

## **First Steps Risk Assessment and Contingency Plan during the Covid-19 outbreak**

**August 2021**

**(following the Government guidance for Early Years)**

### **Social Distancing**

Whilst we recognise that Social Distancing is no longer required, we are mindful that current or potential Clinically Extremely Vulnerable (CEV) staff and children may need to follow advice given by their GP or specialists that means they need to be distancing from others and taking other protective measures. This is extremely difficult when in an environment with, and particularly caring for very young children therefore they may require time away from the setting.

Pregnant staff are given the Government Guidance to make an informed decision whether to stay at home during the pregnancy to reduce risk of serious illness. They are considered Critically Vulnerable. If they have other underlying health conditions, this makes them Critically Extremely Vulnerable. Being socially distanced from others is important but not possible in the working environment with the children.

### **The working environment**

We are resuming as a free flow setting. It is essential for a half termly Fire Drill and they will resume in the usual way, no distancing required. As a trial, parents/carers will now enter the building to drop off and collect their children. First Steps will beforehand be proactive in recommending to them the wearing of face coverings when entering to reduce the spread of infection as the reception area is a confined space.

Whilst we understand that having the COVID 19 vaccination is completely down to the choice of the individual, non vaccinated staff will be encouraged to have it.

Staff always have the option of wearing face coverings at particular times, especially if COVID 19 cases increase in the setting.

Staff are provided with LFD kits and encouraged to test routinely twice weekly to minimize the risk of spread of infection.

Due to additional health and safety measures our adult ratio will be higher.

One other member of staff will be the mobile person accompanying the children to wash hands, go to the toilet, nappy change. They will clean frequently used/touched areas and replenish drinking water and cups. Staff duty rotas will be given.

The small room have a portable sink to use for hand washing other than if the children or staff need to use the bathroom, this promotes personal hygiene in all areas.

To keep parents, children and carers safe particularly now there are more using the setting, vehicles are strongly advised to use alternative parking rather than the car park, during session times, to pick up or drop off (with the exception of an emergency).

Parents and carers must use our one way system by entering via the front gate and exiting by the side gate to avoid congestion. The gates will be closed by 9.45am and opened again at 11.45 in the morning, then closed at 1pm and opened again at 2.50pm.

The safer methods of transporting children to and from the setting, if not walking, is to cycle or use the car. When using public transport a facial covering to protect others is strongly advised by the government and must be worn correctly. (see last paragraph of this document on correct use).

All visitors to the setting will need to wash their hands and it will be recommended that they wear a face covering if able to. The exception for face covering will be specialists who have come to observe and talk to the children

We are now trialling parents/carers entering the building to drop off and pick up. The manager will be available in the reception area to greet and discuss any necessary information with parents/carers. Lengthy or confidential conversations will take place either in the office or by telephone.

A member of staff will be standing at the entrance/exit door to ensure all children are with their appropriate adult when leaving the building..

### **Control measures**

1. Ensure good hygiene for everyone. Wash hands using the 20 second rule when entering the building from outdoor play, when staff enter the building after being off site, before eating. Sanitizer gel when children arrive and leave the setting, and after eating.
2. Maintain appropriate cleaning regimes, using standard products such as detergents.
3. Keep occupied spaces well ventilated.
4. Follow public health advice on testing, self-isolation and managing confirmed cases of COVID-19.

Staff and families who use the setting must follow government guidance on travelling abroad and adhere to travel legislation <https://www.legislation.gov.uk/ukxi/2021/582/contents> and follow the red, amber, green list rules when entering England. <https://www.gov.uk/guidance/red-amber-and-green-list-rules-for-entering-england>

Parents/carers are recommended to wear face coverings if able to, when dropping off or collecting their children.

Parents/carers will assist the children to sanitize their hands on entering the reception area and put their coats and bags on the labelled peg.

Resources may be shared between the setting and home if necessary however hand washing, cleaning of the resources should still apply.

Messy play such as sand mud and water play may continue under adult supervision ensuring that the children wash their hands before and after use and usual hygiene standards are adhered to during use. (Catch it, bin it, kill it if they cough, sneeze or blow their nose). Playdough will be thrown at the end of a week's use.

Tooth brushing will not take place. The importance of good Oral health will still be actively promoted under EYFS statutory requirements.

First Aid procedures must take place in the usual way. As always the practitioner must thoroughly wash their hands for 20 seconds following the procedure.

