

**This is version 9 of the Childminder services guidance, circulated on 22 June 2021.**

– NOTE THAT THIS NOT FOR IMPLEMENTATION UNTIL EARLIEST 5 AND LATEST 19 JULY 2021.

UNTIL 5 JULY FOLLOW VERSION [9 Coronavirus \(COVID-19\): childminder services guidance](#)

**The key changes are listed in section 1 but providers are encouraged to read the guidance in full.**

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## 1. Introduction

Who this guidance is for:

This guidance is for Care Inspectorate registered childminders.

Nannies and au pairs can continue to provide childcare in accordance with the restrictions on informal childcare in the protection level in which they are operating. They should follow the appropriate guidance on meeting indoors, and [Parent Club](#) contains additional explanation which may be useful.

## 2. Background

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

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

While the vaccination of adults has changed the relative rates of transmission, evidence continues to confirm that younger children are at lower risk of clinical disease from COVID-19 than are older children and adults. There is no evidence of any difference in the risk of severe COVID-19 among pre-school, primary and secondary school teachers, relative to other adults of a similar age. The decision to re-open ELC in February to all children also reflects the crucial role that ELC plays in supporting children's development, and the challenge of delivering this crucial support remotely. While we continue to make progress in suppressing the virus, Childminding settings must place very high priority on reinforcing the mitigations set out in this guidance.

This guidance provides principles to help you make decisions based on the best available evidence to help you operate in a changed context. It will not provide the specific answer to every circumstance which may arise, but it will provide the basis on which you can use your professional judgement to make a decision. Please also be aware that public health advice may evolve over time, and you should check online to make sure you are working to the most recent version of this guidance.

The updates in this version set out how some of the risk mitigations can be adapted for each protection level in the strategic framework.

These changes are incorporated into the relevant sections and cover:

- enhanced cleaning requirements
- sharing of resources between setting and home
- singing
- specialist visitors
- use of peripatetic/temporary staff
- blended placements

There is also a change to the section on Personal Protective Equipment to include a requirement for eye protection where a child is suspected to have COVID

Childminders are encouraged to read the guidance in full

### 3. Purpose of this guidance

This guidance will be kept under review as we move through the different phases of recovery and the different levels of intervention, and:

- provides **clarity of expectation** with regard to childminding services across Scotland that recognises childminding as a home-based care and learning environment
- takes account of scientific and medical advice and provides clarity on practical approaches to safely operating a childminding setting, and
- provides enhanced practices during the COVID-19 period to support the prevention and control of infection covering.

Where this guidance states that childminders:

- “must” do something, there is an expectation that it is done without exception.
- “should” do something, this is strongly advised, where appropriate.
- “may” or “may wish” to do something, the relevant sections have been included as examples of relevant practice that can be considered if appropriate.

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

This guidance is not exhaustive and we expect childminders will continue to operate within the relevant legal and regulatory frameworks to ensure the health and wellbeing of children and parents while they are using their service, including any impact on or from members of the childminders own household. Measures put in place within the setting to comply with this guidance must not contravene health and safety legislation, for example, not leaving fire doors open to increase ventilation.

The Scottish Government has also developed a [document to accompany this guidance that addresses some FAQs](#).

This guidance should be read alongside:

- [Strategic Framework for Reopening Schools and ELC](#) and the framework document [COVID-19: Scotland's Strategic Framework](#).
- [Health Protection Scotland non-healthcare settings guidance](#): this contains information on health protection and infection prevention and control issues including cleaning, hygiene measures, what to do if someone falls ill, laundry considerations and waste management.
- [Realising the ambition](#): Being Me - early years national practice guidance for Scotland.
- [Setting the table](#): nutritional guidance and food standards for early years providers in Scotland.
- [Infection Prevention and Control in Childcare Settings \(Daycare and Childminding Settings\)](#)
- NHS Inform – [COVID-19: Shielding Guidelines](#)
- [Health and Social Care Standards](#)
- [Test and Protect Guidance](#)
- [Guidance on individual risk assessments](#)
- [Shielding advice and support](#)

### 3. Scotland's Strategic Framework

Scotland currently follows a COVID-19 levels system. There are 5 levels (0-4) and each has a different set of rules on what you can and cannot do. [Find out the level and rules for an area](#) using the postcode checker. [Get information on the latest COVID-19 situation](#).

