COVID-19

Infection Prevention and Control guidance for Early Learning and Care and School Age Childcare settings during the COVID-19 Pandemic

V1.10 Dated 14.01.2022

Note: If you have any queries on this guidance please contact the AMRIC team at hcai.amrteam@hse.ie

Version	Date	Changes from previous version
1.10		Change to indicate that people are no longer considered infectious 7 days after onset of symptoms. Updates to information on processes for testing and Contact management Updates to content on vaccination Reference to Omicron variant Recommendation for use of surgical mask in preference to cloth face covering when providing childcare Additional information on surgical masks
1.9	10.11.2021	Resequencing of some content to improve readability Includes more to other infections and other vaccines Statement that this guidance is intended to be applied in a way that meets the needs of the child Statement that routine temperature checking of healthy children should be avoided Removal of requirement for visitors to make advance appointments Relaxation of arrangements related to arrival and pick up of children and drop off of forgotten items Reflects current contract tracing practice
1.8	30.08.2021	Updates to section on Covid-19 and Vaccination

Version	Date	Changes from previous version
1.7	07.07.2021	Change in terminology and definitions on vaccine protection
1.6	14.06.2021	Updated to reflect latest contact tracing recommendations for those with significant vaccine protection
1.5	24.03.2021	Updated section on spread of the virus Updated section on samples and testing for the virus Updated recommendation on the use of face covering by staff in early learning and care and childcare settings Reference to increasing ventilation indoors and in vehicles in so far as practical consistent with comfort and security.
1.4	04.03.2021	Removal of appendix 1 and link to sample parental declaration form https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/educationguidance/
1.3	26.02.2021	Close contacts updated to advise restrict movement in line with current HPSC advice – link provided
1.2	31.07.2020	**Introduction.** Statement that medical practitioner/assurance is not required for return to childcare and introduction of the concept of parental declaration **Information of COVID-19.** Statement that routine testing of asymptomatic children and childcare workers is not required and that when testing is required the standard testing pathway is generally appropriate **How to help prevent spread of all respiratory viruses including COVI-19.** Statement that on site temperature checking is not recommended and advice to comply with Government advice regarding travel. **Managing visitors.** New information on managing visitors **Limiting the extent to which groups of people mix with each other.** Clarification on pod structures and more flexibility in relation to examples of possible pod structures **Physical distancing measures.** Statement to encourage outdoor activities **Transport to and from childcare.** Details on transport arrangements **Hygiene measures and cleaning regimes.** Clarification that cloth face coverings by childcare workers it appropriate if it is not a barrier to care and reference to the option of a visor. Advice against use of newer disinfection technologies. **Selection and management of toys.** Guidance on kinetic sand and sand pits **Children with additional support or care needs.** This is a new section **Parent and Toddler Groups**. This is a new section **If a child or staff member is in the child care facility at the time that they feel unwell.** Clarification that a temperature of 38°C should not be discounted as teething, that a staff member who has helped someone who is unwell does not need to go home, that the entire pod does not need to go home, parental declaration on return to childcare and link to guidance on First Aid **Advice on Cleaning.** Additional details and a new table **Appendix 1.** Sample Parental Declaration Form
1.1	24.06.2020	Altered wording regarding contact tracing to reflect changes in National Contact tracing guidance regarding suspected cases which is in line with actions for current phase of pandemic.
1.0	27.05.2020	Initial guidance

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Introduction

This document does not replace existing health and safety regulations or other legal obligations for early year's childcare providers. It is intended to supplement existing infection prevention and control guidance by providing information around specific concerns relating to COVID-19.

This is a guidance document. It should be used in a practical way by childcare workers to support them in balancing steps to reduce the risk of infection with the need to provide a safe and nurturing environment that is appropriate to the needs of each child. An atmosphere of fear and an overwhelming preoccupation with hygiene can be harmful to children without materially reducing the risk of infection beyond what can be achieved with a common sense approach. The guidance must fit the needs of the child rather than fitting the child to the guidance.

It is important for parents and for those who deliver childcare to accept that no interpersonal activity is without risk of transmission of infection at any time. Generally, the closer the physical contact, the more likely infection is to spread from one person to another. There are particular issues with small children because they tend put things in their mouths and naturally seek very close contact with caregivers and other children. Many childcare services have had experience of dealing with these challenges in the context of bacteria that cause diarrhoea such as Vero-Toxigenic *E. coli* (VTEC) or of flu-like illness in childcare services. The risk of spread of infection in childcare or other settings is related to the size of the groups of people that interact with each other. Generally, the larger the number of people in a group, the more people are placed at risk of infection if infection is accidentally introduced. These issues are brought into sharper focus during a pandemic, but the principles are not different from those that apply to childcare at any time. Most parents understand that some level of risk of infection is unavoidable as a part of a normal childhood. However, parents are very different with respect to their tolerance of infection risk and ability to accept infection and the harm it causes. Therefore, it is important that parents have a clear understanding of the benefits and risks of childcare and that it is not possible to guarantee that infection can be prevented in any setting either in a childcare centre, school or in a home.

Requiring assurances/certification from medical practitioners prior to attendance at childcare or prior to return to childcare after an absence is not appropriate as it places an unnecessary

demand on the healthcare system and there is no reason to expect it to increase the safety of childcare services. Any process of medical certification in this context will of necessity relate to the child's condition one or more days before attendance for childcare and the child's condition may have changed in the interim. In any case, there is no reason to believe that such a process could make any practical difference to the actual risk of COVID-19 infection or other infectious disease for the child themselves, for other children attending childcare or for childcare workers, beyond that which is achieved by parental judgment supported by vigilance on the part of sensible and experienced childcare workers.

