be aware of the increased risk of transmission of coronavirus (COVID-19) and the setting with them and is not a reason to deny these children a place at the setting.

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

In line with the risk assessment and understanding of the key, you will ensure and maintain an enhanced cleaning schedule. This should include:

- more frequent cleaning of rooms or shared areas that are used by different groups
- frequently touched surfaces being cleaned more often than normal
- cleaning toilets regularly
- encouraging children to wash their hands thoroughly after using the toilet
- ensuring good ventilation when cleaning to avoid breathing in cleaning fumes and fine dust

PHE has published COVID-19: cleaning of non-healthcare settings outside the home. 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 setting and maintain social distancing wherever possible

Minimizing contacts and keeping distance people reduces transmission of coronavirus (COVID-19). This is important in all contexts, and you must consider how to implement this in your setting. Children are unlikely to minimize contacts and mixing while attending school and blended provision.

Minimise mixing

Early years settings can operate at normal group sizes. You should still consider how you can minimize contact and mixing. Ensure, if it is practicable, that children in different age groups, keeping those groups apart as much as possible. Minimizing contact between groups can reduce the number of children and staff required to self-isolate in the event of a coronavirus (COVID-19) case in the setting, or a bubble.

This does not extend to some protocols for children over the age of 2 years, where settings are also caring for children over the age of 2, you should ensure they are also minimizing contact and mixing between other children and staff in accordance with coronavirus (COVID-19) risk assessments and mitigation guidance on group sizes.

Attending more than one setting

There may be situations where a child needs to attend more than one setting. For example, a child may attend childcare before their nursery school, or attend their parent's care may go to work.

Parents and carers should be encouraged to limit the number of settings their child attends, where possible. Children who attend the same setting for extended periods, should also be the same staff.

Where a child routinely attends more than one setting on a part time basis, you should encourage parents and carers to work through the support of a single childcare provider with you to address any care identified and allow them to jointly deliver appropriate care for the child. This section of the guidance does not prevent children accessing a system of controls.

Shared staff spaces

You should plan how shared staff spaces are set up and used to help staff to distance from each other. Use of staff rooms should be minimized, although staff must still have a break or an exceptional sight during the day.

Travelling to the setting

Children, parents, carers and staff should use public transport where necessary, but we encourage them to walk or cycle to and from the setting, where practicable. Consider pick-up lists to us. Where children, parents, carers and staff need to use public transport, they should follow the safe travel guidance for passengers.

Equipment

For individual and any frequently used equipment, such as pencils and pens, staff should have their own items. Resources, such as books, toys and equipment, can be used by different groups but should be cleaned frequently. These should be prioritized, starting with all frequently touched surfaces.

Resources that are shared between groups, such as sports, art and cooking equipment and playground equipment, Other sharing equipment between different groups, you should ensure:

- clean it before it is moved between groups
- allow items to sit unused for a period of 48 hours (72 hours for plastics)

Outdoor playground equipment should be more frequently cleaned than normal. This also applies to resources and outside be wrapped once used and stored in a different setting provisions.

Children should bring their own equipment they bring to the setting each day to essentially such as:

- pencils
- pens
- tack activities
- books
- comfortee

Bags are allowed.

Children and staff can take books and other shared resources home, although unnecessary sharing should be avoided. Similar rules on hand cleaning, cleaning of the resources and children should apply to these resources.

Parent pick-up or drop-off

We know that it works settling parents differ greatly between settings. If those parents/carers, you should consider staggered drop-off and pick-up, and limit those accompanying children to one parent/carer.

Staggered start and finish times should not reduce the amount of overall time children spend in the setting. A staggered start day, for example, include keeping the length of the day the same but shifting start and finishing times for each group.

You should consider how to communicate this to parents and carers, and remind them of the importance of not congregating at the setting gate. Ensure that any other gathering at the setting and entrance otherwise coming onto the site without an appointment is not allowed.

7) Keep occupied spaces well ventilated

Good ventilation reduces the concentration of the virus in the air, which reduces the chance of transmission. Ventilation is a key control measure for coronavirus (COVID-19) particularly in the air other contexts with the virus has occupied and occupied areas.

When the setting is in operation, it is important to ensure it is well ventilated and a comfortable temperature is maintained throughout the occupied space. It can achieve by a variety of ways including:

- mechanical ventilation systems – these should be adjusted to increase the ventilation rate wherever possible, and checked to confirm that current operation meets current guidance if possible, systems should be adjusted to full fresh air. If a mechanical ventilation system is installed, it should be kept on for as long as it comes and supplemented by an outdoor or indoor air
- natural ventilation – opening windows when safe to do so (in cooler weather consider the impact on temperature, and in hot weather consider the ventilation and exposure heat. Keep doors to be open for air to flow and
- The HVIL ventilation and air conditioning during the coronavirus (COVID-19) pandemic and CIBSE: coronavirus (COVID-19) guidance provides more information.

To balance the need for increased ventilation while maintaining a comfortable temperature, consider:

- opening high level windows in cooler weather in preference to low level to reduce draught
- increasing the ventilation while occupied
- providing flexibility to allow additional, suitable indoor clothing
- rearranging furniture where possible to avoid direct draught

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

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 workers against hazards and risks, such as chemicals, dust, and infectious diseases, in addition to other settings. A face covering is covering of any type which covers your nose and mouth.

Most staff in settings will not require PPE beyond what they would normally need for their work. If a child presents has to intimate close needs that involve the use of PPE, the same PPE should continue to be used.

Staff who care for children with coronavirus (COVID-19) only required in a very limited number of situations. For example, where:

- a child becomes ill with coronavirus (COVID-19) symptoms, and only then if a 2 metres distance cannot be maintained
- performing aerosol generating procedures (AGPs)

When working with children who cough, spit or vomit but do not have coronavirus (COVID-19) symptoms, only the PPE that would be routinely worn, should be worn.

The guidance on infection control in education, childcare and children's services provides further information about preventing and controlling infection. This includes:

- when and how PPE should be used
- what type of PPE to use
- how to source it

9) Promote and engage in asymptomatic testing, where available

Rapid testing remains a vital part of our plan to suppress this virus. The use of rapid lateral flow antigen tests allows settings to identify asymptomatic cases that would otherwise be missed.

Early years staff in school-based settings, maintained nurseries, maintained nursery units, voluntary and independent nursery settings are part of the asymptomatic testing programme. Staff should take a test twice a week, 3 to 4 days apart. Home testing kits are available for those who are asymptomatic and who do not usually attend a testing sites.

All childminders or access asymptomatic twice weekly testing by either:

- attending a test site to get tested where they will be able to can have to take the test themselves back to or at home
- ordering home kits for at home

10) Promote and ensure with the NHS Test and Trace process

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All childminders or access asymptomatic twice weekly testing by either:

- attending a test site to get tested where they will be able to can have to take the test themselves back to or at home
- ordering home kits for at home

The more information we can provide to NHS Test and Trace on those who have tested positive, the more we can do to support them in self-isolating and ensure a smooth and timely process during this period.

Refer to the system of controls for guidance on how to keep occupied spaces well ventilated.

Reopening buildings

Unoccupied spaces have closed or have reduced occupancy, water system stagnation can occur due to lack of use. This can increase the risk of Legionnaires' disease.

Advice on what to do to reopening buildings safely can be found in the Chartered Institute of Building Services Engineers guidance on emerging from lockdown.

Emergency first aid

The Health and Safety Executive guidance on first aid during the coronavirus (COVID-19) pandemic supports local risk assessments and provides guidance for first aiders.