The staff and children will be in rooms with opened windows and be accessing the outdoors regularly to minimise the risk of spreading the coronavirus.

## **Hygiene**

Visual instructions on exactly the correct technique for washing hands is displayed at all sinks. Water and soap must be used each time and paper towels to dry hands.

Staff must wash their hands immediately on entering the building whether visiting, starting their shift, returning from an appointment or a lunch break. The correct 20 second technique must be used. They must wash hands using the same method before leaving the setting.

On arrival to the building all children will be sanitizing their hands. Parents/carers are responsible for doing this to ensure the correct technique is being used.

When returning from outdoor play, both children and staff must wash their hands thoroughly using the 20 second technique.

Before snack time and lunch times, both children and staff must wash their hands thoroughly using the 20 second technique. After eating, sanitizing gel must be used to clean hands.

Before going home, children's hands must be cleaned using the sanitizer.

Staff are to promote hand washing and other infection control measures via age appropriate games, videos and songs with the children to give them a better understanding of the importance. This provides additional support for children with delayed development.

Any adult or child that sneezes or coughs must use a tissue or inside of their elbow to 'catch It,' bin the tissue, and then thoroughly wash their hands or use the sanitizer gel. Following the public health slogan "catch it, bin it, kill it" slogan. Bins and tissues are in all locations indoors and outdoors.

The alcohol sanitizer and baby wipes is provided in each area but hand washing with soap is still the preferred method.

Cleaning of switches on lights and heaters must be cleaned with warm water and detergent at the end of each session. Floors in the toilets, big room and small room must be mopped at the end of each session with warm water and detergent.

Large furniture such as tables and chairs will be also washed with warm water and detergent before being packed away at the end of a session.

During every session all regularly used surfaces, such as door handles, flush handles, taps, soap nozzles, sinks, towel dispensers are to be washed with warm water and detergent (washing up liquid) mid morning and mid afternoon. The mobile person will do this task and take any used drinking cups belonging to playgroup to be washed and replenish if clean ones needed.

Staff are to wash their uniforms at home at the temperatures recommended on the manufacturers' labels and maintain their usual high standard of hygiene.

PPE must be worn when dealing with a dirty nappy, vomit, blood, or a child displaying symptoms of COVID-19 . Regular hand washing is required.

Staff must wash their hands after caring for any ill child regardless of symptoms.

Dirty linen is safe to be cleaned weekly on a 90 degree wash by staff willing to do so, on a rota basis, unless it has been in contact with a child or member of staff displaying COVID-19 symptoms. In which case it would be securely double bagged and removed from the building for 72 hours clearly labelled and dated.

If a negative result laundry can be washed immediately  
If a positive result the laundry must be washed after the 72 hour period.

### **Adults or children displaying COVID-19 symptoms**

Adults (staff members) and children displaying COVID-19 symptoms of a high temperature (37.8 degrees Celsius or above), loss of or change to their ability to taste or smell or a dry continuous cough, must be sent home immediately and the adult affected or child's parents advised to follow the *COVID-19; guidance for households with possible coronavirus infection guidance*.

They must self isolate for 10 days, (the 10 days is counted from the first day of symptoms) and follow government guidance on isolation as there is now criteria that says not everyone need isolate.. <https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-and-treatment/when-to-self-isolate-and-what-to-do/> Every adult or child attending a childcare setting has access to testing and one must be booked immediately if symptoms are displayed.

Polymerase chain reaction (PCR) tests are booked either by using the NHS website or ordered via NHS119. Adults must assist children younger than 11 years old if using a home testing kit (PCR).

Playgroup must be notified immediately of the result after testing.

NHS Test and Trace will work with the positive case to identify close contacts.

Close contact with an infected person meaning:

- Anyone who lives in the same household as another person who has Covid-19 symptoms or has tested positive;
- Anyone who has had face-to-face contact, including being coughed on or having a face-to-face conversation within one metre, with someone who has tested positive;
- Anyone who has been within one metre for one minute or longer without face-to-face contact with someone who has tested positive;
- Anyone who has been within two metres of someone for more than 15 minutes, either as a one-off contact, or added up together over one day, with someone who has tested positive;
- A person may also be a close contact if they have travelled in the same vehicle or plane as a positive case.

Where an adult or child tests negative, they may return to the setting and members of their household end their self isolation if they feel well enough to do so. It may be they have another cold or flu virus.

