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## COVID-19

### Infection Prevention and Control guidance for settings providing childcare during the COVID-19 Pandemic

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## Introduction

This document does not replace existing health and safety regulations or other legal obligations for early year's childcare providers. It is intended to supplement existing infection prevention and control guidance by providing information around specific concerns relating to COVID-19.

It is important for parents and for those who deliver childcare to accept that no interpersonal activity is without risk of transmission of infection at any time. Generally speaking the closer the physical contact, the more likely infection is to spread from one person to another. There are particular issues with small children because they tend to put things in their mouths and naturally seek very close contact with caregivers and other children. Many childcare services have had experience of dealing with these challenges in the context of bacteria that cause diarrhoea such as Vero-Toxigenic *E. coli* (VTEC) or of flu-like illness in childcare services. The risk of spread of infection in childcare or other settings is related to the size of the groups of people that interact with each other. Generally speaking the larger the number of people in a group the more people are placed at risk if infection is accidentally introduced. These issues are brought into sharper focus during a pandemic, but the principles are not different from those that apply to childcare at any time. Most parents understand that some level of risk of infection is unavoidable as a part of a normal childhood. However, parents are very different with respect to their tolerance of infection risk and ability to accept infection and the harm it causes. Therefore, it is important that parents have a clear understanding of the benefits and risk of childcare and that it is not possible to guarantee that infection can be prevented in any setting either in a childcare centre, school or in a home.

Standard infection prevention and control procedures in childcare settings are always important but even more so in a pandemic situation. A heightened awareness by staff, parents and children (where age appropriate) is required so that they know how to protect each other and how to recognise and report symptoms of COVID-19 infection. One of the key challenges for all who care for children during this pandemic is to balance the need for a practical and sensible level of caution with the need to provide a nurturing and supportive environment for children. An atmosphere of fear and an overwhelming preoccupation with hygiene can be harmful to children without materially reducing the risk of infection beyond what can be achieved with a common sense approach. It is important to note that there is no infection prevention and control requirement to limit outdoor activities in the childcare centre and that trips to nearby parks and amenities can be managed with a low risk of infection if physical distance from other people is maintained.

This guidance will assist childcare settings in providing advice for staff on the following:

- The novel coronavirus that causes COVID-19 disease.
- How to help prevent spread of all respiratory infections including COVID-19.
- What to do if someone confirmed or suspected to have COVID-19 has been in a childcare setting.
- Advice on how to clean /disinfect areas where there has been a case of COVID-19 in a childcare setting.

## Information on COVID-19

COVID-19 is a new illness that can affect your lungs and airways. It is caused by a new coronavirus (SARS-CoV-2), which is spread mainly through tiny droplets scattered from the nose and mouth of a person with infection. The droplets can be scattered when the infected person coughs, sneezes, talks or laughs. To infect you, it has to get from an infected person's nose or mouth into your eyes, nose or mouth.

This can happen - *if*:

- You come into close contact with someone who is shedding the virus and who is coughing or sneezing
- You touch - with your hands - surfaces or objects that someone who has the virus has coughed or sneezed on, and then touch your mouth, nose or eyes without having washed your hands thoroughly.

The virus that causes COVID-19 does not spread through the air over long distances (it is not airborne). This means that being in the same big room or in the same outside play area does not spread infection unless people are very close to each other or are touching the same things.

As COVID-19 is a new illness, we are still learning about how easily the virus spreads from person to person and how to control it, so it is important to keep up to date and make sure you are using the most up to date guidance available. This information is available from the following links:

- HSE-HPSC: <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/>
- HSE Hub: <https://www2.hse.ie/coronavirus/>
- Department of Health: <https://www.gov.ie/en/news/7e0924-latest-updates-on-covid-19-coronavirus/>

COVID-19 can be a mild or severe illness. Severe illness is much more common in older people (especially older than 70) and in people vulnerable for other reasons. Severe illness is much less common in children and young adults in good health. Symptoms include fever (high temperature), cough, shortness of breath, difficulty breathing.

