

Coronavirus (COVID-19): Guidance on reducing the risks from COVID-19 in Early Learning and Childcare Settings

Non-statutory guidance to support the continued safe operation of Early Learning and Childcare (ELC) settings.

Version 15

Published 7 January 2022

This document is uncontrolled when printed. Before use check the gov.scot page to verify this is the current version

Index: Practical Guidance for reducing the risks from COVID-19 in ELC Settings

- Introduction
- Scotland's Strategic framework
- Supporting the Workforce to be confident and safe
- Routine Asymptomatic testing of ELC Staff
- Testing – Childminders
- Staff Wellbeing and Professional Learning Support
- Children's wellbeing, nurture and experiences
- Communication
- COVID-19 Guidance
- Updating service status
- Risk Assessments
- Home working
- Support for specific groups:
 - Shielding and clinically at risk
 - Support for those who have underlying health conditions
 - Considerations related to pregnancy
 - Support for children with Additional Support Needs
- Infection Prevention and Control:
 - Cleaning practices
 - Temperature and ventilation
 - Enhanced hygiene
 - Tooth brushing
 - Personal Protective Equipment (PPE)
- International travel
- Staying vigilant and responding to COVID-19 symptoms
 - Test and Protect
 - Outbreak and case management
 - Surveillance
 - Student placements
- Limiting children's contacts
- Limiting staff contact with each other
- Maximising use of outdoor spaces
- Short local excursions which promote outdoor learning and day visits
- Singing, music and drama
- Physical Distancing (between adults in the setting, including parents at drop-off and pick-up times)
- Use of Face Coverings
- Drop-off and pick-up
- Settling In
- Visitors to the setting

- Moving within and between settings
- Evacuation Procedures
- Sharing Premises
- Blended placements
- Provision of meals and snacks
- Considerations in applying the guidance
- Capacity
- Physical capacity
- Staffed capacity
- Hours of opening
- Financial Impact
- Allocation of places
- Summary of Useful Resources

INTRODUCTION

Who this guidance is for

This guidance is for the early learning and childcare (ELC) sector, and aims to help settings operate safely during coronavirus.

It applies to all providers of registered day care of children's services who provide care to children under primary school age, including:

- nurseries
- playgroups
- family centres
- creches

It also applies to fully outdoor services for children aged 5 and under.

1. BACKGROUND

1.1 We know there are challenges in delivering services in the evolving COVID-19 situation in Scotland, including Early Learning and Childcare (ELC). In line with [Realising the Ambition](#), our focus must be on supporting children to form a secure and emotionally resilient attachment base which will stand them in good stead as they grow and develop. Nurturing and attached relationships are essential to creating the conditions for children to flourish in ELC.

1.2 All children have a right to play, to learn and to access experiences that meet their physical, social, emotional and cultural needs, and they have a right to associate with their peers. In line with Scotland's commitment to [Getting It Right For Every Child](#), children also have the right to the best possible health, with their best interests a top priority in all decisions and actions that affect them. Adults, of course, also have fundamental rights in relation to their health and wellbeing. These important rights and considerations have all been factored into the development of a framework for delivering ELC services.

1.3 While the vaccination of adults has changed the relative rates of transmission, current evidence suggests that younger children remain at lower risk of clinical disease from COVID-19 than are older children and adults. There is no evidence of any difference in the risk of severe COVID-19 among pre-school, primary and secondary school teachers, relative to other adults of a similar age.

1.4 However, as the First Minister [has said](#), we currently face a renewed and severe challenge resulting from the emergence of the new Omicron variant, which is more transmissible and spreads faster than previous variants. ELC settings must therefore place very high priority on reinforcing **all** of mitigations set out in this guidance, and ensuring **all** staff are aware of their own responsibilities in applying it. This is particularly important in relation to any areas of the guidance which have changed (see 1.8 below). Given the evidence of risk, the First Minister's statement on 10 December also highlighted the importance of minimising unnecessary

contacts, especially in crowded places, and to consider deferring events such as staff parties. This is aligned with recent Public Health Scotland (PHS) [advice](#).

1.5 Within the context of the Omicron variant, the Advisory Sub-group on Education and Children's Issues and senior clinicians have provided advice on the changes in this guidance based upon the latest clinical and public health assessment of the situation, and a four harms assessment. Following that advice, Ministers decided that strengthening mitigations at this stage is important and necessary as part of a society-wide drive to minimise transmission.

1.6 This guidance provides principles to help you make decisions based on the best available evidence to help you operate in a changed context. It will not provide the specific answer to every circumstance which may arise, but it will provide the basis upon which you can use your professional judgement to make a decision.

1.7 If the circumstances of the epidemic in Scotland change, further changes to public health measures may be required and will be clearly notified to the sector. The Scottish Government will engage with sector representatives to ensure that any immediate changes are communicated to the sector as quickly as possible.

- Please be aware that public health advice will evolve over time and you should check online to make sure you are working to the most recent version of this guidance.

1.8 **This is version 15 of the guidance published on 6 January 2022.** This version has updates as follows:

- A revised approach to self-isolation for high risk contacts from 6 January 2022 taking account of the latest advice and progress with the booster programme;
- The addition of a new section on vaccination;
- Update to the self-isolation exemption for public services as this only applies to those people who were isolating before 6 January 2022, given the changes to the self-isolation policy;
- The section on testing has been revised to reflect the latest advice; and
- An addition to the section on cleaning practices covering sand.

1.9 **Version 14 of the guidance was published on 23 December 2021.** It contained a new section on the self-isolation exemption for essential public services.

1.10 **Version 13 of this guidance was published on 17 December 2021. In light of the Omicron variant settings are encouraged to apply this guidance as soon as it is feasible to do so.** This version reflects changes to the wording of previous guidance to reinforce:

- Actions to minimise child to child and staff to staff contact through the use of groupings in indoor spaces, wherever that is possible. The general approach should be to minimise the size of groups as far as possible and limit movement between groups unless that is absolutely necessary. Managers or

Head Teachers are best placed to judge how these should be applied within their settings;

- Visits to settings by parents: 'virtual' visits should be the norm for meetings with parents. However, where it may be in the best interests of children for a parent or carer to attend in person, this should be considered on a case by case basis.
- Visits to settings by specialist staff: visits for specialist staff will continue to be allowed but staff should follow the guidance on testing and ensure that they follow all the infection prevention and control measures set out in this guidance.
- Movement of staff across settings. Peripatetic or agency staff can still be used but staff and managers are strongly encouraged to minimise working across settings wherever possible, particularly if there is an outbreak in one.

In addition, we updated the following sections to reflect the latest advice:

- Latest advice for those on the highest risk list,
- Ventilation: the section has been reviewed and is aligned to that in the COVID-19 guidance for schools. Local authorities should re-assess their current arrangements to ensure they have enough devices to allow every learning, teaching and play space to be assessed for a minimum of one full day per week under normal occupancy,
- Setting out the new position on self isolation (as of 10 December) whereby children of all ages will be required to self-isolate if they are a household contact of a positive case (**this position has been updated in this version 15 of the guidance**),
- Updated guidance on day visits to encourage settings to exercise caution about arranging visits at this time,
- Updated text on asymptomatic testing, specifically the processes to be followed when distributing test kits,
- Minor updates in supporting documents to bring material up to date.

1.11 This non-statutory guidance has been developed for ELC providers in the local authority, private and third sectors to support the safe operation of these settings. This guidance provides the core measures that all providers must follow when delivering ELC.

1.12 Specific guidance has been published for [school aged childcare](#) (for children attending school) and [childminding services](#) (where children may be from a variety of age ranges). Users should ensure that they refer to the guidance that is appropriate both for their setting and for the age range of children in their care.

1.13 This guidance has been developed by the Scottish Government with input from key partners from the Education Recovery Group, including local authorities, trade unions, Care Inspectorate, Education Scotland and representatives of ELC providers, and in collaboration with Public Health Scotland. It has been informed by judgements based on the scientific and public health advice available at the time of writing.

1.14 This guidance is based on a set of principles for all services across Scotland that recognises that safeguarding the wider health and wellbeing of the child, and adults who work with them, must be central to delivering services. This guidance is based on ongoing evidence and advice provided by the Coronavirus (COVID-19): Advisory Sub-Group on Education and Children’s Issues.

1.15 The Sub-Group’s advice is that it is not appropriate for young children to maintain physical distancing, either practically or in terms of child development. Scientific advice shows that given the mitigations described in this guidance and the emerging evidence on transmission in young children, physical distancing is not recommended between children. In addition, it is not appropriate or possible to implement physical distancing between young children or between a young child and their key worker. This guidance puts in place age appropriate public health measures for ELC settings.

1.16 The core public health measures that underpin current operation of services to all children are:

- enhanced hygiene and cleaning practices;
- access to fresh air by maximising the use of outdoor spaces and effective ventilation;
- strict adherence to self-isolation for those who have symptoms, and to other Test and Protect measures for all;
- strict adherence to physical distancing between adults, including parents at drop-off and pick-up times; and
- supportive use of face coverings

The aims of this guidance are to:

1.17 Provide **clear expectations** with regard to practical approaches to safe provision of ELC.

1.18 Where this guidance states that providers:

- **“must”** do something, there is an expectation that it is done;
- **“should”** do something, this is strongly advised,
- **“may”** or **“may wish”** to do something, this is optional.

1.19 Where this guidance refers to parents, this includes carers or family members who may be involved with children attending the setting.

1.20 This guidance is not exhaustive, and providers must continue to operate within the relevant legal and regulatory frameworks to ensure the health and wellbeing of staff and of children and parents while they are using their service. Measures put in place within the setting to comply with this guidance must not contravene health and safety legislation, for example, fire doors must not be left ajar to increase ventilation.

1.21 Nothing in this guidance affects the legal obligations of providers with regard to health and safety and public health advice. Providers must continue to adhere to all such duties when implementing this guidance. Under the Coronavirus Act 2020, they must have regard to any advice relating to coronavirus from the Chief Medical Officer for Scotland.

1.22 This guidance should be read alongside:

- [Health Protection Scotland non-healthcare settings guidance](#): this contains information on health protection and infection prevention and control issues including cleaning, hygiene measures, what to do if someone falls ill, laundry considerations and waste management.
- [Realising the ambition](#): Being Me - early years national practice guidance for Scotland.
- [Setting the table](#): nutritional guidance and food standards for early years providers in Scotland.
- [Infection Prevention and Control in Childcare Settings \(Daycare and Childminding Settings\)](#)
- NHS inform – [COVID-19](#)
- NHS Inform - [COVID-19 Highest risk \(previously called Shielding\)](#)
- [Health and Social Care Standards](#)
- [Test and Protect Guidance](#)
- [Coronavirus \(Scotland\) Act 2020](#)
- [Advice and support for people at highest risk](#)

2. SCOTLAND'S STRATEGIC FRAMEWORK

The Scottish Government published its [Strategic Framework update](#) on 16 November 2021. It reaffirms the Scottish Government's overarching strategic intent:

'to suppress the virus to a level consistent with alleviating its harms while we recover and rebuild for a better future'.

More recently, the emergence of the Omicron variant has changed the previous balance of risks. Omicron is a variant of the SARS-CoV-2 virus first identified in South Africa and designated a Variant of Concern by the WHO on 26th November. It is transmitting rapidly within Scotland and there is strong evidence that community transmission is widespread. It is now the dominant variant within Scotland, with the potential to cause high case numbers. The Scottish Government's evidence paper published on the 10th December 2021 provides further information.

Keeping our guidance up to date

The Strategic Framework also reiterates that the unique impacts of the pandemic on children and young people, coupled with the necessity to ensure it does not prevent them receiving the best start in life, mean we must prioritise keeping schools and regulated childcare safe, open and welcoming, where it is safe to do so. It is recognised that, to enable this to happen, other mitigations may need to be put in place in the individual settings as well as in wider society.

2.1 The [Advisory Sub-Group on Education and Children's Issues](#) provides advice to support and inform the development of operational guidance for providers of learning, childcare and children's services. It is chaired by Professor Linda Bauld, Interim Chief Social Policy Adviser to the Scottish Government and gives detailed consideration of how public health advice can be applied to operational implementation. Members include scientific and public health experts, clinicians and academics, as well as experts in education, early learning and children's services.

2.2 Unless otherwise stated, the protective measures set out in this guidance represent the 'core' or standard protective measures that should be in place in all settings.

2.3 The measures put in place in wider society have been designed to reduce community transmission sufficiently to allow schools and regulated childcare settings to remain open safely.

2.4 On a regular basis, and particularly where there is a move between levels, settings should review their implementation of this guidance, and ensure compliance with core and additional public health measures.

2.5 Community level risk will continue to be monitored and managed by local health protection teams who will advise on how to respond. To allow them to do this effectively local health protection teams rely on cases being reported to them as soon as possible. ELC settings have an important responsibility to contact their local health protection team immediately if there is:

- any suspicion that there may be an outbreak of cases, i.e. two or more confirmed cases in 14 days;
- or an increase in the background rate of absence due to suspected or confirmed cases of COVID-19.

2.6 Information about how to contact your local health protection team can be found at this [link](#). **Managers must also notify the Care Inspectorate in the event of a suspected case and all confirmed cases of COVID.** Notifications and guidance are available through eForms.

2.7 In the event of a local community outbreak and/or an outbreak in an ELC setting, at any protection level, settings may be asked by the local health protection team to implement additional restrictions, beyond those set out in this guidance, for a defined period of time. There may also be circumstances in which, based on clear evidence and public health considerations, specific settings require to close for a defined period of time. All such decisions will be made in line with the independent advice of local Directors of Public Health, who will take account of wider public health considerations according to their statutory duties. To keep children and staff in ELC settings safe and to reduce risk in the wider community, it is essential that settings follow any advice from their local health protection team.

3. SUPPORTING THE WORKFORCE TO BE CONFIDENT AND SAFE

3.1 We have a collective responsibility to enable all staff to feel confident when returning to the workplace. They should have the opportunity to read and discuss the following:

- [Public Health Scotland guidance](#),
- The framework document [COVID-19: framework for decision making – Scotland’s route map through and out of the crisis](#)
- [Advice for the Coronavirus \(COVID 19\): Advisory Sub-Group on Education and Children’s Issues](#)

3.2 As settings plan to welcome back children and their families and staff after holidays or periods of absence, staff wellbeing must be protected. Staff will need time to re-connect, to meet, talk and 'check in' with each other.

