

# COVID-19 Childcare - Guidance for Childminders

**Version History: V9 – 14 December 2020**

## 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](mailto: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](mailto: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. The percentage of symptomatic cases requiring hospitalisation is estimated to be 0.1% for children aged 0 to 9 and 0.3% among those aged 10 to 19, compared to a hospitalisation rate of over 4% in the UK for the general population. Most of these children make a rapid recovery. 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 10 days after:
  - lives in the same household;
  - has been within 1 metre of the case and had face-to-face contact including:
    - being coughed on, or
    - having a face-to-face conversation;
  - has had skin-to-skin contact; or
  - has been within 2 metres for more than 15 minutes; or has shared a small enclosed space (such as a car).
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, 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 is fully aware of (and compliant with) this Guidance, before reactivating their registration.
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:
- Frequently handwashing with soap and water (or using hand sanitiser where soap and water are not 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:
    - 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. Afterwards the childminder should always wash their own and the child's hands;
    - 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;
    - After playing in play areas;
    - Before and after giving medicine to a child;
    - After handling waste baskets or garbage; and
    - Washing a child's hands on arrival at the setting and before they go home;
    - Ensuring accurate recording of attendance and records of group movements. This will prove helpful in circumstances where a member of staff or a child develops symptoms of the virus. The Department of Health's 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 the surfaces that children are touching, such as toys, books, desks, chairs, doors, sinks, toilets, light switches, bannisters are cleaned thoroughly and more regularly than normal.
  - Children must wash their hands thoroughly before engaging in sand play and after playing with sand. Sand play has a high play value and therefore it may be used if:
    - (i) there are individual trays for children or changed on a daily basis;
    - (ii) The pit or holder of the sand is cleaned between uses; and
    - (iii) Dry sand is used rather than wet sand.

- Whilst water play can also be used in childcare, the water should have soap added before use to enhance cleaning ability and promote infection control.
- Children must wash their hands thoroughly before playing with play dough and afterwards. Children should have their own individual pots/plastic bags for the play dough, clearly labelled with their name to ensure they use the same dough each time. Alternatively, the dough can be made fresh each day and sharing between children minimised.
- It is accepted that soft toys and other soft furnishings can support the needs and development of some children. These items may therefore be used but sharing between children should be minimised as far as possible and there should be no sharing between groups of children. Where used, such items should be sprayed with anti-bacterial spray regularly throughout the day and washed every evening.
- Children and childminders can sing together in line with risk assessment procedures. In early years setting the benefits of singing would outweigh any potential risks.
- Encouraging children to use 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.
- Limiting close contact with others as much as possible, acknowledging that this is not possible if working with babies, toddlers and younger children.
- Where possible the child should be put into the care of the childminder at the door of the childminder's house.
- The childminder should avoid touching their own face, and where it is age appropriate discourage the children to do the same.
- The opening of doors and windows should be encouraged to increase natural ventilation and also to reduce contact with door handles. However, childminders should not prop open external doors or any other fire safety doors. It should be sufficient for windows to be open dependent on climates and for existing mechanical ventilation where desired to achieve thermal comfort.
- Safely using cleaners and disinfectants on surfaces and objects, which includes:
  - Consideration of the hazards of the cleaners and disinfectants available for use;
  - Wearing gloves; and
  - Ensuring cleaners and disinfectants are used in a manner that does not endanger yourself or children at the setting.
- Further guidance on infection prevention and control: best practice advice is available at the Northern Ireland Regional Infection Prevention and Control Manual website at: <https://www.niinfectioncontrolmanual.net/nursery-guidance>.

## Helping Children and Young People Understand the Public Health Measures in Place

15. It should be noted that some children will need additional support to help them understand why the public health measures being recommended by this Guidance are being followed. The use of meaningful symbols and social stories and videos 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:
- Frequent hand washing;
  - As far as possible, avoiding close and direct contact with other children;
  - Telling the childminder as soon as possible if they feel sick;
  - 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.
16. While Coronavirus can land on fabrics and remain for some time, childcare settings are not considered a high risk environment and while all children should be encouraged to wear fresh clothes each day, this is not essential and childminders should be mindful of creating additional pressure/expense on parents.

### Risk assessments

17. 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.

