

## COVID 19 POLICY & PROCEDURE FOR CMN

Creative Minds Nurseries follow the guidance stated in the DFE document “Actions for Early Years and Childcare providers during the COVID 19 Pandemic”. This GUIDANCE is to reduce the risk of transmission of coronavirus (COVID-19) in early year settings. This includes public health advice, endorsed by Public Health England (PHE).

As COVID-19 becomes a virus that we learn to live with, there is now an imperative to reduce the disruption to children’s education - particularly given that the direct clinical risks to children are extremely low, every adult has been offered the opportunity for two doses of the vaccine, and all children aged 12 and over are now eligible for vaccination.

Our priority is to deliver face-to-face, high quality education and childcare to all children attending our settings. The evidence is clear that being out of education and childcare causes significant harm to educational attainment, life chances, mental and physical health.

It is important that we all take steps to reduce the spread of coronavirus (COVID-19) infection in the community to save lives.

### SYMPTOMS

The most important symptoms of COVID-19 are recent onset of any of the following:

- a new continuous cough
- a high temperature
- a loss of, or change in, your normal sense of taste or smell (anosmia)

For most people, COVID-19 will be a mild illness. However, if someone has any of the symptoms above, or a positive test result should stay at home and self-isolate immediately. If you have symptoms of COVID-19, you should arrange to have a PCR test as soon as possible. This still applies even if you have received one or more doses of COVID-19 vaccine. **If you have been vaccinated with a COVID-19 vaccine, you are less likely to catch COVID-19, and to become severely ill if you do catch it. You are also less likely to spread COVID-19 to other people, but it is still possible for this to happen.**

We have contingency plans, outlining what to do if children or staff test positive for COVID-19, or how to operate if we were advised to take extra measures to help break chains of transmission.

All children and staff travelling to England must adhere to [travel legislation](#), details of which are set out in [government travel advice](#). Parents and carers should bear in mind the impact on their child’s learning and development which may result from any requirement to quarantine or isolate upon return.

We aim to comply with health and safety law and put in place proportionate control measures. We regularly review and update our risk assessments - treating them as ‘living documents’, as the circumstances in our settings and the public health advice changes. This

includes having active arrangements in place to monitor whether the controls are effective and working as planned.

Social distancing measures ended in the workplace on 19 July 2021. We are no longer working in small bubbles, however according to our contingency plans, it may become necessary to reintroduce keeping groups apart for a temporary period.

Any decision to recommend the reintroduction of keeping groups apart would not be taken lightly and would take account of the detrimental impact they can have on the delivery of education and childcare.

Close contacts in early years settings are now being identified by NHS Test and Trace and education, and childcare settings will no longer be expected to undertake contact tracing.

As with positive cases in any other setting, NHS Test and Trace will work with the positive case to identify close contacts. Contacts from a setting will only be traced by NHS Test and Trace where the positive case and/or their parent or carer specifically identifies the individual as being a close contact.

**Individuals are not required to self-isolate if they live in the same household as someone with COVID-19, or are a close contact of a positive COVID-19 case, and any of the following apply:**

- **they are fully vaccinated.**
- **they are below the age of 18 years 6 months**
- **they have taken part in or are currently part of an approved COVID-19 vaccine trial**
- **they are not able to get vaccinated for medical reasons**

Instead they will be contacted by NHS Test and Trace, informed they have been in close contact with a positive case and advised to take a [PCR test](#). We would encourage all individuals to take a PCR test if advised to do so.

Staff who do not need to self-isolate, and children who usually attend the setting, and have been identified as a close contact, should continue to attend the setting as normal.

Face coverings are no longer recommended for staff and visitors in corridors or communal areas. Face coverings should be worn in crowded and enclosed spaces where you may come into contact with people you don't normally meet. This includes public transport. If there are a substantial increase in the number of positive cases in the setting we may advise that face coverings should temporarily be worn in communal areas by staff and visitors (unless exempt).

