



Llywodraeth Cymru
Welsh Government

GUIDANCE

Protective measures in childcare settings: Keep Childcare Safe

How to protect children you look after and your staff from coronavirus.

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Who should use this guidance

- providers of childcare and play services (including child minding and day care)
- childcare and play provision registered with the Care Inspectorate Wales
- childcare and play unregistered providers (less than 2 hours a day or in line with the exceptions set out in the Child Minding and Day Care (Exceptions) (Wales) Order 2010).

Separate **guidance is also available for Nannies** and those **providing Open Access Play work**.

This guidance sets out the public health advice for childcare settings to minimise the risks of COVID-19 transmission. It also includes the process to follow if anyone develops COVID-19 symptoms while in a setting. It provides a set of principles to help settings do this, and in turn minimise risks.

Introduction

Since 22 June, childcare settings in Wales have been able to extend their operations, providing care for all children, not just those of key workers or vulnerable children. In many cases, this has been on a reduced basis taking

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account of the protective measures put in place to help reduce the rate of COVID-19 transmission.

The Welsh Government's Technical Advisory Group continue to review the evidence around the susceptibility of children to the coronavirus, symptomatic and asymptomatic cases among children, and children's role in transmission.

With our Test, Trace, Protect system in place we are clear about the measures that need to be in place to create safer environments within settings. However, there cannot be a one size fits all approach. We recognise that each childcare setting will have individual challenges to address.

This guidance is designed to support childcare settings and will evolve to reflect the latest scientific advice as well as the latest Welsh Government policies.

The **Coronavirus Control Plan: Alert Levels in Wales** makes clear that childcare settings are able to operate across all four levels. This guidance is therefore relevant at all points, and not subject to change as we move between alert levels. But all settings will need to be prepared for the possibility of outbreaks and ensure they have plans in place.

Childcare in Wales

Childcare is provided in a wide range of settings and caters for children between the ages of 0-12. Although the protective measures recommended in this guidance are aimed at settings and environments primarily caring for pre-school aged children, many of the same principles apply to childcare provision for school aged children, including after-school and holiday schemes - both registered and unregistered.

Settings providing childcare for school aged children are also advised to refer to the **guidance for schools**, and to form a judgment on which measures are most appropriate and relevant to their particular operating model during the COVID-19 outbreak, and the ages of children in their care. Current evidence suggests that the risks of infection are higher for children over the age of 12 than those under 12.

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The measures set out in this guidance should be considered alongside the requirements contained within the [National Minimum Standards for Regulated Childcare](#).

Changes in normal routines can be stressful for children. Practitioners should consider how they introduce new routines in a playful way and provide reassurance to children.

Key messages

Covid Secure

- Aim to be COVID Secure, by carrying out an assessment of the risks and mitigating them with a combination of controls such as limiting contacts and frequent and thorough hand hygiene, decontamination and cleaning. Please refer to the Hierarchy of Risk Controls (Annex A).
- Take all [reasonable measures to minimise the risk of coronavirus in workplace](#);
- Consider this guidance and undertake risk assessments before either reopening or expanding provision.
- Ensure your setting has adequate and regular ventilation
- Where mains water has been turned off since the close of the premises at lockdown, when it is reconnected it will need running through to flush away any microbiological or chemical residues built up while the water supply was disconnected.[1][2][3][4]
- As employers, childcare settings have legal obligations under employment law. They should carry out risk assessments on an ongoing basis to plan appropriately for individual circumstances. Local authorities and the Cwllwm partners can help provide advice and best practice to support childcare settings in complying with their legal responsibilities.

Prevention and mitigation

- Childcare settings will need to ensure [physical distancing in the work](#)

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place for their employees or put in place mitigations following a risk assessment.

- Parents and carers (and visitors to settings) will also need to ensure physical distancing.
- Measures that limit the number of contacts that children and adults have, such as those outlined in this guidance should be implemented.
- Follow **Infection Prevention and Control Guidance for Childcare Settings** including thorough and regular cleaning and disinfecting of the environment,
- and effective personal hygiene procedures, especially frequent handwashing by staff and children.

Test, Trace, Protect

- Understand the role of **Test, Trace, Protect** and how this affects childcare settings.
- Actively engage with Test, Trace, Protect requirements.
- Understand the Testing policy for childcare sector and the offer of routine asymptomatic twice weekly LFD testing.
- Be clear with staff and parents that anyone with symptoms of COVID-19 should not come into work or attend the childcare setting but will need to start a period of **self-isolation** and **arrange a test** (their household will also need to self-isolate).
- If a child receiving childcare becomes symptomatic whilst at the setting, the child should be cared for away from other children and a parent or carer should be called for immediately and the child collected and taken home.
- If someone from the household of either a staff member or a child attending the setting has symptoms of COVID 19 the whole household must self-isolate.
- If a child or staff member is identified as a contact of someone who has received a positive test, they must self-isolate.
- All settings should maintain accurate contact details for and **keep a record** of all those accessing the premises to enable tracing in the event of an outbreak.
- In accordance with GDPR rules ensure those individuals are aware of the

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need to record their details and what they may be used for. Employees should also be aware that their **personal contact information** will need to be provided to a Test, Trace, Protect enquiry in the event of a suspected or confirmed COVID case associated with the setting.

Communication

- Plan how to tell parents or carers about the new arrangements for implementing protective measures and how children will be involved in this. Settings should ensure, where possible, children understand the plans.
- The needs, rights and experiences of all children at the setting should remain a key consideration when planning and operating protective measures.

[1] [Department for Education: Managing school premises during the coronavirus outbreak](#)

[2] [Health and Safety Executive: Legionella risks during the coronavirus outbreak](#)

[3] [Drinking Water Inspectorate: Advice Letter on maintaining drinking water quality when reinstating water supplies after temporary closure due to the COVID-19 outbreak](#)

[4] [Drinking Water Inspectorate. Guidance on Drinking Water Supply Operations in Response to Coronavirus \(COVID-19\)](#)

Covid secure workplaces

There is general advice available on ensuring workplaces are **COVID secure**.

The Key principles for workplaces in Wales are identified as:

1. Care: Our health and well-being comes first
2. Comply: The laws which keep us safe must be obeyed
3. Involve: We all share the responsibility for safe work
4. Adapt: We will all need to change how we work
5. Communicate: We must all understand what to do

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All workplaces have the duty to take reasonable measures to minimise the risk of exposure to coronavirus in the workplace. [Reasonable measures guidance](#) is available and a key element of the duty to take reasonable measures and to maintain a Covid secure workplace is the undertaking of risk assessments.

Risk assessment

The Health and Safety at Work Act 1974 is the legislation that sets out employers' duties to staff and to the public, as well as the duties of employees towards themselves and others.

The Act sets out the duties of employers to keep people safe while at work. It states that all work settings that have five or more employees must have a written Health and Safety Policy. It also tells employees about their responsibility to follow safe working practices, to co-operate with their employers and to ensure the safety of others, including children, staff and visitors.

[Keeping Wales Safe](#) outlines the requirements for workplaces in Wales including the requirement for regulated premises to undertake risk assessments. All settings, whether in regulated premises or not should carry out a risk assessment prior to reopening or expanding their provision and repeat these on a regular basis thereafter.

