



Covid-19 Protective Measures Policy

For Fizzy Fish to remain open to all families, there are a number of measures we need to take to help prevent the spread of Covid-19.

The following advice, specified by the government, has been taken into account when writing and updating this policy: 11th May 2020, 23rd June 2020, 14th July 2020, 7 September 2020, 16 October, 5 November, 14 December and the roadmap to ease restrictions on 12 April, 17 May and in response to the hold on the easing of restrictions from 21 June (delayed until 19 July).

Effective infection protection and control

There are important actions that children and young people, their parents and those who work with them can take during the coronavirus outbreak, to help prevent the spread of the virus.

In all education, childcare and social care settings, preventing the spread of coronavirus involves dealing with direct transmission (for instance, when in close contact with those sneezing and coughing) and indirect transmission (via touching contaminated surfaces). A range of approaches and actions will be employed to do this. These can be seen as a hierarchy of controls that, when implemented, creates an inherently safer system, where the risk of transmission of infection is substantially reduced. These include:

- minimising contact with individuals who are unwell by ensuring that those who have coronavirus symptoms, or who have someone in their household who does, do not attend childcare settings, schools or colleges
- cleaning hands more often than usual - wash hands thoroughly for 20 seconds with running water and soap and dry them thoroughly or use alcohol hand rub or sanitiser ensuring that all parts of the hands are covered
- ensuring good respiratory hygiene - promote the 'catch it, bin it, kill it' approach
- cleaning frequently touched surfaces often using standard products, such as detergents and bleach
- minimising contact and mixing by altering, as much as possible, the environment (such as classroom layout) and timetables (such as staggered break times).

Personal protective equipment (PPE) including face coverings and face masks

Wearing a face covering or face mask in schools or other education settings is not recommended. Face coverings may be beneficial for short periods indoors where there is a risk of close social contact with people you do not usually meet and where social distancing and other measures cannot be maintained, for example on public transport or all shops. This does not apply to schools or other education settings. Schools and other education or childcare settings should therefore not require staff, children and learners to wear face coverings. Changing habits, cleaning and hygiene are effective measures in controlling the spread of the virus. Face coverings (or any form of medical mask where instructed to be used for specific clinical reasons) should not be worn in any circumstance by those who may not be able to handle them as directed (for example, young children, or those with special educational needs or disabilities) as it may inadvertently increase the risk of transmission.

The majority of staff in education settings will not require PPE beyond what they would normally need for their work, even if they are not always able to maintain a distance of 2 metres from others. PPE is only needed in a very small number of cases including:



- children, young people and students whose care routinely already involves the use of PPE due to their intimate care needs should continue to receive their care in the same way
- if a child, young person or other learner becomes unwell with symptoms of coronavirus while in their setting and needs direct personal care until they can return home. A face mask should be worn by the supervising adult if a distance of 2 metres cannot be maintained. If contact with the child or young person is necessary, then gloves, an apron and a face mask should be worn by the supervising adult. If a risk assessment determines that there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection should also be worn.

Education, childcare and children's social care settings and providers should use their local supply chains to obtain PPE. Where this is not possible, and there is unmet urgent need for PPE in order to operate safely, they may approach their nearest [local resilience forum](#).

Lateral Flow Tests

- Asymptomatic testing is available to EY staff. Settings are provided with lateral flow device test kits with which staff can self-swab. Staff are asked to take test kits home and carry out the test twice a week. Staff must report their result to NHS Test and Trace as soon as the test is completed, either online or by telephone as per the instructions in the home test kit. Staff should also share their result with the manager to help with contact tracing. However, testing is not mandatory and staff do not need to provide proof of a negative test result to work, although participation in testing is strongly encouraged.
- Staff with a positive test result will need to self-isolate in line as per guidelines and will also need to arrange a polymerase chain reaction (PCR) test to confirm the result. Staff with a negative test result can continue to attend school or nursery and use protective measures.
- The asymptomatic testing programme does not replace the current testing policy for those with symptoms. Anyone with symptoms (even if they recently had a negative LFD test result), should still self-isolate immediately according to government guidelines. Those with symptoms are also expected to order a test online or visit a test site to take a polymerase chain reaction (PCR) test to check if they have the virus.

Clinically Extremely Vulnerable and Clinically Vulnerable children and young people

For the vast majority of children and young people, coronavirus is a mild illness. Children and young people (0 to 18 years of age) who have been [classed as clinically extremely vulnerable due to pre-existing medical conditions](#) have been advised to shield. We do not expect these children to be attending school or college, and they should continue to be supported at home as much as possible. Clinically vulnerable (but not clinically extremely vulnerable) people are those considered to be at a higher risk of severe illness from coronavirus. A small minority of children will fall into this category, and parents should follow medical advice if their child is in this category.

