

COVID-19 Childcare - Guidance for Childminders

Version History: V12 – 16 August 2021

Introduction

1. Please note that this guidance is for childminders, and is also intended to be helpful to parents and children. It will be updated regularly and available on <https://www.familysupportni.gov.uk/News/index/178>. Please consult the FSNI website at regular intervals.
2. Our aim is to support children when they are in childcare. Nurturing and attached relationships are essential to creating the conditions for children to flourish in in childcare. It is acknowledged that social distancing of young children is not always possible. 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. Childminders will need to be close to the children, particularly young children, and should feel confident to do so. This includes feeling confident to continue to hug children in line with their needs.
3. Information and support continues to be available from the Northern Ireland Childminding Association and Employers For Childcare:
The Northern Ireland Childminding Association (NICMA) is a registered charity and membership organisation to support and develop registered childminding for the benefit of children, families and communities. NICMA will, in particular, be able to provide support with applications to the COVID-19 Childcare Sector Support Scheme.
<https://nicma.org>
Tel: 028 9181 1015
Email: info@nicma.org

Employers For Childcare is a registered charity aimed at removing the barrier that a lack of affordable, quality childcare presents to working parents. The charity encourages employers to implement family friendly policies in the workplace and also offers a free, confidential and impartial advice and information Freephone helpline.

<https://www.employersforchildcare.org/>
Tel: 028 9267 8200
Freephone: 0800 028 3008
Email: hello@employersforchildcare.org

Information on COVID-19 and children

4. Chief Medical Officers across the UK have acknowledged in a Joint Statement (<https://www.gov.uk/government/news/statement-from-the-uk-chief-medical-officers-on-schools-and-childcare-reopening>) that there is clear evidence of a very low rate of severe disease in children compared to adults, even if they catch COVID-19. There is clear evidence from many studies that the great majority of children and teenagers who catch COVID-19 have mild symptoms or no symptoms at all. There is also reasonable evidence that young children have a significantly lower rate of infection than adults (they are less likely to catch it).
5. Symptoms in children include a continuous cough, a change in or loss of sense of taste or smell and a fever (temperature of 37.8 or higher). It is important for parents and for those who deliver childcare to accept that no interpersonal activity is without risk of transmission of infection. Therefore there are a number of measures you will be required to put in place to enable you to operate as safely as possible in the interests of children and the staff who care for them.
6. The risk of the disease being transmitted is higher the closer the contact, the greater the exposure to respiratory droplets (for example from coughing), or the longer the duration of the contact. A person at higher risk of acquiring the infection is known as a close contact. Based on the national evidence, the definition of a close contact is a person who has had the following contact with a confirmed case from 2 days before the first day of symptoms to 7 days after:
 - anyone who lives in the same household as someone with COVID-19 symptoms or who has tested positive for COVID-19; or
 - anyone who has had any of the following types of contact with someone who has tested positive for COVID-19 with a PCR test:
 - face-to-face contact including being coughed on or having a face-to-face conversation within one metre
 - skin-to-skin physical contact for any length of time
 - been within one metre for one minute or longer without face-to-face contact
 - sexual contacts
 - been within two metres of someone for more than 15 minutes (either as a one-off contact, or added up together over one day)
 - travelled in the same vehicle or a plane

These definitions apply regardless of whether face coverings are worn. Short periods of contact do not represent a significant risk to childminders or children where face-to-face conversation is avoided.
7. To enable you to operate as safely as possible in the interests of children, yourself and other members of your household, there are a number of measures you will be required to put in place (further detail below).

Financial support

8. Information relating to any financial support available for the childcare sector and how it can be accessed is will continue to be published on the Department of Education website at <https://www.education-ni.gov.uk/>.

Childminders who are not currently working

9. If a childminder wishes to resume business following any period of closure during the pandemic, they must first inform the local HSC Trust Early Years Team of their intention to do so. HSC Trust Early Years Teams will ensure that any childminder wishing to return to work will adhere to this Guidance. In preparation for re-opening (if not already completed), childminders and any employed assistants should complete the COVID-19 Infection Prevention and Control for Childcare Settings free web-based interactive digital learning course available at <https://learningzone.niscc.info/learning-resources/124/covid-19-infection-prevention-and-control-training-resource-for-childcare-settings> developed by the Childcare Partnership Team at the Health and Social Care Board. This replaces the COVID-19 Infection Prevention and Control Training Resource and Self-Assessment Questionnaire that were available from the Childcare Partnerships website. Each childminder will be required to complete or update a risk assessment to ensure that childcare can be provided as safely as possible to children.
10. Parents have been advised to check the Family Support NI website for the availability of childcare in their area. To ensure that parents are receiving the latest information in respect of your availability, the HSC Trust Early Years Team will inform the Family Support NI website team that you are caring for children, which will allow parents to contact you about their childcare needs.

