**FISHERMOSS SCHOOL NURSERY RISK ASSESSMENT**

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| **Department: Education and Children’s Services** | **RISK ASSESSMENT** | |  |
| **Process/Activity: Infection Prevention & Control** | **Location:** All ELC Establishments | | **Date: August 2020** |
| **Describe Activity**: Location of ELC Staff at Fishermoss School Nursery open during Covid-19 outbreak. Staff providing childcare and access to sites. | | | |
| **Establishment Name and Location: Fishermoss School Nursery, Berrymuir Road, Portlethen** | | **Isolation Room Location in Establishment: General Purpose Room** | |
| *The response to the coronavirus COVID-19 outbreak is complex and fast moving. Advice from Government sources will be shared with staff daily on the Aberdeenshire Council staff COVD-19 site:* [*https://covid19.aberdeenshire.gov.uk/*](https://covid19.aberdeenshire.gov.uk/) | | | |
| <https://www.gov.scot/publications/coronavirus-covid-19-early-learning-and-childcare-services/> | | | |

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| General control meaures | | | | | | | | | |
| **Hazard** | **Person’s**  **Affected** | **Risk** | **Risk Level**  **Before**  **Controls** | | | **Control Measures (Benefits)** | **Risk Level**  **After**  **Controls** | | |
| **H** | **M** | **L** | **H** | **M** | **L** |
| Spread of infection | All persons withing the setting  Visitors | Spread of infection through person to person contact and touching of surfaces | x |  |  | **PROTECTION LEVEL 3 – ENHANCED PROTECTIVE MEASURES**   * Parent/Guardians should discuss with their GP whether children with the highest clinical risk should attend Fishermoss Nursery. * Fishermoss Nursery will ensure that individualised risk assessment for staff with the highest clinical risk are in place and updated appropriately. Staff should speak to their employer to ensure all appropriate protections are in place. * Use individualised risk assessments to ensure appropriate protections are in place – protective measure in workshop, option to work remotely or carrying out different tasks in workplace. If protections cannot be put in place, staff should contact their GP to see if they require a ‘fit to work’ note. * Peripatetic staff or relief staff who attend various settings, should only attend Fishermoss, in person, where it demonstrably supports the Health and Wellbeing of young children. * Staff with a single employer should only work in more than one childcare setting or service, if necessary. Staff who are employed by more than one employer should be risk assessed.   **How Coronavirus Spreads:**   * **Directly:** from close contact from an infected person (within 2m where respiratory secretions can enter the eyes, mouth, nose, or air ways) This risk increases the longer someone has close contact with an infected person. * **Indirectly:**by touching a surface, object or the hand of an infected person that has been contaminated respiratory secretions and then touching own mouth, nose, or eyes. Under most circumstances the amount of infectious virus on any contaminated surfaces is likely to have decreased significantly but 72 hours. * ***It is understood that people may pass on COVID-19 in the 48 hours before they start to develop symptoms and up to 10 days after the symptoms start.***   **Control Measures:**   * Encourage and support all children, young people, staff, and others to maintain COVID-19 secure personal hygiene throughout the day and ensure continued rigour about hand hygiene. * Share procedures with all staff, parents, and children. * Frequently wash/sanitise hands for 20 seconds and dry thoroughly. Always wash hands when entering/leaving the building, before/after eating and after using the toilet. * Encourage children, young people, and staff to avoid touching their faces including mouth, eyes, and nose. Remind Daily * Use a tissue or elbow to cough or sneeze and empty bins regularly for tissue waste. * Provide supplies of resources including tissues, soap, and hand sanitisers. Spare resources in school office   **Setting Should Ensure:**   * Parents, carers, professionals, visitors, contractors will come on site by appointment only, unless in emergencies. * Staff to adhere to health and safety guidelines. * All staff have access to the most up to date guidance and advice on COVID-19 from Aberdeenshire Council/Government and that this is implemented. Ensure changes in Policies/Procedures are recorded and shared. (Keep a register of who has been informed).   ***Identified Lead:***   * Assign coordinator to ensure effective staffing ratio & cover at short notice   ***Identified Lead:***  Natalie Munro      * There is a Named Child Protection Officer Fishermoss School Nursery * ***Identified Lead:***  Natalie Munro   **Identifying staff or pupils who are, or who live with someone who is, symptomatic or a confirmed case of COVID-19**.   * Staff/pupils cannot return to setting until self-isolation is over, or a negative test is received. * Set up clear, repeated messaging to parents/carers that pupils must not attend if they, or a member of their household, has COVID-19 like symptoms or a positive test. * All school, ELC staff &children who feel they may have been infected can request a test even if not symptomatic.   ***Identified Lead:*** Natalie Munro  **Records**   * Twice daily registration and record the appropriate absence codes both existing and COVID-19 related.  Registration must be in accordance with Guidelines on Managing and Promoting Pupil Attendance in [Nursery, Primary and Special Schools](file:///C:\Users\jwarrand\AppData\Local\Microsoft\Windows\INetCache\IE\KF4J0RW8\attendance-policy-guidance-primary-schools-november-2015.pdf). * Clear information about individual. circumstances and meeting need of children should be shared from current records on SEEMIS. * Emergency contacts double checked and updated.     **First Aid**   * Staff with relevant training in place: first aid, food hygiene etc to be identified and shared across setting. * Ensure that there is always qualified First Aid Staff in ELC. If cover not available seek guidance from school SLT. Also available in school.   **Fire Evacuation**   * To be updated in line with guidance and school plan. |  |  | x |
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| 3.0 Supporting the workforce to be confident (including testing) | | | | | | | | | |
| **Hazard** | **Person’s**  **Affected** | **Risk** | **Risk Level**  **Before**  **Controls** | | | **Control Measures (Benefits)** | **Risk Level**  **After**  **Controls** | | |
| **H** | **M** | **L** | **H** | **M** | **L** |
| Spread of infection | All persons within setting |  | x |  |  | 3.1 **We have a collective responsibility to enable all staff to feel confident when returning to the workplace. They should have the opportunity to read and discuss the following:**   1. Public Health Scotland guidance, 2. The Strategic Framework for Reopening Schools and ELC, 3. The framework document COVID-19: framework for decision making – Scotland’s route map through and out of the crisis 4. Advice for the Coronavirus (COVID-19 -19): Advisory Sub-Group on Education and Children’s Issues   3.2   * Fishermoss will plan to welcome back children and their families and staff, * Staff wellbeing must be protected. * Staff will need time to re-connect, to meet, talk and “check in” with each other.   3.3   * Managers will ensure that all staff members tare clear and confident in implementing the required public health measures and processes. * There must be training sessions for staff on the risk mitigations set out in this guidance. * Routine asymptomatic testing of ELC staff within Fishermoss   3.4   * Routine asymptomatic at-home testing using lateral flow devices (LFD), twice a week to all day care of children services, is now available. * This will not replace the existing procedures for testing of staff who have symptoms of COVID-19 -19.   3.7   * Testing will be voluntary, and nobody is required to undergo testing without consent, or excluded from a setting if they do not wish to be tested. * However, we are asking that staff be encouraged to participate, to contribute to the wellbeing of everyone in their setting.   3.8   * If staff are working from home, and not attending a setting, they should not participate. * Any person who has had a positive COVID-19 result confirmed COVID-19 diagnosis in the previous 90 days is exempt from further testing unless they develop symptoms, in which case they should stay at home and arrange a PCR test via the usual NHS inform route.   3.9   * Step by step guidance has been shared with schools and ELC settings attached to schools via Objective Connect. Stand-alone settings will be invited to join Objective Connect and access this guidance in the coming weeks. The guidance was developed in collaboration with NHS Test and Protect and the UK Department for Health and Social Care to support schools and ELC settings in the delivery of the Schools Asymptomatic Testing Programme.   3.10   * All staff, children and families, should continue to be vigilant for coronavirus symptoms. * The asymptomatic testing programme using LFD testing does not replace the current testing policy for those with symptoms. * If their symptomatic test is positive, the member of staff must isolate and access a confirmatory PCR (polymerase chain reaction) test as per their usual symptomatic testing channel, even if they are without symptoms. * If their symptomatic test is negative, they can remain at work unless symptoms develop but should not consider themselves free from infection and must still adhere to all mitigations. * On the occasion that a symptomatic staff member has used the LFD test and has returned a negative result, they should still self-isolate and arrange a PCR test.   3.11   * Anyone who experiences symptoms of coronavirus must self-isolate immediately and arrange a PCR test at www.gov.uk/get-coronavirus-test. * People with symptoms must not rely on a negative LFD result to continue to attend their setting.     Testing – Childminders  3.13 Reflecting the lower risk in small settings with fewer opportunities for adult-to-adult transmission, childminders have not to date been included in the offer of access to asymptomatic testing. In the light of the creation of an at home testing offer for nurseries and other larger settings we are reviewing the testing offer in place. |  |  | x |