3.3 Providers should communicate extensively with their staff to ensure that they are clear and confident in implementing the required public health measures and processes in advance of settings reopening to all children. There must be clearly defined training sessions for staff on the risk mitigations set out in this guidance. To prepare for the return to ELC for all children, staff must be given the opportunity to highlight the need for any further local training to help reassure and protect themselves and their colleagues.

COVID-19 checklist for the early learning and childcare sector

3.4 We have published a checklist that summarises the COVID risk mitigations for ELC settings. This is now available as a [supporting document to the guidance](#). This should not be used as a substitute for reading the full guidance. This is especially true for managers of settings who must read the full guidance to understand the measures that they should implement in service planning.

Routine asymptomatic testing of ELC staff

3.5 The Scottish Government has made available routine asymptomatic at-home testing using lateral flow devices (LFD), twice a week to all day care of children services. This does not replace the existing procedures for testing of staff who have symptoms of COVID-19.

Testing is voluntary and nobody is required to undergo testing without consent, or be excluded from a setting if they do not wish to be tested. **However, it is vital that settings continue to promote at-home LFD testing at least twice-weekly to their staff. The most recent advice is now for everyone to do a lateral flow test before mixing with people from other households.**

3.6 This is particularly important in light of the new, more transmissible Omicron variant.

3.7 All participants are encouraged to report their results through the [gov.uk digital portal](https://www.gov.uk/digital-portal) – whether the result is positive, negative or void. Reporting positive results means that they and their families will receive the advice and support they need. Reporting negative and void results helps public health experts to understand the full picture of COVID in an area.

3.8 Step by step guidance has been shared with schools and ELC settings attached to schools via Objective Connect. The guidance was developed in collaboration with NHS Test and Protect and the UK Department for Health and Social Care to support schools and ELC settings in the delivery of the Schools Asymptomatic Testing Programme.

3.9 All staff, students on placement, and children and families, should continue to be vigilant for coronavirus symptoms. If they develop symptoms, they should self-isolate and book a PCR test.

Everyone should take asymptomatic LFD tests at least twice a week and reporting all LFD test results online, which they can do at NHS Inform: [Report your coronavirus \(COVID-19\) test result | NHS inform](https://www.nhs.uk/healthcare-professionals/working-in-a-school/working-in-a-school-report-your-coronavirus-test-result). They should also take an LFD test before they are due to socialise with other people. If an LFD test comes back positive, the individual should self-isolate and follow NHS Inform Guidance on self-isolation. They should not book a confirmatory PCR test unless they may be accessing the Self-Isolation Support Grant.

If someone develops symptoms of Covid-19 while self-isolating as a result of a positive LFD test, they do not need to book a PCR test. They should continue to follow guidance for positive cases on self-isolation.

3.10 Due to the emergence of the Omicron variant and the potential risk of reinfection, individuals who have had a PCR confirmed COVID-19 diagnosis in the previous 90 days should now be encouraged to continue to participate in routine LFD at home testing.

3.11 Some additional improvements have been made to processes under the testing programme, to ensure that ELC settings can now hand out test kits more proactively to staff, and focus efforts on encouraging greater uptake and reporting. These involve:

- reductions in the requirements for settings around keeping test kit logs, which should reduce burdens for staff; and
- a move away from the need for written agreement to participate, with acceptance of test kits and completion of the tests at home taken as implied agreement to participate. This brings the programme into line with other testing pathways.

Proactive distribution of test kits to staff will be particularly important to support the most recent updates to self-isolation guidance, which involve greater use of LFD test

kits for index cases and close contacts and testing before social engagement. Settings should ensure they order and distribute sufficient kits to support staff to undertake both regular testing and testing when identified as high risk close contacts (see the updated self-isolation section later in this guidance).

3.12 Confirmatory PCR tests are no longer required following positive LFD tests unless advised by a clinician, or unless the individual, parent/guardian or carer is planning on applying for the Self-Isolation Support Grant, in which case a confirmatory positive PCR is required. Staff and pupils should follow the appropriate self-isolation and testing procedures set out in [NHS Guidance](#) following a positive LFD test.

3.13 ELC settings are able to order new, nasal-only test kits to address previous feedback from some participants about the discomfort of throat swabbing, regardless of whether all stocks of previous test kits have been used up. The new types of test kit also take only around 15-20 minutes for results to be returned, reducing the amount of time involved in testing.

3.14 The UK Government have also updated their online reporting portal so that household accounts can be created. This allows parents to record results for more than one child without having to re-enter data multiple times. Reporting online now takes only a few minutes if participants use their phones.

3.15 The testing programme will be kept under regular review and any updates communicated to ELC settings at the earliest opportunity.

Staff Wellbeing and Professional Learning Support

3.16 The Scottish Government is working with partners from across the childcare sector to develop a directory of existing mental health, wellbeing and professional learning support for ELC, and out of school care, practitioners and childminders. This is updated and shared across the education and childcare sector at regular intervals and can be found [here](#).

3.17 In addition, Scottish Government has worked with Early Years Scotland to develop a [Team ELC Wellbeing Hub](#), a website which sets out vital information for the sector on maintaining their wellbeing at this difficult time, and creates opportunities for staff to connect with each other.

3.18 It is also important that professionals from across the ELC sector are provided with safe and supportive spaces to connect with colleagues from across Scotland in a virtual environment, to allow for professional dialogue and peer support to take place during this challenging period. The Scottish Government will work with Education Scotland to create such opportunities, for example via further instances of the successful #BeingMeBlethers professional learning events, which have enabled practitioners from across the ELC and childcare sector to engage in shared learning.

3.19 Practitioners may find it valuable to access support for their health and wellbeing, given many will be balancing work with managing their own childcare

needs and any stressors linked to the COVID-19 pandemic, including potential illness and bereavement within their own families.

Children’s wellbeing, nurture and experiences

3.20 Staff will be aware that the pandemic will have had a unique impact on each child and their family, as well as themselves and their colleagues at work. It is important that the child is at the centre of their practice to ensure quality, whilst balancing safety and risk. Staff should support children and families to understand the need for the changes.

3.21 It is essential, that ELC continues to be informed by the principles which underpin high quality provision. While aspects of practice may be delivered differently, practitioners will still be working to meet the needs of their children and their families.

3.22 Children have the right to play and learn, as set out in Article 31(1) of the United Nations Convention on the Rights of the Child. Parties recognise the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life.

3.23 In Scotland, the Government has enshrined children’s right to play outdoors every day in its national Health and Social Care Standards – “As a child, I play outdoors every day and regularly explore a natural environment” (HSCS 1.32).

3.24 Practice that reflects the principles of nurture and the importance of relationships is also key. Getting it right for every child (GIRFEC), with its focus on wellbeing, recognises that children and young people have the right to expect appropriate support from adults to allow them to grow and develop and to have their voices heard. Working in partnership with parents is essential, with two way sharing of information being fundamental to this. The GIRFEC approach is about responding in a meaningful, supportive way which puts the wellbeing of children and families at the heart of any support.

3.25 The national practice guidance ‘[Realising the Ambition: Being Me](#)’ talks about the crucial role of the environment. This includes the importance of physical spaces; the human, social environment of positive nurturing interactions; and children’s experiences. Settings need to be confident that they are providing experiences and sensitive interactions in a variety of outdoor and indoor spaces, in ways which best support the needs of children within the context of the recovery period. This will help develop the emotional resilience babies, toddlers and young children need to form a secure wellbeing base.

3.26 During the COVID-19 recovery period settings will require to adjust how they provide high quality provision. Some aspects of practice will need to be delivered in different ways to ensure the safety of all. Further information can be accessed through the ‘[Realising the Ambition: Being Me](#)’ page on the National Improvement Hub to provide practical support with this. The principles that underpin that high quality however remain unchanged. Best practice will:

- put the best interests of the child at the heart of decision making;

- take a holistic approach to the wellbeing of a child;
- work with children, young people and their families on ways to improve wellbeing;
- advocate preventative work and early intervention to support children, young people and their families; and
- believe professionals must work together in the best interests of the child.

Communication

3.27 Consultation with all staff, parents, providers and trade unions on the provision of ELC settings should be carefully undertaken when implementing this guidance, to ensure that all those concerned understand the changes that are required and are confident in the revised arrangements. The Advisory Group and Sub-Group on Education and Children's Issues have both emphasised the importance of staff and families being actively engaged in establishing new practices and routines; and of public health (including good hygiene) becoming a core part of ELC processes. Inductions for new staff must include guidance on the setting's measures to ensure good infection prevention and control.

3.28 National information for parents is available from [Parent Club](#).

3.29 Settings will need to communicate any new arrangements to parents and carers, particularly where there are new routines and procedures that children and families will need to understand and follow. This should reinforce the need for parents/carers to physically distance and wear face covering when dropping off/collecting children. Settings should also include information risk mitigation measures in information for new families taking up places.

COVID-19 Safety eLearning module

3.30 We have developed a [COVID-19 safety eLearning module](#) to help staff understand some key aspects of this guidance document. We encourage settings to support their staff to complete this module as part of their working day.

3.31 It remains important that registered childcare settings ensure their staff are familiar with all the measures within the appropriate COVID-19 safety guidance for their setting. This module is not intended as a substitute for settings being familiar with that guidance.

4. COVID-19 GUIDANCE

Managers and staff in the setting must make themselves familiar with COVID-19 advice available from [Public Health Scotland](#), and regularly review that information. It is important that the most up-to-date guidance is used, and that managers and staff are knowledgeable about current guidance. Always access guidance online wherever possible and check regularly for any updated advice.

4.1 Update service status – services closed as a result of lockdown

Where services temporarily close due to COVID-19, the manager must contact the Care Inspectorate to advise them of their updated operational status.

To do this they must complete a “Changes to Service Delivery due to Coronavirus (COVID-19)” notification. This is a new notification that services must use to inform the Care Inspectorate about operational changes that are specifically related to COVID-19. This is only available through [eForms](#). If you do not update your status, the Care Inspectorate will consider your service closed.

4.2 Risk Assessments

Employers must protect people from harm. This includes taking reasonable steps to protect staff, children, young people and others from COVID-19 within the education setting. It is a legal requirement that local authorities and ELC settings ensure that risk assessments are conducted and reviewed on a regular basis or when circumstances change. Managers must ensure that risk assessments take place on a setting by setting and individual basis where required. To help with setting-level risk assessments, the Health and Safety Executive (HSE) has [an example COVID-19 risk assessment](#) which provides a general framework for all business sectors. Guidance on how to undertake individual level risk assessments for members of staff is available in [guidance produced by the Scottish Government](#).

Setting-level risk assessments are expected to consider all risks identified in respect of COVID-19 and must take account of the relevant guidance from [Public Health Scotland](#), and the [HSE](#). The assessment should directly address risks associated with coronavirus, so that appropriate measures can be put in place to control those risks for everyone. All risk assessments should be reviewed regularly and as circumstances change. Risk assessments must be reviewed prior to the re-opening after holiday periods or other temporary closure and when there is any significant change to service delivery.

Settings should ensure that they implement pragmatic and proportionate control measures which reduce risk to the lowest reasonably practical level. They should have active arrangements in place to monitor that the controls are:

- effective;
- working as planned; and

- updated appropriately considering any issues identified and changes in public health advice.

Staff, staff representatives and trade unions should be consulted in the development and updating of risk assessments. Plans and risk assessments should be communicated to parents and must be shared with all staff. This must include staff who are employed within the service but who do not provide direct care to children such as catering or cleaning staff. Support staff have a key role to play in reducing the risk from COVID-19 and it is important that they understand and follow the changes to procedures required to reduce the risk of the spread of infection. The Care Inspectorate will check staff understanding of the risk assessment and mitigations as part of any scrutiny work they carry out.

This dialogue in relation to the risk assessments should identify what measures are working, where improvements are possible and identify any remaining gaps. Reviews of measures and risks should be frequent. Mitigation measures should be implemented as soon as the need for them is identified and assessment of compliance should be undertaken on a daily basis.

If premises have been closed for many weeks or if parts of the building have been out of use for a long period, the provider must undertake a health and safety check of the building concerned prior to reopening, including water quality sampling for legionella and other bacteria.

4.3 Home working

Home working continues to be an important mitigation for controlling the virus and we would ask that businesses still support employees to do this, where possible and in consultation with employees.

Employers are responsible by law for the health, safety and welfare at work of their workers and these responsibilities apply wherever their staff are working. Arrangements for the welfare of employees must provide for homeworkers, as well as those who work in the employer's workplace.

If an employer is asking their employees to work from home, consideration must be given to the type of environment they are being asked to work in. Caring responsibilities - which often are undertaken by women, multigenerational households - which may be a particular issue within certain minority ethnic groups, space constraints and noise levels are just some of the considerations that need to be taken into account. Assumptions should not be made that everyone has a suitable place from which to work at home, this should be explored with each employee.

Please consult the most up to date guidance at [Coronavirus \(COVID-19\): staying safe and protecting others](#)

Please also see the HSE advice on [home working](#) for further information.

4.4 People on the highest risk list (previously those on the shielding list)

This guidance applies to those who are at the highest clinical risk from coronavirus. Information on who is considered to be at highest risk is available at [Coronavirus \(COVID-19\): shielding advice and support - gov.scot \(www.gov.scot\)](https://www.gov.scot/Coronavirus-(COVID-19):-shielding-advice-and-support) along with advice and support for this group. Everyone in this cohort will have received a letter from the Chief Medical Officer advising them that they are on the shielding list or the highest risk list.

The Chief Medical Officer's advice is that people at highest risk can continue to follow the same advice as the rest of the population, in the context of the baseline measures currently in place. We do not know a lot about the new Omicron variant yet. However, what we do know with certainty is that following the usual protective measures, including having vaccinations and boosters, will help to reduce its spread. We know these measures are effective and we are continuing to encourage everyone to follow them to protect us all. A recent study by the World Health Organization shows that the vaccination programme has saved more than 27,000 lives in Scotland. As the number of people who have been vaccinated rises, everyone will benefit from greater protection, even the small number of people who cannot be vaccinated for medical reasons.