People with symptoms of infection are very important in spread of the disease. Symptomatic people appear to be most infectious for other people in the early days after symptoms begin. Infection can also spread from people in the day or two before they get symptoms and it can spread from some people who get an infection but have no symptoms or such mild symptoms that they take little notice of them (asymptomatic spread). People are no longer infectious for other people 14 days after they have developed symptoms.

Testing for COVID-19 is based on taking a sample from the back of the nose and throat and examining if for virus genes in the laboratory. If people have symptoms should they should self-isolate as quickly as possible and telephone their doctor. Their doctor will arrange testing for them if they need a test.

When a person is diagnosed with COVID-19 the HSE works to identify people that the person was in close contact with since they got symptoms and for the 2 days before they got symptoms. People identified as close contacts are at a higher risk of developing infection. They are asked to self-isolate for 14 days and are offered testing even if they do not develop symptoms.

## Information on COVID-19 and Children

For further information, see the HSE website.

In the months since the COVID-19 pandemic started we have learned that:

1. Children seem generally less likely to catch infection.
2. Children seem more likely than adults to have no symptoms or to have mild disease. Symptoms in children include cough, fever, runny nose, sore throat, diarrhoea and vomiting.
3. Children have rarely been the person who brought COVID-19 into a household when household spread has happened.
4. Children are not more likely than adults to spread infection to other people.
5. There are some recent reports that the virus that causes COVID-19 may trigger a rare inflammatory disease called PIMS in some children. PIMS stands for Paediatric Inflammatory Multisystem Syndrome.

## How to help prevent spread of all respiratory infections including COVID-19

Current information shows that COVID-19 can spread easily from people who have symptoms. It also can spread to some degree from an infected person even before they develop any symptoms. For these reasons this guidance is based on two key parts:

1. Do whatever is practical to make sure that people with symptoms of COVID-19 do not enter a childcare setting at any time.
2. Take all practical precautions to reduce the chance of spread of virus all of the time just in case an infectious person with no symptoms is in the childcare setting. This includes greater attention to hand hygiene, respiratory hygiene and cleaning. It also means limiting contact between people, keeping groups as small as possible and limiting mixing of people between the different groups. If someone who is not sick is shedding the virus, but they only mix with one fairly small group the number of people exposed to risk of infection is smaller.

The following are some general recommendations to reduce the spread of infection in a facility:

### 1. Raise awareness

- Promote awareness of COVID-19 and of the symptoms of COVID-19 among staff, parents and children for example with posters and other messages.
- Advise staff members that are ill not to attend work and to follow HSE guidance on self-isolation.
- Advise parents not to present their children for childcare if the child has symptoms of a viral respiratory infection or if there is someone in the household suspected or known to have COVID-19.
- Advise staff members not to present for work if they have been identified as a Contact of a person with COVID-19.
- Advise staff members that develop symptoms at work to bring this to the attention of their manager promptly and to follow HSE guidance on self-isolation.
- Promote good hand and respiratory hygiene as described below and display posters throughout the facility.

### **Hand hygiene:**

Wash your hands regularly. Wash your hands with soap and running water when hands are visibly dirty. If your hands are not visibly dirty, wash them with soap and water or use a hand sanitiser.

Services to support these measures will be needed.

You should wash your hands:

- before and after you prepare food
- before eating
- before and after caring for sick individuals
- after coughing or sneezing
- when hands are dirty
- after using the toilet
- after changing a nappy
- after handling animals or animal waste

Note some children may develop obsessional behaviour related to hand hygiene and may damage their skin through excessive washing. See HSE hand hygiene guidance at

<https://www2.hse.ie/wellbeing/how-to-wash-your-hands.html>

### **Respiratory hygiene:**

Cover your mouth and nose with a clean tissue when you cough and sneeze and then promptly dispose of the tissue in a bin and wash your hands. If you don't have a tissue, cough or sneeze into the bend of your elbow instead, not into your hands.