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| 3.28 communication | | | | | | | | | |
| **Hazard** | **Person’s**  **Affected** | **Risk** | **Risk Level**  **Before**  **Controls** | | | **Control Measures (Benefits)** | **Risk Level**  **After**  **Controls** | | |
| **H** | **M** | **L** | **H** | **M** | **L** |
| Spread of virus | All persons within setting |  |  | x |  | Consultation with all staff, parents and providers on the reopening of Fishermoss should be carefully undertaken when implementing this guidance, to ensure that all those concerned understand the changes that are required and are confident in the revised arrangements. |  |  | x |
|  |  |  |  | x |  | Inductions for new staff must include guidance on the setting’s measures to ensure good infection prevention and control. |  |  | x |
|  |  |  |  | x |  | Communicating with families will reinforce the need for parents/carers to physically distance and wear face covering when dropping off/collecting children. |  |  | x |

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| 4.4 special consideration for specific groups | | | | | | | | | |
| **Hazard** | **Person’s**  **Affected** | **Risk** | **Risk Level**  **Before**  **Controls** | | | **Control Measures (Benefits)** | **Risk Level**  **After**  **Controls** | | |
| **H** | **M** | **L** | **H** | **M** | **L** |
| Spread of infection | Staff and Children | Cross contamination of infection | x |  |  | Records of any staff and children who are clinically extremely vulnerable are accurate and up to date. – Currently no staff or children are. **Identified Lead is: Natalie Munro** |  |  | x |
|  | Visitors | Infection of staff, children and visitors |  |  |  | Important update 28.1.21  Due to what scientists have learned about the higher transmission rates with new variants. The chief medical officer will be contacting people on the shielding list, by letter, to advise if they cannot work from home, they should not attend their workplace for as long as lockdown level 4 measures are in place. |  |  |  |
|  |  | Contracting Covid-19 with high risk of complications |  |  |  | **Those who are at Highest Clinical Risk from Covid-19 (known as shielding)**  As the levels of COVID-19 in a local area changes, the proportionate advice for people on the shielding list in the area will change as well. People at the highest risk should follow the advice for the public as a minimum.  **Protection Level 0-2**   * Children with the highest clinical risk can continue to attend Fishermoss Nursery, following the advice for general public. * Staff with the highest clinical risk can continue to work in Fishermoss Nursery, following a dynamic risk assessment and appropriate social distancing. * If 2m social distancing cannot be maintained then Fishermoss Nursery will assess the risk, taking account of all relevant clinical and occupational health advice.   **Protection Level 3-4**  Enhanced measures apply to children, young people and staff, at the highest clinical risk. See Page 1 for Enhanced Protection Measures.   * Parents/guardians may wish to have a discussion with their child’s healthcare team if they are unsure or have queries about returning to or attending school because of their own health condition.   **Workplace Risk Assessments:**  Workplace risk assessments should take account of age, sex, ethnicity, body mass index (BMI) as well as clinical conditions and recommended practical protective measures.   * Risk assessments should link with COVID-19 guidance on individual risk assessment for the workplace.   <https://www.nhsgg.org.uk/media/262073/covid19_scot_gov_occupational_risk_assessment_guidance.pdf>  **Underlying Health Conditions**  Clinically vulnerable staff (including those who have underlying health conditions but who are not on the shielding list) can continue to work subject to a dynamic risk assessment. Arrangements should be made to enable appropriate physical distancing. If they have to spend time within 2m of others, Fishermoss Management must carefully assess and agree with them whether this involves an acceptable level of risk. Where there are any concerns please see [www.gov.scotland](http://www.gov.scotland). Guidance has been prepared and will continue to be updated. Staff who have underlying health conditions will wish to be aware of this advice in order to inform discussions with their employer, trade union or health team.  Guidance for people with underlying health conditions is available.  **Pregnancy:**  In line with the UK government [www.gov.scotland](http://www.gov.scotland) advice for pregnant employees, pregnant staff or any gestation should only continue working if a risk assessment advice that it is safe to do so. ELC settings and LA should follow Royal College of Obstetricians and Gynaecologists advice to try keep the risk of exposure as low as is practically possible for pregnant employees, particularly in the third trimester. Normal pregnancy risk assessments should be under taken and appropriate attention paid to mental health and wellbeing.  **Support for Minority Ethnic Children, Young People and Staff:**  There is wider evidence that children, young people and adults from Minority Ethnic background who are infected with COVID-19 seem to be higher risk of sever disease. Settings should respond to requests for additional protection on an individual basis and ensure this is reflected in the ‘Individual Risk Assessment’  **Support for Children with Additional Support Needs**  Every child will have different levels of support. It will be important as part of the risk assessment carried out to consider the individual needs of the child or young person. Where there is a need to work in close proximity with adults and children the appropriate measures should be in place, based on that risk assessment.  Fishermoss Nursery will carry out an individual risk assessment, considering the individual needs.  **Other:**  Advice is available for the education of children who are unable to attend nursery due to ill health. <https://www.gov.scot/publications/coronavirus-covid-19-guidance-on-reopening-early-learning-and-childcare-services/>  HT/DHT/EYSP to review existing documentation for individual pupil (including behavioural/medical risk assessments, MAP, PEEP) with update considering current guidance.  Where manual handling/personal care is required, PPE should be worn where providing direct personal care. Only essential staff should enter the designated room where personal care is being carried out.  EYSP/EYLP to ensure personal plans are in place for all children before starting Fishermoss Nursery, ensuring that they are shared with the team. |  |  |  |

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| 4.9 cleaning | | | | | | | | | |
| **Hazard** | **Person’s**  **Affected** | **Risk** | **Risk Level**  **Before**  **Controls** | | | **Control Measures (Benefits)** | **Risk Level**  **After**  **Controls** | | |
| **H** | **M** | **L** | **H** | **M** | **L** |
| Spread of infection through attending setting | All persons within setting | Spread of virus through surface contact | x |  |  | **All cleaning, should be done in line with Health Protection Scotland COVID-19 Information and Guidance for General (Non-Health) Care Settings) Document:**  **General cleaning**   * Fishermoss will ensure regular (at least twice daily) cleaning of commonly touched objects and surfaces (desks, handles, dining tables etc) * Toys and equipment that children access should be cleaned when group of children change (Morning and Afternoon sessions) * Toys and equipment that children access will be cleaned at the end of each session using the standard detergent that are active against viruses and bacteria. * Careful consideration will be given to cleaning regimes for sensory toys and soft play areas to ensure safe use * Resources such as sand, water and playdough can be used with regular cleaning of the resources. Water and playdough should be replaced on a sessional basis. |  |  | x |