Over 95% of people at highest risk are now fully vaccinated and 96% have received their first dose. Only a very small number of people cannot receive the vaccine due to their condition or treatment. If anyone is unsure about their circumstances, they may speak with their clinician. Otherwise, anyone on the highest risk list and their family members who haven't had the vaccine are encouraged to do so as soon as possible. In addition, over 84% of people on the Highest Risk List have received their third dose or booster vaccination. Vaccination figures are updated on the [COVID-19 Daily Dashboard | Tableau Public](#). Due to the new variant, it's more important than ever that everyone who can has their booster vaccination. People with a severely weakened immune system should continue to speak to their clinician to assess their risk.

The Chief Medical Officer's advice to everyone on the list is that they can go into work if they cannot work from home and that they can use public transport.

It is essential that everyone continues to follow the public health advice and the protective measures set out in this guidance. Strict adherence to mitigations is strongly encouraged for those at highest risk. Mitigations which are in place now are not just to give added protection to the population as a whole, but also to give protection and assurance to those at highest clinical risk. It is important to protect each other through getting the vaccination, getting tested, and following the rules and guidance.

It continues to be the employer's responsibility to regularly carry out workplace risk assessments and put in place measures to make the workplace as safe as is reasonably practicable to try and minimise the risk to staff including contracting COVID-19. In carrying out risk assessments, employers should be mindful of their duties under the Equality Act 2010 at all times. Employees also have a responsibility to comply with safe working practices.

It is essential that employers conduct a COVID-19 risk assessment which will help them to identify measures which can be implemented to reduce the risk of transmission in the workplace. Employers can be asked for copies of the risk assessments for the workplace.

It is advised that those who are at highest risk also carry out an individual risk assessment. This includes a COVID-Age tool, which employees can use to highlight personal risk and support discussions with employers about any additional adjustments or arrangements that may be needed to make the workplace and duties safe for them. Find [advice about individual risk assessments](#) and the COVID-Age tool on gov.scot at: [Coronavirus \(COVID-19\): guidance on individual occupational risk assessment - gov.scot \(www.gov.scot\)](#).

Any concerns can be discussed with managers or employers. Further advice is also available from:

- Occupational Health services provided by your employer, where available
- a Health and Safety representative in your workplace
- your workplace's Human Resources (HR) department
- your trade union or professional body
- the [Citizens Advice website](#) or the free Citizens Advice Helpline on 0800 028 1456, (Monday to Friday, office hours)
- the Advisory, Conciliation and Arbitration Service (ACAS).

10. There is guidance for employers and employees on making the workplace safer for people at highest risk at [Coronavirus \(COVID-19\): shielding advice and support - gov.scot \(www.gov.scot\)](#). This includes employer responsibilities to carry out regular workplace risk assessments, individual risk assessments, and additional steps people can take to keep themselves safer.

Children and young people in the highest risk group

11. The Chief Medical Officer's advice is that children and young people on the highest risk list can follow the same advice as for the rest of the population. This includes attending education and childcare, unless their clinician has advised them otherwise individually.

Household members of people who are in the highest risk group

12. Children and young people who live with a person who is at highest risk should attend childcare and education settings in line with arrangements set out in the schools guidance or this guidance.

13. Household and family members of people at highest risk can also go to work. It is the employers' responsibility to make sure the workplace and duties are as safe as possible. Household members of people that are at highest risk should discuss their concerns with their employer.

14. The Chief Medical Officer has encouraged everyone on the highest risk list to ask members of their household over 12 years of age to use the free at-home

LFDs. We encourage all staff in ELC settings who live with someone at highest risk to use the offer of LFD testing, as this will help to find people who don't have symptoms and would not know they have coronavirus. This can then reduce the risk of passing on coronavirus to a family or household member who is at highest risk.

4.5 Considerations related to pregnancy

[COVID-19 vaccines are recommended in pregnancy](#). Vaccination is the best way to protect against the known risks of COVID-19 in pregnancy for both women and babies, including admission of the woman to intensive care and premature birth of the baby. Further information can be found at: [Combined info sheet and decision aid 20.07.2021 \(rcog.org.uk\)](#)

In line with the UK Government [Coronavirus \(COVID-19\): advice for pregnant employees](#), which applies in Scotland, pregnant staff of any gestation should only continue working if a risk assessment advises that it is safe to do so.

ELC settings and local authorities should follow the [Royal College of Obstetricians and Gynaecologists](#) advice to try and keep the risk of exposure as low as is practically possible to pregnant employees, particularly in the third trimester. Normal pregnancy risk assessments should also be undertaken, and appropriate attention paid to mental health and wellbeing.

Having a COVID-19 vaccine does not remove the requirement for schools and local authorities to carry out a risk assessment for pregnant employees. They should only continue to work if the risk assessment advises it is safe to do so. We advise continuing to use the Scottish Government Covid 19 Guidance on individual occupational risk assessment and tool.

However, it is worth noting that the risk assessment tool does not take into account pregnancy or a person's vaccination status, and it should form only part of the individual risk assessment process. Careful attention should be paid to mental health and wellbeing and schools and local authorities should be sensitive to any anxiety pregnant staff may be feeling, and offer support and solutions to address this wherever possible. Individuals should discuss requirements with their line manager in the first instance. In the event of any concerns that cannot be addressed in this way, they should speak with their local HR or Health and Safety team, as well as their Trade Union representative. Schools and local authorities should also continue to factor in workplace risks and control measures that can be put in place to protect staff as well as the local prevalence of the virus.

Any risk posed to the member of staff should be removed or managed and if this is not possible, they should be offered suitable alternative work or working arrangements (including working from home). If alternative work cannot be found, advice on suspension and pay can be found in HSE guidance.

Women who are pregnant with significant congenital or acquired heart disease continue to be on the Scottish Government's Highest Risk List. Everyone on this list is currently advised to follow the same measures and guidance as the rest of the

population, including on-going into the workplace if they can't work from home. Further information is available on the Scottish Government website.

Non vaccinated or not fully vaccinated women who are pregnant have an increased risk of becoming severely ill and of pre-term birth if they contract COVID. Schools and local authorities should undertake a workforce risk assessment as set out above and, **where appropriate**, consider both how to redeploy these staff and how to maximise the potential for homeworking, **wherever possible**.

Where adjustments to the work environment and role are not possible and alternative work cannot be found, staff should be suspended on paid leave. Advice on suspension and pay can be found in HSE guidance.

4.6 **Coronavirus (COVID-19): Individual Risk Assessment Guidance**

On 27 July 2020 Scottish Government published COVID-19 Occupational Risk Assessment Guidance. This guidance includes an easy to use, individual risk assessment tool that takes into account ethnicity, age, gender, BMI and health conditions to give an overall COVID-19 risk age.

Staff and employers in all sectors now use this guidance to determine whether or not, the workplace is safe and it is safe for the individual to be at work. This guidance is relevant to staff who have an underlying health condition, or are anxious about risks in the workplace. The guidance is based on the latest clinical and scientific advice on COVID-19 and is updated on a regular basis.

The clarity this tool brings has been widely welcomed, as we now know that certain minority ethnic groups are more vulnerable to COVID-19 and that simply viewing medical conditions in isolation, does not accurately predict an individual's vulnerability.

The most important part of the process is the conversation that takes places between a manager and a member of staff. It is essential that the outcome from these conversations is agreed by both parties. The conversation should take into consideration, workplace risks, and the control measures that can be put into place, to agree a course of action regarding work duties. The guidance also signposts to further medical advice and support for those with complex vulnerabilities.

4.7 **Support for children with Additional Support Needs**

Every child will have different levels of required support. It will be important as part of the risk assessments carried out to consider the individual needs of a child or young person.

Risk assessments, which may be integrated into a Child's Plan, should already exist for children with complex additional support needs. These risk assessments should be reviewed and updated as appropriate, reflecting current circumstances. Where they are not in place or they have not been updated they must be undertaken or reviewed swiftly.

Where there is a need to work in close proximity with adults and children the appropriate safety measures should be put in place based on that risk assessment. Guidance on [supporting children and young people with additional support needs](#) is published by the Scottish Government.

Staff should wear a face covering or PPE (where appropriate eg when carrying out Aerosol Generating Procedures), and regularly wash their hands before and after contact.

4.8 Cleaning practices

All cleaning should be carried out in accordance with [COVID-19 – guidance for non-healthcare settings](#) (which includes advice on, amongst other things, detergents/cleaning products) and [Infection Prevention and Control in Childcare Settings](#) guidance.

This should be an extension of the cleaning regime normally used in ELC settings, with touchpoints such as table tops, chairs, doors, light switches, banisters, equipment, sinks, and toilets cleaned more regularly. There should be routine cleaning and disinfection of frequently touched objects and hard surfaces as detailed in the table below. This should include equipment staff use, (e.g. telephones, desks, handles, keyboards, door handles, and tables).

Careful consideration should be given to the cleaning regime for sensory rooms and soft play areas, to ensure safe use.

Settings must ensure the following cleaning practices for toys and soft furnishings:

- Soft furnishings (such as throws and bedding) should be laundered in accordance with usual cleaning schedule.
- Toys and equipment that children access should be cleaned daily or, if groups of children change during the day, on a sessional basis
- At least twice daily cleaning and disinfection of frequently touched objects and hard surfaces.
- Water and playdough should be replaced daily or, if groups of children change during the day, on a sessional basis.
- Sand need not be changed on a daily basis and standard cleaning and changing protocols should suffice if good hand hygiene is carried out prior to and following use of the sandpit. Standard cleaning and changing protocols should be implemented in the event of any visual contamination of the sandpit or its contents.
- If soft furnishings (such as throws and bedding) have been used by a child who shows symptoms of COVID, they should be removed and laundered as quickly as possible.
- Settings should continue to emphasise the importance of good hand hygiene.

Children should be discouraged from bringing toys from home to the setting. We recognise however that some children may require a transitional object or toy as a comforter, and consideration should be given as to how to safely manage this to ensure children are supported in their transition from home to the setting to feel reassured and comforted. These should not be shared with other children.

If resources from the setting (for example, story bags) are taken home by a child, there is no longer a requirement to quarantine these for 72 hours upon return to the setting. Evidence on fomite transmission has continued to evolve and Public Health Scotland have now advised that we can remove this requirement from the guidance. Enhanced hand hygiene, as set out later in this section, should be adhered to by all staff, children and families and is a more proportionate way of reducing the risk of fomite transmission. (Fomites are objects or materials which may carry infection.)

Settings can share resources between setting and home.

There must be no sharing of resources if there is a positive case in the home or an outbreak in the setting. A cluster or outbreak of COVID-19 occurs when a setting has two or more confirmed cases of COVID-19 within 14 days. The local health protection team should be notified. If a plausible transmission link between two or more cases is identified within the setting, this is indicative of an 'outbreak'; if not, it is referred to as a 'cluster'. The outbreak will be 'closed' by the local health protection team.

The setting should emphasise to families the importance of good hand hygiene when handling resources that are shared with/by the setting.

The risks of transmission are reduced when children are outdoors and so we would not wish access to individual or laundered outdoor clothing to be a barrier to this. Where possible, parents should provide the necessary clothing for outdoor play. Where this is not possible and children need to share outdoor clothes or footwear, risks can be reduced by ensuring good hand hygiene before and after dressing. This applies at all protection levels.

Surfaces in dining or snack areas should be wiped down and disinfected in between use by each group of children.

All crockery and equipment used in the provision of meals and snacks for children should be cleaned with general-purpose detergent and dried thoroughly before being stored for re-use.

Cleaning of staff areas should be an integral part of the overall cleaning strategy. Staff should use their own cup/cutlery and ensure these are cleaned straight after use.

There is not a requirement to use fog, mist, vapour or UV (ultraviolet) treatments in ELC settings to help control the spread of coronavirus. Should a provider choose to use one of these it is important these are used appropriately. Any use of these treatments for these purposes should form part of your COVID-19 risk assessment

and clear rationale would be required through risk assessment as to whether such devices would be appropriate. Users must be competent and properly trained. These treatments can be used in a larger space or room in addition to enhanced cleaning and disinfecting, but not as a substitute.

Disinfectants applied as a fog, mist or vapour may reach harmful levels during delivery and UV systems may cause eye/skin damage if people enter an area undergoing treatment. People should not enter rooms being treated by UV or disinfectants applied as fog, mist or vapour. Discuss with suppliers what safety features they can provide to prevent inadvertent access to a room during treatment, for example hazard-monitoring sensors.

Locking rooms during the treatment will help to contain the emissions but other measures such as taping of doorway gaps or plastic screening off of some areas of the room may also be required. Good ventilation will also help clear the disinfectant after the treatment if this can be controlled from outside of the room.

Up-to-date [guidance on the use of fog, mist, vapour or UV \(ultraviolet\) treatments](#) is available from the Health and Safety Executive.

4.9 Temperature and ventilation

In its [advice published on 3 March 2021](#), the Advisory Sub-group recommended that **greater emphasis should be placed on ventilation**, by keeping windows open as much as possible (weather permitting during winter), and doors open when feasible and safe to do so. A card with ventilation advice for everyone at work can be found here: [ventilation advice card](#). Settings may find it helpful to display this to remind staff of what they can do to ensure effective ventilation.

Updated [advice](#) published on 3 August 2021 also emphasised the need for a renewed focus on the importance of good ventilation and the potential for CO2 monitors to be utilised to ensure good air quality in enclosed spaces. The [World Health Organisation \(WHO\) has published a roadmap](#) to improve and ensure good indoor ventilation in the context of COVID-19. The Scottish Government has also published [ventilation guidance](#).

This section of the guidance was reviewed throughout December 2021. Some updates have been made to improve clarity and to take account of stakeholder feedback. However, the core scientific advice from SAGE EMG underpinning this guidance remains consistent. The latest scientific advice identifies that ventilation is an important factor in mitigating against the risk of far-field (>2m) aerosol transmission.

ELC settings must ensure that risk assessments are updated appropriately for the season, to consider issues around ventilation and heating/warmth that are relevant to their specific environments. They should consider areas of the setting where air flow (including pockets of stagnant air in occupied spaces) and/or temperature may be problematic, and the strategies that may be used to address these issues and mitigate risks appropriately.

The primary effective method of increasing natural ventilation remains the opening of external doors, vents and windows. All settings must ensure the opening of doors and windows to increase natural ventilation where it is practical, safe and secure to do so, while maintaining appropriate internal temperatures.