Parents of children who have medical conditions that require ongoing regular medical care will have an opportunity to discuss concerns they may have with the child's doctor during regular review visits. Parents must be trusted to incorporate that advice into their decisions regarding childcare so that it is not appropriate to require certification even in the case of such children. As below it may be helpful to ask parents to make a verbal or written declaration on returning to childcare to confirm that they have no reason to believe the child has infectious disease and have followed all medical and public health guidance they have received with respect to exclusion of the child from childcare services. A sample parental declaration form, which includes the principle that a parent will have sought appropriate medical or public health advice and followed this, is available at the following link:

https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/educationguidance/

Routine precautions to prevent infection in childcare settings are always important but even more so in a pandemic situation. A heightened awareness by staff, parents and children (where age appropriate) is required so that they know how to protect each other and how to recognise and report symptoms of COVID-19 infection, and of other potentially infectious diseases. It is worth noting that making the most of activities in outdoor space, including parks and amenities not only promotes general health and wellbeing but also help to reduce the risk of spread of respiratory viruses such as the virus that causes COVID-19.

This guidance will assist childcare settings in providing advice for staff on the following:

1. the novel coronavirus that causes COVID-19 disease;
2. how to help prevent spread of infections including COVID-19;

3. how to recognise if a child may have infection
4. what to do if someone who is confirmed or suspected to have COVID-19 has been in a childcare setting;
5. advice on how to clean /disinfect areas where there has been a case of COVID-19 in a childcare setting.

COVID-19

COVID-19 is a new illness that can affect your lungs and airways. It is caused by a new coronavirus (SARS-CoV-2). This virus is changing over time. The virus is spread mainly through the air in tiny particles scattered from the nose and mouth of a person with infection. The particles can be scattered when the infected person coughs, sneezes, talks or laughs. To infect you, the virus has to get from an infected person's nose or mouth into your eyes, nose or mouth.

This can happen - *if:*

1. You come into close contact with someone who is shedding the virus. The virus is most likely to reach you if you are very close to the person shedding the virus. The virus can also spread through the air over longer distances in crowded settings with poor ventilation; ;
2. You touch - with your hands - surfaces or objects that someone who has the virus has coughed or sneezed on, and then you touch your mouth, nose or eyes without having washed your hands thoroughly. This is called contact spread;

As COVID-19 is a new illness, we are still learning about how easily the virus spreads from person to person and how to control it, so it is important to keep up to date and make sure you are using the most up to date guidance available. This information is available from the following links:

- HSE-HPSC: https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/
- HSE Hub: https://www2.hse.ie/conditions/covid19/
- Department of Health: https://www.gov.ie/en/news/7e0924-latest-updates-on-covid-19-coronavirus/

COVID-19 can be a mild or severe illness. Severe illness is much more common in older people (especially older than 70) and in people with certain medical conditions that place them at

increased risk of severe COVID-19. Severe illness is much less common in children and young adults in good health. Severe illness is much less likely in people who are vaccinated.

Symptoms of COVID-19 and a quick guide resource for children are available on https://www2.hse.ie/conditions/covid19/symptoms/overview/

https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/factsheetsandresources/Isolation%20quick%20guide%20under%2013s.pdf

People with symptoms of COVID-19 infection are very important in spread of the disease. Symptomatic people appear to be most infectious for other people in the early days after symptoms begin. Infection can also spread from people in the day or two before they get symptoms and it can spread from some people who get an infection but have no symptoms or such mild symptoms that they take little notice of them (asymptomatic spread). People are no longer considered infectious for other people 7 days after they have developed symptoms provided symptoms have substantially resolved for the last 2 of those y days. If a person had no symptoms but only a positive test they should count 7 days from the date of the first positive test whether that first was an antigen test or a PCR test. It is best not to do more antigen tests once a person has a positive test. The test will still be positive for a week or two in many people but this does not make a difference to the advice that they no longer have to self-isolate after 7 days. Exceptions to this may apply to people in hospital or nursing homes or certain other special settings. .

Testing for COVID-19, influenza and other respiratory viruses is based on taking a sample from the nose and / or throat. A sample taken from the back of the nose and throat (a nasopharyngeal sample) was the main sample used early in the epidemic but there is a lot of experience now with samples taken from deep in the nose (deep nasal swab) but without going all the way back. Deep nasal swabs (also called mid-turbinate swabs) are much less uncomfortable for many children and adults and are almost as good a sample as the sample from the back of the nose and throat. The deep nasal swab method is an acceptable method for all children and should be used in children who are distressed or have been upset by a previous nasopharyngeal swab. Swabs taken from just inside the nose (anterior nasal swabs) do not work well and are not suitable.

The sample is tested for virus. The sample may be tested in the laboratory for viral genes (PCR test). Testing of samples at home for virus antigen is now also widely used.

If a parent or guardian is concerned that they or a child may have symptoms of COVID-19 they should self-isolate /isolate the child and telephone their doctor for advice. (Isolation of the child must of course take account of the child's needs for care and attention therefore continuing contact with at least one adult is generally required). Public health guidance on testing including use of antigen tests is updated regularly. If the person needs a PCR test instead of an antigen test or as well as an antigen test their doctor will arrange testing for them through the usual pathway. People may also be able to book an appointment for PCR testing directly on a HSE portal.

When a person is diagnosed with COVID-19 people that they have been near the person for a period of time around the time when they developed infection are referred to as COVID-19 Contacts. If they have symptoms this usually includes people they have been close to since they developed symptoms and during the two days before they developed symptoms. If they have no symptoms but only a positive test this usually includes people they have been close to since the positive test and during the day before the positive test. . Contacts may be at increased risk of developing infection compared to other people. Advice for contacts is updated regularly on the HSE website.

Vaccination

Vaccination against COVID-19 started in Ireland in late December 2020. The vaccination programme has been very successful and the vast majority of people age 12 and older have now been vaccinated against COVID-19. Most adults have now had an additional "booster" dose of vaccine. Vaccination against COVID-19 has now been extended to children aged 5 years and upwards.