Minimum Standards - Ratios

11. Childminders must continue to comply with the Department of Health Minimum Standards as they relate to ratios, that is, with the specified maximum number of children who may be cared for as identified on the Registration Certificate. This number includes their own children under 12 years of age. The ratios are:
 - 1:6 – six children under 12, of whom no more than 3 are under compulsory school age;
 - Normally no more than 1 child under a year old.In accordance with the Minimum Standards, where the childminder employs an assistant the same ratios must be met for any additional children, and

arrangements must comply with the Trust's registration decisions regarding the ages and total number of children, up to a maximum of 8.

12. Children between the ages of 12 and 14 can be cared for by a childminder for remuneration. The Trust will take into account any such children when agreeing ratios for children being cared for under the age of 12 years. In these situations the Trust may at their discretion decrease the total number of children aged less than 12 years that can be cared for by the childminder. This decision will depend on a number of factors, including the ages and needs of the children under 12 years of age and the number of children aged between 12 and 14 in the household.

Infection Control

13. In addition to the infection control measures that childminders had in place prior to the pandemic, it is important to keep up-to-date with current advice on COVID-19. Childminders should complete the COVID-19 Infection Control Training available at <https://www.familysupportni.gov.uk/NewsStory/100/covid19-infection-prevention-and-control-training>. We also encourage childminders and parents to discuss any concerns they have together and agree appropriate safety procedures where these are not specifically covered by official guidance.

14. Childminders should promote and practice effective infection control, including the following:

- ensuring accurate recording of attendance and outings will prove helpful in circumstances where a member of staff or a child develops symptoms of the virus. The Test, Trace and Protect strategy requires early identification and isolation of such cases, rapid testing, tracing of close contacts and early, effective and supported isolation to break transmission chains.
- ensuring that sufficient handwashing facilities are available. The importance of frequent handwashing with soap and water for 20 seconds (or using hand sanitiser where soap and water are not available) and drying thoroughly is emphasised, including:
 - When children (and an assistant if applicable) arrive at the setting and before they leave the setting;
 - Before and after handling food, feeding a child, or eating;
 - Before and after using the toilet, changing a nappy, or helping a child use the bathroom (also wash the child's hands after helping the child use the bathroom or changing their nappy); After a child or childminder uses the toilet, the lid should be put down first before flushing.
 - Ensure there is always extra cleaning of the toilets, taps and door handles;
 - If using a shared soap dispenser it is a good idea to clean after use;

- After helping a child wipe their nose or mouth or tending to a cut or sore;
- Before and after giving medicine to a child;
- After handling waste baskets or garbage;
- Washing a child's hands on arrival at the setting and before they go home;
- Supporting children and young people to understand why public health measures are being followed. The use of meaningful symbols and social stories to support children to understand how to follow rules is advised. As far as possible, use innovative methods to inform children, appropriate to their age, on how they can help prevent the spread of COVID-19, including:
 - Promoting good coughing and sneezing etiquette (cover coughs and sneezes with a tissue or sleeve; not hands);
 - Discouraging children from sharing food, drinking cups, eating utensils, towels, toothbrushes, etc.
 - Ensuring that frequently touched surfaces such as toys, books, desks, chairs, doors, sinks, toilets, light switches, bannisters are cleaned more regularly than normal.
 - Ensuring that all children wash their hands thoroughly before and after engaging in sand or dough play.
 - Adding soap to water during water play.
 - Minimising the sharing of soft toys and other soft furnishings between children, unless they can be sprayed with anti-bacterial spray between periods of use.
 - Encouraging the use of a tissue or elbow to cough or sneeze and use bins for tissue waste ('catch it, bin it, kill it').
 - Ensuring that help is available for children and young people who have trouble cleaning their hands independently.
 - Encouraging young children to learn and practise these habits through games and repetition.
 - Children should be discouraged from bringing toys from home. 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 feel reassured and comforted.
 - Books should be wiped down, with a proprietary cleaning solution proven to be effective against COVID-19 where possible (<https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings>), between use by different children.
- Fire safety requirements continue to apply.