The assessment should directly address risks associated with coronavirus (COVID-19), to enable sensible measures to be put in place to control those risks. The Hierarchy of Risk Controls (Annex A) may help settings with this. All employers have a duty to consult employees on health and safety, and they are best placed to understand the risks in individual settings. Childcare staff are able to select a union representative to engage in the risk assessment process, and employers should share the risk assessment results with the workforce. In the case of settings that have closed, this should be shared before staff are expected to return.

Settings should work with staff, parents and other partners so that everyone is clear how the new arrangements will work in practice and why they are needed.

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All Wales COVID-19 workforce risk assessment tool

The **All Wales COVID-19 workforce risk assessment tool** was developed for use in health and social care workplaces and has been adapted for use in education, youth work, childcare and playwork settings. It is intended to be used to assess if staff are at higher risk of developing more serious symptoms if they come into contact with the COVID-19 virus. Your employer and or voluntary organisation has a duty of care to protect the health and safety at work of employees and this includes understanding if they are in a higher risk category from COVID-19.

The Tool uses government guidelines, and the most up to date research, evidence and data available to identify known risk factors, including age, sex, ethnicity, underlying health conditions, Body Mass Index (BMI) and any relevant family history in relation to COVID-19. It is a combination of these various factors coming together which contribute to the severity of infection.

The approach of the COVID-19 Workforce Risk Assessment is a self assessment in the first instance. This supports and empowers staff to consider their health and wellbeing, and understand their personal risk of developing more serious symptoms (if they come into contact with the COVID-19 virus) as either low, high or very high.

Childcare and playwork staff are encouraged to use the Risk Assessment, and to complete this online through the national e-learning platform **Learning@Wales**.

Where this is completed online a copy will need to be shared with the employer for staff records and to enable them to action.

Following their self assessment staff should have confidence to discuss their safety at work and any concerns they may have with their manager to consider the right actions to mitigate and manage that risk and ensure staff are as protected as much as possible.

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The Tool includes signposts to health and wellbeing resources to help individuals to manage their health and wellbeing as well as the important and continuing messages of:

- good and frequent hand hygiene
- **social distancing in informal workplace activity.**

Social distancing is harder for children, and the evidence suggests other measures should also be used when working with children including frequent and thorough handwashing. However, social distancing between adults working in a setting should be in place where possible.

Prevention: minimising contacts

Social distancing within childcare settings with young children will be harder to maintain than in other settings. Settings should therefore implement the following measures to minimise the number of contacts that children and adults have, whilst ensuring children are kept safe and well cared for.

Settings should:

- Take all **reasonable measures to minimise the risk of exposure to coronavirus**, as legally required in all premises and workplaces open to the public;
- Risk assess appropriately to evidence their approach to minimising contacts;
- Ensure that children and staff where possible only mix in consistent groups while adhering to NMS ratios;
- Keep groups of children separate from other groups where possible;
- Stagger interaction between different groups of children and consider the movement of children around the childcare setting, including one way route systems where possible to minimise contact;
- If large spaces (halls) are utilised to accommodate children, these must be demarcated and managed accordingly to keep groups or individuals apart as per requirements for minimising contacts;
- Prevent the sharing of food, drink, utensils, and where possible equipment and toys;

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- Make as much use as possible of the available outdoor space for activities.
- Cleaning should take place between sessions of different groups (i.e. between the morning and afternoon sessions where the morning and afternoon groups differ)
- As far as possible, the same members of staff should be assigned to each group and these should stay the same during the day and on subsequent days;
- Ensure that staff adhere to social distancing requirements when interacting with other staff at the setting
- Keep your staffing arrangements as consistent as possible. Those on work placements or students in regular attendance can be included as 'staff'. Where you do need to use staff from other settings or agency staff, ensure this is agreed on a weekly basis, not daily, to limit contacts;
- Consider how your emergency evacuation procedures might need to change to accommodate child or staff groupings;
- Ensure that only essential visitors attend the setting and adhere to the social distancing requirements whilst there, and **encourage children and staff to walk or cycle where possible, and avoid public transport at peak times.**
- Essential visitors could include inspectors, learning support assistants, maintenance workers, healthcare workers and so on. Local authority staff may also need to visit the setting from time to time, in relation to funded schemes or wider support services. Parents who are considering using a setting for the care of their child would not be considered essential visitors (but visits to the setting can be arranged outside of operating hours). From time to time parents may also need to attend the setting to meet staff by invitation in relation to their children's care;
- Consider staggering children arriving and leaving the childcare setting to avoid parents or carers gathering during drop off and pick up points;
- Consider putting markers in outside spaces for parents or carers to keep to the 2 metre social distancing rule for drop off and collection if possible;
- Inform parents about the measures you are taking and seek their help to implement them;

For **children and young people who require additional support** – such as children with a statement of special educational needs or who have additional learning needs or disabilities - work with the local authority as well as with

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parents to decide how best to continue supporting these children to stay healthy.

Limiting social contacts is an important part of reducing the likelihood of seeing large outbreaks of the virus. The lower the number of contacts a person has, the easier it is for them to manage their overall risk of infection through interactions with others. However, the overall number of contacts an individual, or a family has, are something they will need to manage. Settings cannot manage interactions beyond those that take place on their premises.

For settings, keeping children and staff in consistent groups that remain the same throughout the week, and separate from other groups will help in limiting contacts within the setting and avoids creating chains of transmission. It is accepted that young children cannot socially distance from staff or from each other and so consistent groups provide an additional protective measure. Maintaining these groups also makes it quicker and easier, in the event of a positive case, to identify those children and staff who may need to self-isolate and to keep that number as low as possible.

The group size should be determined by the number of children a setting is registered to care for, the **NMS ratios** and the risk assessments undertaken by each setting (which will take into account children's ages, size of setting, staff safety and so on).

Groups should remain as consistent as possible and staff within that group should socially and physically distance from one another.

Staff should remain with the same group at all times.

If there are cases where staff need to interchange between groups, a range of factors will need to be considered. This includes any alternative arrangement that could be put in place and their associated impacts, alongside the risk and harms of allowing an individual to interchange between different groups, and any additional mitigations that may need to be put in place as a consequence of such arrangements. This could include increasing the number of individuals that might need to self-isolate in the event of a positive case.

It is important that settings have the flexibility to manage and respond to risks in an appropriate way.

Attending more than one setting

We know for some families, such as our critical workers, the use of out of school or wrap around childcare will be key to supporting children to return to school and parents to work. Wherever possible this should be kept to a minimum, but in some cases it will be unavoidable, and that is particularly so for early education depending on the delivery model in your area.

If the child is accessing both education and childcare, and this is taking place across two settings or sites, it will be important to ensure schools and childcare settings all understand the transition arrangements and are clear on when the child will be in each setting and what collection and transport arrangements are in place.

Attendance at more than one setting is permissible where there are no other alternatives will require close partnership working between schools, childcare settings and parents. Ideally children should remain in the same contact group across settings, and if there is a suspected case of covid in either setting that impacts that child and their contact group, both settings must be informed and work together to identify contacts. To support this all settings should keep a record of any children that attend multiple childcare settings.

Possible ways of grouping children in wrap around and out of school provision includes:

- by class
- by year group
- by school.