It's clear that treating any casualty properly should be the first concern. Where it is necessary to deal with a casualty suspected of coronavirus (COVID-19), personal protective equipment should be used to minimise transmission risks. Where appropriate, in adhering to these, the minimum amount of time should be spent with the casualty.

Employers should review their first aid certificates during the coronavirus (COVID-19) pandemic and be flexible in the guidance on extending expiry dates for refresher courses, where appropriate.

Public health advice

We have worked closely with the Department of Health and Social Care (DHSC) and PHE to develop this guidance. Based on the recent DHSC data, the risks to staff and children staff are similar to those for most other occupations.

The way to control this risk is the same, even with the current variants.

You must comply with health and safety law and put in place proportionate control measures. To meet these obligations, you must:

- review your health and safety risk assessments in light of the refreshed guidance on ventilation
- make any necessary changes to your control measures applying the system of controls

System of controls

The 'system of controls' set out in this section provides a set of principles for infection control in schools. Following these principles will reduce the risk of these control measures; they will effectively minimise risk of cross-infection.

We know that the predominant variant of coronavirus (COVID-19) is more transmissible than previous variants. We know that it is likely to continue this and, as with other viruses, it continues, even with these variants.

In this section, where something is essential for public health reasons as advised by Public Health England (PHE), we have said 'must'. Where there is a clear public health reason, we have made that clear. The guidance does not create any new legal obligations.

This is the set of actions we know, from experience, have proved most effective in 'suppressing' the virus. Implement these to reduce the spread of contacts, you will be likely reduce risk to your setting and cascade an otherwise safe environment.

System of controls: Summary

Prevention

You must ensure:

1) Minimise contact with individuals who are required to self isolate to ensure they do not attend the setting

2) Ensure face coverings are used in recommended circumstances

3) Ensure everyone is aware of how to cover their hands (hand hygiene) and mouth when they cough

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

5) Increase enhanced cleaning, including cleaning frequently touched surfaces often, and more routine cleaning such as bathrooms

6) Consider how to minimise close contact in our setting and maintain social distancing wherever possible

7) Ensure occupant spaces are ventilated

In specific circumstances:

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

9) Promote and ensure in asymptomatic testing, where available

Response to any infection

You must ensure:

10) Promote and ensure with the NHS Test and Trace process

11) Manage and ensure outbreaks of coronavirus (COVID-19) amongst the setting community

12) Contact any outbreaks by following local health protection team advice

System of controls: prevention

This section contains actions relating to systems of control, prevention.

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

When an individual needs to self isolate

Children, staff and visitors must not come into the setting if:

- they have one or more coronavirus (COVID-19) symptoms
- a member of their household (including someone in their support bubble or childcare bubble if they have one) has coronavirus (COVID-19) symptoms or have tested positive
- they are eligible to receive the vaccine, but is recently or they are awaiting their second dose of the coronavirus vaccine
- they are a close contact
- they have been in close contact with someone who tests positive for coronavirus (COVID-19)

They must not attend with immediate effect and for at least 10 full days from the day of:

- the start of their symptoms
- the test date, if they did not have any symptoms but had a positive test (whether this was a polymerase chain reaction (PCR) or coronavirus (COVID-19) lateral flow test) – staff will be informed of the test date by their employer or a pre-booked appointment at a local test site (PCR) or by another test result
- the date they entered quarantine as a close contact (previously, you

You must follow the process and ensure everyone onsite or visiting is aware of it.

When an individual develops coronavirus (COVID-19) symptoms at the setting

Everyone in your setting should know a new and continuous cough or a high temperature, or a change to their normal cough or temperature, is one of the 3 main symptoms of coronavirus (COVID-19).

- must send them home to begin isolation – the sooner they develop the symptoms (cough and the rest 10 days)
- advice them to follow the stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection
- advice them to arrange to book a test to see if they have coronavirus (COVID-19)

Other members of their household (including any siblings and members of their support or childcare bubble if they have one) should isolate. These cases should be reported to the stay-at-home: guidance for households with possible or confirmed coronavirus (COVID-19) infection and follow local health protection team advice, or if a local outbreak management team is in place, follow their advice.

Other members of their household (including any siblings and members of their support or childcare bubble if they have one) should isolate. These cases should be reported to the stay-at-home: guidance for households with possible or confirmed coronavirus (COVID-19) infection and follow local health protection team advice, or if a local outbreak management team is in place, follow their advice.

If a child is awaiting collection:

- they must be moved, if possible, to a room where they can be isolated behind a closed door, depending on the age and needs of the child, with appropriate adult supervision if they are under 18 years old
- a window should be opened for fresh air ventilation, if it is safe to do so
- if it is not possible to isolate them, move them to an area which is at least 2 metres away from others if possible
- if they need to go to the toilet while waiting to be collected, they should use a separate bathroom if possible – the bathroom must be cleaned and disinfected using standard cleaning products before other people use it
- personal protective equipment (PPE) must be worn by staff member if they cannot maintain a distance of 2 metres cannot be maintained (such as for a young child who is being comforted or who is unwell and needs to be held), and the benefit of the interaction is judged to outweigh the risks in this situation

In an emergency, call 999 if someone is seriously ill or injured or their life is at risk.

Anyone with coronavirus (COVID-19) symptoms should not visit the GP, pharmacy or hospital to take a test during the outbreak.

The individual should not use public transport if they are symptomatic. If symptoms occur in their family home to isolate, settings should follow advice on transport – for example, they may be able to walk or use their own transport to avoid using public transport. Available from and cannot provide the equipment PPE.

Public Health England (PHE) has given guidance that routinely taking the temperature of children is not recommended as this is an unreliable method for identifying coronavirus (COVID-19).

Further advice to take when someone tests positive in the setting can be found in section 12. Manage and respond coronavirus (COVID-19) amongst the setting community.

When an individual has had close contact with someone with coronavirus (COVID-19) symptoms

Any member of staff who has attended close contact with someone with symptoms, regardless of whether they are wearing PPE, and all other members of staff in children's bubble in close contact with the person, do not need to self-isolate unless they develop symptoms.

- the symptomatic person subsequently tests positive
- the person with symptoms cannot provide a test result, they should self-isolate immediately and arrange to book a test
- they are requested to do so by NHS Test and Trace or the Public Health England (PHE) local health protection team (or their advisers) as part of a local outbreak
- they have tested positive with an LFD test as part of a community or surge programme

Everyone must wash their hands thoroughly for 20 seconds with soap and running water or use hand sanitiser gel that kills the virus as soon as they can. Staff around the person with symptoms must be cleaned after the incident, to reduce the risk of passing the infection on to other people. See COVID-19: cleaning of non-healthcare settings outside the home.

If you are contacted by NHS Test and Trace or your local health protection team and advised that you have been in close contact with a positive case, you have a legal obligation to do so.

2) Ensure face coverings are used, in recommended circumstances

The government is not recommending universal use of face coverings in early years settings, schools and colleges. Face coverings are not required in classrooms and by people on campus or around us to wear face coverings including children and staff aged 11 PHE also advise that for health and safety reasons, face coverings should not be worn by children in primary education. Face coverings can be worn to minimize the risk of transmission, and there may be negative effects on communication and children's development.

Adult use of face coverings

In early years settings, we recommend that face coverings should be worn by staff and adult visitors to the premises in communal areas, where social distancing is not practicable, when moving between corridors and communal areas. Children in early years settings do not need to wear a face covering.

Transparent face coverings, which may assist communication with someone who relies on lip-reading, clear sound or facial expressions to communicate, can be worn. The Department for Education (DfE) has purchased a small stock of transparent face coverings, but they may be effective in requiring the support of deaf people.