- Social distancing of young children is not recommended. 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. Childminders will need to be close to the children, particularly young children, and should feel confident to do so. This includes feeling confident to continue to hug children in line with their needs.

Risk assessments

15. Childminders must ensure that risk assessments are carried out, which consider all risks identified in respect of COVID-19 and which take account of the relevant guidance from the Public Health Agency. All risk assessments should be reviewed regularly and as circumstances change. Childminders 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
- updated appropriately considering any issues identified and changes in public health advice

Plans and risk assessments should be communicated to parents and any employed assistants.

Drop Off, Pick Up

16. When children are being dropped off and picked up by their parents, the following steps should be considered:

- tell children and parents not to attend if they are displaying any symptoms of coronavirus (COVID-19);
- preventing non-essential entry into your home, with children collected at the door if possible;
- remind parents of the need to remain socially distanced when dropping off or collecting their children;
- active travel such as walking and cycling should be recommended as a means of travelling to or from your home, where it is safe to do so. Using active travel carries the lowest risk of transmission of COVID-19 and will bring a range of health benefits as part of a healthier lifestyle; and
- stagger drop off and collection times as much as possible and tell parents the process for doing so.

Transporting children in a childminder's vehicle

17. The COVID-19 guidance relating to public transport does not apply to childminding transport. Children in childminder's vehicles do not mix with the general public on those journeys, and will often be transported in the same group on a regular basis, and that group is also likely to be together in the childminder's home. In order to mitigate the risk of viral transmission in a childminder's vehicle:
- Windows should be opened where possible, and in-vehicle air conditioning or ventilation systems should remain switched off. Where windows are opened consideration should be given to children's clothing given the potential for lower temperatures;
 - Any adults in the car should wear appropriate face coverings;
 - Vehicles should be cleaned between each journey, with a specific focus on touch points such as door handles and seat belts;
 - Wipes, tissues and hand sanitiser should be available in the vehicle, and all passengers should sanitise their hands before entering the vehicle;
 - Items that children may be carrying such as school bags or lunch boxes should be kept in a designated place to reduce the risk of other children coming into contact with them; and

Maximising use of outdoor spaces

18. Evidence suggests that outdoor environments can limit transmission, as well as more easily allowing for natural physical distancing between children, and childminders should consider how they can safely maximise the use of their outdoor space.
19. Where childminder has access to a garden, they should try to use this space as much as possible across the day.
20. Childminders 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. Childminders should risk assess and plan for use of any public spaces, and should be aware at all times of the need to physically distance and to keep children distanced from any other children or adults who may be in the vicinity.
21. Childminders should obtain parents' consent before taking children to a play park. In addition to the usual risk assessment required before taking children to a play park, childminders should prepare to leave the park if it is, or becomes, crowded. Children's hands must be washed/sanitised before and after touching park equipment, and they should be encouraged to refrain from touching their faces while playing in the park. Childminders should check with their local council or check www.playboard.org for any additional guidance on the use of play parks.

22. Childminders who plan to meet up with other childminders in parks or other public areas should include this in their risk assessment, ensure they adhere to current Government Guidance, and seek parents' consent and implement social distancing with other adults.
23. Childminders should take the necessary precautions to protect children from the elements and this should include suitable clothing, head coverings and sunscreen.

Children with symptoms of coronavirus

24. The childminder must have in place procedures to follow when children become sick outside the childminding setting and to protect children and childminders from COVID-19. The following procedure should be developed and implemented to help prevent the spread of COVID-19:
- Children should not attend if they have symptoms or are self-isolating due to having had contact with someone who has tested positive for COVID-19.
 - A child with nasal or other cold symptoms may continue to attend childcare provided: the child is otherwise well and active; the child does not have any of the above symptoms of COVID-19; and no other person in the child's household has a confirmed case of COVID-19.
 - Children with gastrointestinal symptoms such as vomiting or diarrhoea do not therefore require a COVID-19 test. However, they should not attend childcare until after their symptoms have resolved for at least 2 days (this means they should not have been sick or had diarrhoea for at least 2 days before they return to childcare).
 - A plan should be put in place for sharing information and guidelines with parents and guardians that includes:
 - A system to check with parents and guardians daily on the health of the children when children are dropped off with the childminder;
 - Ensuring that up-to-date email addresses and home, work, and mobile phone numbers from parents and guardians of children at the setting so the childminder can reach them at all times and testing that methods of communication work;
 - Providing parents and guardians with information on COVID-19 symptoms, transmission, prevention, and when to seek medical attention;
 - Encouraging parents and guardians to share the information with their children as appropriate;
 - Communicating with parents and guardians that children should stay at home if confirmed as having COVID-19, or having to self-isolate in accordance with the latest PHA advice;