As set out in the Strategic Framework, to best tackle the virus, and protect people, we moved to an approach based on five levels of protection. This allows for a rapid and proportionate responses to be taken – locally or nationally – using a transparent range of measures and options. It also allows us to avoid, where possible, a 'one size fits all' approach, where a part of the country with lower rates of infection lives with restrictions designed to suppress the virus in higher rate areas.

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

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

At its meetings on 18th May and 15th June, the Sub-Group agreed that we could align some of the COVID risk mitigations in the suite of guidance for the formal childcare sector to levels of community transmission and that a sensible approach to doing that would be to align to protection levels.

Reflecting the impact of the mitigations on reducing risk of transmission, the Sub-Group recommended:

- no change to the guidance on: face coverings; physical distancing between staff; ventilation; visits by parents; and staff working with the same cohorts of children as much as possible
- we can align to protection levels the restrictions on: cohort size; visits to the setting by specialist staff; the use of peripatetic staff; and blended placements; and enhanced cleaning regimes
- we can align some of the mitigations to protection levels more quickly where provision is outdoors.

Unless otherwise stated, the protective measures set out in this guidance represent the 'core' or standard protective measures that should be in place in all settings across all five protection levels. Where measures can be aligned with protection level these are set out in tables embedded in this document. **It is important to make clear that Level 0 is not a return to normal.** It is still too soon to specify if and when that would happen. These measures have been augmented in line with scientific and public health advice in the current context of rising prevalence levels. Implementation and adherence to these measures is essential to ensuring the ongoing safety of children and young people, as well as the staff who have worked hard to keep settings open.

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

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

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

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

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

#### **4. Supporting the childminding sector to be confident and safe**

Our priority is the safety of all childminders, assistants, children and families. Our collective responsibility is to enable all childcare professionals, including childminders and their assistants, to feel confident about operating in their workplace. They should have read:

- [Public Health Scotland](#) guidance
- [The Strategic Framework for Reopening Schools and ELC](#)
- [COVID-19: a framework for decision making](#)
- [Advice for the Coronavirus \(COVID 19\): Advisory Sub-Group on Education and Children's Issues](#)

Childminders should communicate with any assistants to ensure that they are clear and confident with the measures and processes recommended within the guidance on operating within a childminding setting. There must be clearly defined training sessions for any assistants on the risk mitigations set out in this guidance, and childminders will want to assure themselves that they understand this guidance and how it applies to them.

As there is some evidence which suggests that COVID-19 may impact disproportionately on some groups (ethnic minority communities), childminders should ensure that they provide practical

support and advice to ethnic minority staff, particularly where they are anxious about protecting themselves and their families. Employers should be mindful of their duties under the Equality Act 2010 at all times. All ethnic minority staff with underlying health conditions and disabilities, who are over 70, or who are pregnant should be individually risk assessed, and appropriate reasonable or workplace adjustments should be made following risk assessment.

### Routine asymptomatic testing

The Scottish Government has made available routine asymptomatic at home testing using lateral flow devices (LFD), to everyone in Scotland. This does not replace the existing procedures for testing of those who have symptoms of COVID-19. More information on rapid testing can be found here [Regular rapid testing for everyone - gov.scot \(www.gov.scot\)](https://www.gov.scot/topics/health/rapid-testing).

Alongside the safety measures and mitigations you are putting in place within your settings, this asymptomatic testing access can provide you with reassurance when you need it.

All participants are encouraged to report their results through the [gov.uk digital portal](https://www.gov.uk/digital-portal) – whether the result is positive, negative or void. This enables us to monitor effectiveness of the programme and understand the level of demand for this kind of testing offer.