|  |  |  | x |  |  | **Toys and Resources going between Home and Fishermoss Nursery**   * Children are discouraged to being in toys from home * Transitional objects, comforters or toys can be used but consideration as to how these are used and stored. These should not be shared with other children * Restrict sharing resources between home and Fishermoss Nursery if resources from Fishermoss are taken home they will need to be quarantined for 72 hours on return to the setting and must be cleaned before the next usage.   PPE – Disposable gloves, disposable aprons and Type IIR masks must be worn to carry out decontamination clean.   * PPE to be put on just outside of the contamination area and removed outside area of contamination * Once a possible case has left the premises a thorough decontamination clean must take place * Cleaning should include the persons immediate workstation for a radius of 2metres and any area the individual has spent more than 15minutes in. * Investigations as to where the individual has been needs to be identified by the building management and reported to the relevant person. * EYSP/ EYLP will decide who should carry out the cleaning depending on immediate availability of cleaning staff, site-based staff and or ability to isolate the area. * Consideration should be given to isolate immediate and wider are until relevant staff have been briefed and have the appropriate PPE and equipment ready to use. * Head of Establishment to contact Cleaning Services to advise if cleaning staff are to undertake the clean. * Cleaning Services will contact cleaning staff, directly to provide information as to cleaning requirement & arrange any additional training/guidance or support. Cleaning Services may also be contacted to provide guidance for site-based staff who are undertaking clean. * Disinfect ALL surfaces in the room/area the person was isolated/placed, including all potentially High Contact Areas such as handles, grab rails, bathrooms, telephones, IT equipment and service user equipment e.g. wheelchair. * Ideally OXIVIR Plus should be used but SUMA BAC D10 can be used. Follow manufacturer’s instructions for dilution, application and contact times. * DISPOSABLE CLOTHS/PAPER ROLL MUST BE USED. * Use blue and red mops as usual but dispose of after use. * ALL disposable items used in decontamination/focused clean- Category 3, including cloths, paper roll and mophead, PPE or items which have been in contact with a suspected case, should be double bagged and tied. * Double bag should be put in a secure location. * Double bag should be stored for 72 hours and dated/labelled when the 72 hours starts and finishes. * Double bags can be disposed of in normal waste after the designated 72 hours quarantine. HANDS MUST BE WASHED WITH SOAP AND RUNNING WATER Body Fluid – Deep Clean – (Major Infection Incident) – Category 4 (Aberdeenshire Cleaning Guidance - 26.11.20)   **Comfortable Areas**   * Soft furnishings such as throws, if required, should be used by individual children and washed after use. * Sleep – children should have individual bedding, stored in individual bags. Bedding should be laundered frequently.   **Clothing**   * Parents should, where possible, provide clothing for outdoor play * Children should not share outdoor clothes or footwear * Clothing belonging to Fishermoss should be allocated to one child, within the session and washed before being used by another child   **Eating**   * **ALL** surfaces within snack/eating area must be wiped down and disinfected between group of children (e.g., tables, cupboards, microwave, kettle etc). * Crockery, utensils, and equipment in eating area/kitchen will be cleaned with general purpose detergent and dried thoroughly before being stored and reused. * Staff should not share communal areas if they cannot socially distance or if cleaning schedules not in place.   **General Advice:**   * If building has been closed for many weeks, appropriate and thorough cleaning must take place before opening. * Open doors and windows to encourage natural ventilation. * Increase cleaning frequency of frequently touched surfaces, two hourly and before and after meals and snacks. * Cleaning materials to be made available throughout the session for staff. These will be provided by Janitorial/Cleaning services. * Staff to devise a cleaning schedule and identify procedures and cleaning products to be used. * Cleaning schedule to be recorded. * Cleaning materials to be stored for ease of use and to avoid cross contamination. * Follow manufactures instructions for dilution, application, and contact times for surfaces. * Avoid creating splashes when cleaning. * Routine cleaning and disinfection of frequently touched objects and surfaces, e.g. telephone, chairs, keyboard, tables, desks, tables, light switches, taps and door handles. * Routine toilet cleaning, paying attention to touch surfaces – doors, flush handles, soap and paper product dispensers. * Avoid leaving food stuff exposed and open for communal sharing unless individually wrapped. * When undertaking general cleaning, double glove and change top pair of gloves often. * Cleaning equipment and spray bottles should be cleaned before use and thoroughly cleaned after use. 26.11.20 * All disposable items should be double bagged and then placed in normal waste. 26.11.20   **Enhanced Cleaning (Suspected COVID –19 Case)**  Mops and clothes to be disposed of after use. These should double waste bags as outlined in Aberdeenshire PPE/Waste/Laundry Guidance.  Disinfect within quarantine area, where person was placed/isolated, including all potentially contaminated high contact areas such as door handles, rails and bathroom. Any public area that the symptomatic individual has passed through e.g. corridor. Canteen etc. should be cleaned as per normal routine, if not visibly contaminated.  Once a possible COVID-19 case has left the premises, the building management should immediately quarantine the work area and the area the individual has spent more than 15 minutes in.  These areas should be cordoned off to a 2-metre radius.  Building management should affix signage notifying of 72 hours exclusion.  Building management needs to investigate where the individual has been and report to the cleaning services.  Cleaning services will contact the cleaners within your setting to advise on what to do.  If areas have been quarantined for 72 hours, enhanced cleaning applies.  If you are unsure of any of the procedures necessary to carry out an enhanced clean or feel you don’t have the necessary supplies STOP AND CONTACT YOUR LINE MANAGER. Or line manager who should contact the cleaning services.  **Deep Cleaning - Spill Kits**  If there is an actual physical, visible contamination such as a body fluid spill, then STOP AND CONTACT YOUR LINE MANAGER who should contact the cleaning services.  Only suitably trained personnel should use Spill Kits to clean blood or body fluid spillages.  If no Spill Kit is available, the SLT should cordon off the area place paper towels over the spill and spray with disinfectant product. SLT to notify janitorial/cleaning services.  If furnishing is heavily contaminated, you may have to discard it.   * Products and Cloths - 26.11.20  SUMA BAC D10: Cleaner Disinfectant – suitable for all areas during an outbreak * SANI 4 in 1: Acidic based Cleaner Disinfectant (Accelerated Hydrogen Peroxide) – only suitable for use in toilets * OXIVIR: broad Spectrum Cleaner Disinfectant (Accelerated Hydrogen Peroxide) – suitable for all areas during outbreak. DO NOT use at same time as COVID guard Two Stage Cleaning – 26.11.20 Clean and then disinfect - for soiled surfaces * Clean until surfaces are visibly clean * Disinfect leaving products on surface as per manufactures contact time guidance One Stage Disinfection – 26.11.20 For visibly clean surfaces * Apply disinfectant leaving product on surface as per manufacturers contact time Spray Bottles & Non-Disposable Cleaning Equipment – 26.11.20 * Mop handles, spray bottles trigger mechanism and other frequently touched parts of cleaning equipment should be wiped with disinfectant and left to air dry at the end of cleaning shift. Microfibre Cloths/ Colour coded cloths -26.11.20 * To be laundered in Washing Machine at a minimum temperature of 60 degrees. Do Not use fabric conditioner. * If NO washing machine facilities are available disposable cloths should be considered * Disposable Cloths must be used for Category 3 cleans and above Laundry - 26.11.20 Any contaminated item of personal clothing used by an individual should be double bagged and tied and returned to the individual   ***Contact:* Arthur Pearson - 07901512674**  Update 11.8.20   * All cleaners and staff must be aware of individual schools Risk Assessments * Extra cleaning hours provided during the ELC day * School cleaners with clean surfaces and high frequency touch points (HFTPs). Surfaces will then be suitably disinfected and allowed to remain wet for the recommended contact time. Surfaces and HFTPs will be wiped to remove any residue. * Cleaners will clean communal areas (defined as non-classroom educational areas such as corridors, stairwells, libraries, staffroom/kitchen area, staff toilets and changing room/pupil toilets which are used by the school during school hours. * Areas or items used by individual staff or pupils are the responsibility of the individual to clean (e.g. keyboard, iPads etc). * Individual offices, dining areas and school kitchens will not be cleaned. * HFTPs should be cleaned regularly by staff, especially where it is observed that multiple people are touching a surface.   Update 20.08.20   * One use cloth if safe can be used more than once if they are laundered. These should be disposed of when they become worn. * Non disposable mops can be used more than once for regular routine cleaning but should be cleaned through between uses. Where you have bodily fluids spills cleaning including suspected COVID-19 case use disposable mop/cloths, follow the guidance, and dispose of them immediately.   Update 20.10.20   * Advice from the Health and Safety team is that once a symptomatic person has left the premises the area/room where they have been needs to undergo an enhanced clean as soon as possible. |  |  | x |