Settings should consider how they can work with parents to agree ways to manage any necessary journeys, including pick-ups and drop-offs at schools, to reduce the need for a provider to travel with groups of children. Where travel is necessary providers should do all that they can to ensure that children travel as

part of the same consistent group they will be in within the setting. Every effort should be made not to mix children from multiple settings in any vehicles used as this would undermine maintaining distinct groups within the setting. Children over the age of 11 should wear **face coverings** while being transported by the setting.

Where children need to attend more than one setting, parents, schools and settings will need to discuss these risks and consider how to manage them to reduce the spread of the virus. This will mean parents, schools and settings working in close partnership to consider fully how they can make provision work alongside their wider protective measures. Settings are reminded that discussions with parents on health matters are to remain confidential and information only shared if the parent or carer has agreed.

It is important settings have the flexibility to manage and respond to risks in an appropriate way. As settings seek to minimise the risks of transmission, they should consider the Hierarchy of Risk Controls detailed at Annex A. If a child tests positive, has symptoms of Covid 19 or has been identified as a contact of an individual who has received a positive test, they must inform all settings that they attend. They will then need to **self-isolate at home** with the people they live with and not attend any childcare settings.

Use of outdoor space

Children should spend as much time outdoors as possible as this can limit transmission and more easily allow for distance between the groups. Young children (those of primary school age or younger) can interact outside without social distancing. However, adults will need to continue to distance from one another.

Outdoor equipment should not be used unless the setting is able to ensure it is appropriately cleaned between groups of children using it, and that multiple groups don't use it simultaneously.

Transport

Where settings transport children, the following mitigating actions should be considered in order to reduce mixing and support contact tracing:

- Use the same vehicle every day
- Transport the same group of children every day
- Transport to and from one setting
- Group learners by school/setting if transporting children from more than one school/setting
- Allocate seats so that children can keep the same seats each day
- Children aged over 11 should wear face coverings while being transported.

Further **information is available on school transport**.

Taking trips outside the setting

Trips and visits can play an important role in enriching development as well as support children's wellbeing. In line with the relaxation of other restrictions, such as the reopening of indoor and outdoor visitor attractions and the resumption of indoor and outdoor organised activities, settings may wish to consider undertaking domestic day visits where visiting locations outside of the setting is integral to the children's experience.

Maximising time spent outdoors by children has physical, mental and developmental benefits and generally the risk of transmitting COVID-19 is lower outdoors compared to indoors. However, mitigating measures e.g. social distancing or using face coverings where this is not possible if relevant, and maintaining good hand hygiene, are still needed outdoors. Settings are encouraged to consider this in the planning of any visits.

Settings wishing to undertake domestic day visits should continue to undertake the usual risk assessment processes when planning visits. This risk assessment should include arrangements if a child develops Covid-19 symptoms during the visit. Travel time should be minimised wherever possible. Settings should also

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consider the guidance set out elsewhere in this document, including but not limited to:

- minimising contact with others,
- maintaining social distancing
- maintaining good hand hygiene.

They should also consider other relevant Welsh Government guidance, including, but not limited to:

- [travelling safely \(coronavirus\): guidance for the public](#)
- [current restrictions: frequently asked questions](#)

The Outdoor Education Advisers Panel has also developed [guidance which may be useful for settings considering undertaking visits](#).

Organised activities for children

Organised outdoor activities for children restarted from 27 March 2021 and organised indoor activities for children from 3 May 2021. Attendance at such activities, when they take place outside of the setting, is not a matter settings would be expected to monitor. However, it is likely that attendance at such activities would increase the number of contacts children have.

Settings will need to be mindful of this in their communications with parents/carers. As with circumstances where children attend both schools and childcare, if there is a suspected case of COVID-19 at any such organised activity that impacts on that child and their contact group, settings must be informed and work together to identify contacts. Read the [guidance regarding organised children's outdoor and indoor activities](#).

Parent and carer visits to settings

During operating hours, only essential visitors are permitted to access childcare settings. While this includes parents/carers dropping off/picking up their children,

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it does not include parents/carers visiting the site when considering using the setting to care for their child. However, where precautions are taken and risk assessments allow, settings are able to facilitate parents/carers visiting a setting in the evenings or at weekends (outside normal operating hours) when considering using a setting for the care of their child.

These visits are at the discretion of each setting. In addition to existing control measures within a setting, the following additional measures would be required for any visit to take place:

- Only one parent/carer per visit (no siblings)
- Only one member of staff conducts the visit
- Visits are kept as short as possible
- Toys and resources are not to be handled during the visit
- Face coverings are worn by all adults at all times
- Social distance is maintained during the visit
- Hand hygiene is practised before and after the visit
- The regulations around recording the visit for Track and Trace are followed

This type of visit needs to be reflected in your Coronavirus risk assessment. A record of the visit should be kept along with contact details of the visitors for contact tracing purposes. Settings will need to explain this in advance to those visiting.

Visits must not take place if any of the staff or parents involved:

- Have COVID symptoms; or someone they live with has symptoms and therefore should be self-isolating
- Have tested positive for covid and are self-isolating
- Have been identified as a close contact or household contact of a positive case and are self-isolating.

Or where there is a likelihood that the control measures cannot be adhered to.

Childminders can also facilitate parent/carer visits to their settings in line with the requirements set out above. In addition, childminders will need to consider the presence of their own family during parent/carer visits, ensuring that they do not

come into close contact with visitors. Visits should not take place if the visitors, the childminder or a member of the childminder's family is self-isolating.

Visits are at the discretion of the setting and can only be undertaken where risk assessments allow and where the above requirements can be met.

On occasion it may be necessary to invite a parent to attend the setting to discuss matters relating to their child's care. Again, such visits should be undertaken at the discretion of the setting, and after determining whether or not it is possible for the meeting to take place remotely.

Hand hygiene

Hand hygiene is essential before and after all direct contact with a child, and after cleaning equipment and the environment. Hands should be washed thoroughly for at least 20 seconds with soap and water. An alcohol-based hand sanitiser can be used if hands are not visibly dirty or soiled and if soap and water are unavailable.

Children should be supervised if using hand sanitiser, given risks around ingestion and potential splashes to face and eyes. Small children and those with complex needs should continue to be helped to clean their hands properly. Skin-friendly cleaning wipes can be used as an alternative.

However, thorough handwashing with soap and water is more effective than the use of hand sanitisers. Hands should be dried thoroughly after hand washing using disposable paper towels. Paper towels should be disposed of in a lidded bin and not allowed to overflow. Bins should be emptied often and at least daily.

The use of air dryers is not recommended.

Hand washing or sanitising should be done for example:

- on arrival at the setting;
- after use of the toilet;
- before and after eating;

- after returning indoors from outdoor play;
- after being in physical contact with other children;
- after sneezing or coughing.

Encourage staff and children not to touch their face.

For sneezes and coughs 'Catch it, bin it, kill it, wash your hands' is key. Disposable single use tissues should be used to cover the nose and mouth when sneezing, coughing or wiping and blowing the nose. Used tissue should be disposed of promptly in a separate double bagged waste bin and disposed of safely. Bins should be emptied, cleaned and disinfected regularly throughout the day.