Face visors or shields should not routinely be worn as an alternative to face coverings. They may protect against direct spray in specific circumstances but are likely to be effective in reducing aerosol transmission when used without an additional face covering. Face visors or shields can be worn in addition to a face covering if the specific situation and risk-assessed may be deemed appropriate.

There are some places outside of the setting where the law requires face coverings to be worn. For example on public transport. Further information can be found in face coverings: when to use and how to make your own.

Exemptions

Face coverings are exempt from wearing face coverings. This applies to those who:

- cannot put on, wear or remove a face covering because of a physical impairment or disability. Illness or mental health difficulties
- speak to or provide help to someone who relies on lip-reading, clear sound or facial expressions to communicate

The same exemptions will apply in education and childcare settings and you should not ask people who fall into one of these exemptions to prove that they wear face coverings and that the reasons for this may not be visible to others.

Access to face coverings

Due to the increasing use of face coverings in wider society, staff are already likely to have access to face coverings. PHE has also published guidance on how to make face coverings for schools.

You should have a small contingency supply available for people who:

- are struggling to access a face covering
- have forgotten their face covering
- have forgotten their face covering

Safe wearing and removal of face coverings

You should have policies for when face coverings are worn within your setting and how they should be removed. You should communicate this process clearly to staff and parents. Staff should be aware of the risks to people who are deaf, have hearing loss and disabilities. Staff may need to be allowed if required to remove a face covering against their wishes.

Safe wearing of face coverings requires the:

- cleaning of hands before and after touching – including to remove a pit them on
- safe storage of them 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 may consider bringing a spare face covering in their bag or pocket. Disposable face coverings should be disposed of.

Frequent and thorough hand cleaning should now be regular practice. You should ensure:

- whether you have enough hand sanitising or hand sanitiser stations available so that all children and staff can clean their hands regularly
- if you need to supplement hand sanitiser given the risks around ingestion – ensure it is appropriately stored and managed
- building these routine into setting culture, supported by displays and posters and helping ensure younger children and those with complex needs understand the need to follow them

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 an important theme. Make sure enough tissues and bins are available to support children and staff to follow this routine. As with other measures, this will be most effective if all children and staff are supported to adopt this habit as part of the wider prevention strategy. Ensure children understand that this is now part of the setting operation. Use these resources, including materials to encourage good hand and respiratory hygiene, to support your communication with children.

Some children with complex needs will struggle to maintain a good hygiene routine. Staff, as their parents, for example those who pick unconditionally or use saliva as a sensory stimulus, will need to be aware of the increased risk of transmission of coronavirus (COVID-19) and the setting with them and is not a reason to deny these children a place at the setting.

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

In line with the risk assessment and understanding of the key, you will ensure and maintain an enhanced cleaning schedule. This should include:

- more frequent cleaning of rooms or shared areas that are used by different groups
- frequently touched surfaces being cleaned more often than normal
- cleaning toilets regularly
- encouraging children to wash their hands thoroughly after using the toilet
- ensuring good ventilation when cleaning to avoid breathing in cleaning fumes and fine dust

PHE has published COVID-19: cleaning of non-healthcare settings outside the home. 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 setting and maintain social distancing wherever possible

Minimizing contacts and keeping distance people reduces transmission of coronavirus (COVID-19). This is important in all contexts, and you must consider how to implement this in your setting. Children are unlikely to minimize contacts and mixing while attending school and blended provision.

Minimise mixing

Early years settings can operate at normal group sizes. You should still consider how you can minimize contact and mixing. Ensure, if it is practicable, that children in different age groups, keeping those groups apart as much as possible. Minimizing contact between groups can reduce the number of children and staff required to self-isolate in the event of a coronavirus (COVID-19) case in the setting, or a bubble.

This does not extend to some protocols for children over the age of 2 years, where settings are also caring for children over the age of 2, you should ensure they are also minimizing contact and mixing between other children and staff in accordance with coronavirus (COVID-19) risk assessments and mitigation guidance on group sizes.

Attending more than one setting

There may be situations where a child needs to attend more than one setting. For example, a child may attend childcare before their nursery school, or attend their parent's care may go to work.

Parents and carers should be encouraged to limit the number of settings their child attends, where possible. Children who attend the same setting for extended periods, should also be the same staff.

Where a child routinely attends more than one setting on a part time basis, you should encourage parents and carers to work through the support of a single childcare provider with you to address any care identified and allow them to jointly deliver appropriate care for the child. This section of the guidance does not prevent children accessing a system of controls.

Shared staff spaces

You should plan how shared staff spaces are set up and used to help staff to distance from each other. Use of staff rooms should be minimized, although staff must still have a break or an exceptional sight during the day.

Travelling to the setting

Children, parents, carers and staff should use public transport where necessary, but we encourage them to walk or cycle to and from the setting, where practicable. Consider pick-up lists to us. Where children, parents, carers and staff need to use public transport, they should follow the safe travel guidance for passengers.

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For individual and any frequently used equipment, such as pencils and pens, staff should have their own items. Resources, such as books, toys and equipment, can be used by different groups but should be cleaned frequently. These should be prioritized, starting with all frequently touched surfaces.

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- ordering home kits for at home

The more information we can provide to NHS Test and Trace on those who have tested positive, the more we can do to support them in self-isolating and ensure a smooth and timely process during this period.

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This testing offer is also extended to anyone who works in an education setting, or who is a student or pupil aged 18 or over, in order to minimise disruption to their education or training. Universities, colleges and support bodies will provide information and guidance to students and pupils on how they can take part in testing. Further information and guidance for students, students and staff of schools and colleges, by mains and carers, can be found on the Gov website.

Expanding home testing kits to all early years settings will help to identify positive cases more quickly and keep the channels of transmission open.

Essential workers, such as early years staff, have been accessing testing through local testing sites since April and have been able to order home testing kits since the end of January 2021. These are antibody and antigen tests and are being used to identify people through testing also based in the local community.

Home testing kits are a quick and convenient way of testing people in line with the drop down guidance. They will be used to arrange a rapid lateral flow test (antigen test) for those who test positive for COVID-19. If the PCR test is negative, it overrides the self-test LFD test result and no further action is required. If the PCR test is positive, it overrides the self-LFD test result and can continue to attend the early years setting and use protective measures.

System of controls - response to any infection

This section contains actions relating to systems of control - response to any infection.

10) Promote and engage with the NHS Test and Trace programme

Staff members, parents and carers will need to:

- book a test if they have COVID-like symptoms - the main symptoms are:
  - a high temperature
  - a new, continuous cough
  - a loss or change to their sense of smell or taste
  - self-isolate immediately and wait for the result of the test
- report the result of the test:
  - if they have been in contact with someone who tests positive for coronavirus (COVID-19)
  - if they are asked by household, support or child care bubble developing symptoms of COVID-19
  - they are required to quarantine having recently visited countries outside the common travel area
  - they have been advised to isolate by NHS test and trace or the PHE local health protection team
- provide details of anyone they have been in close contact with, if they test positive for coronavirus (COVID-19), or if advised by NHS Test and Trace

Staff members and parents will need to continue to follow the settings arrangements for isolating if they are a close contact, or if they are a household member of someone who tests positive for coronavirus (COVID-19) or is a close contact. They should continue to apply the measures in the system of controls to themselves and the setting.

Booking a polymerase chain reaction (PCR) test

Anyone who displays symptoms of coronavirus (COVID-19), or staff who have a positive LFD test result, should get a PCR test as soon as possible. Tests for symptomatic people are available to book online or by calling 119 if they are unable to access the internet. Home testing kits for those who don't have access to the internet.

Essential workers, which includes anyone involved in education or childcare have priority access to testing.