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| 4.10/4.11 temperature &  ventilation | | | | | | | | | |
| **Hazard** | **Person’s**  **Affected** | **Risk** | **Risk Level**  **Before**  **Controls** | | | **Control Measures (Benefits)** | **Risk Level**  **After**  **Controls** | | |
| **H** | **M** | **L** | **H** | **M** | **L** |
| Virus spreading | All persons within setting |  | x |  |  | Greater emphasis should be placed on ventilation, by keeping windows open as much as possible, and doors open when feasible and safe to do so – 4.4.21  Leave non-fire doors open to reduce the amount of contact with doors and also potentially improve workplace ventilation. Open windows to improve the flow of air where possible.  Where centralised or local mechanical ventilation is present, systems should be adjusted to full fresh air. When changing filters enhanced precautions should be taken. Ensure systems do not automatically adjust ventilation levels due to differing occupancy levels.  Janitorial Support Teams can support with the logging of any calls concerning window opening faults if detected. FES have been advised to prioritise any calls for windows that cannot open / are hard to open.  Internal fire doors **must** be closed should an evacuation take place, when the space is not in use and a responsible adult must be present if propped opened and the Fire Risk Assessment updated. These temporary procedures are only allowed because of the need to ensure ventilation in all spaces where people are present and revised documents must be shared with all relevant parties.  **Balance of Ventilation and Internal Temperature – 2.11.20**   * Partially open doors and windows to provide ventilation, while reducing draughts * Opening high level windows, in preference to low level windows to reduce draughts * Refreshing air in spaces by opening windows and external doors, at times which avoid user discomfort (e.g. between sessions or when children are outdoors). * Minimum ventilation change is 2 air changed per hour * Minimum temperature is 17\*C * Keep doors open (appropriate regard to safety and security) may also help reduce frequent touch contact. * Review Fire Risk Assessment before any internal doors are held open.   **Ventilation Systems – 2.11.20**   * Where it is not possible to keep doors and windows open and mechanical ventilation systems (central or local) are in place, these should be set to full fresh air. (If this cannot be done systems should be operated to achieve statutory requirements, as a minimum). * If ventilation unit has filters, enhanced precautions should be taken when changing. * Ventilation systems should be checked or adjusted to ensure that they do not automatically adjust ventilation levels to differing occupancy to the room/area.   **Aberdeenshire Council Ventilation and Heating Version 1.0 – 29.10.20**  Mechanical Ventilation  It is anticipated that is will not be possible to maintain adequate temperatures with mechanical ventilation operating on full fresh air. As such colleagues in property will arrange for such systems to be returned to normal operation, which will allow statutory requirement to be met.  **Guidance and Links:**  <https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2973/documents/1_covid-19-guidance-for-non-healthcare-settings.pdf>  <https://www.hps.scot.nhs.uk/web-resources-container/infection-prevention-and-control-in-childcare-settings-day-care-and-childminding-settings/>  <https://www.gov.scot/publications/coronavirus-covid-19-guidance-on-reopening-early-learning-and-childcare-services/pages/infection-prevention-and-control/#cleaning>  <https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2448/documents/1_infection-prevention-control-childcare-2018-05.pdf> |  |  | x |
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| 4.12 handwashing | | | | | | | | | |
| **Hazard** | **Person’s**  **Affected** | **Risk** | **Risk Level**  **Before**  **Controls** | | | **Control Measures (Benefits)** | **Risk Level**  **After**  **Controls** | | |
| **H** | **M** | **L** | **H** | **M** | **L** |
| Spreading of virus | All persons within setting |  | x |  |  | Fishermoss will provide supplies of tissues, soap, paper towels in all areas.  Staff and children wash hands with soap and water for 20 seconds. Dry hands thoroughly with paper towels and dispose of in a foot pedal bin.  Anti-Bacterial handwash is not recommended for children when soap and water is available. Alcohol and non-alcohol-based gels/hand rubs should be discouraged in children under 5.  If there is no running water, hand wipes can be used. If wipes are being used in this situation, it is recommended that hands are washed with running water as soon as possible.  All handwashing facilities within Fishermoss can be easily accessed by the child (e.g. provide step to reach sink etc).  Antibacterial hand gel should be made available to everyone who must enter Fishermoss Nursery.  Staff should ensure enhanced hygiene measures are in place, including washing their own and the hands of all children.  Wash hands:   * On arrival at setting * Before and after putting on and removing PPE * Before and after intimate and personal care * Before and after cleaning equipment and environment * Before and after eating * After toileting * At regular intervals throughout the day * When moving between different areas e.g. between rooms or inside/outside * After blowing your nose/sneezing * Use a tissue or elbow to catch coughs or sneezes. Person to dispose of tissue in foot pedal bin. * Staff should supervise and support of children washing hands effectively. There should be daily reminders/demonstrations of how to do this. * Staff and children should decide on handwashing schedule for each session. * Never share communal bowl to wash hands. * Encourage children not to touch face – use distracting methods rather than asking them to stop. * Settings should try to provide hand washing facilities outdoors. * Staff hair should be tied back where appropriate and clothes changed daily. Children also encouraged to also tie hair back. |  |  | x |
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| 4.13 toothbrushing | | | | | | | | | |
| **Hazard** | **Person’s**  **Affected** | **Risk** | **Risk Level**  **Before**  **Controls** | | | **Control Measures (Benefits)** | **Risk Level**  **After**  **Controls** | | |
| **H** | **M** | **L** | **H** | **M** | **L** |
| Spread of infection | Children and EYP |  | x |  |  | Fishermoss’ current toothbrush routine. All staff wear full PPE and no more than 8 children at one time. (28/4/21)   * EYP put toothpaste on to individual paper towels * Children pick out their own toothbrush * Children then put on their own toothpaste and brush teeth for 2 mins * Children then spit into paper towel * Paper towels are then collected by EYP and doubled bagged before binning * Children then rinse toothbrushes and wash their hands   Toothbrushing buses are washed once a week. |  |  | x |
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| 4.14 ppe | | | | | | | | | |
| **Hazard** | **Person’s**  **Affected** | **Risk** | **Risk Level**  **Before**  **Controls** | | | **Control Measures (Benefits)** | **Risk Level**  **After**  **Controls** | | |
| **H** | **M** | **L** | **H** | **M** | **L** |
|  |  |  | x |  |  | **No additional PPE measures are required for general use in ELC. 2.11.20**  For the majority of staff PPE will not normally be necessary. Use of PPE in settings should be based on a clear assessment of the risk and need for an individual child, i.e. personal care.  It is the responsibility of the Head Teacher to ensure that they have sufficient stocks of PPE within their school (including EYSP in the ELC Setting) at all times – the current guidance from procurement is always having 4 weeks stock on site.  PPE to be worn when supporting children with personal care involving close contact e.g. during nappy changing, feeding, toileting and medical interventions.  SLT to ensure all staff have access to the correct PPE and that staff are trained to use it correctly.  **Types of PPE required for specific circumstances:**   * ROUTINE ACTIVITIES – No PPE required * SUSPECTED COVID-19 – Gloves, apron and a fluid-resistant surgical mask when direct personal care needed. Eye protection if a risk assessment determines there is a risk of splashes to the eyes. Gloves and aprons worn when cleaning the areas where suspected case has been. |  |  | x |