Potential approaches to help achieve an appropriate balance of ventilation and internal temperature in the colder months may include:

- partially opening doors and windows to provide ventilation while reducing draughts
- opening high level windows in preference to low level windows to reduce draughts
- refreshing the air in spaces by opening windows, vents and external doors at times which avoid user discomfort (e.g. between sessions or when children are outdoors). This may be particularly appropriate during the winter period to balance ventilation and thermal comfort.
- flexible uniform/staff dress policies to help ensure that children, young people and staff can stay warm if/when windows or doors require to be opened.
- maintaining appropriate heating strategies.

The suitability of solutions will depend on a range of local factors including building type, occupancy patterns and weather conditions.

All settings must ensure as a minimum, that adequate levels of ventilation are provided in line with existing guidance (Care Inspectorate “Space to Grow”, and the [Workplace \(Health, Safety and Welfare\) Regulations 1992](#)).

For all settings, an adequate level of ventilation is likely to be indicated by a CO₂ concentration of no greater than 1,500 ppm as measured by a CO₂ monitor. Where settings have a CO₂ monitor we advise you use this to assess your setting periodically.

For the private and voluntary sector, a minimum temperature of 16 C is required under the Workplace (Health, Safety and Welfare) Regulations 1992.

In local authority settings where School Premises Regulations apply, the minimum ventilation rate in a nursery classroom is 2 air changes per hour and minimum temperature is 17 C.

Keeping doors open (with appropriate regard to safety and security) may also help to reduce contact with door and window handles. However, internal fire doors should never be held open (unless assessed and provided with appropriate hold open and self-closing mechanisms which respond to the actuation of the fire alarm system). The Fire Safety Risk Assessment should always be reviewed before any internal doors are held open.

In her statement to parliament on 3 August 2021, the First Minister stated that there would be a renewed focus on the importance of ventilation in childcare settings to reduce the risk that the virus could be present in concentrated amounts.

We are therefore continuing to work with local authorities to ensure that all day care of children services have access to CO2 monitoring, whether via mobile or fixed devices. All spaces should have completed an initial assessment for ventilation issues, with a view to remedial action being taken.

The primary role for local authorities is to purchase devices for all settings in their area. Sufficient monitors should be made available for use to enable ongoing decision-making about balancing ventilation (including by opening of doors and windows) with temperature during the winter months, taking account of changes in weather conditions.

Local authorities should re-assess their current arrangements to ensure they have enough devices to allow every learning, teaching and play space to be assessed for a minimum of one full day per week under normal occupancy. Where additional monitors are required to achieve this goal, it is recognised that local authorities will require time to place orders and receive and distribute devices.

Services should ensure the information gathered as a result of these assessments are used to inform actions to improve ventilation where required and allow areas of persistent concern to be identified and remedial action taken for any spaces that have been identified as showing higher levels of CO2. These actions may include, for example, remedial works where appropriate (e.g. accelerated maintenance to remedy unopenable windows or faulty ventilation) or seeking further guidance (e.g. on regular opening of windows, etc.). More regular monitoring should be considered for any areas of persistent concern until problems have been rectified.

Where CO2 monitoring is not suitable for specific spaces, assessments may be undertaken by other appropriate means, depending on the ventilation systems and other arrangements already in place in ELC buildings. For example, large volume, low occupancy halls may be better suited to computer air flow modelling as a means of assessment.

It is important that local authority advice is sought on the use of monitors to ensure their proper specification, installation, location, calibration and effective use. When providing this advice, local authorities can have regard to the manufacturer's instructions and HSE advice: <https://www.hse.gov.uk/coronavirus/equipment-and-machinery/air-conditioning-and-ventilation/identifying-poorly-ventilated-areas.htm>.

Local authority teams will work with providers known to the authority wherever possible. Daycare of children services that are not funded to provide statutory ELC should contact their local authority to arrange provision of devices. Relevant contacts have been shared in a provider notice, and are included as Annexe A of this guidance document. Services will retain responsibility for the operation of the monitors (including staff training) and for recording relevant information about the assessment of spaces in the setting.

4.10 Ventilation Systems

Where it is not possible to keep doors and windows open, and centralised or local mechanical ventilation is present, systems should wherever possible be adjusted to full fresh air. If this is not possible while maintaining appropriate internal conditions, systems should be operated to achieve statutory requirements as a minimum. Where ventilation units have filters present, enhanced precautions should be taken when changing filters. Ventilation systems should be checked or adjusted to ensure they do not automatically adjust ventilation levels due to differing occupancy levels. HSE guidance on ventilation systems can be [found on the HSE website](#).

4.11 Enhanced Hygiene

Arrangements should be implemented for enhanced hand and respiratory hygiene by adults and children in the setting.

Where possible, disposable paper towels or kitchen roll should be used. Where it is age appropriate, services can also use hand dryers. Where this is not practical, individual towels must be available for each child, and these must be laundered each day. There are a [range of resources available from the NHS](#) to encourage children with handwashing. NHS Education for Scotland (NES) has produced a video to demonstrate the correct way to wash your hands, called [Washing hands with liquid soap and warm water](#).

Antibacterial hand gel is not recommended for children when soap and water is available. A Health Protection Scotland [2018 SBAR \(Situation, Background, Assessment, Recommendation\) on hygiene requirements in outdoor nurseries in Scotland](#) states that the use of alcohol-based hand rubs (ABHRs) and non-ABHRs should be discouraged in children under the age of five.

[Health Protection Scotland guidance on infection prevention and control in childcare settings](#) advises that if there is no running water, hand wipes can be used. If wipes are being used in situations where running water is not available, it is recommended that hands are washed with soap and water at the earliest opportunity.

ELC services must ensure that handwashing facilities are accessible for children. They may wish to have a supply of antibacterial hand gel available to parents/carer who require to approach the entrance to pass over children, and to staff and essential visitors at the entrance to the setting. Staff should ensure enhanced hand hygiene measures are in place including washing their own hands and the hands of all children. In particular:

- Ensure all staff and children frequently wash their hands with soap and water for 20 seconds
- Handwashing should take place
 - On arrival at the setting
 - Before and after eating
 - After toileting
 - At regular intervals throughout the day
 - When moving between different areas (e.g. between different rooms or between inside and outside)

- Encourage children not to touch their face, where it is age appropriate to do so. Use distraction methods and keep children busy, rather than making this an issue.
- Use a tissue or elbow to cough or sneeze into, dispose of tissues appropriately and ensure that bins are emptied regularly of waste.
- Supervise children washing their hands and provide assistance if necessary.
- Never share water in a communal bowl when washing hands
- Always dry hands thoroughly

4.12 Tooth brushing

Tooth brushing can continue where there are adequate facilities to do so. Settings operating tooth brushing should follow the Childsmile updated [guidance](#).

4.13 Personal Protective Equipment (PPE)

The use of PPE by staff within childcare facilities should continue to be based on a clear assessment of risk and need for an individual child or young person, such as personal care where staff come into contact with blood and body fluids. Following any risk assessment (individual or organisational), where the need for PPE has been identified using the [HSE Personal Protective Equipment \(PPE\) at Work](#) guide, appropriate PPE should be readily available and staff should be trained on its use as appropriate. Where the use of PPE is risk assessed as being required, staff should be trained in how to put on and take off PPE (as required by Health and Safety Regulations), and suitable waste facilities provided.

No additional PPE measures are required for general use in ELC settings. Staff should continue to follow existing local guidance on the use of PPE. Examples of this include:

- Staff carrying out intimate care should wear a disposable, single-use plastic apron and gloves.
- Staff should have access to disposable single use gloves for spillage of blood or other body fluids and disposing of dressings or equipment. Local infection control procedures that outline safety and protocols should be stringently followed and adequate training provided. This includes procedures for putting on and taking off PPE, the disposal of soiled items; laundering of any clothes, including uniform and staff clothing, towels or linen; and cleaning equipment for children and young people, such as hoists and wheelchairs.
- Hand hygiene is essential before and after all contact with a child receiving intimate or personal care, before putting on PPE, after removal of PPE and after cleaning equipment and the environment. Hands should be washed with soap and water.

In cases of suspected COVID-19, use of PPE should be based on risk assessment. Risk assessments must be consider all factors affecting the protection of staff and

children including any additional distress and impact on wellbeing of child. The following use of PPE may be considered:

- A fluid-resistant surgical mask should be worn by staff if they are looking after a child who has become unwell with symptoms of COVID-19 and appropriate physical distancing cannot be maintained while doing so.
- If the child or young person who has become unwell with symptoms of COVID-19 needs direct personal care, gloves and aprons, fluid-resistant surgical mask and eye protection (goggles or a visor) should be worn by staff.
- Gloves and aprons should be used when cleaning the areas where a person suspected of having COVID-19 has been.

Where the use of PPE is being considered within a setting the specific conditions of each individual setting must be taken into consideration and comply with all applicable legislation, including the Health and Safety at Work etc. Act 1974, Personal Protective Equipment Regulations 1992 and the Management of Health and Safety Regulations 1999 which outlines the process of, and legal requirements for, risk assessment.

Specific guidance [COVID-19: guidance for first responders](#) has been developed and published for first responders who, as part of their normal roles, provide immediate assistance requiring close contact until further medical assistance arrives. This guidance sets out clearly what a first responder is required to do if they come into close contact with someone as part of their first responder duties. It covers the use of PPE and CPR.

4.14 International Travel

Policy on international travel is updated regularly. Detailed and up-to-date guidance is available at [International travel and quarantine](#).

Providers should engage with children and their families to ensure adherence to the legal requirements. Local health protection teams are available to offer further support where providers have concerns.

4.15 Vaccination

All settings should encourage staff who have not been fully vaccinated to seek vaccination as soon as possible, following the recommended gap between doses. Information on securing an appointment can be found at: [Registering for a coronavirus vaccine | The coronavirus \(COVID-19\) vaccine \(nhsinform.scot\)](#)

4.16 Staying vigilant and responding to COVID-19 symptoms

ELC settings should ask staff and parents and carers to be vigilant for the symptoms of COVID-19, and to understand what actions they should take if someone develops them, either onsite or offsite. It is essential that people do not attend a setting if symptomatic, and book a test if they notice Covid-19 symptoms.

NHS Inform contains advice on self-isolation guidance, including who needs to self-isolate, what self-isolating effectively looks like, support available, and what to do after ending self-isolation. This information can be found here: [NHS Inform](#).

All staff working in and with settings should be supported to follow up to date health protection advice on household or self-isolation and [Test and Protect procedures](#) if they or someone in their household exhibits COVID-19 symptoms, or if they have been identified by NHS contact tracers as a close contact of someone with the virus. Guidance on this is available from [NHS Inform](#), [Parent Club](#) and [gov.scot](#).

The National Clinical Director has also written an [open letter](#) to parents and carers providing guidance on how COVID-19 symptoms differ from those of other infections circulating at this time of year.

Vaccine uptake is very high, particularly among individuals who are at greater risk of harm from Covid-19, and the vaccines are highly effective at preventing severe disease (with 96% effectiveness against hospitalisation for the Delta variant). Children and young people have a very low risk of health harm from Covid-19, and children and young people with asymptomatic infection are at a relatively low risk of transmitting Covid-19 to adults. This means that the risk environment has changed significantly, and our approach to managing Covid-19 is evolving to reflect that.

Settings, other than in those areas detailed in the following paragraph, will also be able to register their symptomatic staff as category 3 key workers under the employer referral portal, to ensure priority access to testing. The nature of this portal is to prioritise tests and appointments over the general public. This route directs individuals through to a Regional Test Centre or Mobile Testing Unit (whichever is nearer). For those who cannot access an RTC/MTU (if they do not have access to a car or live too far away), they can order a home test kit.

For settings in Orkney, Shetland and Eilean Siar, there are different routes to accessing a test in your local areas. ELC settings in these areas should liaise with their local Health Boards to ensure priority access to symptomatic testing for ELC setting staff.

Unless staff are symptomatic, they are a close contact of a positive case or are advised to get a test by a healthcare professional, then testing is not a requirement. However, if members of staff are concerned that they have been at risk from infection, then they may request a test whether or not they have symptoms. Staff should make such requests via their employer, who can book a test for them using the employer portal, or for staff in Orkney, Shetland and Eilean Siar, can advise staff on the testing arrangements with their local Health Board.

If a child develops symptoms of COVID-19 while in the setting, a ventilated space must be available for the child to wait in until they can be collected by their parent/carer. Where space allows, you should prevent contact with any other children in the setting. Ensure that guidance on the use of PPE is followed. Care must be taken however to ensure the appropriate levels of supervision of all children.

An information sheet [Self-isolation and contact tracing](#) - has been produced for schools and registered childcare settings to provide more detail on these changes.

4.17 Test and Protect

Staff and parents who are smartphone users should be encouraged to download The Protect Scotland [contact tracing app](#) to help suppress the spread of COVID-19.

Managers and staff must be aware of [Test and Protect](#) arrangements should someone become unwell. If a member of the staff team has symptoms, they must self-isolate and not attend the setting, and must contact the NHS to arrange to be tested at 0800 028 2816 or the following NHS Inform webpage: [Coronavirus \(COVID-19\): Self-isolation guidance for households with possible coronavirus infection | NHS inform](#)

All ELC settings are considered complex settings and cases will be prioritised and escalated to specialist local Health Protection Teams.

Identifying contacts

Staff, including peripatetic and temporary staff, should be advised to tell their line manager as soon as they receive a positive test result. Settings should ask parents whether their child has tested positive for COVID-19 when parents are reporting absences, and parents should be prompted to mention any positive tests when leaving messages about absences (including via automated systems). Parents will also be prompted to report the result to the setting by the online contact tracing form that all people testing positive are sent as soon as their test results are received. If called by a contact tracer, the person testing positive will again be prompted to inform their childcare setting. In some circumstances, if a contact tracer requires to contact the setting directly, they will also inform the setting of the positive case. In this way, there are multiple routes and prompts to help ensure settings are alerted to positive cases as soon as possible after a member of staff or child tests positive.

If a parent/carer or staff member is contacted by a contact tracer and told to self-isolate, the person should leave the setting to self-isolate at home straight away and, if possible, wear a face covering on route and avoid public transport if symptomatic. The Scottish Government has published advice for employers on how to support people who are asked to self-isolate, available [here](#).