Clinically Extremely Vulnerable and Clinically Vulnerable adults

Clinically extremely vulnerable individuals are advised not to work outside the home. We are strongly advising people, including education staff, who are clinically extremely vulnerable (those with serious underlying health conditions which put them at very high risk of severe illness from coronavirus and have been advised by their clinician or through a letter) to rigorously follow shielding measures in order to keep themselves safe. Staff in this position are advised not to attend work. Read [COVID-19: guidance on shielding and protecting people defined on medical grounds as extremely vulnerable](#) for more advice.



Clinically vulnerable individuals who are at higher risk of severe illness (for example, people with some pre-existing conditions as set out in the [Staying at home and away from others \(social distancing\) guidance](#) have been advised to take extra care in observing social distancing and should work from home where possible. Education and childcare settings should endeavour to support this, for example by asking staff to support remote education, carry out lesson planning or other roles which can be done from home. If clinically vulnerable (but not clinically extremely vulnerable) individuals cannot work from home, they should be offered the safest available on-site roles, staying 2 metres away from others wherever possible, although the individual may choose to take on a role that does not allow for this distance if they prefer to do so. If they have to spend time within 2 metres of other people, settings must carefully assess and discuss with them whether this involves an acceptable level of risk.

Living with a Clinically Extremely Vulnerable and Clinically Vulnerable person

Adults, children and young people who live with someone who is vulnerable, but who are not vulnerable themselves, should still attend their workplace, settings or school.

Class or group sizes

We know that, unlike older children and adults, early years and primary age children cannot be expected to remain 2 metres apart from each other and staff. In deciding to bring more children back to early years and schools, we are taking this into account. Schools should therefore work through the hierarchy of measures set out below:

- avoiding contact with anyone with symptoms
- frequent hand cleaning and good respiratory hygiene practices
- regular cleaning of settings
- minimising contact and mixing

It is still important to reduce contact between people as much as possible, and we can achieve that and reduce transmission risk by ensuring children, young people and staff where possible, only mix in a small, consistent group and that small group stays away from other people and groups.

Public Health England (PHE) is clear that if early years settings, schools and colleges do this, and crucially if they are also applying regular hand cleaning, hygiene and cleaning measures and handling potential cases of the virus as per the advice, then the risk of transmission will be lowered.

Where settings can keep children and young people in those small groups 2 metres away from each other, they should do so. While in general groups should be kept apart, brief, transitory contact, such as passing in a corridor, is low risk.

For pre-school children in early years settings, the staff to child ratios within [Early Years Foundation Stage](#) (EYFS) continue to apply as set out here, and we recommend using these to group children.

Government guidance dated 14 December states that 'providers are expected to ensure that there are no more than 20 children in a single group in an early years setting. Providers can have several groups of up to 20 children if EYFS ratios and EYFS space requirements allow. While 20 children is the maximum in a group, keeping groups to 8 children, while adhering to EYFS ratios, is preferable so groups are as small as possible.'

Children should attend just one pre-school setting wherever possible and parents should be encouraged to minimise as far as possible the number of education and childcare settings their child attends. Childminding settings should consider how they can work with parents to agree how



best to manage any necessary journeys, for example pick-ups and drop-offs at schools, to reduce the need for a provider to travel with groups of children.

Each setting's circumstances will be slightly different. Any setting that cannot achieve these small groups at any point should discuss options with their local authority or trust. This might be because there are not enough classrooms or spaces available in the setting or because they do not have enough available teachers or staff to supervise the groups. Solutions might involve children attending a nearby school. If necessary, settings have the flexibility to focus first on continuing to provide places for priority groups and then, to support children's early learning.

With this information in mind, we will impose the following:

We will carry out a full risk assessment and apply any changes to our current working practices as needed.

All the children will be split into bubbles (groups) and they will be assigned key workers who will deal with all their needs during their time in the setting.

The bubbles, in each setting, will be kept separate from other bubbles as much as possible. In the nursery this will mean staying in their designated room when they not in the garden or eating. At the Pre-School and Peter Gladwin, the bubbles will be kept apart as much as possible by utilising the indoor and outdoor space at separate times.

Baby bubble

There will be a maximum of 9 children mixing each day and a maximum of 12 children mixing across the week. These children will mix with 3 members of staff across the week

Toddler bubble

There will be a maximum of 16 each day and 20 across the week. These children will mix with 6 members of staff across the week.