|  |  |  |  |  |  | * INTIMATE CARE – Gloves and apron. Risk of splashing mitigated with the wearing of fluid-resistant surgical mask and eye protection. Gloves and aprons worn when cleaning the area. * GENERAL CLEANING – Disposable Gloves – 3.12.20 * CLEANING TOILETS – Chemical Resistant Gloves -3.12.20   **PPE Equipment is:**   * Aprons -change after every use (single use) * Gloves - change after every use (single use) * Fluid Repellent Surgical Masks –change after every use (single use) * If there is risk of spitting, or facial exposure to bodily fluids - then eye protection will minimise risk. * First Aid trained staff to be informed of protocol and follow procedures * All First Aid Kits to contain PPE: gloves, aprons, and masks. * All toilet areas to contain signage highlighting good handwashing routines. * Where manual handling / personal care is required, at least two members of appropriately trained staff should be available. It should be established if this additional support is needed and wear PPE where providing direct personal care. |  |  |  |
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| 4.15 international travel | | | | | | | | | |
| **Hazard** | **Person’s**  **Affected** | **Risk** | **Risk Level**  **Before**  **Controls** | | | **Control Measures (Benefits)** | **Risk Level**  **After**  **Controls** | | |
| **H** | **M** | **L** | **H** | **M** | **L** |
|  | All persons within the setting | Spreading the virus | x |  |  | Children and young people returning to Scotland are not exempt from self-isolation (quarantine) rules.   * All those returning from non-exempt counties have to self-isolate at home or another appropriate location for 14 days. * Those self-isolating should not go out to work or an ELC setting to visit public areas. * Sector Advice Card should be displayed within Fishermoss Nursery. * Fishermoss staff should ensure they are familiar with the most up to date list of exempt countries. * Providers should engage with the children and their families to ensure adherence to the legal requirements.   Local Health Protection Team can be available to offer further support. |  |  | x |
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| 4.16 staying vigilant &responding to covid-19 symptoms | | | | | | | | | |
| **Hazard** | **Person’s**  **Affected** | **Risk** | **Risk Level**  **Before**  **Controls** | | | **Control Measures (Benefits)** | **Risk Level**  **After**  **Controls** | | |
| **H** | **M** | **L** | **H** | **M** | **L** |
| Spread of virus | All persons within the setting  Visitors | Risk of spread through person to person contact | x |  |  | Fishermoss Staff are to be vigilant for the symptoms of COVID-19 and to understand what actions they should take if someone develops them within or out with their setting.  NHS Grampian/Public Health: [Coronavirus (COVID-19) - NHS (www.nhs.uk)](https://www.nhs.uk/conditions/coronavirus-covid-19/)  **SYMPTOMS**  All staff, parents and carers are advised that anyone with these symptoms, or who has contact with a family/ community member with these symptoms, should not attend or should be asked to return home. They should also be told to follow test and protect procedures.  Updated 17.2.21   * New Persistent cough * High Temperature * Loss or change to taste and smell   **In children under the age of 5 are vulnerable to Kawasaki disease, this is a strain of COVID-19**  Symptoms may include:   * High temperature that lasts for 5 days or more * A rash * Swollen glands in the neck * Dry cracked lips * Red fingers or toes * Red eyes   All staff and parents/carers are advised that anyone with these symptoms, or who has contact with family/community member with symptoms should not attend or should be asked to return home and be tested.   * All staff working in and with the setting are supported to follow up to date health protection advice on household or self-isolations. * All staff working in and with the setting are supported to follow Test & Protect Guidance if they or someone in their household exhibits COVID-19 symptoms. * All staff working in and with the setting are supported to follow Test & Protect Guidance if they have been identified by NHS Contact Tracers, as a close contact with the virus.   **Common Cold & COVID-19 Symptoms**  Parents/Carers and staff are aware that COVID-19 Symptoms differ from Seasonal Infections:   * It is common for colds and similar viral infections to circulate in ELC settings. * In many cases children will be well enough to attend school * If children do not have COVID-19 symptoms but has other cold like symptoms, such as a runny nose, they do not need to be tested or self-isolate.   **IF STAFF, CHILDREN OR FAMILIES ARE SYMPTOMATIC it is essential that people do not attend a setting if symptomatic. People who are in a household contact where someone who has tested positive for COVID-19 should not attend setting**.   * Anyone who develops COVID-19 symptoms must self-isolate straight away. Stay at home and arrange a test. * People who live in the same household as a person with COVID-19 symptoms must also self-isolate straight away and stay home. ONLY those developing COVID-19 symptoms should be tested. * ELC staff who do not have COVID-19 symptoms but have undergone a test do not need to stay at home whilst waiting for results. (Unless they develop symptoms whilst waiting). * If a person has a positive test, after having symptoms, must remain in isolation for 10 days after the symptoms started. The rest of the household must remain in isolation for 10 days after the person first showed symptoms, even if they don’t have symptoms. * Everyone who tests positive for COVID-19 will be referred to the Local Contact Tracing Team. Their Close Contacts will be identified and will be advised to self-isolate immediately. * Everyone who is identified as a Close Contact of a confirmed case must self-isolate for 10 days, even if they have a negative test. * Any person who has been advised by Test and Protect/Local Incident Management that they are a close contact of a confirmed case and do not have symptoms will be asked to self-isolate. Other people in the household will not be asked to self-isolate along with them.   **BOOKING A TEST**   * Staff can book a test: * www.nhsinform.scot * Employer Referral Portal (The portal will prioritise tests and appointments over the general public. Individuals will be directed to a Regional Test Centre or Mobile Testing Unit or possibly sent a home test if they cannot travel) * 0800 028 2816 * Parents can book a test on a child’s behalf. * Testing is not a requirement unless staff are symptomatic or have been advised to take a test by a Health Care Professional. * A member of staff can request a test, without being symptomatic but are concerned they have been at risk of infection.   **COVID-19 SYMPTOMS IN SETTINGS**   * Remind all staff that if they or the children develop symptoms, they should be sent home. * Setting should have a location (General Purpose Room) where potentially symptomatic pupils can be located until they can be collected. Please access guidance here and see detailed information below. * Adults who begin to show mild symptoms should return home and self-isolate, where possible avoiding public transport. * Children who begin to show symptoms during session should be taken to an isolation room, preferably with a closed door. Windows to be open for ventilation. Tissues and foot pedal bin to be provided. Room identified should be supervised to avoid unnecessary distress to a child/ young person. * The symptomatic individual may also be asked to wear a Type IIR face mask to reduce environmental contamination, where this can be tolerated * Adult supervising child should try to keep 2m apart from child. If not possible PPE to be worn. * Isolation Area to be cleaned as per procedures below. * Children should avoid touching people, surfaces, and objects. Ensure child coughs into tissue and disposes in bin. * Parents/Carers called to collect from entrance of setting.   **How long you need to self-isolate – Updated 7.1.21**  If you've tested positive and:   * you have symptoms – self-isolate for 10 days from when your symptoms started * you have not had symptoms – self-isolate for 10 days from when you had the test * If you get symptoms while you're self-isolating, the 10 days restarts from when your symptoms started.   **When to stop self-isolating:**  You can stop self-isolating after 10 days if either:   * you do not have any symptoms * you just have a cough or changes to your sense of smell or taste – these can last for weeks after the infection has gone   **When to keep self-isolating:**  Keep self-isolating if you have any of these symptoms after 10 days:   * a high temperature or feeling hot and shivery * a runny nose or sneezing * feeling or being sick * diarrhoea |  |  | x |
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| 4.17 test & protect | | | | | | | | | |
| **Hazard** | **Person’s**  **Affected** | **Risk** | **Risk Level**  **Before**  **Controls** | | | **Control Measures (Benefits)** | **Risk Level**  **After**  **Controls** | | |
| **H** | **M** | **L** | **H** | **M** | **L** |