Based on the latest clinical evidence, revised self-isolation measures will apply to anyone who receives a positive test result or is asked to isolate as a close contact of any Coronavirus strain from Thursday 6 January 2022. Anyone who was asked to self-isolate or who received a positive test before this time should follow the guidance they received at the time (including in relation to the Critical National Infrastructure exemption scheme where applicable – see later in this guidance for further details).. Full guidance on updated self-isolation measures can be found on [NHS Inform](#).

The revised requirements are, in summary:

Positive Cases (regardless of vaccination status):

- must isolate for 10 days; however, if the person tests negative on two consecutive LFD tests (taken at least 24 hours apart, with the first test no earlier than day 6) they may leave isolation if they have no fever after their second negative test.
- This applies to cases aged under 5

Contacts aged under 5

- **Contacts aged under 5 years are not required to undertake daily LFD testing in order to leave isolation.**
- **They should be encouraged, but are not required to, take a one-off LFD test before ending isolation. If any contact develops symptoms at any point during or after the post-contact period, they should take a PCR test.**

Fully Vaccinated Adult Contacts (NB: definition of “fully vaccinated adult” is now 3 doses of an MHRA approved vaccine) AND all contacts who are aged under 18 years and 4 months:

- take 7 daily LFD tests and report results instead of isolating – no requirement for a PCR test to be released from self-isolation;
- children aged under 5 who are close contacts do not need to self-isolate or take daily LFD tests, but are recommended to take a test;
- if you're a close contact who can end self-isolation, you can help protect others by following [our guidance on how to stay safe and help prevent the spread](#).

Unvaccinated/Partially Vaccinated Adult Contacts (NB: this includes adults with only 0-2 doses):

must take a PCR test and isolate for 10 days.

Fully vaccinated individuals who have tested positive for SARS-CoV-2 (COVID-19) within 90 days should still be encouraged to participate in appropriate daily LFD testing in line with NHS guidance when they are identified as contacts. They should also continue to participate in routine asymptomatic LFD testing, including testing in schools.

If anyone aged 5 or over is identified as a contact but has been advised by a medical professional that they are unable to undertake LFD tests for a medical reason, or are unable to take LFD tests due to disability, this should be discussed with Test and Protect when they contact them.

Test and Protect are responsible for contact tracing, and focus on identification of particularly close, prolonged contacts, primarily in household or social settings, known as high risk contacts. When positive results are reported to childcare settings by staff and parents/pupils, it can help support the process if they take the opportunity to encourage those staff and parents to engage with the Test and Protect process and complete the online form as soon as possible.

Normal contacts in the ELC environment will not generally be considered as close contacts, unless index cases identify exceptional circumstances, such as having worked or socialised very closely with someone (including having shared a car). Setting staff will therefore not usually require to be involved in contact tracing. Unless there are exceptional circumstances, there will not be a requirement to isolate whole groupings of children as has previously been the case.

ELC providers must continue to keep clear records of children, adults and staff attending their settings, and of the composition of groups undertaking activities. These records will help to settings to target 'information letters to parents and staff in the event of a positive case in the settings (see below) and to ensure rapid response and contact tracing should the index cases identify exceptional circumstances. This will also enable employers to maintain records on staffing capacity in individual settings and to make judgements about whether it will be necessary to close settings temporarily due to high levels of staff absence. All providers should plan as much as possible to minimise the operational impact of individual staff or groups of staff being required to self-isolate.

If, following confirmation of a child testing positive, the setting feels that a staff member is, or may be, a high risk contact because they have had unusually close or prolonged contact with that positive case in line with the examples set out below, AND the relevant staff member has not to date received notification via the Test and Protect system, the setting can contact their local Health Protection Team. They will provide advice on whether the individual is in fact a high risk contact and what action should be taken. **NB:** Before doing so, settings should ensure they have noted the examples of what would constitute unusually close or prolonged contact set out here:

Unusually close or prolonged contact does not include 'business as usual' contacts in the setting where the relevant mitigations are being followed (e.g. working in the same room as a positive case). Examples of unusually close or prolonged contact may include repeat toileting using hoist equipment for a child with ASN when PPE has not been used, or overnight stays.

Self-isolation for people with symptoms or testing positive

Any adult or child who develops symptoms of COVID-19 (high temperature, new continuous cough or a loss or change to sense of smell or taste) must self-isolate immediately in line with [NHS Guidance and book a PCR test](#).

People living in the same household, for example any siblings, may adopt the appropriate approach to self-isolation and/or daily testing while the person with symptoms is awaiting the outcome of a PCR test result. Eligibility depends on vaccination status or age, and is summarised later in this guidance and at [NHS Inform](#).

If someone has had a positive LFD test result but no symptoms, and then goes on to develop symptoms, they do not need a confirmatory PCR test, unless advised by a clinician, and they do not need to re-start their isolation period. If they develop any of the main symptoms of coronavirus and are concerned about, or their symptoms are

worsening, they should contact 111 or speak to their GP. In an emergency they should dial 999. Otherwise they should continue to follow the self-isolation advice for positive cases (summarised below).

Any adult or child who tests positive using PCR tests must isolate for 10 days, subject to the latest NHS guidance on LFD testing on days 6 and 7 (see summary below). People living in the same household, for example any siblings, must also follow the latest NHS guidance on self-isolation and daily testing as close contacts.

In summary, anyone testing positive on an LFD or PCR test must self-isolate for 10 days regardless of age or vaccination status. However, if the person tests negative on two consecutive LFD tests (taken at least 24 hours apart, with the first test no earlier than day 6) they may leave isolation if they have no fever after their second negative test.

Further detail on the approach to self-isolation and testing for those with symptoms, or those who test positive, is available at [NHS Inform](#).

Information letters

In the event that settings are informed of a positive case or cases amongst their staff or children, they should inform parents/carers and staff by issuing them with an information letter the same day that sets out the actions they should take as low risk contacts. The information letters can be found in the [supporting documents to this guidance](#).

The letter to parents/carer should be sent to parents/carers of children who had contact with the positive case, for example, as part of the same cohort or room.

The letter to staff should be sent to staff members who had similar contact with the positive case.

Settings do not need to issue multiple letters to the same parents/staff if there are multiple cases in the same class during an outbreak. In these circumstances, however, they may wish to keep parents, pupils and staff informed regularly of key developments (e.g. of any advice received from local Health Protection Teams, or updates on further positive cases or case numbers).

4.18 Outbreak and Case Management

Outbreak management in all settings is led by NHS Health Board health protection teams (HPTs).

The procedures for incident management are well established (Managing Public Health Incidents) and are undertaken in partnership with settings, local authorities and Public Health Scotland (as required).

Settings should ensure that they know how to contact [their local HPT](#) and their designated person for doing so is often the Head Teacher or setting manager.

Settings should ensure they are aware of the following definitions:

Single cases will be identified by Test and Protect and higher risk close contacts will be identified through them too. Settings are no longer to contact HPTs to notify of every single confirmed case in a setting. However, managers must notify the Care Inspectorate in the event of a first suspected case and all confirmed cases of COVID. Notifications and guidance are available through eForms.

Under normal operating conditions, settings should continue to contact their local HPT if a cluster is identified. A cluster is two or more unlinked (or link unknown yet) test-confirmed cases of COVID-19 among individuals associated with a specific setting with illness onset dates within 14 days.

The HPT can provide advice to assess any links between cases, undertake risk assessment and discuss further action. Following this an outbreak may be declared, usually through an Incident Management Team (IMT). An outbreak is two or more linked test-confirmed cases of COVID-19 among individuals, associated with a specific setting within 14 days.

In the event of very high local case numbers, and where capacity is constrained, HPTs may need to prioritise engagement with the highest risk settings in their area. These may include, for example, care homes (public health advice remains that ELC settings are relatively low-risk settings). In these circumstances, local HPTs will agree with local authorities and settings the way in which clusters and outbreaks should be managed in order to minimise the involvement of HPTs and free up capacity to support the higher risk settings.

Where necessary, and subject to the requirement for prioritisation as set out above an IMT will be established to manage the outbreak. An IMT is a multidisciplinary, multi-agency group with responsibility for investigating and managing the outbreak. The HPT will chair the IMT and representatives from the setting and, if relevant, the council will be invited to join.

Settings may be asked to support an outbreak investigation by:

- attending an Incident Management Team (IMT) meeting;
- communicating with children, parents/carers, staff and the media;
- implementing appropriate enhanced infection, prevention and control measures and support for contact tracing as recommended by the HPT or IMT.

ELC and other childcare facilities remain settings of low risk for COVID-19. Usually settings continue to operate during outbreaks. On occasion it may be necessary to temporarily close a setting or part of a setting in order to implement control measures or for operational reasons. Any decision on this should be determined through the IMT, or alternative local arrangements where these have been agreed between local authorities and health protection teams.

Settings should maintain records to support outbreak identification and investigation, including attendance records and reasons for absence. When information sharing is

needed during management of an incident there is a duty to both protect and share personal information between those participating in the IMT such as test results and contact details. These requirements are set out in Annex E of [Management of Public Health Incidents](#). The sharing of information must be facilitated respecting the principles of confidentiality and relevant legislation. To support this, Data Protection Impact Assessments should be in place for all partner organisations.

It is for local Health Protection Teams to consider individual risks for any staff or children.

There may also be circumstances in which, based on clear evidence and public health considerations, or other relevant factors (e.g. minimum staffing requirements) specific settings require either to close for a defined period of time. This will closely involve local authorities and local Public Health Teams. All such decisions will continue to be made by local incident management teams working in partnership, and on the independent advice of local Directors of Public Health, who will take full account of safety and wider public health considerations in line with their statutory duties. Similar decisions may require to be taken by local authorities and/or setting managers where staffing constraints (e.g. due to self-isolation or shielding) or other matters make such a move unavoidable.

4.19 Surveillance

Scotland has an excellent programme of community surveillance. This allows us to monitor actively trends in the pandemic, both nationally and more locally.

There is also specific surveillance in respect of schools and children/young people. This draws on COVID-19 related information from a range of sources and covers all school ages and ELC settings.

We are also launching an additional surveillance programme which will see antibody testing for substantial numbers of educational staff volunteers to identify the prevalence of COVID-19 antibodies over time.

Taken together, these sources will allow regular reporting on indicators such as: overall incidence and swab positivity for Scotland; incidence and swab positivity for children; number and proportion of cases that are among education workers; hot spots by local authority area; number of clusters or outbreaks that are under investigation within educational settings; levels and changes in antibodies in educational staff; and, if feasible, asymptomatic transmission among older children and school workers.

These data will inform decision-makers at different levels as they consider any adjustments to make to arrangements – including this guidance – or any investigations to be conducted at certain localities to explore what local responses are required.

4.20 Student placements

In the 2020-21 and 2021-22 academic year, there has been an expectation at national level that HNC Childhood Practice students and trainee teachers will continue their placements. To support colleges and childcare settings to offer placements to HNC students in academic year 2021-22, SSSC have published an Employer Toolkit to provide further information to support placement providers, students and centres to support the safe return of students to placements. The toolkit provides guidance and links to more information to support the safe completion of the placement element where possible. It also contains links to risk assessment tools, current national guidance, frequently asked questions and an example contract. [Read the toolkit here.](#)

In addition, the Scottish Government has now established a Learner Journey Ministerial Task Force, comprising representatives from colleges, universities, students and unions, to consider the challenges that colleges and universities face this academic year in delivering practical learning across all subjects with a placement element, including the HNC Childhood Practice. The immediate priority for the task force is to help students complete their courses and move into further study or employment. The task force will also consider arrangements if some students need to defer a part of their course. For HNC Childhood Practice courses, we continue to encourage colleges and employers to work together to identify placements for students which will enable them to complete their course by the end of the academic year.

4.21 Limiting staff and children's contacts

Minimising contacts through the use of groupings within settings should be considered in indoor spaces, wherever possible. **The general approach should be to minimise the size of groups as far as possible and limit movement between groups unless that is absolutely necessary.**

This provides benefits due to reducing possible vectors of transmission. The size of such groupings might differ depending upon local circumstances and the need to minimise disruption – for example a grouping might refer to a whole room in a setting, or a smaller or larger grouping. Head teachers or managers are best placed to make risk assessments and take decisions about the best approach for their individual setting.

There is no requirement to separate groups when they are outdoors. Settings should make as much use of outdoor space as possible as the risk of transmission is lower outside than it is in indoors. Groups can be mixed when outdoors where that makes it easier to maximise the time children spend outdoors.

The appropriate size of groups will depend on the age and overall number of children, and the layout of the setting. The general approach should be to minimise the size of groups where possible. Large indoor groupings should be avoided.

Group sizes and the associated transmission risks should be reflected in the setting's risk assessment. Settings should demonstrate that they have considered the risks around restrictions on group size.

- The adult to child ratios in the [Care Inspectorate Guidance](#) must continue to apply. It is also worth noting that having larger group sizes will mean that more staff and children would be required to self-isolate in the event of anyone in the group testing positive. As well as reducing the risk of transmission, there will therefore be wider benefits of supporting children in smaller groups.
- The physical capacity of the setting may be affected by physical distancing requirements. Providers should review the layout of settings and consider **how many children can be accommodated safely at any one time** while meeting these requirements. This may be below the normal Care Inspectorate registered capacity of the setting based on current floor space requirements.
- Children are not required to physically distance from each other, or from adults. It is important for children to feel secure and receive warmth and physical contact that is appropriate to their needs, in particular when they are receiving personal care, need comforting or reassurance. Keyworkers will need to be close to the children, particularly young children and should feel confident to do so.
- Staff members should work with the same groups wherever possible. Limiting the number of children, and the number of groups that a staff member is in contact with is important. Where cover is required for breaks, toileting etc., this should be managed within the staff working with a particular group. If staff are, through necessity, to work with other groups, this should be for limited periods, with appropriate risk mitigation measures adopted. Staff should ensure strict hygiene practices are carried out if they are caring for different groups. Adults should seek to maintain the appropriate physical distance from other adults at all times (see section 4.26). Adults (except those who are medically exempt) must wear face coverings whenever it is not possible to maintain the appropriate physical distance.
- The minimum space standards for ELC settings should be in line with the [early learning, childcare and out of school care services: design guidance](#). In addition to this, consideration should be given to what additional space may be required to manage children and staff's contacts. A flexible approach to the use of all existing spaces within the setting should be considered.
- Consideration should be given to the removal of unnecessary items in the setting to maximise capacity and decrease the number of items requiring cleaning, while ensuring the children still have adequate resources and furnishings to support quality experiences.