Influenza vaccination is recommended for children aged 2 to 17 years and for some adults including people age 65 and older, pregnant women and those with certain long term conditions. The children's vaccine is given as a spray into each nostril of the nose.

The full range of vaccinations recommended for children are all important as many vaccine preventable diseases including measles, mumps, rotavirus and meningococcal meningitis can spread in childcare settings.

For further information see the HSE website.

COVID-19 and Children

In the months since the COVID-19 pandemic started, we have learned that:

1. Children have generally been less likely to catch infection although that may be changing with the most recent variant called Omicron;
2. Children seem more likely than adults to have no symptoms or to have mild disease. Symptoms in children can include cough, fever, runny nose, sore throat, diarrhoea and vomiting;
3. Children are generally not the ones who brought COVID-19 into a household when household spread has happened;
4. Children are not more likely than adults to spread infection to other people;
5. The virus that causes COVID-19 may on rare occasions trigger an inflammatory disease called PIMS in some children. PIMS stands for Paediatric Inflammatory Multisystem Syndrome.

How to help prevent spread of all respiratory infections including COVID-19

Current information shows that COVID-19 can spread easily from people who have symptoms. It also can spread to some degree from an infected person even before they develop any symptoms and from people who never develop symptoms. For these reasons, this guidance is based on two key parts:

1. Do whatever is practical to make sure that people with symptoms of COVID-19 or other respiratory infection do not enter a childcare setting at any time;
2. Take all practical precautions to reduce the chance of spread of virus all of the time just in case an infectious person with no symptoms is in the childcare setting. This includes vaccination of childcare workers, greater attention to hand hygiene, respiratory hygiene, ventilation (taking account of comfort and security) and cleaning. It also means limiting contact between people, keeping groups as small as possible and limiting mixing of people between the different groups. If someone who is not sick is shedding the virus, but they only mix with one fairly small group the number of people exposed to risk of infection is smaller.

The following are some general recommendations to reduce the risk of spread of infections in general in a facility:

1. Raise awareness

1. Promote awareness that COVID-19 vaccination of parents and childcare workers, including booster when eligible, can help protect the childcare service and families who use the service;
2. Promote awareness of COVID-19 and of the symptoms of COVID-19 among staff, parents and children for example with posters and other messages;
3. Promote awareness among staff, parents and children of the signs of other common childhood infectious diseases (cough, fever, vomiting, diarrhea, certain rashes) and of their symptoms
4. It is also essential to understand that all of these signs can be caused by conditions that are not infectious;
5. Tell staff members that have symptoms of any acute infectious disease not to attend work and to follow HSE guidance on caring for themselves and reducing the risk of spread to others.
6. Tell parents not to present their children for childcare if the child has symptoms of a potentially infectious disease and to follow current public health guidance if someone in the household is suspected or known to have COVID-19;;
7. **Routine on site temperature checking in children who are well should be avoided.** Parents and childcare settings do not need to take children's temperature every morning. Many children with COVID-19 or other viral respiratory tract infection do not have a fever. Parents or experienced childcare workers general sense that the child is unwell is a good indication of illness. If a child has a high temperature most parents and experienced childcare workers will notice.
8. Tell staff members not to present for work if they have been advised to self-isolate or restrict their movements based on current public health advice;
9. Tell staff members, parents and guardians that they should follow Government advice regarding COVID-19 and travel and restriction of movement following travel available at https://www.gov.ie/en/campaigns/75d92-covid-19-travel-advice/. These restrictions also apply to children who travel outside of Ireland;

10. Tell staff members that develop symptoms of infection at work to bring this to attention of their manager promptly and to follow HSE guidance on self-isolation and note that this still applies even if a staff member is fully vaccinated or had had COVID-19 in the previous 9 months;
11. Promote good hand and respiratory hygiene as described below and display posters throughout the facility.

2. Hand Hygiene

Wash or clean your hands regularly. Wash your hands with soap and running water when hands are visibly dirty. If your hands are not visibly dirty, wash them with soap and water or use a hand sanitiser. Services to support these measures will be needed. You should wash your hands:

1. Before and after you prepare food;
2. Before eating;
3. Before and after caring for sick individuals;
4. After coughing or sneezing;
5. When hands are dirty;
6. After using the toilet;
7. After changing a nappy;
8. After handling animals or animal waste.

Note some children may develop obsessional behaviour related to hand hygiene and may damage their skin through excessive washing. See HSE hand hygiene guidance at https://www2.hse.ie/wellbeing/how-to-wash-your-hands.html

3. Respiratory Hygiene

Cover your mouth and nose with a clean tissue when you cough and sneeze and then promptly dispose of the tissue in a bin and clean your hands. If you do not have a tissue, cough or sneeze into the bend of your elbow instead, not into your hands.

Posters on preventing spread of infection are available on the HPSC website.

4. Managing visitors

1. The risk of infection is reduced if visitors are vaccinated including booster vaccination when eligible
2. If visitors attend the childcare facility during the day they should be received at a specific contact point (for example an office) and be subject to the same controls that apply to staff entering the childcare facility;
3. Physical distancing should be maintained with visitors where possible and in line with prevailing guidance at that time;
4. If a childcare facility is likely to have a high throughput of visitors to a specific contact point for example an office, increase natural ventilation as much as possible taking account of comfort and security, the goal is gentle air circulation rather than strong air movements; consider too the use of physical barriers such as a screen when adequate distance cannot be reliably maintained or use of masks or cloth face coverings in keeping with current guidance;
5. Forgotten items (change of clothes, nappies, lunch boxes, etc.) can be dropped off without specific arrangements but it is appropriate to minimise interaction at drop off and to keep distance as much as possible and practice hand hygiene.
6. Parents visiting for meetings with staff should be facilitated in a way that observes physical distancing requirements that are in place at that time. Meetings should be arranged to ensure that congregation of parents in indoor waiting areas is minimised, for example, where parents travel for a meeting by private car they may be invited to remain in the car until staff are ready to meet them. Weather permitting and if privacy is not compromised meeting outdoors can be considered.