Consider how to encourage young children to learn and practise these personal hygiene habits through games, songs and repetition.

Some children with additional learning needs (ALN), and disabilities may require additional support in following public health advice, or may find frequent handwashing distressing. Staff will know where this is likely to be the case and should consider how they can best support individual children.

Equipment and facilities

Materials such as play-dough and sand that are very difficult to clean can present particular challenges. In line with existing Public Health Wales **Infection Prevention and Control for Childcare Settings Guidance** during an outbreak of any infectious disease, it may be safest to avoid using these materials during the pandemic while increased preventative measures are in place. Where settings choose to use these difficult to clean items, based on a risk assessment, they should ensure that handwashing takes place before and after play with these materials and that they are not shared between different groups unless a minimum of 72 hours has passed. These should be risk assessed and be changed in accordance with manufacturers guidance or sooner if thought to be contaminated. Water play can take place if steps are taken to avoid multiple children sharing water, water is changed regularly particularly between groups and always between contact groups. Particular care should be taken when

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children move between activities in a room to ensure that hand washing takes place between each station and that materials that can be cleaned are cleaned between groups. Sand, play-dough, water and other higher risk activities should not take place when there are one or more positive cases in the setting.

Similar challenges can arise with other messy play activities including cookery and settings should consider carefully how and when to undertake these.

Equipment, toys and surfaces, including those across all areas of the setting such as toilets, sinks, taps and changing areas, tables and handles should be cleaned and disinfected frequently in line with **Infection Prevention and Control for Childcare Settings Guidance**. Providers should consider removing soft toys and toys that are hard to clean (such as those with intricate parts). Outdoor equipment and entrance gates should also be cleaned and disinfected frequently.

Cleaning routines including times, dates, and name of person responsible for the cleaning should be recorded to meet the requirements. Please see appendix 9 of Infection Prevention and Control for Childcare Settings Guidance for further information on keeping equipment clean.

We realise that childcare staff are required to provide close contact care for small children, including toileting, nappy changing and feeding. In these situations, staff should follow Infection Prevention and Control for Childcare Settings Guidance using aprons and gloves as necessary.

There is no specific reason why different groups of children cannot share toilets. However where possible, settings might want to provide separate toilet facilities to reduce the risks of cross-group contacts. Where this is not possible, using hand sanitiser before entering the toilet and ensuring toilets are cleaned regularly will help. Where settings operate from multi-use buildings such as community centres or share toilet facilities with schools, cleaning and hygiene measures will be even more important.

The guidance on Linen and Laundry in Infection Prevention and Control for Childcare Settings Guidance should be followed. Those who travel to work should change into their uniform or work clothes in the childcare setting, and

then bag the clothing and travel home in clothes that have not been worn while caring for the children. Work clothing should be laundered after each use and employers should consider whether staff have sufficient sets of uniforms to enable this.

Ideally, parents or carers should be encouraged to provide clean clothes for children every day but this may not be possible and should be handled sensitively.

Settings should tell parents, carers or any visitors, such as suppliers, not to visit the childcare setting if they are ill or displaying any symptoms of coronavirus.

Prevention: infection control measures

Covid-19 guidance on cleaning regimes that support infection prevention is available. This should be considered in conjunction with the sector specific advice contained within **Infection Prevention and Control for Childcare Settings Guidance**.

The present advice is that it is not necessary to screen children's temperatures. The child's parents or carers should check their temperature before bringing their child if they suspect the child is unwell. Staff should of course be vigilant for **symptoms** of Covid-19. No child with symptoms should be sent to the provision at all and it is vital that parents or carers are encouraged to act accordingly and follow self-isolation advice.

Children who present with behaviours which may increase the risk of droplet transmission (such as biting, licking, kissing or spitting) or require a level of care that cannot be provided without close contact, should continue to receive care in the same way, including any existing routine use of PPE.

In these circumstances which require provision of the same level of care that has always been required for those children then no additional PPE is necessary as the risk of viral transmission is very low. However, additional space and frequent cleaning of surfaces, objects and toys will be required.

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Ventilation

Those in control of a premises have a **legal duty** to ensure effective ventilation. Further advice on air conditioning and ventilation is available from the **HSE**.

The Health and Safety Executive (HSE) has updated and expanded its advice to help employers provide adequate ventilation in their workplaces and premises during the pandemic. The guidance builds on helping you to identify and take action in poorly ventilated areas. It also provides guidance on other factors to consider when assessing the risk from aerosol transmission, and determining whether adequate ventilation is being provided to reduce this risk.

You should be maximising the fresh air in a space and this can be done by:

- natural ventilation
- mechanical ventilation
- a combination of natural and mechanical ventilation, for example where mechanical ventilation relies on natural ventilation to maximise fresh air

Read the updated **guidance on air conditioning and ventilation** and find out how you can provide adequate ventilation in your workplace, helping to protect workers and other people from transmission of coronavirus.

There is also advice available for building services, particularly around ventilation of buildings, both in use and when returning to buildings which have been closed from the following:

- **Chartered Institution of Building Services Engineers**
- **The Building Engineers Services Association, and**
- **REHVA**

Ventilation and the new variants (technical details for those with mechanical systems)

Ventilation is a key mitigation measure to control the far-field (more than 2m)

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transmission of COVID-19 by aerosols between people who share the same indoor space. Ventilation is not likely to have significant impacts on close range transmission by droplets and aerosols (within 1-2m) or transmission via contact with surfaces (high confidence).

Higher viral load associated with people who have the new variant could have significant implications for transmission via the air, as previous scientific modelling suggests that viral load is a major determinant of airborne transmission risks. SAGE before the introduction of the new variant stated; for most workplaces and public environments adequate ventilation equates to a flow rate of 8-10 l/s/person based on design occupancy, although guidance for some environments allows for lower flow rates of 5 l/s/person. Since the introduction of the new variant, SAGE has recommended where possible, increasing ventilation flow rates mentioned above by a factor of 1.7 (70%) to account for the increase in transmissibility.

For some existing and older buildings, ventilation systems may not have been designed to meet current standards and additional mitigations may be needed. As a precautionary measure it is recommended that ventilation is included as part of any workplace or public indoor environment COVID secure risk assessment, and the necessary mitigation measures are adopted.

In most buildings, maintaining comfortable temperatures and humidity above 40-60% relative humidity is likely to be beneficial to reducing the survivability of the virus.

However, this is likely to be less important than the ventilation rate mentioned above (medium confidence).

Steps that will usually be needed:

- Checking whether you need to service or adjust ventilation systems, for example, so that they do not automatically reduce ventilation levels due to lower than normal occupancy levels.
- Most air conditioning systems do not need adjustment, however where systems serve multiple buildings or you are unsure, advice can be sought from your heating ventilation and air conditioning (HVAC) engineers or

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advisers.

- Removing any fans from, for example, workstations, to avoid the recirculation of air.
- Opening windows and doors frequently to encourage ventilation, where possible, and if it is safe to do so.

Childcare settings should as explained above ensure adequate levels of ventilation. Where centralised or local mechanical ventilation is present, re-circulatory systems should be adjusted to full fresh air. If this is not possible, systems should be operated as normal. Ventilation should commence ahead of session and continue after sessions have finished. Where ventilation units have filters present enhanced precautions should be taken when changing filters. Childcare settings with ventilation systems can consult [HSE guidance on ventilation systems](#).