It is important to remember that asymptomatic testing does not replace the safety measures and mitigations that you have put in place within your settings. We must all remain vigilant in continuing to follow all appropriate measures to ensure settings remain low risk environments.

### Staff Wellbeing

It should be recognised that childminders and assistants may find it valuable to access support for their mental health and wellbeing.

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

We have worked with Early Years Scotland to launch a [Team ELC Wellbeing Hub](#) to support childcare professionals. Through this platform, childcare professionals can connect with one another, attend online events and access wellbeing resources.

### Wellbeing, nurture and children's rights

Childminders and assistants will be aware that the pandemic will have had a unique impact on each child and their family, as well as themselves and their colleagues at work. It is important that staff are mindful of keeping the child at the centre of their practice to ensure quality and wellbeing, while balancing safety and risk.

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

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

It is essential, that childhood practice continues to be informed by the principles which underpin high quality provision. While aspects of practice may be delivered differently, childminders and assistants will still be working to meet the needs of children and their families. Practice that reflects the principles of nurture, and the importance of relationships is key to this. [Getting it right for every child \(GIRFEC\)](#) with its focus on wellbeing, recognises that children and young people have the right to expect appropriate support from adults to allow them to grow and develop and to have their voices heard. Working in partnership with parents is essential, with two way sharing of information being fundamental to this. The GIRFEC approach is about responding in a meaningful, supportive way which puts the wellbeing of children and families at the heart of any support.

Childminders need to be confident that they are providing experiences and sensitive interactions in a variety of outdoor and indoor spaces, in ways which best support the needs of children within the context of the recovery period.



## 5. Operating conditions

Childminders must operate within the parameters of the maximum registered numbers as detailed on their Care Inspectorate certificate of registration. These numbers include children of their own household or relatives.

Childminders who wish to deliver their service can do so in line with their usual operating model. There is no restriction to the number of households that childminders can care for.

There is no longer a requirement for large childminder settings to establish cohorts of up to 8 children. Large settings should follow the guidance below and use of smaller groups to minimise contact between children.

Childminders must ensure they are adhering to the latest guidance for operation during the pandemic, including any updates to this guidance.

Childminders and any assistants if employed in the setting (including those that are a member of the childminder's household) must make themselves familiar with [COVID-19 advice](#) available from [Public Health Scotland](#) . It is important that the most up to date guidance is used - always ensure you are using the most up to date version of this guide. Always access guidance online wherever possible and check regularly for any updated advice.

Childminders and assistants must be aware of [Test and Protect](#) arrangements. If a childminder, assistant, or a member of their household have symptoms, they must self-isolate straight away and contact the NHS to arrange to be tested at 0800 028 2816 or [www.nhsinform.scot](http://www.nhsinform.scot). Childminders must notify the Care Inspectorate of any confirmed or suspected outbreak of an infectious disease via [Care Inspectorate eForms](#).

## 6. Risk assessments

Childminders must risk assess their settings. All risk assessments should be reviewed regularly and as circumstances change. For services that have been closed over holiday periods or other temporary closure, risk assessments must be reviewed prior to the re-opening.

To help with setting-level risk assessments, HSE has [an example COVID-19 risk assessment](#) which provides a general framework for all business sectors. [Guidance on how to undertake individual level risk assessment](#) for any assistants or a childminder themselves is available in guidance produced by the Scottish Government.

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

- effective;
- working as planned; and
- updated appropriately considering any issues identified and changes in public health advice.

Plans and risk assessments should be communicated to parents and must be shared with any assistants or other adults attending the setting. The assessment should directly address risks associated with coronavirus, so that sensible measures can be put in place to control those risks for everyone.

Childminders should also ensure that they are familiar with the [advice for COVID-19 infected households](#), the [Health Protection Scotland COVID-19 guidance for non-healthcare settings](#) and the [COVID-19 advice from the Health and Safety Executive](#).