- Sharing of resources should be minimised. Where resources are used by different groups (e.g. on a rotational basis), cleaning between uses in accordance with requirements in section 4.12 must be undertaken.

4.22 Limiting staff contact with each other

Just as reducing the number of interactions that children and staff have is a key part of reducing risk in settings, so too is reducing the number of interactions that staff have with each other.

When agreeing staff working patterns, settings are encouraged to maintain as much consistency as possible in the staff who work in close proximity, especially in areas where physical distancing is more challenging. While this may not always be possible, having the same groups of staff working together consistently across each week will reduce the risk of transmission among staff. It will also help to limit the number of staff who might need to self-isolate through Test and Protect.

4.23 Maximising use of outdoor spaces

Evidence suggests that outdoor environments can limit transmission, as well as more easily allowing for appropriate physical distancing between staff and between groups of children. Staff should consider how they can safely maximise the use of their outdoor space.

Given that the risks of transmission are much lower outdoors, ELC provision should maximise opportunities for outdoor play and experiences. Outdoor nurseries and childcare settings by their nature will already maximise time spent outdoors by children and staff.

Staff should plan for children to enjoy active energetic play across the day and this may include making use of other areas near to the service. Within any public spaces staff should be aware at all times of the need to keep children distanced from any other children who are not part of the setting, and/or other adults who may be in the vicinity.

Staff should take the necessary precautions to protect children from the elements and this should include suitable clothing, head coverings and sunscreen. Advice on sun safety is available from the [NHS](#).

Guidance to promote high quality learning and play experiences for children outdoors is available in the [Care Inspectorate practice note, Early Learning and Childcare: Delivering High Quality Play and Learning Environments Outdoors](#).

4.24 Short local excursions which promote outdoor learning

Short local excursions which promote outdoor learning (such as a short visit to a local park or green space) can take place as long as these excursions are appropriately risk assessed. The appropriate size of any group travelling off site to undertake outdoor learning should also be considered.

Settings should exercise judgement as to what constitutes a short local outdoor excursion and what constitutes a more substantial day visit. More substantial day visits should be undertaken in line with the guidance set out in the section below.

4.25 Day visits

Day visits (i.e. visits which go beyond a local excursion and that do not include an overnight stay) are an important part of children's education but it is important that the arrangements for trips remain in line with broader guidance set out for ELC and schools. Trips scheduled to take place up to the end of 2021 can continue, however ELC providers will wish to consider the risk assessment for any trip. Additional/new mitigations imposed on ELC settings within this guidance should be reflected in arrangements for trips, in particular pre-visit testing for staff is strongly recommended.

Until we know more about the new Omicron variant we encourage settings to exercise caution about arranging day visits.

4.26 Singing, music and drama

[Advice](#) from the Advisory Sub-Group on Education and Children's Issues shows that there are increased transmission risks associated with music and drama activities.

The sub-group's [advice](#) in the light of the ongoing success of the vaccination programme, and the importance of singing for the health and wellbeing of children well as their social, physical and cognitive development is that singing is permitted, indoors and outdoors.

Children need not be discouraged from singing naturally in the course of activities and play and singing can also be used to comfort young children when necessary.

Safety mitigations should continue to apply in relevant settings where singing, music and drama are taking place (e.g. good ventilation, enhanced hygiene, etc.).

4.27 Physical Distancing (between adults in the setting, including parents at drop-off and pick-up times)

Physical distancing between adults remains a fundamental protective measure that should apply at all times. This will reduce likelihood of direct transmission, and allow for more effective contact tracing through Test and Protect. Individual physical

distancing applies to staff, parents and carers (and any other adults who may attend the setting), older siblings and any external contractors or delivery people. It is essential that all these groups are taken into consideration.

Following the [review of physical distancing in Scotland](#), the First Minister announced in her [statement to parliament](#) on Tuesday 13 July that physical distancing measures will be slowly eased to enable us to operate in a less restricted way. When areas move down to Level 0 on 19 July, where there isn't already a 1 metre rule in place, the physical distance requirement in indoor public places will reduce from 2 metres to 1 metre. The Advisory Sub-Group on Education and Children's Issues provided advice at its meeting on 27 July on whether it was appropriate to make this change in childcare settings while Scotland remained in Level 0. The Sub-Group's advice is that, while Scotland remains in Level 0, settings should continue to adhere to the 2 metres physical distance between adults. However, **when Scotland moves beyond Level 0, the physical distancing requirement for adults in ELC settings will be at least 1 metre.** If settings already have 2 metre physical distancing arrangements that work well and do not limit capacity then they may retain these for logistical reasons. Retaining 2 metres between adults who do not yet meet the criteria for exemption from self-isolation will help to reduce the risk that they are identified as a close contact. (The definition of a contact is explained in section 8 of [Public Health Scotland's contact tracing guidance](#).)

All staff rooms, canteens, bases and offices should be reconfigured to ensure the physical distancing rule is able to be maintained. Where there is not sufficient space to support distancing, for example in staff rooms, offices or work areas, risk assessments should be carried out, and consideration should be given to measures to minimise risk. These measures could include limiting the number of adults in any one space at any one time, staggering staff breaks, creating additional staff work or welfare areas, use of rotas to manage access to spaces, etc. These useful mitigations could also be considered even where space allows for physical distancing.

Learning from outbreaks across a range of sectors suggests that lapses in adherence to physical distancing can occur when staff take breaks from work and mix with colleagues outside or in staff rooms and other social areas. Staff should be reminded that the requirement to physically distance applies at all times, including during breaks and before and after sessions and traveling to and from the setting. The only exception to this is for staff who live in the same household, have formed an [extended household](#) in accordance with the [guidance](#), or where there are health and safety reasons why staff have to come within the required physical distance of each other.

The experience of providers since reopening after the first lockdown shows that use of physical distancing (alongside other precautions) will reduce the overall number who need to isolate in the event of a child or staff member contracting COVID-19.

4.28 Use of Face Coverings

The Advisory Sub-Group on Education and Children's Issues provided updated advice on the use of face coverings, in light of the latest scientific evidence and the [advice of the World Health Organisation](#), which was published on 22 August 2020. A [further update](#) was published on 30 October 2020. The advice notes that the volume of evidence supporting the initial scientific position on a key benefit of face coverings (protection of others from infection by the wearer) has grown. There is also emerging evidence to suggest that the wearer of a face covering can be protected to some extent from infection by others.

Considering the changed position on infection and transmission rates in the community, the evidence and experience of settings re-opening between August and October 2020, and recent scientific evidence, the Sub-Group strengthened its advice on face coverings in 2020 to manage the main area of risk within education settings, which is adult to adult transmission. The ELC guidance on face coverings was reviewed again by the Sub-Group on 9 February 2021 to support planning for return to ELC for all children. The Sub-Group concluded that no change was required but that the need for compliance with the existing guidance should be strongly reinforced.

Face coverings must be worn by adults wherever they cannot maintain the appropriate physical distance from other adults (e.g. in corridor and communal areas). Coverings should also be worn by staff and visitors when not working directly with children, for example when in office and admin areas, canteens (except when dining), staff rooms and other confined communal areas, (including staff toilets) , except where a person is exempt from wearing a covering. In these circumstances, a face covering must be worn whenever staff move away from a seated position.

Face coverings are only one of the measures to suppress COVID-19 by reducing viral transmission and these should not be used to substitute the other measures needed to contain the virus. Therefore, when wearing a face covering, good hand and respiratory hygiene and physical distancing between adults are still be required.

Face coverings should be worn by parents and other essential visitors to the setting when entering the building, and should be strongly encouraged when parents/carers are drop-off and pick-up their children.

Face coverings are not required when working directly with children, including on the floor or supporting children to move around the building or with toileting, or as a result of being in close physical proximity to children. However, staff who wish to wear a face covering in these circumstances should be supported to do so.

To support this, adults must also maintain the appropriate physical distance from other adults when working together with groups of children.

Where local decisions on the strengthened use of face coverings are made, it will remain vitally important to consider the potential impact on children. For local authority run settings, any such local decisions should be reflected in Equality Impact Assessments.

Some children may need additional support/reassurance about the reasons for adults wearing face coverings. The wellbeing and needs of the child should remain a focus of attention.

The use of face coverings could have an impact for babies and young children, especially those with additional support needs (which includes any level of hearing loss). These impacts should be carefully considered as the ability to see a person's face clearly contributes to babies and young children's communication and understanding. This is particularly important for children with hearing loss, children who are acquiring English and who rely on visual cues to enable them to be included in learning. With this in mind, the wearing of transparent face coverings might be considered appropriate in some situations.

It is not recommended that children aged 5 and under wear face coverings in an ELC setting. However, children, like adults, wishing to wear a face covering in any part of the setting should be permitted to do so.

Clear instructions must be provided to staff on how to put on, remove, store and dispose of face coverings in all of the circumstances above, to avoid inadvertently increasing the risks of transmission. The key points are as follows:

- Face coverings must not be shared with others.
- Before putting on or removing the face covering, hands should be cleaned by washing with soap and water or hand sanitiser if handwashing facilities are not available.
- Make sure the face covering is the right size to cover the nose, mouth and chin.
- When temporarily storing a face covering (e.g. during sessions), it should be placed in a washable, sealed bag or container. Avoid placing it on surfaces, due to the possibility of contamination.
- Re-usable face coverings should be washed after each day of use at 60 degrees centigrade or in boiling water.
- Disposable face coverings must be disposed of safely and hygienically. They are not considered to be clinical waste in the same way that used PPE may be.

ELC settings should follow the current public advice that recommends that face coverings are made of cloth or other textiles and should be at least two, and preferably three, layers thick and fit snugly while allowing you to breathe easily.

The Scottish Government continually reviews the current policy position on face coverings in light of emerging scientific evidence and advice. It remains the Scottish Government's judgement that face coverings provide adequate protection for use in the community and in most workplaces because they are worn in addition to taking other measures, such as physical distancing.

Further general advice on face coverings is available on the [Scottish Government website](#). This includes a [poster that provides useful reminders about how to wear face coverings safely](#).

There should be regular messaging to adults about these instructions, with a clear expectation that face coverings are worn in the relevant areas except for those who are exempt.

4.29 Drop Off & Pick Up

The arrangements for parents to drop off and collect children requires careful consideration, to ensure that large gatherings of people can be avoided, and physical distancing maintained. Physical distancing between staff and other adults (including parents) must be adhered to at all times.

Most children can be placed in the care of staff with adults maintaining an appropriate distance. It is recognised that in some cases, a physical handover of very young children will be required and this should be reflected in risk assessments. Settings should ensure that the amount of time that staff spend in close proximity with parents or carers is minimised, that face coverings are worn by adults during a physical handover, and staff and children should wash hands after the child is safely in the setting. However, where possible, parents and carers should not enter buildings unless this has been planned in advance (see section Visits to the setting by parents/carers).

Some approaches that local authorities and ELC providers should consider include the following:

- Parents/carers who are self isolating while they wait for the results of their PCR test, or who have received a positive PCR test should not leave the house to bring children to or from settings. They should make arrangements for someone else to do this on their behalf or, if that's not possible, children should stay home with parents/carers.
- Parents and carers (and older siblings where they are required to accompany parents) should be strongly encouraged to wear face coverings at drop-off and pick-up
- Staggered and allocated drop off/pick up times (so that not all children arrive onsite at one time).
- Parents/carers and other family members should be discouraged from gathering outside the setting and should maintain physical distancing, as far as practicable, when dropping off children. Appropriate markings may be introduced outside the entrance to the setting to support physical distancing.
- If possible, take account of start time for other children in the family who may be attending a primary school attached to the setting or close by to reduce multiple visits to services for parents where practicable
- Consideration of additional access points and children's routes to play spaces when they arrive at the facility. This could include children heading straight to the area in which their group are working, which could be indoors or outdoors, after washing their hands.
- For those arriving by car, parents may be encouraged to park further away from the setting and then walk with their children to avoid congestion, or alternatively use active travel routes where feasible.

- Staff and parents should only share a vehicle with those from their household or extended household. If they have no other option, they should follow the [safe travel guidance](#) at the Transport Scotland website which provides advice on how to share vehicles safely. Particular consideration should be given to meeting the individual needs of families where children have complex needs or disabilities.
- The advice is not to use public transport in a level 4 area. If the use of public transport is essential, encourage staff and parents to plan their journey to and from their setting, and to minimise pressure on public transport. They should also be encouraged to plan other forms of transport to minimise pressure on the road network and consider walking or cycling where possible.
- Where parents are dropping off young children and it is not possible to maintain physical distancing between adults, staff and children should wash hands after the child is safely in the setting.
- Ensure both the child and the parent is comfortable in the handover and make arrangements if a child is distressed for the parent to comfort them without the parent coming into contact with other children or staff.
- Encourage staff and parents to follow physical distancing when travelling to and from nursery, as advised in the latest guidance on [how to remain safe when walking, cycling and travelling in vehicles or on public transport during the coronavirus outbreak](#).

4.30 Visits to the setting by parents/carers

Telephone calls, online meetings and ‘virtual’ visits should be the norm for meetings with parents. However, where it is considered essential to support children for a parent or carer to attend in person, this should be considered on a case by case basis. For example, this may be in relation to child protection issues, addressing additional support needs or where a parent has a disability which affects their ability to communicate over the telephone or online.

All such visits should be risk assessed and agreed in advance by settings as being necessary a proportionate measure. Visits should be with the permission of the manager or head teacher, who will be best placed to judge what is appropriate in local circumstances (including in the context of cases within the setting’s community).

Risk mitigation measures should be clearly communicated to visitors. This may include, amongst other things, the displaying of notices around the setting.

If the visit takes place indoors ensure that the meeting space is well ventilated, face coverings are worn by adults and that there is a supply of alcohol based hand rub available to visitors at the entrance to the setting.

Parents should take part in the universal testing offer prior to entering the setting.

The number of staff meeting with parents/carers in each visit should also be kept to a minimum.

Where parents have been identified as a close contact but are exempt from self-isolating because they have been double vaccinated and have had a negative PCR test, the visit should be delayed to minimise the risk of transmission into the setting.