5. Limiting the extent to which groups of people mix with each other

Drop off and pick up

1. Arrangements for dropping off and picking up children from childcare should be organised to maintain distance between parents and guardians and between parents and guardians and the childcare workers; this should be in line with distancing measures prevailing at that time;
2. When children arrive at the childcare centre a childcare worker should come to

receive the child and limit physical contact with the accompanying adult. If there is no shelter then it may be necessary to have pre-agreed staggered arrival times particularly in bad weather or for children and parents to wait in a car until ready to be received.

3. A similar process should be followed for pick up;

Use of pods

4. Where possible, the risk of spread of respiratory viral infection may be reduced by structuring children and their carers into discrete groups or "pods" to the extent that this is practical;
5. The formation of "pods" is less relevant or not relevant in settings caring for smaller numbers of children. Generally, the objective is to limit contact and sharing of common facilities between people in different pods rather than to avoid all contact and sharing between pods as the latter will not be possible;
6. Generally, it is only practical to structure pods for the specific childcare setting. It is not practical to group all children who attend the same breakfast club/school in the same pod in other childcare settings as there may be issues of age and compatibility. However, if there are two or more children in the same age group/pod/class in a school that also attend the same childcare setting it is generally appropriate for those children to be in the same pod in the childcare setting, if that is practical;
7. It is also acknowledged that staff may need to operate in different play-pods at different times (e.g. morning and afternoon sessions). While this may be necessary in some cases, the number of play-pods serviced should be limited and all appropriate infection prevention and control measures including hand hygiene observed.;
8. If it is essential and unavoidable that a staff member must work or move between more than one pod, this movement should be minimised as much as possible and undertaken in a highly considered way. This means strict adherence to IPC measures, (hand hygiene, use of masks). The risk associated with this movement between pods is further likely to be substantially reduced if the staff member is vaccinated including booster vaccination when eligible;

9. There is no evidence base on which to define a maximum pod size. This guidance is based on keeping pod sizes as small as is likely to be reasonably practical in the specific childcare context;
10. Services should continue to operate within regulatory adult-child ratios. A pod is generally likely to include up to 2 adults. In some cases, a pod may require 3 adults for example if there are children with specific needs that require additional care or support or if this is more practical when caring for very young children. These are just two examples; other scenarios may apply;
11. Pod size may take account of regulations relating to the maximum adult-child ratios in the relevant regulation quoted below. On this basis, the size of a pod in a given setting will be related to regulations that apply to the childcare context with the principle of keeping pods as small as practical;
12. The current maximum adult-child ratios for children in full day care are 1-3 for those aged less than 1 year, 1 to 5 for those aged 1 year, 1-6 for 2-year olds and 1-8 for 3-6 year olds;
13. Bearing in mind that the goal is to keep pod size as small as is practical at all times and the above ratios the following are examples, but not specifications, regarding possible pod structures. A pod size of 8 to 12 (2 to 3 adults and 6 to 9 children) may be practical for children aged less than 1 year, a pod size of 12 to 18 (2 to 3 adults and 10 to 15 children) for children aged 1, a pod size of 14 (2 adults and 12 children) for children aged 2 years and a pod size of 18 (2 adults and 16 children) for children aged 3 to 6;
14. For sessional pre-school provision in the 2 years before school entry, the ratio is 1 to 11 and for school age childcare, the ratio is 1 to 12. In this context a practical pod size would be 24 (2 adults and 22 children) or 26 (2 adults and 24 children);
15. To the greatest extent possible children and adults should consistently be cared for /deliver care in the same pod although this will not be possible at all times;
16. Different pods should not share toys and should have separate breaks and meal times or separate areas at break and meal times;
17. Floating/relief staff members who move from pod to pod will be essential but this should be limited as much as possible and they should move between as few pods as possible and between a consistent group of pods. A single staff member who

moves between a large number of pods can generate a very large number of Contacts amongst other staff and children if they develop COVID-19. The risk associated with floating/relief staff members is reduced if they are vaccinated including booster vaccine when eligible.

18. Where practical, children from the same household should be in the same pod;
19. A record should be retained of the people (children and carers) in each pod on each day to facilitate Contact Tracing in the event of an episode of infection;
20. If childcare can be delivered effectively with a pod structure the pods may be separated from each other by light and/or transparent partitions of sufficient height to limit children interacting with each other. There is no requirement for solid partitions from floor to ceiling.
21. Face to face meetings of groups of people should be organised and take place in line with current public health guidance.

6. Physical distancing measures

1. In an Early Learning and Care or School Age Childcare setting, it is not possible to observe physical distancing from a child you are caring for and it is not practical to enforce physical distancing between children who are cared for as a group;
2. Sleeping cots should be arranged so that there is physical distance between groups of cots for children from different pods. Physical distance between cots from children in the same pod is not likely to be important if the children interact with each other when playing;
3. A distance of 2 metres is recommended for general physical distancing by the National Public Health Emergency Team. In the context of the controlled environment of a childcare facility the distance between cots and pods may be reduced to 1m if necessary for practical reasons but it should not be reduced to less than 1m.;
4. Stagger the use of canteen or other communal facilities to try to avoid crowding and in particular try to manage entry and exiting to avoid close contact in doors and hallways between children and adults from different pods;
5. Encourage outdoor activities as much as possible as the risk of spread of infection between people is much lower when they are outdoors;

6. In so far as consistent with comfort and security it is appropriate to increase ventilation by opening windows or doors when there is a group of people in a room or other indoor space.