[Posters](#) on preventing spread of infection are available on the HPSC website.

## **2. Limiting the extent to which group of people mix with each other**

- Arrangements for dropping off and picking up children from childcare should be organised to maintain distance between parents and guardians and between parents and guardians and the childcare workers.
- Where children are walked to the childcare care centre or travel by public transport provide marked waiting areas that support social distancing. A childcare worker should come to receive the child and avoid or limit physical contact with the accompanying adult. If there is no shelter then it may be necessary to have pre-agreed staggered arrival times particularly in bad weather.
- Where children are dropped off and picked up by private car, the accompanying adult should remain in the car with the child. A childcare worker should come to the car to receive the child and avoid or limit physical contact with the accompanying adult. Subject to available space there is no strict requirement for cars to arrive one at a time provided that those accompanying the child remain in the car and do not interact with those accompanying other children.
- A similar process should be followed for pick up.
- Where possible the risk of spread of infection may be reduced by structuring children and their carers into discrete groups or "pods" to the extent that this is practical.
- The formation of "pods" is less relevant or not relevant in settings caring for smaller numbers of children. Generally speaking the objective is to limit contact and sharing of

common facilities between people in different pods rather than to avoid all contact and sharing between pods as the latter will not be possible.

- There is no evidence base on which to define a maximum pod size. Pod sizes should be kept as small as is likely to be reasonably practical in the specific childcare context.
- Services should continue to operate within regulatory adult-child ratios. Structuring pods to have 2 adults in the pod may reduce the need for other adults to enter the pod to provide relief for breaks.
- Pod size including two adults may take account of regulations relating to the maximum adult-child ratios in the relevant regulation quoted below.
- The current maximum adult-child ratios for children in full day care are 1-3 for those aged less than 1 year, 1 to 5 for those aged 1 year, 1-6 for 2 year olds and 1-8 for 3-6 year olds. For sessional pre-school provision in the two years before school entry the ratio is 1 to 11 and for school age childcare the ratio is 1 to 12.
- To the greatest extent possible children and adults should consistently be cared for /deliver care in the same pod although this will not be possible at all times.
- Different pods should not share toys and should where possible have separate breaks and meals times or separate areas at break and meal times.
- Floating /relief staff members who move from group to group will be essential but this should be limited as much as possible.
- Where practical, children from the same household should be in the same pod.
- A record should be retained of the people (children and carers) in each pod on each day to facilitate Contact Tracing in the event of an episode of infection.
- If childcare can be delivered effectively with a pod structure the pods may be separated from each other by light and/or transparent partitions of sufficient height to limit children interacting with each other. There is no requirement for solid partitions from floor to ceiling.

### **3. Physical distancing measures**

- It is not possible to observe physical distancing from a young child you are caring for and it is not practical to enforce physical distancing between young children who are cared for as a group.
- Sleeping cots should be arranged so that there is physical distance between groups of cots for children from different pods. Physical distance between cots from children in the same pod is not likely to be important if the children interact with each other when playing.
- A distance of 2 metres is recommended for physical distancing by the National Public Health Emergency Team. In the context of childcare this is relevant to distancing between adults when they are not engaged in childcare activity (for example when on breaks and arriving for work).
- Stagger the use of canteen or other communal facilities to try to avoid crowding and in particular try manage entry and exiting to avoid close contact in doors and hallways between children and adults from different pods.

### **4. Hygiene measures and cleaning regimes**

- Where possible teach children how to clean their hands and about respiratory hygiene.