Pre-school bubble

There will be a maximum of 20 each day and 30 across the week. These children will mix with 5 members of staff across the week including our lunchtime assistant.

Peter Gladwin bubble

There will be a maximum of 16 each day and 20 across the week. These children will mix with 5 members of staff across the week including our lunchtime assistant.

Please note that in addition to the above Lou and Sian will attending all settings across the week to help where required. Karen continues to work from home.

Children

At breakfast and tea, the children will all eat together as long as numbers allow. Lunch and snacks will be split into two sittings as the numbers are at their maximum during these times. Tables and chairs will be cleaned thoroughly after each sitting to avoid any risk of infection.

As the bubbles have increased in size staff will have lunch breaks away from the children.

Parents and staff will be encouraged to travel to the settings via car, bike or walking and avoid public transport if able. If public transport is used, they will be encouraged to wear face masks.

Only one parent should bring their child to the setting.

Parents will not be allowed into the settings and must hand over their child or children over at the main entrance of the setting.



Any other parents arriving at the same must socially distance themselves from other parents and remain at least 2 metres apart.

The child's temperature will be taken on arrival and entrance will be refused if their temperature is above 37.8°C. The child's temperature will be recorded on the register if above 37.8 °C.

All children must bring a supply of clothing that can be used if clothes become soiled. Carrier bags must also be supplied. If either are not brought in each day then unfortunately entrance to the setting will be refused.

Parents must apply sun cream to their child/ren before attending their session, if the weather requires. We will apply more sun cream later in the day if needed.

Children must not bring items from home into the setting unless absolutely essential for their well-being. Where this is the case, items should be clean and in a separate bag in their back pack. Parents will be asked to take unwanted items away.

Children and staff will be asked to wash their hands on their arrival. They will continue to wash hands regularly throughout the day, especially before and after eating, and after sneezing or coughing. Staff will also wash their hands if physical contact has been made with a child or their belongings.

Hand sanitiser will be made available, especially in rooms where a sink cannot be accessed. Disposal paper towels will continue to be used for drying hands.

Children will be encouraged not to touch their mouths, eyes or noses and if they do they will be taken to wash their hands following the hand washing procedures.

Tissues will be used for coughing and sneezing. These will be disposed of in the allocated bin in each area. The bins will be lined with a plastic bag and the bags will be removed throughout the day and disposed of in the nappy dustbin.

We will remove all unnecessary items, soft furnishing, soft toys and toys that are hard to clean from the settings.

Surfaces that children and staff are touching, such as toys, books, tables, chairs, doors, sinks, toilets, light switches, bannisters will be cleaned on a regular basis.

Where possible, doors and windows will be left open to aid ventilation.

All children's and staff's clothing should be washed after each day in a setting.

The number of children going into toilet areas will be limited.

Children will spend as much time outside as possible and we will try to keep them separate from other bubbles.

Outdoor public places may be accessed by small groups adhering to two metre distancing from other people, in line with guidelines and do not need to be limited to 6 people, provided we remain within the EYFS staff child ratios, and a risk assessment is carried out which demonstrates that staff & children can remain socially distant (2 metres) from other people and groups, wherever possible. Staff will ensure that hygiene is maintained throughout & thorough handwashing happens before and after the trip.

Outdoor equipment will be cleaned before the next bubble uses it.

Staff will be encouraged to limit the use of pens, iPads, PC, keyboards etc if they aren't able to be wiped down before use.

Visitors



In instances where essential professionals such as social workers, speech and language therapists or counsellors, or other professionals are needed to support delivery of a child's EHC plan, we will assess whether professionals need to attend in person or can do so virtually.

If they need to attend in person, they are informed in advance of the latest COVID-19 safety arrangements and guidelines to follow, relevant to our settings, and the number of attendances is kept to a minimum.

The professional should also have completed their own risk assessment that they can share with our setting in advance.

A record is kept of all visitors which follows the guidance on maintaining records of staff & visitors to support NHS Test & Trace (date & time of visit, name & contact details, who they interacted with).

Non-essential visitors will not be able to enter our settings.

What happens if a child or staff member is sent home with suspected Covid-19 symptoms?