| Spread of virus | All persons within the setting |  | x |  |  | * Fishermoss Staff who opt to undertake asymptomatic testing do not need to self-isolate while awaiting results, as long as no symptoms develop, unless they are a close contact of a symptomatic or confirmed case, in which case they will need to self-isolate. If their symptomatic test is positive, the member of staff must isolate until a confirmatory PCR is received, even if they are without symptoms. If their symptomatic test is negative, they can remain at work unless symptoms develop but should not consider themselves free from infection and must still adhere to all mitigations. * If the PCR test is positive the person must remain in isolation until 10 days from symptom onset, or longer if symptoms persist or 10days from the test date if there are no symptoms. The rest of the household must remain in isolation for 10 days from symptom onset in the symptomatic person, even if they don’t have symptoms themselves. These people should not attend Fishermoss. The date of onset of symptoms (or of test, if asymptomatic) is to be considered day 1 of 10. * Staff and Parents who have smart phones are encouraged to download the Protect Scotland Tracing App. * All staff should be aware of the test and protect arrangements, should someone become unwell. * Fishermoss is considered complex a setting and therefore will be prioritised by the Local Health Protection Team, should they have suspected cases. * All parents/carers should mention their childcare arrangements, if contacted by or contacting Test and Protect services. * If a child or staff member tests positive, the contact tracer will consider the close contact that person has had within the setting. * Fishermoss will keep clear records or children, adults and staff attending their setting. * Fishermoss will maintain records of staffing capacity and plan as much as possible, to minimise the operational impact of individual staff or groups of staff being required to self-isolate. |  |  | x |
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| 4.18 outbreak management | | | | | | | | | |
| **Hazard** | **Person’s**  **Affected** | **Risk** | **Risk Level**  **Before**  **Controls** | | | **Control Measures (Benefits)** | **Risk Level**  **After**  **Controls** | | |
| **H** | **M** | **L** | **H** | **M** | **L** |
| Spread of infection.  Infection of staff, children & visitors. | Staff  Children & young people  Visitors | Cross contamination of infection.  Infection of staff, children and visitors | x |  |  | Management of outbreaks in schools is led by local Health Protection Teams (HPTs) alongside local partners following established [procedures](https://hpspubsrepo.blob.core.windows.net/hps-website/nss/1673/documents/1_shpn-12-management-public-health-incidents.pdf.) . Ensure you know how to contact local HPT:   * Grampian Health Protection Office Hours Tel No. 01224 558520; Out of Hours Tel No. 0345 456 6000 (Ask for Public Health on Call) Email Address: [grampian.healthprotection@nhs.net](mailto:grampian.healthprotection@nhs.net)   If schools have 2 or more confirmed cases of COVID-19 within 14 days they may have an outbreak. In this situation contact HPT and local authority.  Increased of respiratory illness should prompt contacting HPT for advice.  If outbreak confirmed schools should work with local HPT to manage with local authority. Actions may include:   * Attendance at multi-agency incident management team meetings * Communications with pupils, parents/carers, and staff * Provide records of school layout / attendance / groups * Implementing enhanced infection, prevention and control measures.   HPT will make recommendations on self-isolation, testing and the arrangements to do this. Any discussion of possible school closures should take place between school, local authority and local HPTs. Schools should maintain appropriate records.  Early Years settings should inform their Care Inspectorate inspector about any adult or child COVID-19 outbreaks. https://www.careinspectorate.com/index.php/coronavirus-professionals |  |  | x |
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| 4.20 students | | | | | | | | | |
| **Hazard** | **Person’s**  **Affected** | **Risk** | **Risk Level**  **Before**  **Controls** | | | **Control Measures (Benefits)** | **Risk Level**  **After**  **Controls** | | |
| **H** | **M** | **L** | **H** | **M** | **L** |
| Spread of infection | All persons |  | x |  |  | Fishermoss HT made the decision that we would not be taking any students for the foreseeable future. |  |  | x |
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| 4.21/4.22 limiting staff & children contacts | | | | | | | | | |
| **Hazard** | **Person’s**  **Affected** | **Risk** | **Risk Level**  **Before**  **Controls** | | | **Control Measures (Benefits)** | **Risk Level**  **After**  **Controls** | | |
| **H** | **M** | **L** | **H** | **M** | **L** |
| Spread of infection through attending setting | All persons within the setting | Spread of virus | x |  |  | Reducing the number of interactions that children and staff have a key part of reducing risks within Fishermoss. This will reduce likelihood of direct transmission and allow for more effective contact tracing.   * Limiting interactions reduces the overall number of those who will need to self-isolate in the event of a child or staff member becoming ill with covid-19. * Contacts must be limited by managing children within groups. Children should stay in the same group wherever possible. * In open plan settings, the layout of the playroom should be carefully considered to allow groups to remain separate (use of management approaches such as clearly allocated areas or physical barriers, such as furniture, should be used to separate. The management of the groups should reflect the circumstances of the setting). * Large indoor groupings should be avoided and where possible minimise the size of group. The appropriate size of the group will depend on the age and overall number of children and layout of settings. * ELC children should be managed in groups of 25 to 33 children. Setting must maintain adult to child ratios as stated in the National Standard. Large indoor groupings should be avoided. * Children are not required to physically distance from each other or adults. * It is important for children to feel secure and receive warmth and physical contact that is appropriate to their needs, when they are receiving personal care, being comforted and reassured. Keyworkers will need to be close to the children and should feel confident to do so. * Staff members should work with the same children where possible. Limit the number of children and the number of that staff is in contact with. * If staff must work with other groups, this should be for limited periods. * Breaks, toileting etc should be covered by staff working with that group. * Staff should ensure strict hygiene practices are carried out, if caring for other groups. * Staff must always physically distance by 2m. * A flexible approach to the use of existing spaces, within the setting, should be considered. * Considerations should be given to the removal of unnecessary items in the setting to maximise capacity and decrease the number of items requiring cleaning. * Settings should ensure that children still have adequate resources and furnishings to support quality experiences. |  |  | x |
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| 4.23 maximising use of outdoors | | | | | | | | | |
| **Hazard** | **Person’s**  **Affected** | **Risk** | **Risk Level**  **Before**  **Controls** | | | **Control Measures (Benefits)** | **Risk Level**  **After**  **Controls** | | |
| **H** | **M** | **L** | **H** | **M** | **L** |
|  | All persons within the setting |  | x |  |  | Evidence suggests that outdoor environments can limit transmission, as well as more easily allowing for appropriate physical distancing between children.  If outdoor equipment is being used, settings should ensure that multiple cohorts of children do not use it simultaneously, as well as considering appropriate cleaning between cohorts of children using it.  Staff will plan for children to enjoy active energetic play across the day and this may include making use of other areas near to the service. Within any public spaces staff should be aware, always, of the need to physically distanced and to keep groups of children distanced from any other children or adults who may be in the vicinity.  Fishermoss have purchased sunglasses and sun hats to protect children from the sun. Parents are expected to dress their child in suitable clothing and put on sun cream before attending Fishermoss. Please see our Sun cream Policy which was shared.  Parents should provide all weather appropriate clothing to avoid children sharing items.  Staff and children should not share outdoor clothing. Ensure that every person has their own designated jackets/wellies etc. These should be washed |  |  | x |
|  |  |  |  |  |  | regularly and stored appropriately.  Offsite Provision Specific consideration should be given to taking children out into the local community. Every offsite trip requires planning and a risk assessment should be created detailing the unique circumstances of that trip e.g. weather, ratios, location, staff, COVID prevention measures. 14.08.20  **Guidance and Links:**  https://www.gov.scot/publications/coronavirus-covid-19-guidance-on-reopening-early-learning-and-childcare-services/pages/outdoor-spaces/ |  |  |  |
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| 4.25 singing, music & drama | | | | | | | | | |
| **Hazard** | **Person’s**  **Affected** | **Risk** | **Risk Level**  **Before**  **Controls** | | | **Control Measures (Benefits)** | **Risk Level**  **After**  **Controls** | | |
| **H** | **M** | **L** | **H** | **M** | **L** |