- Supply tissues and hand sanitisers / hand gel outside canteen, playrooms, and toilets and encourage children to use them. Hand sanitiser dispensers should be positioned safely to avoid risk of ingestion by young children.
- Ensure hand-washing facilities, including soap and clean towels/disposable towels, are well maintained.
- Hand sanitiser dispensers should be readily available in every room and hand wash sinks should be within easy walking distance
- Soap should be neutral and non-perfumed to minimise risk of skin damage.
- The National Public Health Emergency Team recommends the use of cloth face coverings in certain indoor settings. It is generally not appropriate for childcare workers to apply this when caring for children but the guidance is applicable for interaction between adults when not caring for children. Guidance is available at the following link  
<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/useoffacemasksbythegeneralpublic/>
- Provide bins for disposal of tissues and make sure they do not overflow.
- Increase the frequency and extent of cleaning regimes and ensure that they include:
  - clean regularly touched objects and surfaces using a household cleaning product
  - pay particular attention to high-contact areas such as door handles, grab rails/hand rails in corridors/stairwells, plastic-coated or laminated worktops, desks, access touchpads, telephones/keyboards in offices, and toilets/taps/sanitary fittings.
  - wear rubber gloves when cleaning surfaces, wash the gloves while still wearing them, then wash your hands after you take them off.

### **Selection and management of toys from an infection prevention viewpoint**

- In line with existing national guidance it is recommended to:
  - Choose toys that are easy to clean and disinfect (when necessary) and dry.
  - In the context of the pandemic, the use of certain types of toys (e.g. soft toys, stuffed toys, play dough) needs to be considered carefully. If their use is considered important for the children avoid sharing of items between children in so far as is practical. Play dough should be replaced daily and soft toys should be washed regularly.
  - If soft toys/comfort blankets are essential for some children they should be personal to the child, they should not be shared and they must be machine washable.
  - Jigsaws, puzzles and toys that children are inclined to put in their mouths must be capable of being washed and disinfected.
  - Discourage children from putting shared toys into their mouths.
  - Store clean toys/equipment in a clean container or clean cupboard.
  - Always follow the manufacturer's cleaning instructions.
  - Always wash your hands after handling contaminated toys and equipment.
  - If groups or children are cared for in pods or if there are morning and afternoon groups in the same room avoid sharing of toys between groups to the greatest extent possible for example by having separate boxes of toys for each group.

- If separate toy boxes are not possible toys must be cleaned between use by different pods.

Guidance available at <https://www.hpsc.ie/a-z/lifestages/childcare/>.

### Cleaning of Toys

- All toys (including those not currently in use) should be cleaned on a regular basis, i.e. weekly. This will remove dust and dirt that can harbour germs.
- Toys that are used by very young children should be washed daily.
- Toys that children put in their mouths should be washed after use or before use by another child.
- All toys that are visibly dirty or contaminated with blood or body fluids must be taken out of use immediately for cleaning or disposal. Toys waiting to be cleaned must be stored separately.

### Cleaning Procedure

- Wash the toy in warm soapy water, using a brush to get into crevices.
- Rinse the toy in clean water.
- Thoroughly dry the toy.
- Hard plastic toys may be suitable for cleaning in the dishwasher.
- Toys that cannot be immersed in water i.e. electronic or wind up should be wiped with a clean damp cloth and dried.

### Disinfection procedure

- In some situations, toys/equipment may need to be disinfected following cleaning. For example:
  - Toys/equipment that children will place in their mouths.
  - Toys/equipment that have been soiled with blood or body fluids.

#### During an outbreak of infection:

- If disinfection is required:
  - Use a chlorine based disinfectant at a concentration of 1,000ppm available chlorine (See <https://www.hpsc.ie/a-z/lifestages/childcare> Appendix F on Chlorine Based Disinfectants).
  - Rinse and dry the item thoroughly.
  - **Note:** Always follow the manufacturer's cleaning/disinfecting instructions and use recommended products to ensure effective usage and to ensure equipment is not damaged.

## 5. Plan

- Have a plan for dealing with children and staff who become ill with symptoms of COVID-19. Make sure they know who to contact and where to go right away to self-isolate while they telephone their doctor or the occupational health service for medical advice.
- Have a plan for how the setting will manage core services (for example accommodation, food, meals, laundry, cleaning, showers, toilets) in the event some of the staff become ill with COVID-19 or need to restrict their movements due to being a close contact of a case.
- Ensure that childcare workers are aware of the plan to manage a child who may develop

symptoms of COVID-19 and that, at all times, there is at least one person who is prepared to undertake the care of such a child if the need arises.