If the adult or child tests positive, the manager will work closely with the local health protection team. It is a legal obligation if requested to isolate by NHS Test & Trace or local health protection team. Unless they show symptoms, it is not necessary for members of their household to self isolate.

The person testing positive must self isolate for at least 10 days after the onset of their symptoms. They must self isolate longer if their temperature has not returned to normal. They

should then return if they no longer have symptoms, other than a cough or loss of taste or smell as this can last several weeks after the infection has gone.

If a person began their 10 day isolation period and develops symptoms, they must isolate for 10 days from the day they develop symptoms.

If the first person of a household or bubble has tested positive using either the LFD or PCR test , the 10 full day isolation begins from the date the symptoms began or from the date of the test if there were no symptoms.

If another member of the household displays symptoms during that time, the 10 day isolation restarts from the day they developed symptoms.

As part of the national test and trace programme, swift action must be taken when notification is received that someone who has attended the setting has tested positive for coronavirus (COVID-19). The manager will contact the dedicated advice service introduced by Public Health England (PHE). Helpline on 0800 046 8687 and selecting option 1 for advice on the action to take in response to a positive case. The team of advisers give advice on what action is needed based on the latest public health advice. They will conduct a rapid investigation to advise the manager on further measures necessary. Infection prevention and control must be observed to avoid the whole setting requiring closure.

In the event of a positive result, the manager will contact and provide details to:  
The Local Authority Leicestershire County Council  
OFSTED

Specialists working with vulnerable and SEND children will be contacted by the manager if those children need to isolate due to COVID 19 contact or COVID 19 or illness.

In the event of a positive case, all staff will be encouraged to do a LFD test each evening before their shift the following day, for a period of 10 days from symptoms beginning or 10 days from the test if no symptoms were present.

During the flu vaccination season, if an adult or child has developed a high temperature within 48 hours of having the vaccination, it is likely to be a recognized side effect from that vaccine therefore they do not need to isolate unless further symptoms begin..

After 48 hours of the vaccination the adult or child would need to isolate based on NHS information for COVID 19.

### **Actions when a child is waiting for parents to collect**

The child must be isolated therefore will be taken by a member of staff to the reception area on the sofa away from others. They will wait on the sofa with their coat and bags.

The manager's office is nearby so there is another adult for support and keeps the correct adult:child ratio.

A window will be opened for ventilation.

Full PPE (personal protective equipment) **must** be worn by the member of staff caring for the child gloves, apron, mask, goggles and face shield. This will be fully accessible to the member of staff so that they can put it on quickly. Stored in Managers office cupboard in reception area.

The PPE gives protection and safeguards the adult caring, from any infection likely to be passed on directly or indirectly from droplets formed by spit, crying, sneezing, coughs and talking.

The member of staff sits a 2 metre distance if able to. This may not be possible with a young child or a child with additional needs.

The bathroom is also accessible. The child must use either the disabled toilet or the boys toilet and it be closed off to prevent other users until it has been thoroughly cleaned.

If the child becomes seriously unwell or injured, call 999.

### **Once child/adult leaves**

After the child leaves, the area they have touched, sat on or used must be cleaned with detergent. It will be bleached at the end of the session to prevent the passing on of any infection. Clean PPE must be worn for cleaning to prevent transferral of infection.

Disposable PPE, cloths and any other waste used to clean must be bagged and tied when full, then placed into a second rubbish bag and tied. This waste must be dated and marked "for 72 hour storage" away from the children. Outside at the side of the toilet wall where children do not go to.

If an adult displaying symptoms has left the building it is unlikely a member of staff has had to care for them however cleaning cloths used to clean areas they have used, following their departure must be double bagged and labelled in the same way as above.

IF AN ADULT OR CHILD CONFIRMS A NEGATIVE RESULT WASTE THEN GOES INTO THE COMMUNAL WASTE

IF A POSITIVE RESULT IS GIVEN ONLY PUT IN THE COMMUNAL WASTE **AFTER** THE 72 HOUR PERIOD TO REDUCE SPREAD OF INFECTION

Storing for 72 hours saves unnecessary waste movements and will minimise risk to waste operatives.

Face shields must be thoroughly washed with detergent and the sink area used, washed with detergent to eliminate spread of infection in the splashed droplets.