| Spread of infection | All persons within the setting | Spread of infection through attending the setting | x |  |  | There is an increased transmission risk associated with music and drama activities.   * Singing should not happen indoors, as an organised large activity * If a child sings naturally during an activity and play, they should not be discouraged to do so. * Singing can be used to comfort young children, when necessary.   **PHYSICAL DISTANCING between adults in settings, including parents at drop off and pick up times.**  **Physical distancing between adults remains a fundamental protective measure that should apply at all times:**  Individual physical distancing applies to staff, parents and other adults who may attend the setting or delivery people and contractors 02.11.20   * Adults should stay 2m apart from other adults within the setting and outside the nursery building * All staff rooms, bases and offices should be reconfigured to ensure that physical distancing 2m can be maintained. Where physical distancing of 2m cannot be maintained Risk Assessments should be undertaken and control measures implemented. |  |  | x |
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| 4.26 physical distancing | | | | | | | | | |
| **Hazard** | **Person’s**  **Affected** | **Risk** | **Risk Level**  **Before**  **Controls** | | | **Control Measures (Benefits)** | **Risk Level**  **After**  **Controls** | | |
| **H** | **M** | **L** | **H** | **M** | **L** |
| Spread of virus | All persons within the setting  Visitors | Spread of infection through visiting the setting | x |  |  | EYP’s within the setting are required to wear a face covering when physical distancing is difficult.  When EYP’s are on doors they wear a face covering and keep a safe 2m distance from Parents/Carers dropping off / collecting their child.  EYP’s do not have to distance from children and do not have to wear a face covering either. |  |  | x |
|  |  |  |  |  |  | EYP’s avoid having breaks at the same time so social distancing can be adhered too. |  |  |  |
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| 4.28 use of face coverings | | | | | | | | | |
| **Hazard** | **Person’s**  **Affected** | **Risk** | **Risk Level**  **Before**  **Controls** | | | **Control Measures (Benefits)** | **Risk Level**  **After**  **Controls** | | |
| **H** | **M** | **L** | **H** | **M** | **L** |
| Spread of infection | All persons within setting  Visitors | Risk of spreading infection due to attending the setting | x |  |  | NHS GRAMPIAN ADVISE THAT ALL FACE COVERINGS SHOULD BE TYPE IIR until further notice – 1.4.21  **Face coverings and NOT required when working directly with children in ELC, including on the floor, supporting children to move around setting, toileting or as a result of being less than 2metres distant for children 2.11.20**   * Face coverings should be worn, by adults, wherever they cannot maintain a 2 meter distance from other adults (e.g. communal areas and corridors) * Face coverings should be worn by adults when not working directly with children, in offices, admin areas, staff rooms (except when eating) and other confined communal areas, where 2 meters distancing cannot be maintained. * Some adults will be exempt from wearing face coverings. * Parents and other visitors (whether entering the building or not) should be strongly encouraged to wear face coverings. Including parents/carers at drop off and pick up. * Children may require support and reassurance about the reasons why adults were face coverings. * Adults wearing face coverings may have an impact on children with additional support needs (which includes hearing loss, EAL, communication needs, children depending on visual cues) careful consideration should be given to key adults wearing face masks. * It is not recommended children under 5 wear face coverings in ELC settings. * Anyone (staff or children) who wishes to wear a face covering is free to do so.   Instructions must be provided to staff on how to put on, remove, store, and dispose of face coverings must be provided to staff and pupils:   * Face coverings should not be shared * Hands should be cleaned by **appropriate** washing or hand sanitiser before putting on or removing the face covering * Face covering of an appropriate size should be worn. It should cover mouth, nose and chin. * Where applicable, children should be taught how to wear the face covering properly, including not touching the front and not pulling it under the chin or into their mouth. * When temporarily storing face covering (e.g. during sessions) it should be placed in a washable, sealed bag or container. Avoid placing it on surfaces, due to the possibility of contamination. * Re-usable face coverings should be washed after each use at 60 degrees centigrade or in boiling water. * Disposable face coverings must be disposed of safely and hygienically. Children and young people should be encouraged not to litter and to place their face coverings in the general waste bin. They are not considered to be clinical waste in the same way that used PPE may be.   **Care inspectorate and Grampian HP Team state that face coverings (face coverings should not be confused with PPE including type IIR face masks) are not required for normal day to day activities within ELC settings but should be worn in the circumstances below :**   * Where adults cannot keep 2m social distancing and are interacting and working face to face with a child, a Type IIR face mask should be worn. Face covering should be worn in the follow circumstances (except where an adult or child/young person is exempt from wearing a covering).   **TYPE IIR Face Mask**  What is a Type IIR Face Mask?  Type IIR face masks / EN14683 are medical face masks made up of a 4-ply construction that prevents large particles reaching the patient or working surfaces. Type IIR face masks include a splash resistant layer protect against blood and other bodily fluids.  Schools using ASN transport should provide Type IIR face covering/PPE to Pupil escort.  A Type IIR face mask is not required for moving around communal spaces and corridors, where a standard face covering will suffice as contact with 1m is not face to face for one minute or longer. Where adults cannot keep 2m social distance and are interacting face to face a Type IIR face mask should be worn. |  |  | x |
|  |  |  | x |  |  | **SUSPECTED COVID-19**  A fluid resistant surgical mask should be worn by staff if they are looking after a child or young person who has become unwell with symptoms of COVID-19 and 2m social distancing cannot be maintained. |  |  | x |
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| 4.28 drop off & pick up | | | | | | | | | |
| **Hazard** | **Person’s**  **Affected** | **Risk** | **Risk Level**  **Before**  **Controls** | | | **Control Measures (Benefits)** | **Risk Level**  **After**  **Controls** | | |
| **H** | **M** | **L** | **H** | **M** | **L** |
|  | Parents/Carers  Staff on door |  | x |  |  | The drop off/collection of children requires careful consideration to ensure that large gathering of people can be avoided and to ensure social distancing is adhered to.  Most children can be placed in the care of staff whilst parents/carers maintain a 2m distance. In some cases a physical handover will be required. In these circumstances:   * Limit time staff spend in close proximity with parent/carer * Ensure both child and parents are comfortable in the handover. Make arrangements that if the child is destressed for the parent to comfort them without the parent coming into contact with the other children or staff. * Staff and children should wash hands after the child is safely settled. * Parents/Carers should not enter the building. * Parents/Carers should be strongly encouraged to wear face coverings * Staggered drop off and collection times * Take account of start times of other children in the family to reduce multiple visits for parents. * Utilise other access points * Encourage parents using car to park further away from the setting and then walk with children to avoid congestion. * Staff and parents should only share a vehicle with people from their own household. Consideration should be given to children with complex needs or disabilities   Escorting pupils by transport   * Do not work with more than two contacts in one day * A contact is defined as one child, a group of children, a single member of staff, a group of staff, a parent or carer or a family group * Employers should provide face coverings / PPE to pupil escort |  |  | x |
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| 4.31 settling-in | | | | | | | | | |
| **Hazard** | **Person’s**  **Affected** | **Risk** | **Risk Level**  **Before**  **Controls** | | | **Control Measures (Benefits)** | **Risk Level**  **After**  **Controls** | | |
| **H** | **M** | **L** | **H** | **M** | **L** |