- Have a small supply of surgical masks in a readily accessible place for use if someone develops symptoms of COVID-19 if staff members caring for a sick child feel they need to use them.

### **If a child or staff member is in the childcare facility at the time that they feel unwell and develop symptoms**

- If a child develops any symptoms of acute respiratory infection including cough, fever, or shortness of breath while in the care facility, a staff member will need to take them to the place that is planned for isolation. This should be a room if possible but if that is not possible it should be in a place 2m away from others in the room.
- Call their parent or guardian and ask them to collect their child as soon as possible
  - Remember the virus is spread by droplets and is not airborne so the physical separation is enough to reduce risk of spread to others even if they are in the same room.
  - A staff member caring for a child waiting for pick-up will need to be prepared to have contact with the child as necessary. The childcare worker should wear a mask. Staff members may prefer to wear gloves in this situation although they are not strictly necessary as the virus does not pass through skin. Whether gloves are worn or not it is essential to avoid touching your own nose, mouth or eyes while caring for a symptomatic child and to perform hand hygiene. If gloves are used, you must perform hand hygiene immediately after removal and safe disposal of gloves.
- If a staff member develops symptoms of acute respiratory infection including cough, fever or shortness of breath while in the care facility ask them to go home without delay and contact their GP by telephone.
  - They should remain 2 m away from others if possible.
  - They should avoid touching people, surfaces and objects and be advised to cover their mouth and nose with a disposable tissue when they cough or sneeze and put the tissue in the bin. If you don't have any tissues available, they should cough and sneeze into the crook of their elbow.
  - If they can tolerate doing so, they should wear a surgical mask.
  - If they must wait, then they should do so in an office or other area away from others.
  - If they need to use toilet facilities they should wipe contact surfaces clean and clean their hands after attending the toilet.
- In an emergency, call the ambulance, and explain that the child or staff member is unwell with symptoms of COVID-19.
- The room will need to be cleaned and contact surfaces disinfected once they leave.
- If they need to go to the bathroom whilst waiting for medical assistance, they should use a separate bathroom if available and it needs to be cleaned and contact surfaces disinfected before use by others.

### **What to do if there is a suspected or confirmed case of COVID-19 in your childcare setting**

- All individuals with symptoms of COVID-19 should contact their GP for further advice.
- If the doctor arranges testing for them, they (or their parent) will be contacted by Public Health to identify anyone who has been in contact with them during the period when they were likely to have been infectious.

- The childcare setting will then be contacted by local Public Health staff of the HSE to discuss the case, identify people who have been in contact with them and advise on any actions or precautions that should be taken.
- An assessment of each childcare setting where this may occur will be undertaken by HSE public health staff.
- Advice on the management of children and staff who came into contact with the case will be based on this assessment.
- The HSE Public Health staff will also be in contact individually with anyone who has been in contact with the case to provide them with appropriate advice.
- Advice on cleaning of communal areas such as classrooms, changing rooms and toilets is outlined later in this document.
- Symptomatic people should self-isolate and arrange to get tested for COVID-19.
- Confirmed COVID-19 cases should continue to self-isolate at home for a **minimum of 14 days** and should not return to the childcare setting until they are advised that it is safe to do so.
- Close contacts of a confirmed case should go home and restrict their movements for 14 days. They should not attend the childcare facility during that time. They will be offered testing for COVID-19 and will need to stay away from the childcare centre for 14 days even if the virus is not detected on the tests. This is because some people who are infected do not have a positive test at the time the test was taken.

### **Advice on how to clean childcare settings where there were children, or staff with suspected or confirmed COVID-19**

Droplets carrying the virus that causes COVID-19 can fall from the air on to surfaces such as table tops, toys, and other things that we touch. If people contaminate their hands while sneezing or coughing they may contaminate surfaces by touching them. A person may become infected when they touch a contaminated object or surface and they then touch their own mouth, nose or eyes. For example, someone may touch a contaminated door handle and then rub their eyes or put something in their mouth. The virus cannot grow on surfaces but it can survive if they are not cleaned. The virus gradually dies off over time and under most circumstances, the amount of infectious virus on any contaminated surfaces is likely to have decreased significantly by 72 hours.