7. Transport to and from childcare

1. Transport personnel should not attend for work if they have symptoms of COVID-19, or have symptoms of another infectious disease or if they have been advised to restrict their movements because they are COVID-19 contacts;
2. Transport personnel should be empowered to decline to transport a child who has obvious symptoms of an infectious disease;
3. The COVID-19 National Public Health Emergency Team recommends the use of surgical masks by people aged 9 years or older on public transport. This guidance is applicable in vehicles dedicated to transport of children to and from childcare settings where it does not pose a barrier to care. If the transport personnel are protected by a screen a mask is not required. If no screen is available and use of a mask is not practical, a visor can be expected to provide substantial protection from direct exposure to larger liquid particles although there is a consensus of expert opinion is that a visor does not provide protection equivalent to a mask;
4. Transport personnel should regularly perform hand hygiene;
5. Children should embark and disembark in a controlled way from the bus/car, that is one at a time and should perform hand hygiene on boarding;
6. Supplies of hand sanitizer, tissues, gloves or wipes and masks should be supplied on board the transport vehicle for staff and children to use as needed;
7. As children using transport are likely to be in different pods within the childcare facility as much distance as is practical should be maintained on the bus/car;
8. Where possible, children from the same play-pods should be seated together;
9. Contact surfaces within the bus/car should be cleaned with water and detergent at least daily and whenever there is visible contamination;
10. In so far as consistent with comfort and security it is appropriate to increase ventilation by opening windows.

8. Hygiene measures and cleaning regimes

1. Where possible teach children how to clean their hands and about respiratory hygiene;
2. Supply tissues and hand sanitisers / hand gel outside canteen, playrooms, and toilets and encourage children to use them. Hand sanitiser dispensers should be positioned safely to avoid risk of ingestion by young children;
3. Ensure hand-washing facilities, including soap and clean towels/disposable towels, are well maintained;
4. Hand sanitiser dispensers should be readily available in every room and hand wash sinks should be within easy walking distance;
5. Soap should be neutral and non-perfumed to minimise risk of skin damage;
6. Be aware of the risk of skin damage related to excessive hand hygiene or intolerance of particular hand hygiene products. Damaged skin is not only harmful to the child or adult but also it is far more difficult to decontaminate damaged skin;
7. Provide bins for disposal of tissues and make sure they do not overflow;
8. Increase the frequency and extent of cleaning regimes and ensure that they include:
    a. Clean regularly touched objects and surfaces using a household cleaning product (detergent);
    b. Pay particular attention to high-contact areas such as door handles, grab rails/ hand rails in corridors/stairwells, plastic-coated or laminated worktops:
        i. desks, access touchpads, telephones/keyboards in offices, and toilets/taps/sanitary fittings.
    c. Wear rubber gloves when cleaning surfaces, wash the gloves while still wearing them, then wash your hands after you take them off;
    d. Use of newer technologies e.g. fogger machines marketed for disinfection of surfaces are not recommended. They have not been shown to make children less likely to get sick than good cleaning and the application of standard disinfectants in situations where this is specifically required. Some novel approaches to disinfection may require specific precautions in their application to avoid risk of toxicity.

9. Staff should use surgical masks in indoor early learning and care settings when it is not possible to keep an adequate distance from other adults;
10. Staff should generally wear a surgical mask indoors when in close proximity to children. If wearing of a mask is barrier to meeting the learning and care needs of an individual child a staff member may judge that wearing of a mask is not appropriate. In such circumstances critical considerations include that all other recommended measures to manage the risk of spread of COVID-19 are in place, that the child does not have symptoms of COVID-19 and the staff member has had primary vaccination and booster (if eligible for booster). If a mask is not worn the staff member should consider using a clear visor that covers the entire face from above the eyes to below the chin and that folds around from ear to ear.
11. Surgical masks; The most important issue with any mask is that it is properly fitted so that it completely covers the nose and mouth and that it remains in place when you are close to other people. There are a number of different names in use for these masks such as medical masks, surgical masks and medical grade face masks. All of these mean the same thing. Cloth masks are not surgical masks. Surgical masks are generally made of 3 layers of light paper like material. They have to meet detailed technical specifications. The side of the mask near the face is almost always white. The outside is a different colour, usually blue. There is a band on or within the upper edge of the mask that is used to fit the mask over the nose. Surgical masks are usually attached with ear loops. A properly worn surgical mask offers better filtration than a cloth face mask. There is no specific time limit for how long one surgical mask can be remain in place however these masks are intended to be used once and the disposed of safely in a bin when they are removed. If a mask is removed to go on a break it should be disposed of in a bin and a fresh mask used after the break.
12. Additional information on use of surgical masks is available at the following link:
13. https://www2.hse.ie/conditions/covid19/preventing-the-spread/when-to-wear-face-covering/

9. Selection and management of toys from an infection prevention viewpoint

In line with existing national guidance it is recommended to:

1. Choose toys that are easy to clean and disinfect (when necessary) and dry;
2. In the context of the pandemic, the use of certain types of toys (e.g. soft toys, stuffed toys, play dough) needs to be considered carefully. If their use is considered important

for the children avoid sharing of items between children in so far as is practical; this is also a consideration when other infectious diseases are in circulation

3. Play dough should be replaced daily and soft toys should be washed regularly;
4. Although it is not clear that kinetic sand poses a specific risk a container should be allocated to one pod or to a limited number of pods and containers cleaned regularly. There is no requirement to change kinetic sand at specific intervals;
5. If soft toys /comfort blankets are essential for some children they should be personal to the child, they should not be shared and they must be machine washable;
6. Jigsaws, puzzles and toys that children are inclined to put in their mouths must be capable of being washed and disinfected;
7. Discourage children from putting shared toys into their mouths;
8. Store clean toys/equipment in a clean container or clean cupboard;
9. Always follow the manufacturer's cleaning instructions;
10. Always wash your hands after handling contaminated toys and equipment;
11. If groups or children are cared for in pods or if there are morning and afternoon groups in the same room avoid sharing of toys between groups to the greatest extent possible for example by having separate boxes of toys for each group;
12. If separate toy boxes are not possible toys must be cleaned between use by different pods;
13. Outdoor sand pits that are managed in keeping with current national guidance are unlikely to post a significant added risk for spread of COVID-19 if used by one pod of children at a time. There is no requirement to allow a specific interval between use of a sand pit by one pod and by a subsequent pod.