| Spread of virus through attending Fishermoss | All attending settings | Spread of virus through person to person contact | x |  |  | Children may need extra support and additional time to return to or start a setting.  Fishermoss where possible, should continue to use existing policies and procedures to settle children into settings.  Where possible, settling in activities should happen outdoors with the parent and away from other children whilst adhering to current social distancing guidance.  Ensure that plans for settling in are individualised to support the needs of families and children.  For children with ASN, Fishermoss Nursery will work in partnership with parents, lead professionals and children to establish what support and plans need to be put in place to meet their needs.   * Enhanced transitions may be considered for children with ASN, such as, through visual representations and plans of physical distancing.   Providers should consider how they will support staff, parents and children to familiarise themselves to the revised layout and movement patterns. They should be made fun for the children.   * A map could be displayed, detailing entry/exit points and new circulation patterns. * Social stories and videos shared with children in advance * Use clear signage and colour coding on walls and floors to help wayfinding. * Use clear child friendly visuals – meaningful pictures or symbols (any signage which is directly touched by children will need to be cleaned regularly). |  |  | x |
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| 4.31 moving within and between settings | | | | | | | | | |
| **Hazard** | **Person’s**  **Affected** | **Risk** | **Risk Level**  **Before**  **Controls** | | | **Control Measures (Benefits)** | **Risk Level**  **After**  **Controls** | | |
| **H** | **M** | **L** | **H** | **M** | **L** |
|  |  |  |  |  |  | External Circulation: Encourage the use of external areas to move between parts of the building. Safety in all weathers and security issues would be required to be considered.  Signage should be used to remind all staff to wear a face covering when 2m social distancing cannot be obtained and when passing through areas.  **Peripatetic Staffing:** Staff, who by the nature of their role support multiple settings should only attend settings in person where it is demonstrably in the support of the health and wellbeing of children.  **Staff Employed in more than one childcare setting:**  Staff with a single employer should only work across more than one setting when it is necessary.  Staff where, employed by more than one childcare provider should be risk assessed. A joint risk assessment should be created to reduce the number of children and other staff they come in contact with, in each setting. Fishermoss contact information is shared to support Test and Protect.  **Use of agency or bank staff:**  Where settings use agency/bank staff they should ensure that staff do not move between settings, where possible.  Travel restrictions between areas of different prevalence will be set out in guidelines. Expectations will apply for essential travel including work and education.  Restrictions on movement of staff between settings may impact on the ability of some practitioners to continue with their pattern of work. If appropriate the EYSP with staff who is affected could contact unions.  Movement between settings should be kept to a minimum until further notice, e.g. temporary/supply staff, principle teachers, development workers, psychologists, nurses, and social workers. Consider lower risk methods for some input – digital / virtual means or outdoor settings. Where movement across locations is necessary to deliver school operations the number of interactions should be minimised.  Peripatetic staff should only visit one setting and there should ideally be a period of 7 days between contact with another setting. There are individual circumstances. 18.08.20  2.09.20  **Peripatetic staff (ASN) working location base school and one other location per week.**   * Follow school guidelines in their base school * Only visit one school per day when not in base school * No not work with more than 2 contacts per day in school that are not base school * A contact is defined as one child, a group of children (maybe a class), a single member of staff, a group of staff, a parent or carer or a family group.   2.09.20  **Supply/relief staff working across various settings**   * Maximum of one setting per day * No limit on number of groups but staff advised to reduce the number of interactions * A risk assessment should be taken for each relief member of staff * Relief staff must adhere to social distancing, good hygiene and risk assessments within setting. * Ensure staff have signed in at school for trace and protect purposes.   Face coverings must be worn on all public transport where children are aged over 5. |  |  |  |
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| 4.33 sharing premises | | | | | | | | | |
| **Hazard** | **Person’s**  **Affected** | **Risk** | **Risk Level**  **Before**  **Controls** | | | **Control Measures (Benefits)** | **Risk Level**  **After**  **Controls** | | |
| **H** | **M** | **L** | **H** | **M** | **L** |
| Spread of infection | All persons within the setting | Risk of spread of infection through different groups using the building | x |  |  | Fishermoss does not currently share its building with anyone – however we are aware that the authority can rent it out in the evenings if need be. If this was to happen, the following would be adhered too.   * Discussion with the owner/operator of the space to agree the use of the premisses before reopening. * Consider and risk assess potential implications of the other services’ operating model. * Maintain physical distancing. * Arrange use of outdoor spaces. |  |  | x |
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| 4.34 blended placements | | | | | | | | | |
| **Hazard** | **Person’s**  **Affected** | **Risk** | **Risk Level**  **Before**  **Controls** | | | **Control Measures (Benefits)** | **Risk Level**  **After**  **Controls** | | |
| **H** | **M** | **L** | **H** | **M** | **L** |
| Spread of virus | All persons within both settings | Risk of virus spreading between both settings | x |  |  | Blended placements should be reviewed on a case by case basis.  Parents and carers should be encouraged and supported to limit the number of settings their child attends, ideally ensuring their child only attends the same setting consistently 28.1.21  In order to minimise the number of contacts and risk of transmission, attendance at multiple ELC settings should be reduced as far as possible.  Any children who attends both Fishermoss and another setting will have a individual risk assessment created in consultation with families and the other setting.  Fishermoss will ensure all relevant contact details are in order to shar necessary information as required.  Fishermoss will encourage and share good hygiene practices.  Where a child attends more than one setting, consideration should be given to record keeping of the other setting(s), to assist with any Test & Protect process Any records should be GDPR compliant.  **Guidance and Links:**  https://www.gov.scot/publications/coronavirus-covid-19-guidance-on-reopening-early-learning-and-childcare-services/pages/blended-placements-provision-of-meals-and-snacks/ |  |  | x |

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| 4.35 provisions of meals & snacks | | | | | | | | | |
| **Hazard** | **Person’s**  **Affected** | **Risk** | **Risk Level**  **Before**  **Controls** | | | **Control Measures (Benefits)** | **Risk Level**  **After**  **Controls** | | |
| **H** | **M** | **L** | **H** | **M** | **L** |
| Spread of infection | All persons within setting | Risk of virus spreading through touching of surfaces | x |  |  | Fishermoss ensures that mealtimes are a relaxed and enjoyable time where children can socialise, while implementing practical approaches to prevent the spread of infection. 2.11.20  Staff follow usual good hygiene practices when preparing or serving food. There is no need for additional PPE at meal and snack times.  All staff are aware of food allergies and intolerances and support children with these.  All areas and surfaces are to be kept as clear and clean; all dishes should be washed, dried, and tidied away for good hygiene.  Safe, hygienic, and labelled food storage is necessary for shared fridges by staff.  Safe hygienic and labelled food storage is necessary for main fridge.  Snack payments are all made online  Children should not prepare, or self-serve snack, at this time. Communal bowls, dishes and jugs should not be used. Staff should always serve food and drinks to children. Staff should always make water available, but children must not self-serve.  All rubbish and waste will be put straight in the bin by children/ staff (own)and not left for someone else to clear up.  All areas used for eating must be thoroughly cleaned at the end of each sitting and session, including chairs, door handles, vending machines etc. |  |  | x |
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| other | | | | | | | | | |
| **Hazard** | **Person’s**  **Affected** | **Risk** | **Risk Level**  **Before**  **Controls** | | | **Control Measures (Benefits)** | **Risk Level**  **After**  **Controls** | | |
| **H** | **M** | **L** | **H** | **M** | **L** |
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**Establishment RA Author: Natalie Munro EYSP in consultation with all EYPS**

**Risk Assessment shared with staff on date of updated review.**

**Date of Review – 10th August 2020  
 7th September 2020  
 29th September 2020  
 16th October 2020  
 20th November 2020  
 6th January 2021  
 2nd February 2021  
 10th March 2021  
 20th April 2021  
 4th May 2021 – New layout and current updates in line with current guidance**