Additional arrangements for sharing information between staff and families should be agreed to ensure that clear lines of communication are available where face to face contact is not routinely taking place, for example this might include (where appropriate) video messaging, phone calls or text messages, photographs or email. When settings communicate using these additional measures they must also consider the General Data Protection regulations (GDPR), and update their existing privacy policies where necessary.

4.31 Supporting transitions in other ways

Education Scotland have developed two resources to supporting transitions during COVID restrictions: [Transitions in 2020](#) and the [Wakelet on Supporting young children at points of transition](#).

Wherever possible when a child is settling into the service, this should be undertaken in an outdoor area with the parent and away from other children. It is important that relationships are developed and the settling in period reflects the needs of the children.

Providers should consider how they will support staff, parents and children to familiarise themselves to the revised layouts and movement patterns described above. This should be made fun for children.

For children with additional support needs, settings must work in partnership with parents, lead professionals, children and young people to establish what support and plans need to be put in place to meet their needs. Enhanced transitions may be considered for children with additional support needs, such as through visual representations and plans of physical distancing in their settings.

Settings may wish to consider the following approaches:

- A map could be displayed in the setting detailing entry/exit points and new circulation patterns, for use by staff and parents.
- Social stories and videos shared with children in advance to explain what will be new, and what the nursery day will be like.
- Drawing on learning from the retail sector, clear signage and colour coding on walls and floors could be implemented prior to return to help with wayfinding.
- Appropriate visuals will be particularly important for children. These will need to be clear and child friendly to enable them to be understood by as many children as possible taking account of any visual impairments children may have. These could include signs that display meaningful pictures or symbols. Any signage that involves direct interaction from children will need to be

cleaned regularly and additional methods of communication should also be considered.

4.32 Specialist visitors to the setting

In recognition of the positive impact on the wellbeing of children, specialist staff and other professional visitors can continue to visit settings. Movements should continue to be limited to those that are necessary to support children or the running of the setting.

Visitors should look to reduce the number of settings visited and to limit their contact time with children. They should also take regular lateral flow tests. Consideration should be given to the provision of this support by virtual means, where that is appropriate.

Tradespeople can continue to visit to carry out essential repairs or maintenance to support safe or effective running of the setting or to support future capacity building. They should remain physically distanced from staff and children.

Visits by specialist staff and tradespeople should be included in the setting's risk assessment.

Specialist visitors should maintain appropriate physical distance from staff in the setting.

If the visit takes place indoors, ensure that the physical distancing requirements can be strictly adhered to, the meeting space is well ventilated, face coverings are worn and that there is a supply of alcohol based hand rub available to visitors at the entrance to the setting.

Visits should be with the permission of the manager or head teacher.

4.33 Transitions to Primary School

Given the current progress in suppressing the transmission of the virus and the easing of restrictions for children in other parts of society, primary schools may wish to offer some in person transition support from ELC to primary school to supplement online transition activities. Decisions around in person transition support should be made on a collegiate basis, with full involvement of the school and ELC staff involved.

The Advisory Sub-Group on Education and Children's Issues agreed that transition visits should be done in a way that uses good COVID practice. This includes undertaking transitions with as low numbers as possible and following mitigations required for primary schools.

Where possible, primary schools should promote the use of the outdoors for transition days, as that is the safest space in which young people from different

settings should mix. However, children do not have to be invited as an entire P1 year group, but could be grouped together in small bubbles in line with those applicable in their ELC setting, or in small groups from several settings.

These visits must be supported by a detailed risk assessment and must not take place if there is an outbreak in the ELC setting or primary school. The risk assessment should include consideration of the protection level in both the ELC and school setting. While transitions visits would constitute a permitted reason for leaving or entering areas in level 3 or 4, this should be supported by enhanced risk mitigations, such as smaller group sizes and maximising time outdoors.

Unless absolutely necessary to offer comfort and support to children who are anxious about the visit or become unsettled during the visit, ELC staff and other adults (including parents) should not be present with the children throughout the transitions visit. ELC staff can accompany the children to the school but remain on hand from a safe distance, such as an empty staff room or playground. They should avoid interacting indoors with school staff and pupils unless absolutely necessary to support the wellbeing of children in their care and must be made aware of and adhere to the risk mitigations in place for essential visitors to the school.

Where this minimises the number of adults visiting schools, children should be accompanied to transition visits by ELC staff rather than by parents. This should also ensure that the visit is undertaken by someone who is familiar with and used to applying the COVID risk mitigations in education settings. Schools will be able to explain what alternative provisions they have in place to engage with parents remotely to support their child's transition to school. Where only one child is visiting from the ELC setting or staff pressures mean that ELC settings are not able to support the visit, parents (rather than ELC staff) can accompany their child but should enter the school only if it is absolutely necessary to provide comfort and support to children who become unsettled during the visit. Comfort and support should be provided at a safe distance from other children, pupils and adults.

The Sub-Group also recognised that schools should be able proceed with enhanced in person transition to support children who need it most, allowing children with additional support needs to become familiar with the primary school before they attend in August, if that is in their best interests, in line with responsibilities under the Additional Support for Learning Act. This may involve the attendance of parents but this will be decided on a case by case basis through collegiate dialogue between the ELC setting and the school and should be supported by a bespoke risk assessment. All identified risk mitigation measures should be in place at the time of the visit.

Primary class teachers or senior staff can attend ELC settings to meet children who are making the transition to primary school if this is in the best interest of the child and is safe to do so, having regard to the protection level in which the school and ELC setting are situated. These meetings may be especially important for children with additional support needs. These visits must be risk-assessed and there must be appropriate mitigations in place, in line with the section on visitors to the setting. These visits must not take place if there is an outbreak in the ELC setting or primary school.

Education Scotland have developed some practical advice on supporting the transitions from ELC and into Primary 1 during the pandemic. ELC settings and schools may wish to consider strategies such as:

- using Sway or narrated PowerPoints to share information with parents and children;
- sharing staff video introductions and welcomes on ELC and or school blogs or YouTube;
- sharing school and classroom video tours (both the child and parent's eye level view should be considered when doing this);
- setting up a private Facebook group, or having an email address where parents can ask questions.
- adding a 'transitions frequently asked questions' section the setting and/or school website and or newsletter.

4.34 Moving within and between settings

Some approaches to circulation of children and staff and transitions between different parts of the setting's indoor spaces providers can include:

- **One-way systems:** Settings may wish to adopt one-way systems within corridors and stairs. This may help avoid bottlenecks and ease travel around the setting.
- **External circulation:** As part of an amended circulation strategy it may be beneficial to encourage the use of external areas to move between parts of the building. This would reduce the density of use of the internal areas and also provide some movement and fresh air. Appropriate solutions would be specific to each location. Safety in all weathers and security issues would require to be considered in each location.
- **Signage/communication:** Appropriate signage or verbal communication about the system adopted may need to be implemented, if it differs from previous arrangements at the setting, for the benefit of staff and parents. Signage may be used to remind all adults to wear a face covering when passing through these areas where it is not possible to maintain the appropriate physical distance to reduce transmission risk and/or to remind staff to wait until others have passed.
- **Peripatetic Staffing:** The use of peripatetic staff should be included in the settings' joint risk assessment and mitigations should include reducing the number of children and other staff that staff members work with across settings.
- Where possible staff, whether permanent or agency/bank, **should minimise working across settings**, particularly if there is an outbreak in one location. All precautions should be taken where this cannot be avoided, including adherence to use of face coverings; asymptomatic testing; and good hand

hygiene. A cluster or outbreak of COVID-19 occurs when a setting has two or more confirmed cases of COVID-19 within 14 days. The local health protection team should be notified. If a plausible transmission link between two or more cases is identified within the setting, this is indicative of an 'outbreak'; if not, it is referred to as a 'cluster'. The outbreak will be 'closed' by the local health protection team; risk assessment of the second location may be needed to establish any transmission risk.

- Consideration should be given to sharing of information such as setting contact details, to support contact tracing.
- **Staff working or volunteering for other organisations/employer:** where staff work for a single employer with more than one setting, they should be supported to work in the same setting as far as possible. However it would not be appropriate to require staff to cease working or volunteering with another organisation or employer if that would be allowed under normal contract terms, even if this means that they are attending more than one setting or work place. In these circumstances, staff should discuss arrangements with the manager and consider how to reduce risk of transmission across settings. This arrangement should also be reflected in the setting's COVID risk assessment which should set out the measures in place to reduce risk of transmission across workplaces (such as good hygiene practice, maintaining records of contacts, limiting unnecessary contact and stringent adherence to self-isolation in the event of contact with a suspected or confirmed case).
- It is recognised that the above restrictions on movement of staff between settings may impact on the ability of some practitioners to continue with the patterns of work they would have chosen prior to the COVID-19 response period. Where this is the case, employers/heads of centres should undertake early engagement with staff who will be affected, and unions where appropriate.
- Settings should, in partnership with related partners and local public health teams, pay very close attention to any evidence suggesting the potential for emerging bridges of transmission between settings. In the event that any such evidence is identified, they should consult immediately with local public health teams on any requirement to pause or further reduce such movement between settings.

4.35 Evacuation Procedures

If the layout of facilities is changed, and/or circulation routes or entry/exit points are altered, consideration should be given to evacuation procedures (e.g. in the event of a fire or other incident).

Muster points should also be considered to ensure appropriate physical distancing arrangements are maintained between individuals/groups as far as practically possible. During these times it may be that children are upset or need reassurance from staff, and this should be given by staff comforting children.

Evacuation arrangements must be included as part of the risk assessment for the setting.

Evacuation arrangements for children with complex needs or disabilities should be reviewed in light of any changes.

4.36 Sharing Premises

Some providers operate from school or other community premises. Where services have their own entrance, exit and general facilities including toilets and kitchen facilities they should follow this guidance.

Where services share these facilities, they should consider the following:

- Engage in early discussion with the head teacher of the school, or the manager of the premises to agree use
- Consider potential implications of other services' operating model
- Maintaining physical distance with other users
- Make arrangements for the use of outdoor spaces

4.37 Blended Placements

This relates to children attending more than one ELC setting (for example, a nursery and a childminder).

It remains very important to continue to minimise the number of contacts and risk of transmission, and to maintain progress in suppressing the virus. Blended placements are permitted and must be supported by a refreshed risk assessment that has been undertaken in collaboration with parents and all providers involved in the care of the child.

If there is an outbreak within the child's cohort arrangement in either of the settings that the child attends, blended placements should, wherever possible, be suspended until after the outbreak. A cluster or outbreak of COVID-19 occurs when a setting has two or more confirmed cases of COVID-19 within 14 days. The local health protection team should be notified. If a plausible transmission link between two or more cases is identified within the setting, this is indicative of an 'outbreak'; if not, it is referred to as a 'cluster'. The outbreak will be 'closed' by the local health protection team

The decision about whether to suspend the blended placement and which one setting the child should attend while the blended placement is suspended should be made in discussion with the family and the settings involved.

Where it is judged that a child should attend multiple settings, either ELC settings, childminders or other settings, consideration should be given to how they are supported to ensure good hygiene practices (washing hands, not sharing resources, etc.) when moving between settings, and how their contacts with other groups of children are managed, based on an appropriate risk assessment in each setting.

Where it is judged that a child should attend multiple settings, childminders and other key workers may undertake drop-off and pick-up from other ELC settings but physical distancing with other adults must be maintained.

Where a child attends more than one setting, consideration should be given to sharing of record keeping across settings, to assist with any Test & Protect process. Any records should be managed in way which is consistent with the requirements of GDPR and setting privacy policies.

4.38 Provision of Meals and Snacks

It is important to continue to ensure that mealtimes are a relaxed and enjoyable time where children can socialise, while implementing practical approaches to prevent the spread and control of infection.

Staff should follow usual good hygiene practices when preparing or serving food or assisting children with packed lunches. There is no need for additional PPE at meal and snack times.

ELC providers may wish to consider the following potential approaches to managing at dining times and dealing with associated logistical issues. Arrangements in each setting may depend on whether food is being prepared on the premises.

- Implementing staggered dining arrangements
- Having set snack times for groups
- Maximising the use of the outdoor environment for dining
- Support children to wash hands before and after eating.

5. Self-isolation exemption for essential public services

The Critical National Infrastructure (CNI) Exemption Scheme is ending from 6 January 2022 and being replaced by population wide changes to isolation policy. However, there may be a need for people who were isolating before 6 January 2022 to continue to attend work under the guidance of that scheme that was in place at the time:

- people who are already daily testing under the CNI scheme from 5 January or earlier should continue to follow the CNI guidance until the end of their isolation period;
- people who were asked to isolate prior to 6 January but who have not yet been able to return to work under the CNI scheme may engage in daily testing and return to work in line with the rules set out in the CNI guidance, if required.

Guidance on the CNI exemption scheme (for those people who were isolating before 6 January 2022):

The Scottish Government has confirmed that businesses and organisations providing vital public services and Critical National Infrastructure industries can apply an exemption to allow critical / essential workers to volunteer to leave self-isolation and return to work, in certain limited circumstance, to allow vital services to continue. Education and childcare services are recognised as vital public services and therefore are eligible for exemption. This exemption is available as a measure of last resort in prescribed circumstances.

Exemptions are possible where:

- a childcare setting is impacted by staff shortages as a direct result of the 10 day self-isolation requirement for close household contacts of a positive case;
- those staff shortages are in danger of putting essential functions and services at risk; and
- all other options to address pressures on operations have been exhausted.

Given the public health risks involved, settings should only consider applying the exemption in extreme and exceptional circumstances where staff absence would otherwise reach the level where wholesale closure of services would be unavoidable. Where staff are members of trade unions these should be fully consulted and engaged in the decision making process, with protocols being agreed around any staff exemptions and consideration given to other actions which may be adopted to keep the setting open.

No member of staff should be coerced or put under any degree of pressure to volunteer to leave self-isolation and return to work. There is no requirement for any member of staff to explain or justify their decision not to agree to the exemption. The exemption should be approached on an opt-in rather than an opt-out basis.

Where a member of staff has volunteered to opt-in to the exemption process, a robust risk assessment should be conducted to ascertain the level of risk and whether this risk can be safely managed by the implementation of appropriate

mitigation measures. The risk assessment should take full account of the personal circumstances of the member of staff and of any other staff member or child with heightened vulnerabilities who is accessing the setting. Risk assessments should be kept under regular review and should reflect and be adapted to respond to changes in personal circumstances and local issues, such as local increases in the cases of COVID-19 or local outbreaks. The employer's duty of care to all their members of staff remains paramount.