Where settings rely on natural ventilation including opening windows and doors to provide a supply of fresh air, this practice should continue to improve ventilation. It is however recognised that there will be a need to optimise the amount of fresh air entering a room whilst balancing this with thermal comfort (maintaining a reasonable temperature) and the risks associated with open windows. The Fire Safety Risk Assessment should always be reviewed before any internal doors are held open.

In winter the need for ventilation remains an important strategy for reducing our risk of exposure to the virus and it will be important to maximise airflow through the use of vents, windows and doors whilst maintaining a comfortable environment. Opening windows in the morning before people come into work or before sessions start for at least five minutes and in the evening when everyone has gone home will allow air to circulate. In cooler weather windows should be opened just enough to provide constant background ventilation, and opened more fully during breaks to purge the air in the space. Open all windows for a few minutes during the day to allow for cross ventilation – that is for stale air to flow out and fresh air to come in. Opening internal doors can also assist with increasing the throughput of air (as long as they are not fire doors and where safe to do so).

Windows and doors do not have to remain fully open to obtain the levels of fresh

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air required to provide good ventilation, they can be partially opened. Staff may need to be advised how to achieve the most appropriate ventilation in any setting and should start by consulting the [HSE guidance](#). Additional ventilation can be achieved by ventilating rooms more fully between uses.

Whilst improving ventilation is a key control settings should continue to ensure that the wider controls of social distancing, hand washing, respiratory hygiene and enhanced cleaning as outlined in this guidance are implemented and maintained.

Water supplies

If buildings have been closed or had reduced occupancy water system stagnation can occur due to lack of use, increasing the risks of Legionnaires disease. Read the [HSE guidance covering water management and legionella](#).

You will need to check any water supplies - mains water supplies that have to be reconnected (because they were turned off when a premises was closed) will need running through to flush away any microbiological or chemical residue that might have built up while it was disconnected. The Drinking Water Inspectorate, who are the Regulators and technical experts in England and Wales, has produced this [advice on maintaining drinking water quality when reinstating water supplies after temporary closure due to the COVID-19 outbreak](#)

Face coverings

Childcare settings are not considered to be public spaces and therefore the wearing of face coverings is not mandatory in a childcare setting. However, as part of their risk assessment to support their COVID-secure operations childcare settings should consider a range of interventions, which could include the use of [face coverings](#), particularly where there is adult to adult contact and social distance cannot be maintained. Where the setting feels their use would be needed, careful consideration should be given to how to do this appropriately and ensure the needs of children are met, particularly those with additional

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needs.

Face coverings are not a replacement for far more effective measures such as social distancing and hand hygiene. Where a decision is made to use a face covering we would encourage that individuals use high quality three layered face coverings and use them correctly, covering the mouth and nose, ensuring hand hygiene before putting on and following removal. Face coverings should be made up of three layers as set out by the World Health Organisation but do not need to be medical-grade face masks. Settings should also ensure adequate waste bins on premises for those who choose to use single-use face coverings. Face coverings or visors are not PPE and would not prevent an individual being identified as a close contact by the TTP team..

Settings may wish to consider advising parents to wear face coverings when dropping off and picking up children where maintaining a social distance between staff and parents is difficult. Settings should also consider their advice on face coverings for essential visitors.

Where a setting is located on a school site they should ensure they understand and abide by the school policies on the use of face coverings and may wish to consult the [school operational guidance](#).

Where settings are based on mixed-use sites, they should consult and adhere to the guidance provided for the site and the policies of the landlord on the wearing of face coverings in communal areas.

Children under the age of 11 do not have to wear face coverings.

Where a setting cares for a mixed age range (i.e. primary and secondary school children) careful consideration should be given to the needs of all the children involved.

Social distancing is not always possible in child care settings, especially with the youngest children and that is why infection prevention and control measures must be increased. Any person who may not be able to adapt to face coverings as directed (e.g. young children, or those with special educational needs or disabilities) should not wear them as it may inadvertently increase the risk of

transmission. If parents want children to wear face coverings the practicalities of how this can be managed within the setting should be discussed.

If staff in childcare settings wish to wear face coverings, they may do so, as long as they follow the [advice for safe and hygienic use](#). However, the impact on communication with children and children's general well-being is critical to any considerations around whether staff wear face coverings.

Childcare settings should not require children to wear face coverings as incorrect handling may inadvertently increase the risk of transmission. However if children or the parents or carers of that child choose or wish for the child to wear a face covering to the setting there should be a clear process in place for removal on arrival at the setting. Children must be told not to touch the front of their face covering during use or when removing them. They must wash their hands immediately on arrival dispose of temporary face coverings in a covered bin or place reusable face coverings in a plastic bag they can take home with them, and then wash their hands again.

Face coverings and implications for deaf children

The impact of wearing a face covering when caring for a deaf child should be carefully considered, as communication for many deaf people relies in part on being able to see someone's face clearly. The [National Deaf Children's Society](#) has provided the following communication tips via [social media](#) and their website which childcare staff may find useful in this regard.

Personal Protective Equipment (PPE) in childcare settings

The below information is based on current advice. We will keep this under review and update if required, based on scientific evidence.

- **Gloves and aprons** should be used when providing intimate care to a child, including hands-on care such as washing, toileting, or first aid and certain clinical procedures such as assisted feeding.

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- **Fluid-resistant surgical mask and eye protection** should also be worn if a risk assessment determines that there is a risk of splashing to the eyes such as from coughing, spitting, bottle feeding or vomiting.
- **Gloves and aprons** should be used when cleaning equipment or surfaces that might be contaminated with body fluids such as saliva or respiratory secretions.

Gloves, fluid repellent gown, FFP3 mask and eye protection are required in cases where aerosol generating procedures such as suction are undertaken.

Where there is suspected coronavirus (COVID-19) in a childcare setting:

- **Gloves, aprons and a fluid-resistant surgical mask** should be worn if a child becomes unwell with symptoms of COVID-19 and needs direct personal care.
- **Eye protection** should also be worn if a risk assessment determines that there is a risk of splashing to the eyes such as from coughing, spitting, or vomiting.
- **Gloves and aprons** should be used when cleaning the areas where a person suspected of having COVID-19 has been.

Handwashing should always be practiced before putting on and after removing PPE.

All staff should understand how to put on and remove PPE in order to reduce the risk of onward transmission of infection. Further guidance is available here in appendix 6 of the [Infection Prevention and Control for Childcare Settings Guidance](#)

Symptomatic individual/positive case: decontamination and cleaning

Where a symptomatic individual or a positive case has attended the setting the

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principles of the **Covid-19 cleaning advice** should be followed in conjunction with the sector specific advice outlined in the **Infection Prevention and Control for Childcare Settings Guidance** . Additional cleaning and disinfecting must be undertaken of areas that a symptomatic individual (or those with a positive test result) has come into contact with.

Except for public areas where those with symptoms or a positive test result have passed through and spent minimal time and are not visibly contaminated with body fluids, all surfaces that the symptomatic person has come into contact with must be cleaned and disinfected in accordance with the Infection Prevention and Control for Childcare Settings Guidance once the individual has moved from the area.