All children can be tested if they have symptoms. This includes children under 5, but parents will need to order and be helped by their parents or carers, or a family member or friend.

NHS COVID-19 app

The NHS COVID app is available to anyone aged 16 and over to download if they choose.

Test and Trace Support Payment

Low income workers in certain settings may be eligible for a one-off Test and Trace support payment of £500. This is a payment to help some people cover their pay and benefits.

To be eligible for a Test and Trace support payment, you should meet all the following criteria:

- live on a low income
- have been asked to stay at home
- be at risk of losing income as a result of self-isolating
- live in England
- meet the eligibility criteria

Staff identified as close contacts of a positive case will require an NHS Test and Trace account (if number 119 is needed to be able to claim a Test and Trace support payment, or to be able to self-isolate).

You should provide a completed template to parents and carers of self-isolating children, advising to contact the support payment. A template letter is available for early years settings on the document sharing platform on from the DfE helpline. Parent and carers will not require an NHS Test and Trace account if number 119 is needed.

The Department for Health and Social Care has launched the self-isolation service helpline (number 119) to ensure that those who are required to self-isolate, but who are facing difficulties accessing online support, can still receive the support they need to self-isolate and are likely to be eligible for the Test and Trace support payment or other financial support.

By providing these details, close contacts of positive cases identified by the NHS will be formally advised to self-isolate by NHS Test and Trace and provided with an NHS number to access the Test and Trace Support Payment. This will ensure those who are asked to self-isolate by NHS Test and Trace will receive an NHS Test and Trace account and will not need to take contact from the Test and Trace support scheme.

In order for any of parent/carers who may be eligible for a payment from the Test and Trace support payment scheme to be able to claim, you should follow these steps:

1. Ensure that a close contact of a positive case identified by the early years setting has been notified with your establishment and inform these close contacts that they should self-isolate.
2. Call the service helpline (119) if it is not an option as you have not been notified by NHS and Trace account ID (sometimes referred to as a CTAC number) and the service will provide you with one.
3. Provide the details of the person who has tested positive, along with the details of the relevant staff members you have identified as close contacts. If you do not have the NHS Test and Trace account ID, you will need to provide the details of the close contact in having the service in order to register their contacts on the Test and Trace Support Payment scheme.
4. NHS Test and Trace will then contact individuals to formally advise them of their need to self-isolate and provide them with an NHS Test and Trace account ID.
5. Following this, individuals who are employed or self-employed, or a low-income, may be eligible for a payment from the Test and Trace Support Payment scheme. Find out more information on eligibility through their local authority.

Applications from parents and carers who need to take time off work to care for a child who is self-isolating

Eligible parents and carers of children who have been asked to self-isolate by their early years setting, school or college, and who are not able to access the Test and Trace Support Payment, can apply for the Test and Trace support payment. Parents can apply on a rolling basis, meaning they can apply as soon as they need to take time off work to care for a child who is self-isolating. Parents will be able to claim for the payment for up to 10 days at a time, and can make a new claim for the payment if their child is asked to self-isolate with NHS Test and Trace in the same way as staff.

The scheme is open to eligible parents and carers of children aged 16 and under, and parents of young people aged 16 to 25 with an Education Health and Care Plan. Find out more information on eligibility through your local authority and how to apply for the Test and Trace Support Payment scheme.

You should provide parents and carers of children advised to self-isolate with the information they need to make a claim for the payment, including the child's name, isolating the child's name and the dates of their isolation period. The parent or carer will need to use this letter as supporting evidence for a part of their application to their local authority for the payment. Local authorities will be able to contact early years providers where there is a need to confirm that setting will not be able to provide the financial support without a letter.

When a parent or carer applies for the Test and Trace support payment scheme because they need to care for a child who is self-isolating, their local authority will be required to ask them for evidence that they are the parent or carer of the child, that the child is self-isolating, and that they are unable to work. The local authority will then make a decision on the application. Local authorities will be able to contact early years providers where there is a need to confirm that setting will not be able to provide the financial support without a letter.

You will only be asked to share information on children where parents have made an application to their local authority for the Test and Trace support payment scheme. You may wish to update your data privacy notice to reflect this.

10) Manage and report confirmed cases of coronavirus (COVID-19) in the setting community

Action to take on result of a test

You must check with the person who you become aware that someone who has attended the setting has tested positive for coronavirus (COVID-19) having developed symptoms or received a positive test result. You should also check with the person who has received the results of a test that follows the guidance.

If you would like support on the action you should take to respond to a positive case, you can contact the public service advice service introduced by the Health Protection Team (PHE) and delivered by the NHS Business Services Authority. This can be reached by phone on 0300 303 8537 or by email at ncse@phe.gov.uk. Advice will be given to the actions to take in response to a positive case. You will not go through to a medical advisor who will inform you of what action is needed based on the latest public health advice at the time.

The advice service is PHE's local health protection team in your area and will be able to guide you through the actions you need to take. Based on their advice, you must immediately inform your local health protection team of any: confirmed cases of coronavirus (COVID-19) amongst children or staff members who have been in your setting or who may counting from the day after contact with the individual who tested positive. It is important that you do this promptly with outside if they have been notified by NHS Test and Trace.

A 'contact' is a person who has been close to someone who has tested positive for COVID-19. You can be a contact you may from 2 days before the person with the positive developed their symptoms (or, if they did not have any symptoms, from 2 days before their test was taken) until 10 days after their symptoms began (or, if they did not have they pass the infection on to others. A risk assessment may be undertaken to determine this, but a contact can be:

- anyone who lives in the same household as someone with coronavirus (COVID-19) - for example, someone who has been sleeping in the same bed
- anyone who has had any of the following types of contact with someone who has tested positive for coronavirus (COVID-19) with a PCR or LFD test:
  - face-to-face contact including being coughed on or having a face-to-face conversation with, within 1 metre
  - been within 2 metres for 1 minute or longer without face-to-face contact
  - been within 2 metres of someone for more than 15 minutes (either as a one-off contact or added together over a day)
  - travelled in the same vehicle or plane

The advice service (or PHE local health protection team if requested) will provide advice on who must be contacted and what is needed. To support them to do so, you will be expected to provide a record of attendance and staff in each group, and any close contact between children and staff in different groups. This will be in the form of a list of children and staff who attended the setting on the day the person who has tested positive was in the setting, and details of any close contacts they may have had in the setting.

You will only be asked to share information on children where parents have made an application to their local authority for the Test and Trace support payment scheme. You may wish to update your data privacy notice to reflect this.

10) Manage and report confirmed cases of coronavirus (COVID-19) in the setting community

Report a confirmed case or closure of a setting

You must notify Ofsted or the childminder agency with which you are registered of any confirmed cases in the setting (either child or staff member). You should also notify your local health protection team (PHE) and follow their advice. Ofsted's requirement. Report as soon as you are able to, and in any case within 48 hours. See the guidance on reporting incidents to Ofsted.

If the test result is positive, they should inform their setting immediately, and follow the actions from the day of onset of their symptoms and at least the following 10 full days from the day after their test was taken. Staff members should inform their manager that their household has tested positive and follow the actions in the guidance for households with possible or confirmed coronavirus (COVID-19) infection.

Find out what to do if an adult is developing symptoms or a positive case of coronavirus (COVID-19) at early years settings and teaching and training in coronavirus.

If the Test Operative is negative, they must return to normal in the workplace if they feel well enough. If they meet the following conditions:

- they have finished their isolation period and their symptoms have gone or
- they continue to have only a residual cough or anosmia. This is because a cough or anosmia can last for several weeks after recovering from COVID-19
- they have a negative PCR test result after they have tested positive

The clinical or staff member should not return if they still have a high temperature after day or an otherwise poorly. They are advised to stay at home and seek medical advice.