- Establishing voluntary methods for parents and guardians to help screen their children for COVID-19 symptoms (For example, ask parents and guardians to check their children every day before coming to the childminder and to keep their children at home if their temperature is high, that is, if they feel hot to touch on the chest or back - they do not need to measure the child's temperature.)
- Requiring parents to advise the childminder if they, their child or any other family member with whom they live or have had contact has tested positive for COVID-19.
- The requirement (and process) to notify the Public Health Agency and the HSC Trust Early Years Team upon learning that anyone who has attended the childminder's home has tested positive for COVID-19.

If a child becomes sick in your care

25. Each childminder should establish a plan which sets out clearly what steps need to be taken if a child becomes sick at the setting, both in relation to a child who does not display symptoms of COVID-19 and a child who develops symptoms (a new, continuous cough, a change in or loss of sense of taste or smell, fever (temperature of 37.8 or higher).

26. The plan should cover the following:

- Procedures for contacting parents and guardians immediately and criteria for seeking medical assistance.
- Designated areas where sick children can rest, preferable away from others and in a ventilated area. If direct care is required while waiting for the child to be collected, you should wear PPE - a mask, plastic apron and gloves.
- If they need to go to the bathroom while waiting to be collected, the bathroom should be cleaned and disinfected using standard cleaning products before being used by anyone else.
- PPE should be worn by the childminder while caring for the child awaiting collection if a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs).
- In an emergency, call 999 if they are seriously ill or injured or their life is at risk. Do not visit the GP, pharmacy, urgent care centre or a hospital.

Test, Trace and Protect

27. Children who exhibit any of the symptoms associated with COVID-19 (new, continuous cough, fever, change in taste or smell) should not attend childcare and anyone who develops symptoms at childcare will be sent home. The N.I. Executive has rolled out a Test and Trace and Protect strategy designed

to control the spread of COVID-19 and symptomatic staff and children are expected to obtain a test for COVID-19.

28. If a child has symptoms and is not attending childcare or has developed symptoms while attending childcare the following should happen:

- The child should have a test by phoning 119 or via the web portal <https://COVID-19.hscni.net/testing/>; pending the result of this the child self-isolates.
- The childminder should identify other children who were potentially exposed to the symptomatic child and **meet the definition of a close contact** (as outlined above) in readiness for the test result and the potential need to inform the PHA.
- If the result of the test is negative the child can return to childcare, as long as they have been fever free for 48 hours. In this outcome there are no further implications for the childminder.
- If the test is positive the parent should inform the childminder at the earliest opportunity. The child continues to self-isolate until 10 days after the onset of their symptoms. If anyone else in the household develops symptoms during their 10 day self-isolation period, they should seek a test and if positive their 'clock' restarts meaning they have to self-isolate for 10 days from the onset of their symptoms.
- When a child tests positive the PHA Contact Tracing Centre will contact the parent/carer, as appropriate, and:
 - identify all close contacts (as per definition above) **outside** the childcare setting and determine who their childcare provider is; and
 - advise the relevant close-contacts to self-isolate for 10 days.

PLEASE NOTE THAT PEOPLE IN CONTACT WITH AN ASYMPTOMATIC CLOSE CONTACT ARE NOT AT RISK OF EXPOSURE TO THE SYMPTOMATIC CONFIRMED CASE AND HAVE NO RESTRICTIONS ON THEIR NORMAL ACTIVITIES.

29. PCR testing is only recommended if an adult or child has any of the symptoms of COVID-19:

- a high temperature – this means you feel hot to touch on your chest or back (you do not need to measure your temperature), or;
- a new, continuous cough – this means coughing a lot for more than an hour, or three or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual), or;
- the loss or a change in your normal sense of smell or taste.

30. If a child has:

- a. Symptoms of coronavirus and no test, they will need to stay at home until they have arranged a test.

- b. Symptoms of coronavirus and a negative test, they need to stay at home until they have had a normal temperature for 2 days, unless they have been assessed physically or remotely by a GP and the GP has advised that a) the individual is not believed to have COVID-19 or any other infection that could be transmitted in the setting; and b) that the individual can return to childcare. In this case the childminder may decide whether or not to admit the child in advance of the child having had a normal temperature for 2 days.
- c. Symptoms of coronavirus and a positive test they will need to stay at home for at least 10 days.
- d. No symptoms and a positive test, they will need to stay at home for at least 10 days.