These surfaces include:

- objects which are visibly contaminated with body fluids;
- all potentially contaminated high-contact areas such as toilets, door handles, telephones, grab-rails in corridors and stairwells.

The clothes of staff and children who have come into contact with a symptomatic child or positive case should be washed on a hot wash in accordance with the guidance on contaminated laundry in Infection Prevention and Control for Childcare Settings Guidance. It is therefore suggested that staff keep a change of clothes in the setting.

When items cannot be cleaned using detergents or laundered, for example, upholstered furniture and mattresses, steam cleaning should be used.

Any items that are heavily contaminated with body fluids and cannot be cleaned by washing should be disposed of.

In cleaning the areas where an individual with possible or confirmed COVID-19 has been, disposable gloves and an apron should be worn as a minimum. Hands should be washed with soap and water for at least 20 seconds after the gloves and apron have been removed. All staff should understand how to put on and remove PPE (as required by Health and Safety Regulations) and to ensure staff limit the spread of COVID-19. Guidance is available at appendix 6 of the

Waste

Waste from areas where possible cases of COVID-19 have been should be disposed of in accordance with the [Infection Prevention and Control for Childcare Settings Guidance](#) and the principles outlined in the [Covid-19 cleaning advice](#).

Waste should be stored safely and kept away from children. You should not put your waste in communal waste areas until negative test results are known or the waste has been stored for at least 72 hours.

If storage for at least 72 hours is not appropriate, arrange for collection as a Category B infectious waste either by your local waste collection authority if they currently collect your waste or otherwise by a specialist clinical waste contractor. They will supply you with orange or purple clinical waste bags for you to place your bags into so the waste can be sent for appropriate treatment.

Responding to infection

Engage with the Test, Trace, Protect Strategy

Under no circumstances should children or staff attend childcare settings if they:

- feel unwell with any of the identified COVID-19 symptoms. They should remain at home and **self-isolate** and arrange a **COVID-19 test**
- have tested positive for COVID-19
- live in a household with someone who has symptoms of, or has tested positive for COVID-19.

Parents/carers of children should be advised in advance that a child displaying symptoms or who is part of a household where someone is displaying symptoms should not be brought to the setting and that the child's whole household should

self isolate as set out in the guidance.

The Test, Trace, Protect strategy sets out the approach to tackling coronavirus: testing people with symptoms in the community, tracing those who have come into close contact with people who have tested positive for coronavirus, and protecting family, friends and our community by self-isolating. From September 2020 the Test, Trace, Protect strategy is supported by the **NHS COVID-19 app**.

The Welsh Government COVID-19 **Testing Strategy** was updated on 21 January 2021. The strategy outlines how Wales' testing capacity will be used to support contact tracing by controlling and preventing transmission of the virus, protecting our NHS services, protecting the most vulnerable groups and utilises developments in future technology to better understand the virus.

Test, Trace, Protect works by:

- Testing those people who have coronavirus symptoms, asking them to isolate from family, friends and their community whilst taking a test and waiting for a result. You can apply for a test for yourself or someone in your household with symptoms. This includes adults and children, including under 5s. **Information and guidance for staff** is also available.
- **Tracing** those who have been in close contact with people that have tested positive for the virus, requiring them to take precautions through self-isolation and the offer to book a PCR test online. This should be done at the start of their self-isolation period, and again on day 8 (unless they have tested positive in the previous 90 days).
- Providing advice and guidance, particularly if the person who has symptoms or their contacts are in **groups at increased risk of Covid-19**.
- Ensuring that if the symptoms are not due to coronavirus, individuals and their contacts can end their self-isolation period and get back to their normal routines as soon as possible.

Symptomatic individuals

Anyone displaying symptoms of COVID-19 must not attend the setting and

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should stay at home and begin to self-isolate while making arrangements to be tested. The childcare setting should be informed of the test result immediately. If the test result is negative the child/staff member can return to the setting when they are well enough to do so.

Similarly, if someone in a child/staff member's household is displaying COVID-19 symptoms, the child/staff member as part of that household will also have to self-isolate. If the household member subsequently receives a negative test result the child/staff member can return to childcare setting and the household no longer needs to self-isolate.

Individuals receiving a positive test result

If a child or staff member receives positive test result, they (and their household) must self-isolate according to the guidance and report the outcome of the test to the childcare setting.

If someone in a child/staff member's household tests positive for Covid-19, parents/carers/staff should inform the childcare setting immediately. The household must self-isolate. If the child/staff member develops symptoms during the self-isolation period, they will need to get a test. If they complete the self-isolation period without developing symptoms, they can return to the setting.

If a child or staff member shows symptoms of COVID-19 while in a childcare setting

Settings will need to have a clear, written procedure in place for the protection of staff and children if a child or staff member develops symptoms while at the setting. A symptomatic staff member will need to go home immediately. Settings will need to consider how this may affect their ratios and may need contingency plans to cover this potential situation.

The parent or carer of a symptomatic child should be called immediately and the child collected and taken home. Young sick children will need to be cared for until they are collected.

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The child should be moved away from other children and cared for separately with appropriate adult supervision. If it is not possible to isolate the child, move them to an area which is at least 2 meters away from other children. Ideally, a window should be opened for ventilation. Disposable gloves, apron and a fluid-resistant surgical mask should be worn if the child requires personal care or close contact. If a risk assessment determines that there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection should also be worn.

If a child needs to go to the toilet while waiting to be collected, they should use a separate toilet if possible. The areas where a person suspected of having COVID-19 has been, including toilets, must be cleaned and disinfected. Gloves and aprons should be used when cleaning the areas where a person suspected of having COVID-19 has been. See section on Decontamination and Cleaning below.

If they need clinical advice, they (or a member of staff or their parent or carer) should go online to [111 Wales](#) (or call 111 if they don't have internet access).

If a member of staff has helped a child or staff member who was taken unwell with symptoms of COVID-19 they do not need to go home unless they develop symptoms (new continuous cough, high temperature, loss of smell or taste) themselves. They should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell and where possible should change into clean clothing.

Should there be a delay in a parent collecting a symptomatic child, please contact the local environmental health officer via your local council's website. Children or staff members who are symptomatic should be tested.

Extended Symptom Testing for Covid-19

Testing is being made available in some areas for those experiencing a wider range of symptoms such as fatigue, myalgia (muscle ache or pain), a sore throat, a headache, a runny nose, nausea, vomiting or diarrhoea. Individuals

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who take a test because of these other wider symptoms are not required to isolate while they await their test result. This includes children who can continue to attend their childcare setting while they await a test result. However, children and adults with diarrhoea and/or vomiting should not attend the setting until they are symptom-free for 48 hours, even if their test result is negative.

People who are experiencing one or more of the three cardinal COVID-19 symptoms (new persistent cough, fever and/or loss of taste or smell) must continue to follow [the NHS Wales Test, Trace, Protect](#) guidance on testing and isolation and are required to self-isolate with their household whilst they await a test result.

Asymptomatic testing offer for schools and settings (with Lateral Flow Devices LFDs)

In order to quickly detect asymptomatic adults and reduce the likelihood of clusters and outbreaks in settings and the disruption that brings to settings we will be making rapid-result coronavirus (COVID-19) tests available to all staff working in childcare settings from February 2021.