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

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

Childminders should consult extensively with any assistants they may have to ensure that they are clear and confident in implementing the required public health measures and processes.

## 7. Attendees within a childminder setting

Childminders who wish to deliver their service can do so in line with their usual operating model, operating within the maximum number of children that can be cared for as detailed on their certificate of registration.

Childminders can use their discretion to allocate places to families, based on their usual operating model. Childminders who have contracts in place with a local authority to deliver childcare on behalf of the authority, for example to deliver funded early learning and childcare (ELC), will need to agree these placements with the local authority before they are agreed with parents or carers.

Individual children's circumstances must be taken into account when allocating spaces, including their health status. Educational providers, local authorities, social workers, parents or carers, and other relevant professionals (where applicable), should work together closely to consider factors, such as the balance of risk, including health vulnerabilities, family circumstances, risks outside the home, and the child or young person's assessed special educational needs.

## 8. Coronavirus (COVID-19): Individual Risk Assessment Guidance

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

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

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

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

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

### Children and adults who are clinically vulnerable

Clinically vulnerable staff can return to work, following a dynamic risk assessment, and arrangements should be made to enable appropriate physical distancing staying 2 metres away from other adults wherever possible, in line with current advice on the return to childminding. If

they have to spend time within 2 metres of other adults, settings must carefully assess and agree with them whether this involves an acceptable level of risk.

Those who are at the highest clinical risk from coronavirus (those on the shielding list)

This guidance applies to those who are at the highest clinical risk from coronavirus (known as those who are on the shielding list). Information on who is considered to be at highest risk is available at <https://www.gov.scot/publications/covid-shielding/> along with advice and support for this group. Everyone in this cohort will have received a letter from the Chief Medical Officer.

Please encourage any assistants in the setting and parents of children on the shielding list to consider joining the free text messaging service for people at highest risk from coronavirus. To join, they can send a text from their mobile phone with their Community Health Index (CHI) number to 07860 064525. They can also get information from the free National Assistance Helpline on 0800 111 4000.

There are levels of extra advice to protect people with the highest clinical risk (those who are on the shielding list), aligned to the protection levels 0-4. As the protection levels change, the extra protection advice for people on the shielding list may change. The additional protection level advice can be found at [Coronavirus \(COVID-19\): shielding advice and support - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/coronavirus-covid-19-shielding-advice-and-support/). People at highest risk should still follow the advice for the general public as a minimum.

The current guidance for staff who live or work in an area that is in Level 4 and who can't work from home, is that they should not go to work. The advice at Levels 0-3 is that they can go to work in the workplace if they can't work from home.

It is essential that employers conduct a COVID-19 risk assessment which will help them to identify measures which can be implemented to reduce the risk of transmission in the workplace. **Please see link to the Joint [statement](#) by the Scottish Government, Police Scotland, Health and Safety Executive and local authorities on safe workplaces.**

It is the employer's responsibility to regularly carry out workplace risk assessments and put in place measures to make the workplace as safe as is reasonably practicable to try and minimise the risk to staff including contracting COVID-19.

To support individualised risk assessment in the workplace, shielding advice also contains links to [the Coronavirus \(COVID-19\): guidance on individual risk assessment for the workplace](#).

Family members of people on the shielding list can go to work if working from home is not possible in protection level 4. It is the employers responsibility to make sure the workplace and duties are as safe as possible. Household members of people that are shielding should discuss their concerns with their employer.

Employers can also, at their discretion, furlough people through the Coronavirus Job Retention Scheme which has now been extended until September 2021. They may also be able to furlough people in the event that they have caring responsibilities resulting from COVID-19.

Information in relation to pupils' attendance and absence is published by [Scottish Government Education Analytical Services](#). This may assist individuals' and employers' understanding of case numbers in relation to ELC settings, which may be helpful as part of risk assessment within the individual setting.