18. You will find helpful advice in the HSCB COVID-19: Infection Prevention and Control Training document which can be found on the family support NI website at: <http://childcarepartnerships.hscni.net/wp-content/uploads/2020/09/COVID-19-IPC-Resource-for-CC-Settings.pdf>.

## **Drop Off, Pick Up**

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

- tell children and parents not to enter your home if they are displaying any symptoms of coronavirus (COVID-19) (following the COVID-19: guidance for households with possible coronavirus (COVID-19) infection is available at: <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>;
- tell parents that only one parent should attend to drop off or collect their child. Parents and carers should not be allowed into your home unless this is essential, and children should be collected at the door if possible;
- active travel such as walking and cycling should be recommended as a means of travelling to or from childcare, 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**

20. 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:

- Children should be spaced out as much as possible given the space available within the vehicle, and the ability to minimise the number of children transported on one journey;
- 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;
- No food or drink should be consumed during a journey;
- 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
- Where possible, children being transported in consistent groups should have their own designated seats for journeys.

## **Maximising use of outdoor spaces**

21. 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.
22. Where childminder has access to a garden, they should try to use this space as much as possible across the day.
23. 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.
24. 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](http://www.playboard.org) for any additional guidance on the use of play parks.
25. 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..
26. 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**

27. 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 suspected or confirmed case of COVID-19.
- There have been reports recently that 'tummy bugs' may be a symptom of COVID-19 in children and young people. Whilst recent research provides useful early findings, there needs to be a wider discussion at a UK wide level about this. 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 status of their 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:
    - They or someone in their household has **symptoms** of COVID-19 (loss of taste or smell, new, continuous cough, fever). Arrangements should be made for the symptomatic person to be tested. The household should remain at home until the test result is available.
    - The child has tested positive for COVID-19 i.e. a **confirmed case**. In this instance the child needs to self-isolate for 10 days from the first day of symptoms and their household for 10 days.
    - Someone in their household has tested positive for COVID-19 i.e. a **confirmed case**. In this instance everyone in the household (including the child) needs to self-isolate for 10 days from the first day of symptoms.
    - They have been identified as a **close** contact (as per definition above) of someone who has tested positive for

Covid-19 by the PHA Contact Tracing Service. In this instance they need to remain in self-isolation for 10 days;

- 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.
- Know how to notify the Public Health Agency and the HSC Trust Early Years Team upon learning that someone who has been at the setting has a COVID-19 infection.

### **If a child becomes sick in your care**

28. 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). When a child develops symptoms compatible with COVID-19, they should be sent home and advised to self-isolate for 10 days and arrange to have a test to see if they have COVID-19 and follow all further medical advice. They can do this by visiting <https://www.publichealth.hscni.net/covid-19-coronavirus/testing-and-tracing-covid-19#testing-for-essential-workers>. 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 suspected or confirmed case of COVID-19.
29. 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, away from others. If direct care is required while waiting for the child to be collected, you should wear PPE - a mask, plastic apron and gloves.
  - The COVID-19 NI (Health and Social Care Northern Ireland) APP can be downloaded (download links available at: <https://www.nidirect.gov.uk/articles/coronavirus-covid-19-overview-and-advice>) and used to access advice based on the child's specific symptoms.

- If a child is awaiting collection, they should be moved, if possible and safe to do, to a room where they can be isolated behind a closed door, and with appropriate adult supervision if required. This will depend on the age of the child. Ideally, a window should be opened for ventilation. If it is not possible to isolate them, move them to an area which is at least 2 metres away from other people.
- If they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. 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

30. 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.

31. 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 as does their household.
  - 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, and the household can return to normal activities. In this outcome there are no further implications for the provider.
  - 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 and the household continues to self-isolate for 10 days since the onset of symptoms in the child. 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. Anyone else in the household who remains symptom free can return to normal activities after the initial 10 day self-isolation period finishes.