The shortening of isolation exemption is for provision for critical services only. Those utilising this exemption should continue to isolate in line with the requirements for the public other than for attending work i.e. household contacts should isolate other than attending work; non household contacts can undertake normal activities but should continue to follow advice set out on NHS inform on staying safe if you've ended self-isolation including avoiding crowded places and social events and for the remainder of the 10 day post-contact period.

Who is eligible for exemption

Exemptions apply to businesses or organisations classed as Critical National Infrastructure industries and essential public services that:

- are impacted by staff shortages as a direct result of self-isolation requirements;
- are a critical service at imminent risk due to those staff shortages;
- have exhausted all other options to address pressures on operations.

All registered daycare of children settings are included.

How it works

There are separate arrangements in place for local authority run settings and private, voluntary and independent settings.

Local authority run daycare of children services

Local authorities have been asked to put in place local processes to consider applications for staff to apply the self-isolation exemption from Head Teachers and managers of local authority ELC settings. Please contact the education department at your local authority for more information.

Local authorities are responsible for determining how they run local processes but Head Teachers/managers of ELC settings will be required to demonstrate that they meet all of the following criteria:

- their setting is impacted by staff shortages as a direct result of self-isolation requirements;
- those staff shortages are in danger of putting essential functions and services at risk; and
- all other options to address pressures on operations have been exhausted.

They should also provide detail to their local authority regarding:

- the impact of no action;
- the scope of the requested exemption – location, number of staff etc; and
- whether they are currently engaging with their local incident management team regarding outbreak management.

Local authorities are required to satisfy themselves that the conditions have been met in full and that staff have volunteered following a robust risk assessment, which takes account, among other things, of the personal circumstances of the member of staff involved. As the decision maker and employer, local authorities must also have due regard to their duty of care to all staff.

As is the case for all Critical National Infrastructure industries, before a staff member who is a close contact of a positive case can return to work, they must satisfy all of the following conditions:

- have had their second COVID-19 vaccination more than 14 days before the contact that led to their isolation;
- have a valid vaccination record (You can download the NHS Scotland Covid Status app or get a paper record of your vaccine status from NHS Inform);
- not have symptoms of COVID-19;
- have evidence of a negative PCR test undertaken since being identified as a close contact;
- register daily negative LFD tests for the duration of their recommended isolation period;
- fully comply with any PPE requirements, hand hygiene and other infection control measures; and
- have undertaken robust risk assessment with their employer which takes full account of their personal circumstances and those of vulnerable staff and children accessing the setting.

Staff who cannot reasonably isolate from on-going exposure to a COVID-19 positive household member should not usually volunteer to return to work.

Local authorities are currently developing local processes and arrangements in discussion with local employers and trade unions.

Daycare of children services in the private, voluntary and independent sectors

Businesses and organisations in the private, voluntary and independent sectors are responsible for administering the exemption in line with this guidance. There is no application process.

Childcare providers are required to meet all of the following criteria:

- their setting is impacted by staff shortages as a direct result of self-isolation requirements;
- those staff shortages are in danger of putting essential functions and services at risk; and

- all other options to address pressures on operations have been exhausted.

Under the exemption process, before a staff member who is a close contact of a positive case can volunteer to return to work, the **staff member must satisfy all of the following conditions:**

- have had their second COVID-19 vaccination more than 14 days before the contact that led to their isolation;
- have a valid vaccination record (You can download the NHS Scotland Covid Status app or get a paper record of your vaccine status from NHS Inform);
- not have symptoms of COVID-19;
- have evidence of a negative PCR test undertaken since being identified as a close contact;
- register daily negative LFD tests for the duration of their recommended isolation period;
- make reasonable efforts to isolate from COVID positive household members at home;
- fully comply with any PPE requirements, hand hygiene and other infection control measures; and
- have undertaken robust risk assessment with their employer which takes full account of their personal circumstances and those of vulnerable staff and children accessing the setting.

In considering if the exemption should be applied where a staff member has volunteered, **the provider must:**

- consult and fully engage with the staff member(s) concerned and/or, where staff are members of trade unions, the recognised trade unions in considering whether to allow staff to exempt themselves from self-isolation;
- agree protocols with the staff member(s) and the recognised trade unions around the self-isolation exemption procedure, including the completion of rigorous risk assessments;
- consider how the effects of self-isolation are impacting on critical functions and services;
- consider what steps have already been taken to address this pressure;
- consider the impact of no action;
- consider the scope of the requested exemption – location, number of staff etc;
- consider whether they are currently engaging with a local incident management team (IMT) regarding outbreak management.

Exemptions should be made on a temporary basis only, and last only for as long as there is an immediate risk to vital services operating. Providers should maintain a record of any instances when they use the exemption and the risk assessment undertaken.

Timing

Local authorities will confirm local arrangements for managing applications from local authority ELC settings.

Exemptions for private, voluntary and independent childcare providers can be considered by employers, with the consultation of staff as outlined above, immediately.

5. CONSIDERATIONS IN APPLYING THE GUIDANCE

The practical guidance on implementing public health measure provides the basis for settings to operate safely. These measures will change the way that providers deliver services. When implementing these measures, providers will have to consider how this will affect their operating model. This will differ from provider to provider, and from setting to setting, and a single guidance document could not cover the range of possible settings and delivery models across Scotland.

5.1 Capacity

The public health measures described above may have an impact on capacity, and that impact may be different depending on the physical layout and staffing approaches in each setting. Providers will need to assess whether there is a capacity impact for each available space in their setting, and how this affects the number of children that can be safely cared for in the setting. Providers should assess what capacity is available before making offers of placements to parents.

Key principles to consider in assessing capacity impact are discussed below.

5.2 Physical Capacity

The physical capacity of the setting may be affected by public health measures, including limiting children's interactions, ensure physical distancing for adults, and enhanced hygiene practices. Providers should review the layout of settings and consider **how many children can be accommodated safely at any one time** while meeting these requirements. This may be below the normal Care Inspectorate registered capacity of the setting based on current floor space requirements.

5.3 Staffed capacity

The staffing requirements may be affected by public health measures. Staff may also need to clean play equipment etc. on a more regular basis as well as monitoring and supporting children's hygiene practices. Potential absence and reduced staff availability due to, for example self-isolation, may also affect a setting's capacity to deliver services. Consideration should be given to the impact on vulnerable staff as discussed above.

Providers should review staffing models and consider how many children can be safely accommodated throughout the day.

5.4 Hours of opening

Settings across the country operate a range of models, including term time only or all year models, and longer or shorter days. Providers may wish to consider what hours of opening are required to meet the needs of parents while responding to public health measures, and to offset reduced physical or staffed capacity.

If appropriate and deliverable, extending the opening hours of a setting each day or across more weeks of the year may offer more capacity to enable more children to attend.

5.5 Financial Impact

We recognise that any restrictions on operating may affect the cost of delivery of services per child. If the number of children that can be accommodated in a setting, or within a given staffing model, is reduced, there may be an increase in the cost per hour of childcare. However, the extent of this impact will vary from setting to setting, and will be closely linked to capacity. There may also be additional costs, relating to implementation of public health measures for cleaning and hygiene requirements. These increases in cost base may apply throughout the period where these public health measures are in place.

The period since March 2020 and the onset of the impacts of COVID-19 has been challenging for the childcare sector, as it has been for many other sectors of the economy.

The Scottish Government has undertaken a Financial Sustainability Health Check to collect evidence on the sustainability of the childcare sector in Scotland, in particular in light of the impacts of COVID-19. The exercise have also captured information on the impact of the range of financial support that has been made available.

The Health Check has been informed by evidence and analysis from:

- detailed surveys of childcare providers;
- in-depth case study interviews with a range of providers;
- discussions with childcare provider representative bodies; and
- analysis of trends in Care Inspectorate registration data.

The findings were published on 31 August 2021 and set out in [Financial Sustainability Health Check of the Childcare Sector in Scotland](#).

Alongside this a supporting [Analysis and Evidence paper](#) has also been published.

We are working with the sector and delivery partners to progress the series of actions set out in the Health Check to enable recovery and to support the long-term sustainability of the sector.

Further details on the Financial Health Check Report and the Sustainable Rates Report is provided on the Scottish Government's [information pages on Early Education and Care](#).

These pages will continue to be updated as more information becomes available.

We recognise that funded ELC is an important source of revenue for many providers. The Scottish Government and Local Government have jointly committed in the

strategic framework to designing a model which is financially sustainable for local authorities, and private and third sector providers.

Assessment of the impact on cost of childcare provision while these public health measures are in place must be based on an open, transparent approach. Providers should consider carefully what the impact of restrictions are on cost of delivery in their settings, and how this can be demonstrated.

Advice on the application of [Funding Follows the Child and the National Standard for ELC Providers](#) includes guidance on the payment of sustainable rates for the delivery of funded ELC. [Interim guidance](#) was published in March 2021 regarding the requirements on ELC settings and local authorities from August 2021 for delivery of Funding Follows the Child. This includes updated interim guidance on the setting of sustainable rates for the delivery of funded ELC in the context of the impacts of COVID-19.

As part of the Health Check exercise we have also collected updated information from all local authorities on: the sustainable rates that they have set for their funded providers in the private, third and childminding sectors; rates paid for the delivery of the free meal commitment; their approach, in-line with [guidance](#) published in April 2019, for setting sustainable rates; and any additional support that has been offered to their funded providers during the pandemic.

The information provided by local authorities is set out in [Overview of local authority funding and support for early learning and childcare providers](#), which was also published on 31 August 2021.

5.6 Allocation of places

If capacity is reduced, careful consideration must be given to the allocation of places within a setting. Before making offers to parents, providers should consider the capacity within settings, and ensure that there is a clear and transparent approach to how allocations will be made.

Local authorities will continue to have duties in relation to the provision of funded ELC and other services. Scottish Government and Local Government will work together on the implementation of these duties, building on the principles laid out in [the Strategic Framework](#).

Funded providers who are in partnership with a local authority to deliver places should discuss any changes in their capacity with their local authority to help with the development of a local delivery plan for funded ELC. Effective dialogue, transparency and partnership working between funded providers and local authorities will be essential to reach a shared understanding of capacity, cost and availability.

7. SUMMARY OF USEFUL RESOURCES

This summary is not exhaustive.

- NHS Inform [Covid-19 General Advice](#)
- COVID-19: framework for decision making - Scotland's route map through and out of the crisis: <https://www.gov.scot/publications/coronavirus-covid-19-framework-decision-making-scotlands-route-map-through-out-crisis/>
- COVID-19: strategic framework for reopening schools, early learning and childcare provision: <https://www.gov.scot/publications/excellent-equity-during-covid-19-pandemic-strategic-framework-reopening-schools-early-learning-childcare-provision-scotland/>
- COVID-19: physical distancing: <https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/coronavirus-covid-19-physical-distancing>
- Coronavirus (COVID 19): Advisory Sub-Group on Education and Children's Issues – [advisory note on physical distancing in early learning and childcare settings \(ELC\)](#)
- Public Health Scotland Guidance: <https://www.hps.scot.nhs.uk/>
- Test and Protect - Scotland's approach to implementing the 'test, trace, isolate, support' strategy: <https://www.gov.scot/publications/coronavirus-covid-19-test-and-protect/>
- [Education Scotland: ELC – Supporting Learning at Home during COVID-19](#)

Hand Hygiene resources:

- Best practice guidance on how to wash hands: <http://www.nipcm.hps.scot.nhs.uk/appendices/appendix-1-best-practice-how-to-hand-wash/>
- NHS resources to encourage children to wash their hands: <http://www.nipcm.hps.scot.nhs.uk/resources/hand-hygiene-wash-your-hands-of-them/childrens-pack/>
- Video demonstration on the correct way to wash hands: <https://vimeo.com/212706575>

ANNEXE A

Local authority contact list for CO2 monitors

LOCAL AUTHORITY	CONTACT ADDRESS
Aberdeen City Council	ecsassets@aberdeencity.gov.uk
Aberdeenshire	earlyyears@aberdeenshire.gov.uk
Angus	ELC@angus.gov.uk
Argyll and Bute	Susan.tyer@argyll-bute.gov.uk
City of Edinburgh	earlyyears@edinburgh.gov.uk
Clackmannanshire	kcarmichael@clacks.gov.uk
Comhairle nan Eilean Siar	education.resources@cne-siar.gov.uk . Questions/queries to jmackay1p@gnes.net
Dumfries and Galloway	earlyyearssupport@dumgal.gov.uk
Dundee City	educationcovid19@dundeecity.gov.uk
East Ayrshire	janie.allen@east-ayrshire.gov.uk
East Dunbartonshire	Laura.Gold@eastdunbarton.gov.uk
East Lothian	childcareinfo@eastlothian.gov.uk
East Renfrewshire	Karen.Carmichael@eastrenfrewshire.gov.uk
Falkirk	cspropertyteam@falkirk.gov.uk
Fife	earlyyears.manager@fife.gov.uk
Glasgow City	EducationELC@glasgow.gov.uk Please put CO2 Monitors in the subject heading.
Inverclyde	Linda.Wilkie@inverclyde.gov.uk
Highland	ELCTeam@highland.gov.uk
Midlothian	Laurence.McIntosh@midlothian.gov.uk – EarlyYears@midlothian.gov.uk
Moray	Jennie.Ordonez@moray.gov.uk
North Ayrshire	earlylearningchildcare@north-ayrshire.gov.uk
North Lanarkshire	SmithLou@northlan.gov.uk
Orkney Islands	education.leisure@orkney.gov.uk
Perth and Kinross	ELC@pkc.gov.uk Childcare@pkc.gov.uk

Renfrewshire	elc@renfrewshire.gov.uk
Scottish Borders	EarlyYearsTeamEd@scotborders.gov.uk
Shetland Islands	Samantha.Flaws@shetland.gov.uk
South Ayrshire	Sarah.Pye@south-ayrshire.gov.uk
South Lanarkshire	EarlyYears@southlanarkshire.gov.uk
Stirling	millst@stirling.gov.uk
West Dunbartonshire	Teresa.Devaney@west-dunbarton.gov.uk
West Lothian	milkandhealthysnackscheme@westlothian.gov.uk