Parents/carers may wish to have a discussion with their child’s healthcare team if they are unsure or have queries about returning to or attending school because of their own health condition.

Support for those who have underlying health conditions

Clinically vulnerable staff (including those who have underlying health conditions, but who would not be on the shielding list) can continue to work in childminding settings, subject to a dynamic risk assessment confirming it is safe to do so. Arrangements should be made to enable appropriate physical distancing. If they have to spend time within 2 metres of others, settings must carefully assess and agree with them whether this involves an acceptable level of risk.

Where any concerns do exist, [guidance for people with underlying health conditions](#) has been prepared and will continue to be updated. Staff who have underlying health conditions will wish to be aware of this advice in order to inform discussions with their employer, trade union and/or healthcare team.

Support for children with Additional Support Needs

Every child will have different levels of required support. It will be important as part of the risk assessments carried out to consider the individual needs of a child or young person. Where there is a need to work in close proximity with adults and children people the appropriate safety measures should be put in place based on that risk assessment. Guidance on [supporting children and young people with additional support needs](#) is published by the Scottish Government.

**9. Blended placements**

This relates to children attending more than one ELC setting (for example, nursery and a childminder) and also to where childminders are involved in the provision of out of school care.

It remains very important to continue to minimise the number of contacts and risk of transmission, and to maintain progress in suppressing the virus.

Guidance on blended placement is specific to the protection level in which the setting is located.

**Table 1 Blended placements**

Level 0	Level 1	Level 2	Level 3	Level 4/Stay local
All blended placements can go ahead.	The risk of transmission is lower where group size is smaller and lower where provision is outdoors. For this reason, blended placements need not be restricted when they involve a fully outdoor setting, provided the blended arrangement involves no more than two settings. They also need		The risk of transmission is lower outdoors and so blended placements need not be restricted when they involve a fully outdoor setting, provided the blended arrangement involves no more than two settings.	

Level 0	Level 1	Level 2	Level 3	Level 4/Stay local
	<p>not be restricted when they involve indoor settings – if one of the settings is caring for fewer than 12 children, provided the blended arrangement involves no more than two settings.</p> <p>With the exceptions set out above, other blended placements are permitted only where they ensure access to high quality childcare and meet childcare need.</p>		<p>With the exception set out above children should ideally attend one setting only but blended placements are permitted to ensure access to high quality childcare and to meet childcare need.</p>	
	<p>The use of blended placements should be reviewed on a case-by-case basis.</p>			
<p>Blended placement must be supported by a refreshed risk assessment that has been undertaken in collaboration with parents and all providers involved in the care of the child.</p> <p>If there is an outbreak within the child’s cohort arrangement in either of the settings that the child attends, blended placements must be suspended. A cluster or outbreak of COVID-19 occurs when a school has two or more confirmed cases of COVID-19 within 14 days. The local health protection team should be notified. If a plausible transmission link between two or more cases is identified within the school setting, this is indicative of an ‘outbreak’; if not, it is referred to as a ‘cluster’. The outbreak will be ‘closed’ by the local health protection team</p> <p>The decision about which one setting the child should attend while the blended placement is suspended should be made in discussion with the family and the settings involved.</p>				

**Lead in time for adapting to change in protection level:** as soon as possible but no more than 7 days

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

Childminders and other key workers may undertake drop-off and pick-up from other ELC settings, schools, and other organised activities such as sports clubs in line with the guidance for those activities. Physical distancing with other adults must be maintained.

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

This position is based on the latest public health advice, and will continue to be reviewed.

## 10. Health & Safety measures

These are practical measures to minimise the risk of infection and transmission in childminding settings.