Regular cleaning of frequently –touched hard surfaces and of hands will therefore help to reduce the risk of infection.

Once a person with suspected COVID-19 is identified in a childcare setting all surfaces that the person has been in contact with should be cleaned and disinfected.

### **General tips for cleaning/disinfecting rooms where a child or staff member with suspected or confirmed COVID-19 was present**

- Once the room is vacated, the room should not be reused until the room has been thoroughly cleaned and disinfected and all surfaces are dry.
- Disinfection only works reliably on things that are clean. When disinfection is required it is always as well as cleaning never instead of cleaning.
- The person assigned to clean the area should avoid touching their face while they are cleaning and should wear household or disposable single use non-sterile nitrile gloves and a disposable plastic apron (if one is available).

- Clean the environment and the furniture using disposable cleaning cloths and a household detergent followed by disinfection with a chlorine based product such as sodium hypochlorite (often referred to as household bleach). Chlorine based products are available in different formats including wipes. Alternatively use a two in one process of cleaning and disinfection with a single product for example certain wipes.
- If you are not familiar with chlorine based disinfectants then please refer to the HPSC Management of Infectious Diseases in Schools available at <https://www.hpsc.ie/az/lifestages/schoolhealth/>
- Pay special attention to frequently touched flat surfaces, the backs of chairs, couches, door handles and any surfaces or items that are visibly soiled with body fluids.
- Once the room has been cleaned and disinfected and all surfaces are dry, the room can be put back into use.
- Carpets (if present) do not require special cleaning unless there has been a spillage however for ease of cleaning, it is preferable to avoid carpets in areas of a childcare facility where children are cared for.

#### **Cleaning of communal areas if a person is diagnosed with COVID-19**

- If a child or adult diagnosed with COVID-19 spent time in a communal area like a play area or sleeping area or if they used the toilet or bathroom facilities, then these areas should be cleaned with household detergent followed by a disinfectant (as outlined above) as soon as is practicably possible.
- Pay special attention to frequently touched sites including door handles, backs of chairs, taps of washbasins, toilet handles. Once cleaning and disinfection have been completed and all surfaces are completely dry, the area can be put back into use.

#### **Laundry if a person is diagnosed with COVID-19**

- Laundry for example from cots should be washed at the highest temperature that the material can stand.
- Items can be tumble dried and ironed using a hot setting/ steam iron if required.
- Household/rubber gloves can be worn when handling dirty laundry and items should be held away from your clothing. The gloves can be washed prior to removal and dried for reuse. Hands should be washed thoroughly with soap and water after removing the gloves
- If gloves are not available, hands should be washed thoroughly after handling laundry.

#### **Managing rubbish if a person is diagnosed with COVID-19**

- All personal waste including used tissues and all cleaning waste should be placed in a plastic rubbish bag.
- The bag should be tied when it is almost full and then place it into a second bin bag and tied.
- Once the bag has been tied securely it should be left somewhere safe. The bags should be left for three days before collection by the waste company.

#### **Key Good Practice Points for Staff Members**

- Do not attend for work if you have symptoms of respiratory virus infection.
- Avoid touching your eyes, nose and mouth, respiratory viruses need access to these body sites in order to cause infection.

- Clean your hands regularly using an alcohol-based hand rub (if hands are not visibly soiled) or by washing with soap and water.
- Observe respiratory hygiene and cough etiquette for example when coughing and sneezing, cover your mouth and nose with a tissue. Discard the tissue immediately into a closed bin and clean your hands with alcohol-based hand rub or soap and water.
- If you do not have a tissue cough into your upper arm or the crook of your elbow -do not cough into your hand.

ENDS