31. Please note that childminders are still required to inform the Trust Early Years Teams of any positive COVID-19 case in their household, and in any of the following circumstances:

- When a childminder has to close their setting for a temporary period due to:
 - Positive COVID-19 cases;
 - Self-isolation requirements; or
 - A lack of demand.
- All childminders are reminded that they must notify the Trust Early Years Teams as soon as possible if they decide to stop working permanently, so that their details may be removed from the Family Support NI public register of childcare providers.

Close contacts of COVID-19

32. From Monday 16 August, **if you are fully vaccinated** (more than 14 days since you received the second dose of an approved COVID-19 vaccine), you no longer need to self-isolate for 10 days if someone you have been in close contact with tests positive for COVID-19. Instead of staying at home and isolating, you should get a PCR test on day two and day eight of the 10 day period following last contact with the positive person. If the PCR test is positive, whether or not you have symptoms, you are now a confirmed case and should complete a period of 10 days self-isolation from the date of symptom onset or the test was taken if there were no symptoms. If you have been identified as a close contact and are fully vaccinated, you are advised not to visit hospitals or care homes for 10 days and to minimise contact with those known to be at higher risk if they contract COVID-19, such as the Clinically Extremely Vulnerable Group (CEV) for 10 days. This applies to close contacts only. If you have symptoms of coronavirus (COVID-19), whether vaccinated or not, you should immediately isolate and book a PCR test.

33. Children and young people (aged five to 17) who are not fully vaccinated and are identified as a close contacts should self-isolate and book a PCR test as soon as possible. If the PCR test is negative, they can end their self-isolation and should arrange to take another PCR test eight days after the last known contact. If the young person who is a close contact develops symptoms at any time they should immediately self-isolate and book a PCR test, even if the earlier PCR tests were negative. If any of the PCR tests are positive, this means they have the infection and they should self-isolate for 10 days, in line with advice for confirmed cases.
34. Children under the age under the age of five will be encouraged, but not required, to take a PCR test. They do not need to isolate unless they develop symptoms or have a positive PCR result.
35. A close contact who is fully vaccinated, or under the age of 18 and has had a positive PCR test within 90 days of the date of contact with someone who has tested positive for COVID-19, does not need to isolate and does not need to book tests at day two and day eight. However, if symptoms develop, they should isolate and book a PCR test.
36. Anyone identified as a close contact and asked to isolate for 10 days before 16 August can stop self-isolating on 16 August, only if fully vaccinated. They should have a PCR test on day two and day eight of the 10 day self-isolation period. Anyone aged between five and 17 who has had a negative PCR test can stop isolating on 16 August. Children aged four and under can also stop isolating on 16 August.

Non Compliance with Test Trace and Protect

37. Regrettably there may be some parents who do not wish to comply with the public health guidance in relation to COVID-19, including choosing not to follow the advice to get tested or self-isolate.
38. Where it is clear to a childminder that a child has been:
- in a location that requires quarantine on return; or
 - is displaying clear COVID-19 symptoms
- in line with their general duty of care for all children, the provider should inform the parents that the child cannot attend childcare until they have completed the relevant testing/self-isolation procedures.

Cleaning

39. Consideration should be given to the cleaning strategy to be adopted in your home. There should be regular cleaning of all areas used for the purpose of

minding children, and routine cleaning and disinfection of frequently touched objects and surfaces (e.g. door handles, tables and chairs).

40. Any cleaning measures will only support reducing the risk of transmission where hand hygiene and hand washing are adhered to. Materials such as disinfecting spray and paper towels should be readily available and can be used to easily spray and wipe surfaces. Normal cleaning products used throughout the year are sufficient in supporting hand hygiene and the 'catch it, bin it, kill it' measures. Whilst there are no cleaning products available that have been tested and proved to definitively eradicate COVID-19 viral strains, a standard range of cleaning materials such as 'Shield', 'Protect', 'Milton' and on occasion 'chlorine solution tablets' can support hygiene measures. Bleaching agents (such as sodium hypochlorite or a chlorine dioxide solution) are not recommended, however, on occasion these can be deployed to address more specific cleaning requirements such as where bodily fluids on surfaces are present.
41. All cleaning products must be stored and used in accordance with Control of Substances Hazardous to Health Regulations (Northern Ireland) 2003.
42. Surfaces used whilst eating should be cleaned between children using them.
43. Enhanced and Terminal Cleaning are only recommended during an outbreak of COVID-19. For further detailed information read 'COVID-19: cleaning of nonhealthcare settings. COVID-19: cleaning of non-healthcare settings - GOV.UK'.
44. Childminders should be aware that where a confirmed COVID-19 case is identified within their home, any material that cannot be effectively cleaned will need to be quarantined for 72 hours or disposed of.