You should not request evidence of negative test results or other medical evidence before admitting children or welcoming them back after a period of self-isolation.

In the vast majority of cases, settings and parents and carers will be in agreement that a child with symptoms should not attend the setting. Given the potential risk to others in the event that a parent or carer insists on a child attending the setting, you can take the view that this is a breach of your terms and conditions. You should make the parent or carer children and staff from attending the setting. Ofsted's Early Years Inspection Handbook sets out the decision would need to be carefully considered in the light of all the circumstances and current public health advice.

11) Contain any outbreak by following PHE local health protection team advice

If you have 2 or more confirmed cases within 14 days, or an overall rise in sickness absence where coronavirus (COVID-19) is suspected, you may have an outbreak.

You should call the dedicated advice service who will escalate the issue to your local health protection team where necessary and advise if additional action is required. You should follow the guidance you have been given by your local health protection team for advice on the actions to take in response to a positive case.

In some cases, health protection teams may recommend that a longer number of children self-isolate or close as a precautionary measure. This would be in line with a risk assessment.

If you are implementing the system of controls, addressing any issues you have identified and effective monitoring/reviewing, then, while the risk cannot be eliminated, it will be generally be necessary. You should not close the setting unless it is necessary to do so.

Other safety in setting controls

Travel and transport

You should consider how you can work with parents and carers to agree how best to support children and young people who may be anxious about travelling to school, or reduce the need for a positive test result to trigger groups of children.

Settings, parents and carers should work through the system of controls, implementing the actions they have identified as being the most effective and proportionate use for their setting. Further information is available in Stay at home guidance.

Mode of transport

If it is necessary for a childminder to pick up or drop off a child at school, or other setting, they should do so in their own car. Public transport should be avoided, if possible, and for single household use is preferable. Use of public transport should be discouraged.

Information on using private and public transport can be found in coronavirus (COVID-19): safer travel guidance for passengers.

Visitors to the setting

There will be occasions when visits to the setting are necessary, but you are encouraged to avoid visitors coming onto your premises, whenever possible. Settings should ensure visitors follow the system of controls, remain socially distanced from other adults, and wear face coverings where appropriate.

A record should be kept of visitors which follows the guidance on organising visitors of staff, volunteers, visitors to support NHS Test and Trace.

External professionals

Some external agencies need to use other essential professionals such as social workers, speech and language therapists, or educational psychologists. Providing settings support delivery of a child's EHC plan, settings should assess whether the professionals need to attend in person or can do so virtually.

If they need to attend in person, they should:

- follow guidance relevant to the setting
- keep the number of attendees to a minimum
- be informed about the system of controls

You should, along with the local authority and health partners (where applicable), work together to ensure that children with EHC plans and those receiving SEND support are at least normally able to attend the setting in line with DfE guidance. There may be some exceptions where this is not possible, for example, because of shielding.

Decisions should be considered on a case-by-case basis with taken account of the needs and of and impact on pupils/CYP, the child, sending or host setting and staff/parents. The statutory duties and timescales remain in place for EHC needs assessment and plans, and local authorities and NHS bodies should continue to work with children and their parent and carer, but in the context of the current circumstances, in a pragmatic and a meaningful way. It is important that you co-operate in supporting timely consultations and consultation with advice and information where requested.

New admissions

Your admissions settings should consider providing virtual tours for prospective parents and carers. Prioritise parents and carers who have children in your setting.

- ensuring top coverage are aware of required in line with arrangements for staff and other visitors to the setting (see the section on face coverings)
- ensure parents are aware of the system of controls
- holding drop offs/ear. If this is not possible, consider holding drop offs for the outside play area during regular hours, and ensure strict social distancing is observed

Prior to a visit, settings should ensure their parents and carers are aware:

- of the system of controls
- how this impacts them and their responsibilities during their visit
- how to maintain social distancing from staff, other visitors, and children other than those in their care

Parents setting children

Parents will need to decide whether a setting to help their children adapt to their new environment. Settings should ensure that parents and carers:

- wear face coverings, if required, in line with arrangements for staff and other visitors to the setting (see section on face coverings)
- stay for a limited amount of time (should not more than an hour)
- avoid close contact with other children and parents
- are aware of the system of controls, the measures them, and their responsibilities in supporting a phased settling with their child

Other visits by parents and carers

Other visits by parents and carers can take place if they are necessary but should take place outside of session visits whenever possible. Settings should work with parents and carers to ensure they still have visibility of the childcare environment during the session. Settings should ensure that parents and carers are aware of the system of controls and follow it.

Other visitors

You should consider how to manage other visitors to the site, such as contractors, and ensure the guidance on social distancing and hygiene is explained to visitors on or before their arrival. Contractors should follow the system of controls and should be kept all visitors - where this is practical - which follows the guidance for maintaining records of staff, customers and visitors, to support NHS Test and Trace.

Supervised toothbrushing programmes

Supervised toothbrushing programmes may be re-established within settings using the guidance provided by the Public Health England (PHE) supervised toothbrushing: coronavirus (COVID-19) to ensure the safest and control it transmission and drive to additional benefit to oral health over its toothbrushing.

For information on the cleaning and storage of toothbrushes and storage options, see the guidance for supervised toothbrushing programmes in early years and school settings.

Malleable materials (messy play)

You should risk assess activities that involve malleable materials for messy play such as sand, mud and water as part of their regular curriculum provision.

A risk assessment should consider whether:

- materials can be handled by a consistent group of children and that no one else outside this group can come into contact with it
- the materials can be washed and sanitised (sand, water or mud) can be used and sanitised, including regular replacement in accordance with the manufacturer's instructions, where applicable. For example, see manufacturer link to play provision, or manufacturer advice
- you should follow the system of controls and ensure that:
  - children do not put their hands or other objects into their mouths
  - frequently washed hands, regulated, should, or sanitised before and after messy play
  - thoroughly cleaned and sterilised before they are used by a different group

Further general cleaning advice can be found in COVID-19: cleaning in non-healthcare settings outside the home.

Side effects of children taking a routine vaccination or teething

Vaccines may cause a mild fever in children. This is a common and expected reaction, and isolation is not required unless coronavirus (COVID-19) is suspected. Find out more from vaccination by for parents.

Mild teething can cause some known side effects such as flushed cheeks and some gums. NHS guidance states that fever is not a symptom of teething.

Parents and carers should monitor side effects from a vaccination or teething, and if they are concerned, they should seek medical advice. Find out more information on NHS 111.

If coronavirus (COVID-19) is suspected the child should start isolating and get tested. Settings should follow the advice in the system of controls.

Music, dance and drama

This guidance relates to organised group activity, not to spontaneous singing, dance and drama performances. Settings may occasionally sing, and should be encouraged to do so, and to carry out a risk assessment.

You should continue providing organised music, dance and drama as part of the curriculum, especially as this supports children's confidence and expression, and wellbeing. There may, however, be an additional risk of this factor in environments where organised singing, chanting, playing musical instruments, dance and drama takes place.

Singing and wind instrument playing can be undertaken in line with this and other guidance, including the system of controls. Find out more information on musical performances, including rehearsals, in the performing arts guidance.

You can continue to engage participants, staff during this period, including staff from outside organisations, such as dance teachers, musicians, and drama practitioners. Find out contact details for local hubs, is available at music education hubs, published by the Arts Council England.

Minimising mixing groups and volume control

You should take particular care in music, dance and drama sessions that children from different groups do not mix and that they remain socially distanced. You should try and keep their distance from other staff as much as they can, and at least 2 metres from other adults.