Test at home kits will be offered to all open settings in order for staff to take twice weekly tests. These will be provided via direct deliveries from the Department of Health and Social Care or via local authority hubs in the cases of childminders and unregistered settings.

Testing is voluntary, but those who are eligible for tests are strongly encouraged to participate to further reduce the risk of asymptomatic transmission within the workplace.

If a person has tested positive with a LFT or a PCR test and had to self-isolate for 10 days they are advised not to take further tests for a 90 day period (unless new symptoms develop).

Anyone who tests positive using a Lateral Flow Device (LFD) test must not attend a setting. They and everyone they live with must self-isolate immediately according to the [self-isolation guidance](#) whilst they undertake the following

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actions:

- Report the test result online (or by calling 119)
- Book a follow up PCR test through the [online booking portal](#).
- Notify their setting of the result.
- Notify Care Inspectorate Wales of the result.
- They will be contacted by the local contact tracing team to identify contacts who will need to self-isolate – they must follow any advice given by the local contact tracing team.
- If a positive LFD test result is followed by a PCR test taken within 24 hours and the result is negative, the individual may return to the setting as normal. However, if the PCR test is taken more than 24 hours after a positive LFD and the PCR is negative, the individual and their contacts will need to continue to self isolate for 10 days.

A [flow chart](#) providing details of the regular testing process is available.

A negative test result does not remove the risk of transmission.

Childcare settings should reinforce these messages and in particular, remind all those who test negative that this does not mean they can relax their infection prevention measures and/or if they show any of the COVID-19 symptoms to self-isolate immediately and book a test. Those living with someone showing symptoms or who has tested positive for COVID-19 must also self-isolate.

Where possible it would be helpful for settings to keep a record of anyone who comes in to a contact group to assist with contact tracing should this be necessary. This can be a simple book in every room recording anyone coming in from 'outside' at each session. [FAQs](#) are available, and further more detailed guidance will be forthcoming.

It will be important for settings to ensure they continue to have processes in place to record contact groups, in the event of a positive case, in order to support the contact tracing process.

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Notify Care Inspectorate Wales (CIW)

Providers should use their [Care Inspectorate Wales \(CIW\) online account](#) to notify CIW when they reopen or if there are any confirmed cases of COVID-19 amongst children and staff using the service. In the case of childminders, this also includes other family members living at the premises.

Precautionary actions

If a setting is made aware of a positive test result of a member of staff or a child who attends the setting, *before* official notification from Test, Trace, Protect (TTP) Contact Tracers, they may wish to take precautionary actions. This would involve identifying potential contacts of the positive case (using the [definitions of a contact](#) outlined below) and advising the staff and parents affected that there is a positive case in their/their child's group. Depending on the way in which you are informed, and the advice from the local TTP Contact Tracers or Environmental Health Teams settings may need to contact those individuals and advise they start isolating. Parents should be advised that TTP Contact Tracers will provide the official confirmation of the positive test result and will determine who are considered to be contacts (and will need to self-isolate).

Settings may need to [share contact details](#) of staff and children with the TTP Contact Tracers and must ensure they have the consent of all individuals accessing the setting to do this.

If multiple cases of coronavirus appear in a workplace, an outbreak control team from either the Local Authority or Public Health Wales will, if necessary, be assigned to help you as an employer to manage the outbreak. Employers should seek advice from their Local Authority in the first instance, as per [guidance](#).

Risk assessments should also make provision for multiple cases and nominate a single point of contact for liaison. In some circumstances an Incident Management Team (IMTs) which includes representation from Health Protection/ Public Health Wales, local authorities, health boards and Test, Trace, Protect teams may be established in order to consider and advise on next steps.

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Contact tracing

In the event of a positive test, a contact tracer will contact the person tested to ask where they've been recently, who they've been in close contact with, on any occasion beginning up to 14 days before their symptoms started. This will help to identify where they may have caught the virus from, as well as individuals who they may have passed the virus to. This information will help them contact those at risk of becoming ill and spreading the virus to give them appropriate advice.

Backwards contact tracing (BCT) plays a vital role in the effort to minimise and prevent the spread of COVID-19. BCT looks back in time, a further 12 days than the traditional 2 days before symptom onset or date of test. BCT is a key constituent of the approach of wider TTP and contact tracing. Contact tracers will get in touch with those people who have been identified in the additional timeframes. Any people identified through BCT are not considered to be at risk of developing the infection from contact with the positive case. This is because the contact occurred outside of the positive case's infectious period. However they may be possible sources of infection and they will be asked to take a test. Unlike traditional contact tracing they will not be asked to self-isolate. In these circumstances, people are advised to take a test to try to identify who the potential sources of COVID-19 are in that particular chain. If they go on to test positive, those people will then be asked to self-isolate whilst traditional contact tracing is undertaken to prevent onwards spread of COVID-19.

Only those contacts identified within the period 2 days before symptom onset or date of test will be told to self-isolate immediately.

Read the [guidance on contact tracing](#).

Where children under 16 are contacted, consent of a parent, carer or guardian will be required to proceed with gathering information. Alternatively, a parent or guardian would be able to provide contact tracers with the information on behalf of their child.

People are considered as potential contacts if they were in contact with the

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person who has tested positive during a period beginning up to 14 days before symptom onset and ending when the case entered home isolation.

A close contact is anyone that a contact tracer considers may lead to a risk of infection or contamination with coronavirus, meaning those you may or may not live with and with whom you have been in close proximity, including

- Someone you have had face to face contact with at a distance of less than 1 metre of the index case, had skin-to-skin physical contact with, or that you have been coughed on, or been in other forms of contact within 1 metre for 1 minute or longer;
- Someone that you have spent more than 15 minutes within 2 metres of the person testing positive for more than;
- Someone that you have travelled in a car or other small vehicle with the person who has tested positive or someone that has been in close proximity to you on public transport.

This is likely to mean that the small group within which the child/staff member with a positive test result has been receiving care or for which the staff member has been providing care will have to self-isolate.

If a child or staff member has been contacted by Contact Tracers and identified as a confirmed contact of a positive case, they will need to self-isolate (although the rest of their household does not). They'll be told that they can book a PCR test online and that this should be done at the start of their self-isolation period, and again on day 8 (unless they have tested positive in the previous 90 days). If the first or both of the tests are negative, they will still need to self-isolate for the full 10 day period. Settings should be informed where a child or staff member has been notified to self-isolate.

If the child/staff member notified to self-isolate does not develop symptoms they can return to the setting once their self-isolation period has ended.

The process of testing and contact tracing is part of the 'new normal' and where settings follow these guidelines carefully, there is no cause for alarm.

Childminder settings

The advice above on *Responding to Infection* applies to childminders as well as all other childcare settings.

However, if a childminder or one of their household members has symptoms of COVID-19 or a positive test result, the childminder and their household would need to follow self-isolation guidance. This would mean the childminder setting would need to close until the childminder and their household members are able to end their self-isolation in accordance with the self-isolation guidance.

If a member of a childminder's household is notified to self-isolate due to being identified as a contact of a positive case, childminders are advised to contact their local Environmental Health Teams or PHW Health Protection Teams (0300 00 300 32) for advice. This supports the provision of advice specific to a childminder's individual circumstances.