- [hand and respiratory hygiene](#)
- [physical distancing](#)
- [larger childminding settings](#) – minimising children's contacts
- [Personal Protective Equipment \(PPE\)](#)
- [ventilation](#)
- [communications and settling-in](#)
- [use of outdoor space](#)
- [trips outside the childminding settings](#)

Childminders should also ensure that they are familiar with:

- [physical distancing advice for education and childcare settings](#) and
- [Health Protection Scotland COVID-19 guidance for non-healthcare settings](#)

## 11. Hand hygiene

Childminders should implement arrangements for enhanced hand and respiratory hygiene by adults and children in the childminding setting. Where possible, disposable paper towels or kitchen roll should be used. Where this is not practical, individual towels must be available for each child, and these must be laundered each day. There are a [range of resources available from the NHS](#) to encourage children with hand washing.

There is also a [video to demonstrate the correct way to wash your hands](#) from NES, the education and training body for NHS Scotland.

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

During this period childminders may wish to have a supply of hand gel available at the entrance to their home for themselves and for older children and parents or carers, assistants, and any other adults in the setting.

Avoid using personal items (e.g. mobile phone) of people that have a respiratory illness wherever possible. Cover the nose and mouth with a disposable tissue when sneezing, coughing, wiping and blowing the nose. Dispose of all used tissues promptly into a waste bin and empty this regularly. If you don't have any tissues available, cough and sneeze into the crook of the elbow. Wash hands at the first opportunity.

Other things to consider to enhance hand and respiratory hygiene practices in the childminder setting are:

- ensure all adults and children wash their hands with soap and water for 20 seconds frequently

- In particular, handwashing should take place:
  - on arrival at the setting
  - before and after eating
  - after toileting
  - at regular intervals throughout the day
  - after outdoor play
  - after using a tissue or blowing their nose
- ensure that handwashing is accessible for children, for example by providing footstools next to the sink
- children should not share water in a communal bowl when washing hands
- ensure that children dry hands thoroughly
- if children have trouble washing their hands properly, childminders should assist
- supervise children if there is any doubt that they are able to wash their hands properly
- encourage children (depending on their ability to understand) not to touch their face, to use a tissue or elbow to cough or sneeze, and to use bins for tissue waste and empty these regularly.

## 12. Physical distancing

The [Strategic Framework for Reopening Schools and ELC](#) states that it is not appropriate for young children or for some children with additional support needs to maintain the models of physical distancing that would be suitable for older children in a school setting, either practically or in terms of child development. It is not desirable or possible to implement strict physical distancing between young children or between a young child and their childminder, or the childminder's own children.

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. Childminders and assistants will need to be close to the children, particularly young children and should feel confident in this. In relation to older children, childminders should take account of the [guidance for school-age childcare settings](#) and physical distancing between adults and children contained within.

In consultation with families, childminders should consider reducing risks in other ways, by limiting access to their home for parents or carers where possible.

Learning from outbreaks across a range of sectors suggests that lapses in adherence to physical distancing can occur when adults mix outside or in other social areas. All adults, childminders and any assistants, should be reminded that the requirement to physically distance applies at all times, including during breaks and before and after sessions and traveling to and from the setting. The only exception to this is for adults who live in the same household, have formed an [extended household](#) in accordance with the [guidance](#) or where there are health and safety reasons why they have to come within 2 metres of each other.

In addition, adults who reside in the childminder setting and are not an assistant should physically distance from adults and children from different households in the childminding setting, where possible. This will reduce likelihood of direct transmission. The [latest physical distancing advice](#) should be checked regularly for updates.



It is important that children’s needs are the deciding factor in these arrangements. While adults from different households should practice physical distancing, this is not always possible - for example, when young children are passed between adults at drop-off and pick-up times. Where close contact between two adults occurs, the childminder or assistant should ensure that the amount of time that childminders or their assistants spend in close proximity with parents or carers is minimised, that face coverings are worn by adults during a physical handover, and that they thoroughly wash their hands after contact.

Childminders and parents or carers should agree staggered drop off and collection times to minimise contact between families wherever possible.

Parents/carers should be discouraged from gathering outside the setting and should maintain distancing of 2 metres, as far as practicable, when dropping off their children. Appropriate markings may be introduced outside the entrance to the setting.