Additionally, you should keep any background or accompanying music to levels which do not encourage participants to raise their voices unduly. If possible, use microphones and amplifiers to ensure that participants can be heard at reasonable volumes, and avoid possible do not share microphones. If they are shared, follow the guidance on equipment.

Organised performances

You should not hold any performances with an audience. You may wish to consider alternatives such as live streaming and recording performances, subject to the usual safeguarding considerations and parental consents.

Organised music sessions, including singing, and playing solid instruments in groups

When planning these activities, you should consider additional specific risk assessment measures. There is some evidence that additional risk can build from various factors including the number of participants, the duration of the activity, and the size of confined space. This is mainly posited for singing and playing of wind instruments appropriate safety mitigation and consideration, singing, and and you teaching you should follow the guidance to take follow in the best sections. You can also use the advice on safer singing.

Measures to take include:

- playing instruments and singing in groups should take place outdoors whenever possible
- if indoors, consider limiting the numbers in relation to the space, for example, one person in every room, rooms with high ceilings are expected to enable dilution of aerosol transmission
- if playing indoors limit the numbers to account for ventilation and space. It is important to ensure good ventilation - advice on this can be found in ventilation and air conditioning in non-healthcare settings during COVID-19. Ventilation should be such that do not from recirculated air, ideally fresh air should be used
- if playing indoors indoors try to sit back to back to face to face
- use microphones wherever possible to encourage singing quietly

Handing equipment and instruments for organised sessions

Measures to take when handling equipment, including instruments, include:

- increased handwashing before and after handling equipment, especially if being used by more than one person
- avoid sharing instruments and equipment, wherever possible
- ensure good ventilation, for example, by opening windows and doors including using drapes, microphones and stands, velocity and always halfway between a person and a government guidance on capacity and handling equipment
- avoid touching the number of people and surfaces and minimising the number of people
  - agree with suppliers where responsibility is to clean hired instruments
  - ensure instruments are cleaned between use by different people
  - clean equipment and instruments in a way that does not damage them or their delicate parts
  - ensure instruments are cleaned in a way that does not damage them or their delicate parts

staff members, parents and carers, children and young people.

Individual lessons

Individual lessons in music, dance and drama can continue in settings. You may need teachers interacting with pupils from multiple groups, so you should follow the guidance on social distancing and hygiene to minimise risk.

In individual lessons for music, dance and drama, social distancing should be maintained wherever possible, meaning teachers should not provide physical assistance.

Children's attendance

Absence of vulnerable children

Vulnerable children include those who have a social worker, an education, health and care (EHC) plan or who may be vulnerable for another reason at local discretion (for example, children in kinship care).

You should allow and encourage young parents and carers of children and children for their child to attend the setting. In particular, children with a social worker are expected to attend education (subject to public health advice) given the ongoing safety and welfare risks.

You should also:

- follow up with the parent or carer, working with the local authority and social worker if relevant, to understand the reasons for the absence and support the child to attend
- focus the discussions on the welfare of the child and ensuring that the child is able to access appropriate support while they are at home
- ensure that the child's social worker is informed of any changes to the child's welfare
- have a plan around how to maintain contact
- make sure their parents and carers know that they can revisit their decision not to attend at any point in time

If you have to temporarily close onsite provision on public health advice, you should discuss alternative arrangements for vulnerable children with the local authority.

Children self-isolating or shielding

A small number of children will still be unable to attend early years settings in line with public health advice or medical because they:

- have symptoms or have had a positive test result
- live with someone who has symptoms or has tested positive and are a household contact
- are a close contact of someone who has tested positive for coronavirus (COVID-19)
- are required to isolate for travel-related reasons

More information is available in the guidance on shielding.

We know from guidance that they may also be children identified at the start of the pandemic as CEV and not increased on the clinical or shielding advice from DHSC and NHSE, but who may be shielding within the shielded patients in the community following review with a clinician.

Shielding advice is being paused nationally from 31 March. From 1 April, all CEV children should attend their setting unless they are one of the very small number of children who are under paediatric or other specialist care and have been advised by their GP or clinician that they should not attend, and who someone who is CEV should continue to care for at their setting or remote.

Vulnerable children

Where a vulnerable child is self-isolating or shielding, it is important that settings put systems in place to keep in contact with them.

When a vulnerable child is required to self-isolate, you should:

- notify their social worker (if they have one)
- agree with the social worker the best way to maintain contact and offer support

Parents or carers who are anxious about their child attending the setting

You need to consider that some parents and carers may be reluctant or concerned about their child attending the setting.

We may include:

- children who have themselves been shielding previously but have been advised they no longer need to shield
- children who have been advised by someone in clinically vulnerable or at CEV category and carer is concerned about the potential increased risk of coronavirus (COVID-19) such as those who have certain conditions such as cystic fibrosis or diabetes

Ensure you support parents and carers and provide reassurance because the measures you are putting in place to reduce any risks, including the system of controls, hygiene and ventilation measures, and the fact that children are less likely to be affected by and pass on disease means that the children can regularly attend, and emphasise the benefits of regular attendance.

Action to take when a child's usual provider is closed

Local authorities should work with settings which are closed to identify alternative provision for children who attend. Where a child's usual provider is closed, local authorities if their usual provider is not open. If a child misses testing, important information should be provided by the parent or carer to the new settings on day one, including information about the child's medical conditions, medication and how to safeguard the health, safety and welfare of the child.

In the case of vulnerable children, the closed settings should notify the local authority children's social care team and provide information about the child's attendance and attendance pattern. The closed settings should work with the Harrow children and local authorities (and social care teams, where relevant) to support this.

Where a setting has a social and a vulnerable child moves to a different setting:

- the closed provider should be advised in reasonable time to provide the receiving setting with any relevant welfare and child protection information
- the receiving setting should ensure that they put in place all relevant welfare and any arrangements to properly support them – as a minimum, the receiving setting should, as appropriate, have access to a vulnerable child's EHC plan, child in need plan, child protection plan, or be looking after, and the child's social worker (if they have one) and who the child's social worker is not open, if a child misses testing, important information should be provided by the parent or carer to the new settings on day one, including information about the child's medical conditions, medication and how to safeguard the health, safety and welfare of the child.

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In the case of vulnerable children, the closed settings should notify the local authority children's social care team and provide information about the child's attendance and attendance pattern. The closed settings should work with the Harrow children and local authorities (and social care teams, where relevant) to support this.

Settings should also ensure that they provide children with a high level of pastoral support and care, including ensuring that children who are vulnerable or CEV are supported to attend their setting. Children who are vulnerable, children in need, and any group identified as vulnerable by the local authority should be prioritised for a place in a setting if they are not able to attend their usual provider.

Should Harrow also development a new COVID-19 staff resilience hub, with advice and tips for frontline staff.

Where there is a concern that a child is in need or suffering or likely to suffer from harm, the early years setting should notify the designated safeguarding lead or deputy(s) should follow their child protection policy. Consider also referral to statutory services (and the positive or appropriate).

Reviewing and updating child protection policies

You must continue to have regard to the statutory safeguarding guidance. Settings should consider whether any cases of their child protection arrangements needed to be updated in response to coronavirus.

The designated safeguarding lead should continue to coordinate with children's social care, the local Harrow safeguarding partners and other agencies and services to identify harm and ensure children are appropriately supported.

All staff and volunteers should be made aware of new safeguarding policy and be kept up to date as it is revised.