Further guidance is available at https://www.hpsc.ie/a-z/lifestages/childcare/.

10. Cleaning of Toys

1. All toys (including those not currently in use) should be cleaned on a regular basis, i.e. weekly. This will remove dust and dirt that can harbour infectious microorganisms;
2. Toys that are used by very young children should be washed daily;

3. Toys that children put in their mouths should be washed after use or before use by another child;
4. All toys that are visibly dirty or contaminated with blood or body fluids must be taken out of use immediately for cleaning or disposal. Toys waiting to be cleaned must be stored separately.

Cleaning Procedure

1. Wash the toy in warm soapy water, using a brush to get into crevices;
2. Rinse the toy in clean water;
3. Thoroughly dry the toy;
4. Hard plastic toys may be suitable for cleaning in the dishwasher;
5. Toys that cannot be immersed in water i.e. electronic or wind up should be wiped with a clean damp cloth and dried.

Disinfection procedure

In some situations toys/equipment may need to be disinfected following cleaning. For example:

1. Toys/equipment that children will place in their mouths;
2. Toys/equipment that have been soiled with blood or body fluids.

During an outbreak of infection

If disinfection is required:

1. Use a chlorine based disinfectant at a concentration of 1,000ppm available chlorine (See **https://www.hpsc.ie/a-z/lifestages/childcare** Appendix F on Chlorine Based Disinfectants);
2. Rinse and dry the item thoroughly;

3. **Note:** Always follow the manufacturer's cleaning/disinfecting instructions and use recommended products to ensure effective usage and to ensure equipment is not damaged.

11. Children with additional support or care needs

1. Physical distancing is not a requirement for children in early learning and care and school age childcare settings and may not be practical or reasonable to implement where children have personal care or assistance needs;
2. The focus should therefore be on emphasising that parents/guardians should have a heightened awareness of signs, symptoms or changes in baseline which might suggest COVID-19 or other infection and where symptoms are present, children should not attend for childcare;
3. Children who are unable to wash their hands by themselves should be assisted to clean their hands using either soap and water or a hand sanitiser (if their hands are visibly clean) as outlined previously;
4. If healthcare is provided to children in a childcare setting the childcare worker, nurse or healthcare assistant should follow the standard infection prevention and control practice for healthcare delivery;
5. Some children may have care needs (physical, emotional or sensory) which require the use of aids and appliance and/ or medical equipment for example toileting aids, moving and handling equipment, respiratory equipment. Where cleaning of aids and appliances is carried out in the childcare setting it is recommended that a cleaning schedule is provided, detailing when and how the equipment is cleaned and the cleaning products to be used in accordance with the manufacturers' instructions;
6. The following points can guide the development of such cleaning schedules:
    a. Equipment used to deliver care should be visibly clean;
    b. Care equipment should be cleaned in accordance with the manufacturer's instructions. Cleaning is generally achieved using a general-purpose detergent and warm water;

c. Equipment that is used for different children must be cleaned and, if required, disinfected immediately after use and before use by another child e.g. toileting aids.

7. If equipment is soiled with body fluids:
    a. First, clean thoroughly with detergent and water;
    b. Then disinfect by wiping with a freshly prepared solution of disinfectant;
    c. Rinse with water and dry.

12. Illness in a Child of Staff Members in the Childcare Facility

If a child or staff member is in the childcare facility at the time that they feel unwell and develop symptoms of infection

1. Have a plan for dealing with children and staff who become ill with symptoms of COVID-19 or an infectious disease. Make sure they know who to contact and where to go right away to self-isolate while they telephone their doctor or the occupational health service for medical advice;
2. Have a plan for how the setting will manage core services (for example accommodation, food, meals, laundry, cleaning, showers, toilets) in the event some of the staff become ill with COVID-19 or another infectious disease, or need to restrict their movements due to being a close contact of a COVID-19 case;
3. Ensure that childcare workers are aware of the plan to manage a child who may develop symptoms of COVID-19 or other infectious disease. Childcare workers should avail of all recommended vaccinations including COVID-19 to reduce the risk of caring for a child with infection.
4. Have a supply of masks (surgical and respirator masks) available in a readily accessible place for use if someone develops symptoms of COVID-19. Staff members caring for a sick child who is thought to have COVID-19 should wear a mask and increase ventilation in the room as much as is practical consistent with comfort and security.
5. If a child develops any symptoms of acute respiratory infection including cough, fever, or shortness of breath while in the care facility, a staff member will need to take them to the place that is planned for isolation. This should be a room if possible but if that

is not possible it should be a place 2m away from others in the room. The place chosen should if possible be one that can be ventilated by opening a window or door without compromising the comfort or security of the child. Physical separation and reasonable ventilation is enough to reduce risk of spread to others to a very large degree even if they are in the same room;

6. Note that a temperature of 38°C should not be discounted on the basis that a child is teething. For information on teething see the link below: https://www2.hse.ie/wellbeing/child-health/baby-teething-and-gums.html
7. Call their parent or guardian and ask them to collect their child as soon as possible:

    a. The childcare worker should minimise contact and maintain some distance in so far as this is compatible with meeting the needs of the child. They should wear a mask. Staff members may prefer to wear gloves in this situation although they are not necessary as the virus does not pass through skin. Whether gloves are worn or not it is essential to avoid touching your own nose, mouth or eyes while caring for a symptomatic child and to perform hand hygiene. If gloves are used, you must perform hand hygiene immediately after removal and safe disposal of gloves;
    b. Where possible and consistent with comfort and security the staff member should increase ventilation in the area;
    c. If a member of staff has helped someone with symptoms, they do not need to go home unless they develop symptoms themselves or unless they are subsequently advised to do so by public health.