Personal Protective Equipment (PPE)

45. Whilst childminders and assistants will not be required to wear PPE other than for certain tasks deemed to be of higher risk of transmission, they should be supported to wear a face covering if they wish to do so due to clinical vulnerability or other reasons. PPE is only required to be worn in a very small number of cases. These are:
 - working with children, young people and pupils whose care routinely already involves the use of PPE, due to their intimate care needs; and
 - giving children medication.PPE in these situations means:
 - fluid-resistant surgical face masks;
 - disposable gloves;
 - disposable plastic aprons; and
 - eye protection (for example a face visor or goggles).

46. Where PPE is recommended, this means that:

- a facemask should be worn if a distance of 2m cannot be maintained from someone with symptoms of COVID-19 (symptomatic children should not be in childcare);
- if contact is necessary, gloves, an apron and a facemask should be worn; and
- if a risk assessment determines that there is a risk of fluids entering the eye (e.g. from coughing, spitting or vomiting), eye protection should also be worn.

47. When PPE is used, it is essential that it is used properly. This includes scrupulous hand hygiene and following guidance on donning (putting on) and doffing (taking off) PPE safely to reduce the risk of contamination.

48. Face masks:

- MUST cover both nose and mouth;
- MUST be changed when they become moist or damaged;
- MUST be worn once and then discarded – hands must be cleaned after disposal;
- MUST NOT be allowed to dangle around the neck; and
- MUST NOT be touched once put on, except when carefully removed before disposal.

49. Children should not wear PPE.

Childminders, assistants and children who are vulnerable in relation to COVID-19

50. Childminders, assistants and parents should continue to seek the latest information in relation to those considered to be vulnerable or clinically extremely vulnerable available at <https://www.nidirect.gov.uk/articles/coronavirus-covid-19-guidance-clinically-extremely-vulnerable-and-vulnerable-people>. Definitions of the vulnerable and clinically extremely vulnerable categories are available at <https://www.nidirect.gov.uk/articles/coronavirus-covid-19-definitions-clinically-extremely-vulnerable-and-vulnerable>. Where clinically vulnerable individuals are attending childcare, dynamic risk assessments should be carried out in partnership with parents and arrangements should be made to enable appropriate physical distancing wherever possible.

Paediatric First Aid Certification

51. The Minimum Standards require that childminders must have an up to date paediatric first aid training is present at all times. This requirement remains unchanged. It is acknowledged that face to face Paediatric First Aid Training is not possible currently but successful completion of online Paediatric First Aid

Training is available through the Childcare Partnership Training Programme accessible on this link <http://childcarepartnerships.hscni.net/training-quality/training-quality-courses/>. This training is acceptable on condition that the participant completes the practical exercise component completed on a face to face basis as soon as it is available. If childminder cannot meet the above requirement they must notify the HSC Trust Early Years Team.

52. If a childminder needs to renew their paediatric first aid certificate they should visit the Childcare Partnership website for information on the online training on offer. If Paediatric First Aid certificate requalification training is prevented for reasons associated directly with COVID-19 or government advice, the validity of current certificates can be extended by up to 3 months with the agreement of the HSC Trust Early Years Team. Childminders must do their best to arrange requalification training at the earliest opportunity.

StopCOVID NI APP

53. The StopCOVID NI Proximity App was released in July 2020 to assist in stopping the spread of COVID-19 in Northern Ireland, by anonymously contacting people who have been in close contact with someone who has tested positive for COVID-19. All childminders are encouraged to download this free application to help reduce the spread of COVID-19.

Inspections of Registered Childcare Settings

54. The HSC Trust inspection process for childminders re-commenced on 8 October 2020. This guidance will be taken into account for the purpose of inspections.

Some resources to help children to learn about coronavirus and how to keep themselves and others safe:

- [Professional association for children and early years \(PACEY\): supporting children in your setting](#)
- [Dr Dog explains coronavirus](#)
- Busy Bees:
 - [2 metres apart activity \(PDF, 2MB\)](#)
 - [Our hand washing song \(PDF, 958KB\)](#)
- [Bright Horizons: Talking to Children about COVID-19 \(novel coronavirus\)](#)