If a child or member of staff becomes unwell with a new, continuous cough or high temperature in a setting, they will be sent home and should follow the self-isolation rules. If someone is coming to collect them, the person should wait in an area away from others and preferable in an open area. Obviously, a child will need to be supervised and the staff member will need to wear disposable gloves, mask and apron if physical contact is needed. Once a child has been collected or the member of staff has gone home, all the areas where that person has been in that day, will be cleaned and disinfected using standard cleaning products. Any PPE used will be disposed of in the nappy dustbin and the hands of those who have cleaned will wash their hand thoroughly

When a child or staff member shows symptoms of Covid-19, however mild, they should self-isolate for 10 days and members of their household should also self-isolate for 10 days. All children in education, their household members and staff have access to testing and are strongly encouraged to get tested. Tests can be booked via the 111 online coronavirus service for the over 5's. For children under 5 parents should call 111.

If the test comes back negative, they can return to the setting as soon as they are 48 hours symptom free and well. The rest of their household can stop isolating as long as they are well.

The Confidentiality Policy is followed at all times - this includes withholding the names of staff, volunteers and children with either confirmed or suspected cases of coronavirus. We will engage with the NHS Test & Trace procedure where a child or member of staff is symptomatic or has been diagnosed. We will report confirmed staff cases to the H&S Team via the online incident reporting system and to Ofsted.

What happens if there is a confirmed case of coronavirus in a setting?

When a child or staff member tests positive, NHS Test and Trace activity will begin. If multiple cases are detected in the setting, local Health Protection Teams will conduct further investigations and advise all households and settings as to whether they need to self-isolate and/or be tested. The other household members of the positive person only need to self-isolate for a 10 day period. Again, everyone is entitled to be tested if they develop symptoms. If someone in the group that has been asked to self-isolate develops symptoms themselves within their 10 day isolation period, they should follow [COVID-19: guidance for households with possible coronavirus infection](#). They should get a test, and:

- if the test delivers a negative result, they must remain in isolation for the remainder of the 10 day isolation period. This is because they could still develop the coronavirus (COVID-19) within the remaining days



- if the test result is positive, they should inform the setting immediately, and should isolate for at least 10 days from the onset of their symptoms (which could mean the self-isolation ends before or after the original 10 day isolation period). Their household should self-isolate for at least 10 days from when the symptomatic person first had symptoms, following [COVID-19: guidance for households with possible coronavirus infection](#)
- Settings should not request evidence of negative test results or other medical evidence before admitting children or welcoming them back after a period of self-isolation
- As an extra precaution Public Health England (PHE) is now advising close contacts to get a COVID-19 PCR test. This should be arranged as soon as possible within the 10-day isolation period for children and staff. If parents/carers do not wish to test their child, then the adult carers of this child can alternatively take a PCR test. Note that the adult carer taking the test does not need to isolate unless they get a positive result as they are not a close contact. If the child/adult carer has had a positive PCR test within the last 90 days, they do not need to get another test unless they have new symptoms.
- Brighton and Hove City Council have a web page with details of support which may be available for those who are asked to self-isolate. This can be found at <https://www.brighton-hove.gov.uk/request-help-yourself-or-someone-else> and should be made available to all parents and carers.

We will follow the Covid-19 Cleaning in Non-Healthcare Settings guidance after a child or staff member with suspected or confirmed coronavirus has left the setting.

This document is a working document and will be reviewed and updated as changes are received from Government.



Reference documents:

<https://www.gov.uk/government/publications/our-plan-to-rebuild-the-uk-governments-covid-19-recovery-strategy>

<https://www.gov.uk/government/publications/actions-for-educational-and-childcare-settings-to-prepare-for-wider-opening-from-1-june-2020/actions-for-education-and-childcare-settings-to-prepare-for-wider-opening-from-1-june-2020>

<https://www.gov.uk/government/publications/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings>

<https://www.gov.uk/government/publications/closure-of-educational-settings-information-for-parents-and-carers/reopening-schools-and-other-educational-settings-from-1-june>

<https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings>

<https://www.gov.uk/government/publications/coronavirus-covid-19-early-years-and-childcare-closures/coronavirus-covid-19-early-years-and-childcare-closures>

<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>

<https://www.brighton-hove.gov.uk/covid-19-key-statistics-brighton-hove/current-alert-level-and-guidance>

<https://www.brighton-hove.gov.uk/request-help-yourself-or-someone-else>

Review and update details

Date	R	U	Details	Q	Latest version
5/2/21	√	√	Updated and reflects current Covid requirements.	√	Issue 8/Feb 21
22/4/21	√	√	Updated and reflects current Covid requirements		
21/6/21	√	√	Updated and reflects current Covid requirements		

R = policy reviewed, U = policy updated, Q = quiz issued to staff. Please tick the relevant boxes.

Note: A quiz should be issued for new or updated policies and at least once a year.