### 13. Specialist visitors to the setting

The advice for specialist visitors is specific to protection level. Specialist visitors include allied health professionals, local authority quality improvement officers, Education Scotland and Care Inspectorate inspectors and improvement advisors, and specialist coaches and instructors, and other bodies to delivering their legal duties to the setting.:

**Table 2 Visits to the setting by specialist staff**

Level 0	Level 1	Level 2	Level 3	Level 4/Stay local
No restrictions on visits by specialist staff	Visits by any specialist staff can take place where it supports the health, wellbeing, care or development of children.		<p>Visits by any specialist staff should take place only where it is demonstrably necessary to support of the health and wellbeing of children (for example in relation to child protection issues or addressing additional support needs) and it is not possible to provide this support remotely.</p> <p>Specialist visitors should not attend more than one setting in the same day.</p>	
	<p>Telephone calls, online meetings and ‘virtual’ visits should be the norm for regular and other meetings with specialists.</p> <p>Visits should take place outdoors wherever possible.</p>			
<p>Tradespeople can visit to carry out essential repairs or maintenance to support safe or effective running of the setting or to support future capacity building. They should remain 2 metres from staff and children.</p>				

Level 0	Level 1	Level 2	Level 3	Level 4/Stay local
<p>Visits by specialist staff and tradespeople should be included in the setting's risk assessment.</p> <p>Specialist visitors should maintain 2 metres physical distance from staff in the setting.</p> <p>If the visit takes place indoors, ensure that the 2m physical distancing requirements can be strictly adhered to, the meeting space is well ventilated, face coverings are worn and that there is a supply of alcohol based hand rub available to visitors at the entrance to the setting.</p> <p>Visits should be with the permission of the manager or head teacher.</p> <p>The number of visitors in the setting at any one time should be kept to a minimum.</p>				

**Lead-in time for adapting to change in protection level:** as soon as protection level changes

#### 14. Visits to the setting by parents/carers

This section of the guidance will be reviewed again at the start of the 2021/22 academic year but for now visits to the setting by parents should be avoided unless necessary. This includes visits for outdoor events such as sports days and leaving celebrations.

Telephone calls, online meetings and 'virtual' visits should be the norm for meetings with parents. However, where it may be in the best interests of children for a parent or carer to attend in person, this should be considered on a case by case basis, for example in relation to child protection issues or where a parent has a disability which affects communication over the telephone or online.

When face to face communication is essential, ensure that the physical distancing guidance is adhered to and appropriate risk assessments are in place. Consider whether essential face to face communication could take place outdoors. If it takes place indoors, ensure that the meeting space is well ventilated, face coverings are worn and that there is a supply of antibacterial hand gel available to visitors at the entrance to the setting.

Additional arrangements for sharing information with families should be agreed to ensure that clear lines of communication are available where face to face contact is being reduced, for example this might include (where appropriate) video messaging, phone calls or text messages, photographs or email. When settings communicate using these additional measures they must also consider the General Data Protection regulations (GDPR), and consider updating their existing privacy policies where necessary.

#### 15. Use of face coverings

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

grown. There is also emerging evidence to suggest that the wearer of a face covering can to some extent be protected.

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

**Face coverings must be worn by adults wherever they cannot maintain a 2 m distance from other adults who are not in their own household (e.g. in corridor and communal areas), except where a person is exempt from wearing a covering.**

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

Face coverings should be worn by parents and other essential visitors to the setting (when entering the building or otherwise), and should be strongly encouraged when parents/carers are drop-off and pick-up their children and childminders and assistants who do school pick-up. Face coverings are not required when working directly with children, including on the floor or supporting children to move around the building or with toileting, or as a result of being less than 2 m distant from children. However, any assistants or childminder who wish to wear a face covering in these circumstances should be supported to do so.

Where local decisions on the strengthened use of face coverings are made, it will remain vitally important to consider the potential impact on children and young people.

To support this, adults must also maintain a 2m distance from other adults when working together with groups of children.