8. If a staff member develops symptoms of acute respiratory infection including cough, fever or shortness of breath while in the care facility ask them to go home without delay and contact their GP by telephone:

    a. They should remain 2m away from others if possible;
    b. They should wear a mask and avoid touching people, surfaces and objects;
    c. If they must wait, then they should do so in an office or other area away from others and increase ventilation where possible, and consistent with comfort and security;

d. If they need to use toilet facilities they should wipe contact surfaces clean and clean their hands after attending the toilet.

9. In an emergency, call the ambulance, and explain that the child or staff member is unwell with symptoms of COVID-19;
10. The room will need to be cleaned and contact surfaces disinfected once they leave;
11. If they need to go to the bathroom whilst waiting for medical assistance, they should use a separate bathroom if available and it needs to be cleaned and contact surfaces disinfected before use by others;
12. There is no requirement to send everyone else in the pod or the staff working the pod home or to disseminate information to all parents at that point. The childcare service should continue to provide care for other children unless there is specific grounds for concern regarding an outbreak for example an unusual number of children or childcare workers with similar symptoms at the same time. If there is a specific concern regarding an outbreak the service should contact the Department of Public Health;
13. When a child who has needed to stay away from child care for a period is ready to return to childcare the parent/guardian should be asked to provide a brief written declaration that the they are satisfied that the child has recovered, that they have followed any medical advice given regarding staying away from childcare and that they have no reason to believe that the child now represents a particular infection risk to other children or to staff. Childcare workers should use their judgement also in considering if the child is well enough to return to childcare. It is not appropriate to require certification from a medical practitioner.

Note. If a child requires first aid in a childcare setting please see guidance from PHECC at the link below.
https://www.phecit.ie/PHECC/Publications_and_Resources/Newsletters/Newsletter_Items/2020/PHECC_COVID_19_Advisory_v1.aspx

13. What to do if you are informed that a child who attends your childcare setting has confirmed COVID-19

1. If you are informed that COVID-19 is diagnosed in a child who attends the facility it is important to confirm with the child's parents or guardians that they have a clear understanding of how long the child should stay away from childcare and that they know when it is appropriate for the child to return.
2. In the context of good practice as outlined in this guidance there is generally little additional action required in the childcare facility in response to a single case of COVID-19. Some additional cleaning may be required (see below)
3. Since September 27th 2021 there is no requirement for contact tracing outside of the household setting when a single case of COVID-19 is diagnosed in a child aged less than 13 outside of the household setting. This means that the Department of Public Health will not contact the service as a matter of course when a child attending the facility is diagnosed with COVID-19. If you have particular concerns about your facility e.g. number of cases or specific queries, the HSE CCF line is still available and public health teams will support as necessary. If there are particular concern regarding a childcare facility for example high numbers of infection or specific issues, the Department of Public Health may contact the childcare centre directly.
   Further details on these changes are available at
4. HTTPS://WWW.HPSC.IE/A-Z/RESPIRATORY/CORONAVIRUS/NOVELCORONAVIRUS/GUIDANCE/EDUCATIONGUIDANCE/FAQS%20FOR%20CHANGES%20TO%20CONTACT%20TRACING%20FOR%20CHILDREN.PDF
5. If contact tracing is not required and initiated by the Department of Public Health it is important that the childcare centre respect the right to privacy of children and families.

14. Advice on cleaning, laundry and disposal of rubbish

Liquid particles (droplets and smaller particles) carrying the virus that causes COVID-19 and other respiratory infections can fall from the air on to surfaces such as tabletops, toys, and other things that we touch. If people contaminate their hands while sneezing or coughing

they may contaminate surfaces by touching them. A person may become infected when they touch a contaminated object or surface and they then touch their own mouth, nose or eyes. For example someone may touch a contaminated door handle and then rub their eyes or put something in their mouth. The virus cannot grow on surfaces but it can survive if they are not cleaned. The virus gradually dies off over time and under most circumstances, the amount of infectious virus on any contaminated surfaces is likely to have decreased significantly by 72 hours. Regular cleaning of frequently –touched hard surfaces and of hands will therefore help to reduce the risk of infection.

Once a person with suspected COVID-19 is identified in a childcare setting all surfaces that the person has been in contact with should be cleaned and disinfected.

1. Cleaning is best achieved using a general-purpose detergent and warm water, clean cloths, mops and the mechanical action of wiping/scrubbing. The area should then be rinsed and dried;
2. The routine use of disinfectants is generally not appropriate but is recommended in specific circumstances where there is a higher risk of cross-infection for example someone has become ill with an infection such as COVID-19 whilst in the childcare facility or if there has been a spillage of blood, faeces or vomit. See Table 1;
3. Disinfectants are potentially hazardous and must be used with caution and according to the manufacturer's instructions. Surfaces and items must generally be cleaned before a disinfectant is applied as most disinfectants are inactivated by dirt however there are products that facilitate a combined cleaning and disinfection (2 in 1) process.