Changes to the role of the safeguarding lead

It is a large requirement that settings must continue to have a lead/senior designated safeguarding lead (DSL) on site. Wherever possible, Harrow DSL should be available and not to be based on site if this is not practical. For example, they may be working from home or between all another setting, as long as they are still available to provide advice and support to other settings and to be able to carry out the role effectively. Volunteer have access to a designated safeguarding lead practitioner and know or any given day who that person is and how to speak to them.

Keeping children safe online

Settings should continue to ensure that children and staff are kept safe and protected online during the coronavirus outbreak.

- checking apps, websites and search results before using them with children
- supervising children when accessing the internet

Further details can be found in safeguarding and protecting children in early years settings: online safety guidance for practitioners. This advice is also relevant for parents and carers.

Supporting children's mental health and wellbeing

Staying at home for a prolonged period and the change of routine may cause difficulties for some children, such as changes in behaviour or mood.

As more children return to settings, settings should:

- consider the mental health, positive and negative support children may need, including with bereavement
- have to support them to transition into the setting after a long period of absence
- in some cases, increased welfare and safeguarding concerns
- be aware of the impact on children's physical and mental health concerns, particularly for vulnerable groups such as:
- children with a social worker
- previously looked after children (LAC) who can through adoption or special guardianship

Settings may want to refer to guidance for parents and carers on supporting children and young people's mental health and wellbeing during the coronavirus (COVID-19). Settings may also find the mental health and wellbeing guidance for schools and educational psychologists, social workers and counsellors. Staff should have appropriate instructional and training on identifying and supporting vulnerable children and young people. Staff should be able to refer children and young people to appropriate agencies or local services such as mental health, domestic abuse or substance misuse services. Providers should contact their local authority to understand what support is available in their area and providers should work together to bring the full range of terms as appropriate.

Supporting children with SENO after time out of the setting

Particular care is needed when supporting children with Special Educational Needs and Disabilities (SENO) to return to their setting. Children with SENO may have been groups have challenging for some children with SENO their others, and consideration and planning will need to be given.

Settings should be alert to the fact that they may need to support children with SENO or who other and you have a member of staff designated as a SENCO, inform SENCO and liaise appropriately with parents/carer of special educational needs provision for children with SENO.

Early years foundation stage and reforms

Application and disapplication of the early years foundation stage framework

The Early Years Foundation Stage (EYFS) statutory framework sets the standards that schools and childcare settings must meet to ensure the learning and development of children from birth to 5 years old.

Early years settings can use flexibility in the EYFS disapplications if coronavirus (COVID-19) restrictions present barriers delivering the EYFS as normal.

Details of the temporary changes, which include the EYFS assessment and development requirements and safety requirements (including ratios) that still can be found in the EYFS statutory framework. Ofsted will not inspect against the disapplied requirements. Help learning for Nonsuchians with the provisions.

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Planning for and supporting children's learning

Where children are new to the setting, or returning after a long time away, priority should be given to helping them adapt to their new routines and resettle, especially where there has been staffing or other significant changes.

Settings may want to:

- consider how stories, singing and games can be used to help children settle into new everyday routines
- plan how children can learn in age-appropriate ways about how they can keep themselves safe, including regular handwashing and using tissues
- consider how to encourage children to learn and practice these habits through games, songs and repetition

Settings can refer to the following helpful resources:

- Professional association for children and early years (PACEY): supporting children in your setting
- Dr Zoe explains coronavirus
- 2 metres apart activity
- Our hand washing song
- Talking to children about COVID-19 (novel coronavirus)

As set out in the sections on disapplications in the foundation stage framework, unless a setting is using the temporary EYFS disapplications, the learning and development and assessment requirements must still apply.

Where settings are using the temporary EYFS disapplications, they may wish to focus on supporting communication and language and the prime areas of learning in the EYFS.

EYFS reforms

We have published the government response to the consultation on EYFS reforms. This response confirms what changes will be made to the EYFS.

An early adoption year is underway with primary schools that volunteered to make the changes in 2020 to 2021, ahead of statutory rollout to all early years settings in the 2021 to 2022 academic year.

Postponement of the statutory implementation of the reception baseline assessment

In response to the impact of coronavirus (COVID-19) on schools, the statutory implementation of the reception baseline assessment has been postponed until the 2021 to 2022 academic year. Instead, schools were invited to take part in an early adopter year, which took place in the second half of the 2020 autumn term to familiarise themselves with the assessment and training materials before the reception baseline assessment becomes statutory.

2021 Early years foundation stage profile (EYFSP)

Teachers and early years practitioners should use their best endeavours to still complete the EYFSP for children in the summer term. If at all possible, and to provide this important information to parents and to year 1 teachers, should the situation at the time allow.

This will be a judgement for schools and teachers depending on their individual circumstances. Schools who decide they are able to complete the EYFSP this year and provide this information to parents and year 1 teachers will not be subject to statutory external moderation. There will be no requirement to submit data to the local authority or to confirm whether they have completed the EYFSP to the DfE.

Requirements for Paediatric First Aiders (PFA) being on site

As set out in the sections on disapplications in the early years foundation stage framework, unless a setting is using the temporary EYFS disapplications, compliance of the EYFS due to further local or national coronavirus (COVID-19) restrictions, providers must legally ensure a member of staff with a full PFA certificate is on site at all times when children are present, as set out in the EYFS.

Renewing paediatric first aid (PFA) certificates

If PFA certificate re-qualification training is prevented for reasons associated directly with coronavirus (COVID-19), or by complying with related government advice, the validity of current certificates can be extended to 31 March 2020 at the latest. This temporary extension applies only to PFA, and not to other paediatric and emergency first aiders in provision registered on the General Childcare Register and all early years provision. If asked to do so, providers should be able to explain why the first aider has not been able to re-qualify and demonstrate what steps have taken to access the training. Employers or certificate holders must do their best to arrange requalification training at the earliest opportunity.

Varying staff to child ratios and qualifications

Paragraph 3.30 of the EYFS states 'Exceptionally, and where the quality of care and safety and security of children is maintained, changes to the ratios may be made.'

We consider the extent of coronavirus (COVID-19) to be an exceptional temporary circumstance in which the staff to child ratios set out in the EYFS can be changed if necessary. Early years settings and schools, however, remain responsible for ensuring that the quality of care and safety and security of children is maintained and only vary in certain circumstances for further exceptions to be made. For the qualification level that staff hold in order to be counted in the ratio requirements. For more detail, see EYFS coronavirus disapplications.

Advice on separate baby room requirements for children under the age of 2 years

The EYFS requirement to have a separate baby room is a safety issue for the protection of very young children particularly when they are asleep. Paragraph 3.54 of the statutory framework for the EYFS already allows for the mixing of children where this is appropriate. If the layout of the premises does not allow for a separate 'baby room' with its own door, a suitable area may be partitioned off to provide safety for younger children.

Taking on new staff (including volunteers) even if a Disclosure and Barring Service (DBS) check has not been completed

The requirements set out at paragraph 3.7 of the EYFS remain in place.

Settings must obtain criminal records checks for new members of staff including volunteers. In exceptional circumstances, if the outcome of the disclosure has not arrived new staff and volunteers can still care for children provided they are supervised by someone who has a DBS check. Under no circumstances can an unchecked member of staff be left alone with children.

Where new staff are recruited, or new volunteers enter the early years setting, they should continue to be provided with a safeguarding induction.

Enhanced DBS checks for staff moving temporarily to another early years setting

Where members of the early years and childcare workforce are already engaging in regulated activity and already have the appropriate DBS check:

- there is no expectation that a new DBS check should be obtained for them to temporarily move to another setting to support the care of children
- the onus remains on the receiving setting to satisfy themselves that someone in their employ is suitable to work with children and should do so by undertaking a risk assessing assurance from the current employer rather than requiring new checks

Ofsted

Notifications requirements for settings providing childcare

We have asked Ofsted to work with us and with local authorities to find out which early years providers, including childminders, are open or temporarily closed.