Identifying clusters and incidents of COVID-19

Building upon the Disease Outbreak Plan for Wales (2020) Public Health Wales (PHW) has provided specific [advice regarding the investigation and management of clusters and incidents of COVID-19](#).

Antibody testing

Antibody testing tests for antibodies produced by the body in response to the coronavirus infection and indicates whether the person being tested has previously had the virus. A positive antibody test result does not mean that a person is immune, or cannot pass on the virus to others. It also does not mean that those who test positive are exempt from and able to ignore the latest Government advice on social distancing and other interventions to control the spread of the virus.

The purpose of antibody testing is to support the gathering of information on the

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prevalence of the infection in Wales. The provision of antibody tests are for surveillance and monitoring purposes only.

There are no plans to undertake Antibody testing of childcare practitioners.

Vaccination

In Wales, we are working to the Joint Committee on Vaccination and Immunisation (JCVI) priority schedule. The JCVI is the expert body which advises all four UK governments, and the priority schedule of vaccination we are working to is the same as the schedule for England, Scotland and Northern Ireland.

The JCVI has set out that the first priorities for the vaccination programme should be the prevention of deaths relating COVID-19, and the protection of health and social care staff and systems.

Prioritisation is primarily based on age and includes those clinically **extremely vulnerable** individuals and those considered to be at **increased risk** because of underlying health conditions. It is estimated that taken together, these groups represent around 99% of preventable mortality from Covid-19.

Welsh Government has also agreed that childcare staff whose role is to provide intimate personal care for some of our most vulnerable children with complex medical needs will be included as part of the priority list for vaccination in line with social care workers. Childcare practitioners are only eligible for the vaccine where the following applies:

The care for children under 16 years of age with serious neuro-disabilities would be expected to be beyond usual daily support and child care tasks that care givers would provide for a child. It should be frequent and may include tasks such as, for example, tracheostomy tube care, airway suction, repositioning to manage pressure areas, and care interventions such as respiratory physiotherapy.

The Welsh Government **vaccine strategy** outlines the approach being taken in

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full and the aim to offer every eligible adult in Wales the first dose of the vaccine by the end of July (subject to supply).

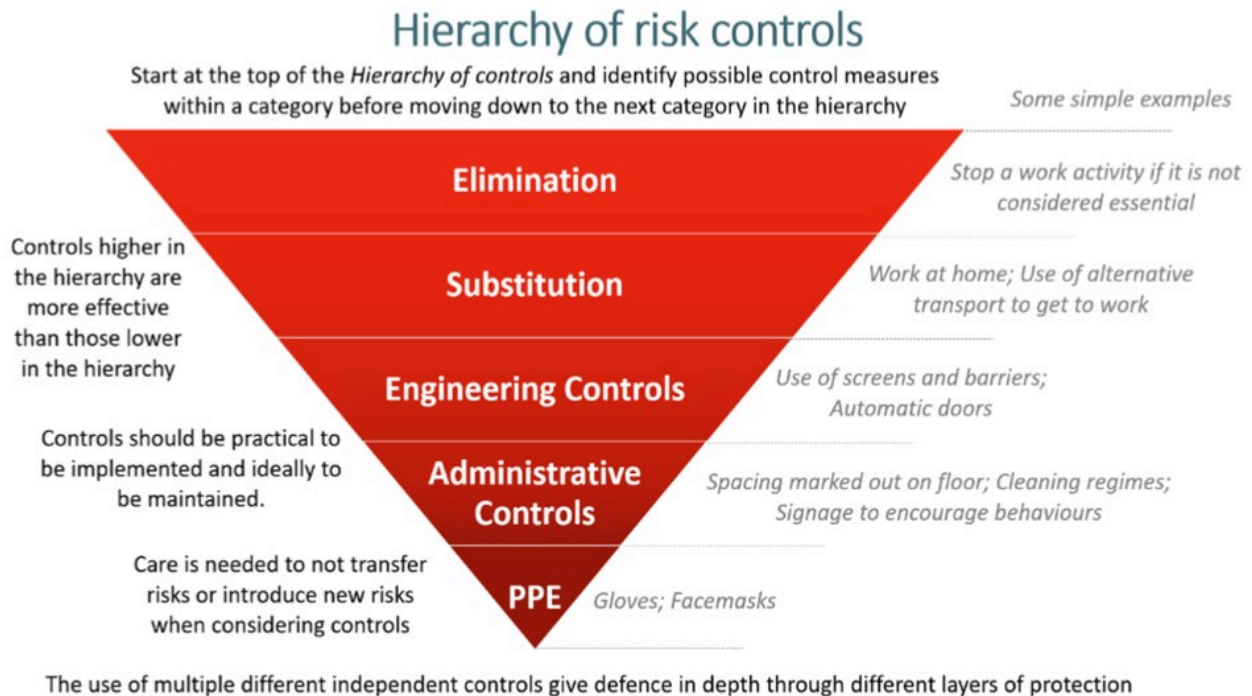
Staff or children at ‘increased risk’

In the context of COVID-19 **individuals at increased risk** are at a greater risk of severe illness from COVID-19. This category includes people aged over 70, those who are pregnant and those who have a range of chronic health conditions. As already set out in this Guidance, staff can undertake a self-assessment via the **All Wales COVID-19 workforce risk assessment tool**. The Tool will help to identify actions that can be taken. Every setting should continue to carry out risk assessments and put in place controls to minimise those risks, such as the frequent hand washing, surface hygiene and one-way systems.

All pregnant women (at any stage of gestation) should undertake an individual risk assessment. This is because pregnant women may be particularly vulnerable as it may place them at a greater risk of severe illness from coronavirus and should follow the latest **national guidance**.

Guidance for people including children, who are extremely vulnerable to developing serious illness if they are exposed to coronavirus because they have a particular serious underlying health condition is available.

Annex A: Approach to risk estimation and management



The **hierarchy of risk controls** does not replace the importance of following the HSE 5 steps to risk assessment when preparing risk assessments. However the hierarchy will help identify the most appropriate measures to adopt.

This hierarchy of controls is a way to prioritise risk control measures based on how effective different types of control are in reducing risks. Risk reduction measures should be assessed in order of the priority given in the hierarchy; it is not a case of simply jumping to the easiest control measure to implement. Types of control higher up the hierarchy are more effective at reducing risks than those lower down. Controls should be practical to be implemented and, ideally, should be able to be maintained easily over time.

It is critical to remember that it will only rarely be feasible to eliminate the risk completely. The combination of controls introduced should aim to reduce the risk to as low as reasonably practicable prioritising structural, environmental interventions over individual level ones.

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This of course does not simply mean considering risks of transmission, but also balancing these against risks to wider health and wellbeing and learning. Ultimately childcare settings need the flexibility to respond to these risks as they are able to.

When considering contact between contact groups, we would advise settings to consider:

- **elimination:** Redesign the activity such that the risk is removed or eliminated
- **substitution:** Replace the activity with an activity that reduces the risk. Care is required to avoid introducing new hazards from the substitution
- **engineering controls:** Design measures that help control or mitigate risk
- **administrative controls:** Identifying and implementing the procedures to improve safety

Having gone through this process, PPE should be used where the guidance recommends this.

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