- 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
  - contact close contacts aged 16 years or over (if aged under 16 years they will contact the parents or guardians of the child or contact) and advise them to self-isolate for 10 days, irrespective of whether the contact has had a negative COVID-19 test.
  - speak to the childminder in order to establish all close contacts (as per definition above) **inside** the childcare setting. Contact the parents or guardians of close contacts and advise them to self-isolate for 10 days, irrespective of whether the contact has had a negative COVID-19 test.
  - As long as the close contact and everyone else in their household has no COVID-19 symptoms, the remainder of the close contact's household can carry on with their normal activities including attending work and school.
- If a child was identified as a close contact of confirmed case in the childcare setting subsequently develops COVID-19 symptoms (a new continuous cough, a fever/high temperature or loss of smell/taste) they should seek a test. This child and their household should also now self-isolate pending the result of that test.
  - If the test is negative: the close contact (child) should **still** complete their 10 days self-isolation period. Their household can resume normal activities.
  - If the test is positive: the close contact (child) becomes a case and the 'clock' resets for a new period of self-isolation for 10 days from the date of onset of symptoms. Their household will also need to complete a 10 days self-isolation period from the date of onset of symptoms.

**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.**

32. 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;
- anosmia - the loss or a change in your normal sense of smell (it can also affect your sense of taste).

33. If a child has:

- Symptoms of coronavirus and no test, they will need to stay at home until they have arranged a test.
- 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.
- Symptoms of coronavirus and a positive test they will need to stay at home for at least 10 days.
- No symptoms and a positive test, they will need to stay at home for at least 10 days.

34. It is likely that people living within a household will infect each other or be infected already. Staying at home for 10 days will greatly reduce the overall amount of infection the household could pass on to others in the community.

35. Those living with a child or childminder who has a positive test, will need to stay at home for 10 days from the day the first person in the home started having symptoms. Anyone who develops symptoms during this 10-day period, will need to self-check in accordance with Test and Trace guidance and stay at home for 10 days from the day the symptoms started; If, 10 days after symptoms started, there is no high temperature, there is no need to continue to self-isolate. If the individual still has a high temperature, they must keep self-isolating until their temperature returns to normal. There is no need to self-isolate if the only symptom after 10 days is a cough, as a cough can last for several weeks after the infection has gone.

### **Non Compliance with Test Trace and Protect**

36. 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.

37. Where it is clear to a childminder that a child has been:

- in a location that requires 10 days quarantine on return,
- a contact of a confirmed case; 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 10 days of self-isolation has been completed. Where such a child attends childcare they should be isolated and sent home.

## **Cleaning**

38. 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). It should be noted that normal cleaning activity should be sufficient and that hand hygiene is the most effective method of combatting the spread of the virus.

39. 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.

40. All cleaning products must be stored and used in accordance with Control of Substances Hazardous to Health Regulations (Northern Ireland) 2003.

41. Wherever possible, resources which are not easily washable or wipe-able should be removed. Surfaces used whilst eating should be cleaned between children using them.

42. 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'.

43. 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)**

44. Childminders will not require PPE other than for certain tasks deemed to be of higher risk of transmission. PPE is only needed 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).

45. 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.

46. 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.

47. 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.

48. Children should not wear PPE.

### **Children and staff who are clinically vulnerable**

49. Clinically vulnerable assistants and children can return to childminding, following a dynamic risk assessment, and arrangements should be made to enable

appropriate physical distancing wherever possible. If they have to spend time within 2 metres of others, childminders must carefully assess and agree with the assistant or the child's parents whether this involves an acceptable level of risk.

### **Children, and staff who are clinically extremely vulnerable (those who have been shielding)**

50. The trajectory of the virus has been such that shielding will be paused from 31 July. We expect children and assistants who have been shielding will be able to return to childcare from this date, unless given advice from a GP or healthcare provider not to. People in this group should refer to the latest advice on the need to shield. This guidance will continue to be updated if there are a high number of local cases or there is a need to resume shielding.
51. Guidance for people with underlying health conditions has been prepared and will continue to be updated (see <https://www.nidirect.gov.uk/articles/coronavirus-covid-19-advice-vulnerable-people>). Those who have underlying health conditions and in the case of children, their parents, will wish to be aware of this advice in order to inform discussions with the childminder and/or their healthcare team.
52. Local monitoring arrangements will be in place to give early warning of any local increase in infections in the future which could lead to people in the higher risk categories being advised to stay away from setting again for their safety.

### **Paediatric First Aid Certification**

53. 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.
54. 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**

55. 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**

56. The HSC Trust inspection process for childminders which was paused at the beginning of the pandemic will commence again on 8 October 2020. Trust Early Years Teams will be making contact with all childminders in the coming weeks with further information.

57. This guidance will be taken into account for the purpose of inspections.

**Annex A: 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 \(novel coronavirus\)](#)