Table1. Cleaning options for childcare settings

	Routine	Post COVID case
Surfaces	Neutral detergent	Detergent AND 0.05% sodium hypochlorite OR Virucidal disinfectant
Toilets	Neutral detergent AND (optional) 0.1% Sodium Hypochlorite OR other virucidal disinfectant	Detergent and 0.1% sodium hypochlorite OR other Virucidal disinfectant
Cleaning equipment	Non –disposable cleaned at the end of cleaning session	Non-disposable cleaned and disinfected with 0.1% sodium hypochlorite OR other virucidal disinfectant
Personal protective equipment for cleaning staff	Uniform AND household gloves	Uniform AND plastic apron (if available) AND household gloves
Waste management	Domestic waste stream	Place in plastic bag and tie and leave for collection in the normal domestic waste stream

Adapted from Table 1. ECDC Technical Report. Disinfection of environments in healthcare and non-healthcare settings potentially contaminated with SARS-CoV-2. March 2020.

1. The manufacturer's instructions for mixing, using and storing solutions must always be followed;
2. Using excessive amounts of cleaning agents or disinfectant will not clean better or result in better disinfection but it may damage work surfaces, make floors slippery and give off unpleasant odours;
3. Water should be changed when it looks dirty, after cleaning bathrooms and after cleaning the kitchen;
4. Always clean the least dirty items and surfaces first (for example countertops before floors, sinks before toilets);
5. Always clean high surfaces first, and then low surfaces;
6. Separate colour coded cleaning cloths and cleaning equipment should be used for kitchen areas, classrooms and toilets;
7. Cleaning cloths can either be disposable or reusable. Disposable cloths should be disposed of each day;

8. Ideally, reusable cloths should be laundered daily on a hot wash cycle (at least 60°C) in a washing machine and then tumble dried;
9. Ideally, mop heads should be removed and washed in the washing machine at 60°C at the end of each day or in accordance with the manufacturer's instructions;
10. If a setting does not have a washing machine, after use the cloths and mops should be cleaned thoroughly with warm water and detergent, then disinfected using a low concentration of household bleach rinsed and air dried;
11. Mop heads/buckets should not be cleaned in a sink that is used for food preparation;
12. Mop heads should not be left soaking in dirty water;
13. Buckets should be emptied after use, washed with detergent and warm water and stored dry;
14. If equipment is stored wet, it allows some infectious microorganisms to grow increasing the risk of cross infection. Viruses such as the SARS-CoV-2 virus cannot grow in this setting;
15. Waste bins should be emptied on a daily basis.

Tips for cleaning/disinfecting rooms where a child or staff member with suspected or confirmed COVID-19 was present (see Table 1 above)

1. Once the room is vacated, the room should not be reused until the room has been thoroughly cleaned and disinfected and all surfaces are dry;
2. The person assigned to clean the area should avoid touching their face while they are cleaning and should wear household or disposable single use non-sterile nitrile gloves and a disposable plastic apron (if one is available);
3. Where possible open a window or door to provide ventilation while cleaning;
4. Clean the environment and the furniture using disposable cleaning cloths and a household detergent followed by disinfection with a chlorine based product such as sodium hypochlorite (often referred to as household bleach). Chlorine based products are available in different formats including wipes. Alternatively use a 2 in 1 process of cleaning and disinfection with a single product for example certain wipes;
5. If you are not familiar with chlorine based disinfectants then please refer to the HPSC Management of Infectious Diseases in Schools available at https://www.hpsc.ie/az/lifestages/schoolhealth/

6. Pay special attention to frequently touched flat surfaces, the backs of chairs, couches, door handles and any surfaces or items that are visibly soiled with body fluids;
7. Once the room has been cleaned and disinfected and all surfaces are dry, the room can be put back into use;
8. Carpets (if present) do not require special cleaning unless there has been a spillage however for ease of cleaning, it is preferable to avoid carpets in areas of a childcare facility where children are cared for.

Cleaning of communal areas if a person is diagnosed with COVID-19

If the child or adult diagnosed with COVID-19 spent time in a communal area like a play area or sleeping area or if they used the toilet or bathroom facilities, then these areas should be cleaned with household detergent followed by a disinfectant (as outlined above) as soon as is practicably possible.

1. Pay special attention to frequently touched sites including door handles, backs of chairs, taps of washbasins, toilet handles. Once cleaning and disinfection have been completed and all surfaces are completely dry, the area can be put back into use.

Laundry if a person is diagnosed with COVID-19

1. Laundry for example from cots should be washed at the highest temperature that the material can stand;
2. Items can be tumble dried and ironed using a hot setting/ steam iron if required;
3. Household/rubber gloves can be worn when handling dirty laundry and items should be held away from your clothing. The gloves can be washed prior to removal and dried for reuse. Hands should be washed thoroughly with soap and water after removing the gloves;
4. If gloves are not available, hands should be washed thoroughly after handling laundry.

Managing rubbish if a person is diagnosed with COVID-19

1. All personal waste including used tissues and all cleaning waste should be placed in a plastic rubbish bag. The bag should be closed securely and placed with other domestic waste;

15. Key Good Practice Points for Staff Members

1. If you have not already done so get all vaccines recommended for you including COVID-19 vaccination and booster when eligible.
2. Follow the general public health measures to keep yourself safe from infection, including assessing the risk of you acquiring COVID-19 or other infectious diseases when you meet with other people, and take steps to reduce these risks (vaccination, hand hygiene, ventilation, mask use where appropriate), in line with the advice that prevails at that time.
3. Do not attend for work if you have symptoms of COVID-19 or other infectious disease.
4. If you are considering travel outside of Ireland follow Government advice and note in particular advice to restrict movement on return.
5. Avoid touching your eyes, nose and mouth, respiratory viruses need access to these body sites in order to cause infection.
6. Use masks as advised above and clean your hands regularly using an alcohol-based hand rub (if hands are not visibly soiled) or by washing with soap and water.
7. Observe respiratory hygiene and cough etiquette for example when coughing and sneezing, cover your mouth and nose with a tissue. Discard the tissue immediately into a closed bin and clean your hands with alcohol-based hand rub or soap and water.
8. If you do not have a tissue cough into your upper arm or the crook of your elbow -do not cough into your hand.

ENDS