This means that Ofsted requires further information about whether some providers are open or closed. If your operating circumstances change (that is, you open or close):

- let Ofsted know by sending an email to enquiries@ofsted.gov.uk with 'change in operating hours' in the subject field
- in the body of the email, confirm the unique reference number for each setting and provide the date from which the change is in place (and on the setting's registration, inspection report(s), and Ofsted report's page)
- in addition, any confirmed cases of coronavirus (COVID-19) in the setting (either child or staff member must be swiftly reported to Ofsted via the childminder agency with which you are registered) through the usual notification channels. If the setting has been advised to close as a result, this must also be reported to Ofsted. This is a legal requirement

Resuming Ofsted inspections

The Education and Skills Bill 2020 announced the suspension of routine Ofsted inspections in 07 March 2020. On 29 March 2020, Ofsted announced plans to return to on-site EIF inspections of registered early years providers from 4 May 2021. You can find out more about Ofsted's return to graded inspections on Ofsted: coronavirus (COVID-19) rolling update.

Ofsted action on unregistered provision

The health, safety and wellbeing of children is our first consideration, and the government continues to expect childcare to take place only within registered settings.

See Ofsted's response to coronavirus (COVID-19) in Ofsted: rolling update for more information.

Additional guidance for childminders

Childminder eligibility for the Self-employment Income Support Scheme

Eligibility for the scheme is based on employment structures and not professions. Find out more from the self-employment income support scheme.

Childminders working with other childminders to look after more children together

Up to 3 registered childminders (or a mix of up to 3 registered childminders and assistants) can work together in the same domestic premises. If:

- more than 3 childminders work together they will need to apply to Ofsted to register childcare on domestic premises
- registered by deliver childcare on domestic premises, if or more childminders (or a mix of 4 or more childminders and assistants) can work together in the same domestic premises, which would enable them to care for larger groups of children and still meet ratio requirements

Find out more from requirements for childminders and childcare on domestic premises

Quality assurance visits

The Parliamentary Under Secretary of State for Children and Families, Vicky Ford MP, wrote to Ofsted's Chief Inspector about supporting childminder agencies to retain their registration where the minimum number of quality assurance visits required has not been met as a result of coronavirus (COVID-19). This will ensure that childminder agencies (and their childminders) can continue to adhere to the government's guidance on protective measures and reduce external visitors.

The safeguarding responsibilities of childminder agencies (CMAs) and their childminders remain unchanged. CMAs must continue to ensure visits to any of their registered childminders if they have concerns about the quality of a provision or wish to check any registered childminder premises (as set out in section 3.4 of Childminder agencies: a guide).

From 4 May, all CMAs will be expected to resume their quality assurance visits – if they are not already doing so – and comply with the statutory requirements of their registration to carry out the relevant minimum number of quality assurance visits to their registered childminders every year.

This is alongside Ofsted's plans to return to on-site EIF inspections of its registered early years providers from 4 May 2021 (as announced on 29 March 2021). Further information for CMAs is available in childminder agencies undertaking visits during COVID-19.

Childminder with household member self-isolating

Household member self-isolating due to contact with a confirmed case of coronavirus (COVID-19)

This advice applies where a childminder usually looks after children in their own home, and where a childminder's household member is self-isolating. If this is:

- only as a result of coming into contact with a positive case and that positive case is not normally or currently resident in the childminder's household
- the household member is not showing symptoms of coronavirus (COVID-19)
- the household member does not require a test

The childminder can continue to provide childcare at their registered setting. The childminder should ensure they keep open communication with parents and carers of children attending the setting about the self-isolation.

The household member who is self-isolating must not have any contact with the children being cared for in the setting. For example, the person isolating must use a separate bathroom where possible. If the person self-isolating has to use a shared bathroom or other communal areas, these must be thoroughly cleaned after every use.

The childminder must:

- comply with health and safety law, which requires a risk assessment. The risk assessment must demonstrate that the provision of childcare in their setting is safe and aligns with the system of controls. Further advice can be found in COVID-19: cleaning in non-healthcare settings outside the home
- put in place proportionate control measures. For more information on what is required of employers in relation to health and safety risk assessments, please see Annex A: health and safety risk assessment

The childminder should:

- thoroughly review their health and safety risk assessment
- put in place arrangements in place to monitor that the controls are effective, working as planned, and updated appropriately (for example when any losses are identified, or when there are changes in public health advice)

Further guidance on risk assessments and keeping children and staff safe can be found in the section on risk assessments and the system of controls.

Household member self-isolating due to testing positive for coronavirus (COVID-19)

This advice applies where a childminder usually looks after children in their own home and a member of the childminder's household, (including their support or childcare bubble if they have one), has tested positive for coronavirus (COVID-19).

The childminder should also take the necessary action for responding to and reporting confirmed cases of coronavirus (COVID-19) in the setting, as set out in the system of controls.

A childminder cannot care for children in their home because all household members are self-isolating. The childminder should inform the parents of children that household's symptoms started (or the day their test was taken if they did not have symptoms) whether this was a lateral flow device (LFD) or polymerase chain reaction (PCR) test and the result. If the result is positive, it should be followed up by a lab-based PCR test to confirm the result. If the PCR test is negative, it overrides the self-test. If the result is inconclusive can remain in their home with a negative LFD test result can also continue to work and use protective measures.

They should follow the stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection.

The childminder cannot restart minding children until all household members have finished isolation and/or sickness periods whichever is the longest.

Entitlement funding

Early years entitlement funding for local authorities

We have published revised guidance on the use of free early education entitlements funding during coronavirus (COVID-19) which provides further details on how we expect local authorities to fund early years settings and how local authorities will be funded for the 2021 spring term and the financial year 2021-22.

We have also published technical guidance for local authorities setting out the process for accessing funding for the 2021 spring term and how they will be funded for the financial year 2021 to 2022.

Temporary changes to parents and carers eligibility to the 30 hours free early education entitlement and tax-free childcare

Further information is available on changes to 30 hours free childcare and Tax-Free Childcare during the COVID-19 pandemic.

We would encourage all eligible parents to continue to apply for, and reconfirm, their childcare entitlements during this time, even if children are temporarily not taking up their childcare place.

Insurance of early years providers during coronavirus (COVID-19)

Business interruption insurance

For childcare providers which have a policy that covers government-ordered closure and unspecified notifiable diseases, the government's social distancing measures may be sufficient to allow businesses to make a claim against their insurance, provided the other terms and conditions in their policy are met.

The Financial Conduct Authority (FCA) rules require insurers to treat customers fairly, including:

- handling claims fairly and promptly
- providing reasonable guidance to help a policyholder make a claim
- not rejecting a claim unreasonably
- settling claims promptly once settlement terms are agreed

The government is working closely with the FCA to ensure that the rules are being upheld during this crisis and fully supports the regulator in its role. The Association of British Insurers (ABI) and its members have agreed a set of principles for handling business interruption claims to support and provide clarity to customers.

Public liability insurance

It is a legal requirement that providers must carry the appropriate insurance (for example, public liability insurance) to cover all premises from which they provide childcare, including childminding. Nurseries should check the terms and conditions of their public liability insurance policies and consult their insurance providers and brokers to determine their coverage for coronavirus (COVID-19). For general advice on business insurance and coronavirus (COVID-19) and business interruption insurance (COVID-19), the ABI can be contacted by telephone on 020 7600 3333 or email at info@abi.org.uk.

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