## **CONTROL MEASURES**

We at CMN :

1. ensure good hygiene for everyone
2. maintain appropriate cleaning regimes
3. keep occupied spaces well ventilated
4. follow public health advice on testing, self-isolation and managing confirmed cases of COVID-19

### **1. Ensure good hygiene for everyone**

#### **Hand hygiene**

Frequent and thorough hand cleaning is now regular practice. We ensure that children clean their hands regularly. This can be done with soap and water or hand sanitiser.

#### **Respiratory hygiene**

The 'catch it, bin it, kill it' approach continues to be very important.

#### **Use of personal protective equipment (PPE)**

Most staff in settings will not require PPE beyond what they would normally need for their work.

### **2. Maintain appropriate cleaning regimes, using standard products such as detergents**

We have put in place and maintained an appropriate cleaning schedule. This includes regular cleaning of areas and equipment (for example, twice per day) with a particular focus on frequently touched surfaces.

We follow PHE guidance on [COVID-19: cleaning of non-healthcare settings outside the home](#).

### **3. Keep occupied spaces well ventilated**

When our setting is in operation, we ensure it is well ventilated and that a comfortable environment is maintained.

We have identified any poorly ventilated spaces as part of our risk assessment and taken steps to improve fresh air flow in these areas, giving particular consideration when holding events where visitors such as parents are on site, for example for a show or play.

Where it is safe to do so, opening external windows can improve natural ventilation and, in addition, opening internal doors, can also assist with creating a throughput of air. If necessary, external opening doors may also be used (if they are not fire doors and where safe to do so).

We try to balance the need for increased ventilation while maintaining a comfortable temperature.

#### **4. Follow public health advice on testing, self-isolation and managing confirmed cases of COVID-19**

##### **When an individual develops COVID-19 symptoms or has a positive test**

Children, staff and other adults should follow public health advice on [when to self-isolate and what to do](#). They should not come into the setting if they have [symptoms of coronavirus \(COVID-19\)](#) or other reasons requiring them to stay at home due to the risk of them passing on COVID-19 (for example, they are required to quarantine). If anyone in our setting develops [symptoms of coronavirus \(COVID-19\)](#), however mild, they would be sent home and they should follow public health advice. For everyone with symptoms, they should avoid using public transport and, wherever possible, be collected by a member of their family or household. If a child is awaiting collection, appropriate PPE should be used if close contact is necessary. Further information on this can be found in [use of PPE in education, childcare and children's social care](#). Any rooms they use should be cleaned after they have left.

The household (including any siblings) should follow PHE's [stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection](#).

##### **Asymptomatic testing**

Testing remains important in reducing the risk of transmission of infection within settings. That is why, while some measures are relaxed, others will remain, and if necessary, in response to the latest epidemiological data, we all need to be prepared to step measures up or down in future depending on local circumstances.

Staff should continue to test weekly at home with rapid lateral flow device (LFD) test kits. Testing remains voluntary but is strongly encouraged.

Early years children are not included in the rapid testing programme. PHE has advised there are limited public health benefits attached to testing early years children with [rapid lateral flow coronavirus \(COVID-19\) tests](#). Young children may find the rapid lateral flow testing process unpleasant and are unable to self-swab.

##### **Confirmatory polymerase chain reaction (PCR) tests**

Staff and children with a positive rapid lateral flow test result should self-isolate in line with [COVID-19: guidance for households with possible coronavirus infection](#).

They will also need to [get a free PCR test](#) to check if they have COVID-19.

While awaiting the PCR result, the individual should continue to self-isolate.

If the PCR test is taken within 2 days of the positive rapid lateral flow test, and is negative, it overrides the rapid lateral flow test and they can return to the setting, as long as the individual does not have [COVID-19 symptoms](#).

##### **Admitting children back to the setting**

A child with [symptoms](#) should not attend the setting, given the potential risk to others. If a parent or carer insists on a child attending the setting, we can take the decision to refuse the child if, in our reasonable judgement, it is necessary to protect other children and staff from possible infection with COVID-19.

Updated 1<sup>st</sup> October 2021