The person that cared for the child must thoroughly wash their hands for 20 seconds after having done the disposal and cleaning of the areas.

The person caring for the child is to continue to work. They do not need to go home unless:

They display symptoms themselves

The child they cared for tests positive

They are requested to do so by NHS Test and Trace or Public Health England advice service

They have tested positive with a Lateral Flow Device (LFD)

It is safe to wash uniforms at the end of the day, at home, according to the manufacturers instructions and be washed with other peoples' clothing.

### **CONTINGENCY PLAN**

In the event of an "outbreak" (2 or more positive cases within a 14 day period). First Steps would be encouraging staff to have the vaccine if they haven't already.

The manager would follow Local authorities, directors of public health and PHE health protection team's recommendations to prevent further spread.

<https://www.gov.uk/government/publications/coronavirus-covid-19-local-restrictions-in-education-and-childcare-settings/contingency-framework-education-and-childcare-settings>

Risk Assessment written April 2021 would be reintroduced

Restrictions such as:

Parents social distancing, wearing face coverings and being greeted outside rather than entering the building

Temperature checks would be taken at the beginning of each session for staff and children

Low level toys not being used would be put out of reach so not easily accessible to children

Remove unnecessary soft furnishings

Children's snacks being plated up before snack to contact with other children's food and plates

The manager will not hesitate to close the whole setting if she felt there was any risk to the health of children or staff regardless of PHE advice.

## **How to use PPE**

When PPE is used it is essential to use it correctly. Hands must be washed before and after putting it on in order to reduce self contamination.

Face masks must:

Cover both the nose and mouth

Not be allowed to dangle around the neck or be moved from the mouth while talking

Not be touched once put on except when carefully removing before disposal

Be changed when they become moist or damaged

Be worn once then discarded-hands must be cleaned after disposal

## **Removal of face coverings on arrival to setting**

Face covering must be put on and removed by touching only the sides of the mask not the front.

Adults or children arriving at the setting wearing non disposable face coverings must remove them and place them in a plastic bag that the wearer has brought with them.

They must wash their hands for 20 seconds. If a child needs help to remove it, the adult that assisted them must also thoroughly wash their hands.

Disposable face coverings are to be disposed of in the normal domestic waste bin as they would only be allowed in the setting if they were non symptomatic.

## **ADDITIONAL SAFETY PRECAUTION**

### **Lateral Flow Device testing for staff**

First Steps is engaging in the asymptomatic rapid test initiative using the home lateral flow device (LFD).

We acknowledge this is optional, staff are encouraged to carry out a test twice/week as a precautionary measure.

Recording and evidencing the tests distribution and whether positive or negative will be carried out by Alison Blackery at the setting. All staff need to use the government system to inform them of their positive or negative test result.

In the event of a positive result, a polymerase chain reaction (PCR) test must be booked to confirm the result. A negative result using a LFD doesn't need to be followed up by a PCR. If you have two void test results you must get a PCR test.

### **Wellbeing**

Identifying that everyone will be concerned about health, finance, mental state, upheaval of routines, not just their own but of family and friends.

The manager keeps contact regularly with staff and parents to offer support where possible.

Staff will be vigilant to identify and act on any safeguarding concerns as COVID 19 outbreak and lockdown may have changed and had an effect the child and their family's circumstances.

The manager clearly communicates and signposts the different support groups available to parents, carers and staff.

Clinically Extremely Vulnerable staff and children's health and wellbeing will be regularly reviewed by the manager.

## **CLEANING AREAS WHERE THERE IS FOOD**

### Food preparation area

Staff preparing food has a food hygiene certificate

They follow and mark off daily the checklist for opening and closing the kitchen area which is kept in the kitchen area above the sinks.

### Dining Area

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When setting up in the mornings, after each sitting of snack time and each sitting of lunch time, the tables are washed with water and detergent.

Tables used are designated for dining without the need for table cloths and are washed at the end of each session with warm water and detergent..

When the children are not using the tables for eating wipe-able table coverings are used so that toys can be put on their minimizing the risk of spreading infection. These are washed during the session and when the children have left with warm water and detergent.

The floor area is swept regularly during the session, after snack and lunch times and mopped with hot water at the end of the session when there are no children.

This risk assessment will be reviewed by Alison and Elaine on a monthly basis and each time government guidance updates or our systems of control change.

Elaine Belcher

Health & Safety Officer

22/08/21

Review date 02/09/21