Coverings should also be worn by childminders, assistants and visitors when not working directly with children, for example when in hallways, toilets and kitchens (except when dining) and other confined communal areas when 2 metre distancing cannot be maintained, except where a person is exempt from wearing a covering or the adults in the setting are part of the same household.

Where local decisions on the strengthened use of face coverings are made, it will remain vitally important to consider the potential impact on children. Some children may need additional support/reassurance about the reasons for adults wearing face coverings. The wellbeing and needs of the child should remain a focus of attention.

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

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

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

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

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

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

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

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

## **16. Transitions to Primary School**

Primary schools may wish to offer some in person transition support from ELC to primary school to supplement online transition activities. Decisions around in person transition support should be made on a collegiate basis, with full involvement of the school and ELC staff involved. Where appropriate that would include childminders who are delivering the funded hours.

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

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

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

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

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

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

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

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

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

- using Sway or narrated PowerPoints to share information with parents and children;
- sharing staff video introductions and welcomes on ELC and or school blogs or YouTube;

- sharing school and classroom video tours (both the child and parent's eye level view should be considered when doing this);
- setting up a private Facebook group, or having an email address where parents can ask questions.
- adding a 'transitions frequently asked questions' section the setting and/or school website and or newsletter.

## 17. Larger childminder settings – minimising children's contacts

Reducing the number of interactions that children and childminders or assistants have is a key part of reducing risk in settings. Limiting interactions will reduce the overall number who need to isolate in the event of a child or childminder becoming ill with COVID-19, and allow for more effective contact tracing through Test and Protect.

Larger childminding services should consider carefully how to apply the principles in this section to their settings to support childcare needs and to allow children to access a full range of experiences.

Contacts should be limited by managing children within groups. Consistency of groups is beneficial, and efforts should be made to keep children within the same groups for the duration of the day or session, where possible.

Childminding settings should apply proportionate, risk-based approaches to limiting contacts, adapted to the specific circumstances of the setting. Given the limited size of a childminding setting it may not be appropriate or necessary to operate in groups. Where used, the general approach should be to minimise the size of groups and keep them consistent where practically possible, taking into account the feasibility of doing this while delivering a rich experience for children, and meeting parents' childcare needs.

Individual childminders should consider this guidance as a whole and the guidance for [ELC settings](#) and [Out of School Care settings](#) on minimising contact between groups of children, in determining their approach.

Where groups are established they should work with the same childminder or assistant, where practicable, throughout the session.

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

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

In practice we understand that there are times when another childminder or assistant may need to provide cover for children of other groups. However, this should be for limited periods and physical distancing between adults from different households must be maintained. Childminders and assistants should ensure hygiene practices are carried out if they are caring for different groups of children. Depending on the delivery model and attendance pattern of children a childminder or assistant may care for more than one group of children over the week.

Children are not required to physically distance from each other, or from adults. It is important for children to feel secure and receive warmth and physical contact that is appropriate to their needs, in particular when they are receiving personal care, need comforting or reassurance. Childminders will need to be close to the children, particularly young children, and should feel confident to do so.

Children who require additional support should be cared for in line with their personal plan which should be kept under review as public health measures evolve.

## **18. Personal Protective Equipment (PPE)**

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

Risk assessments must be mindful of the additional distress that children might experience due to measures introduced such as the use of face coverings or PPE due to COVID-19, and the need for continued protection of staff. If for any reason, risk assessments are not in place, then they must be undertaken swiftly in accordance with this guidance and local risk assessment guidance

**No additional PPE measures are required for general use where school aged children attend a childminding setting.** Childminders and assistants should continue to follow existing local guidance on the use of PPE. Examples of this include:

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

**In cases of suspected COVID-19**, use of PPE should be based on risk assessment. Risk assessments must be consider all factors affecting the protection of staff and children including any additional distress and impact on wellbeing of child. The following use of PPE may be considered:

- a fluid-resistant surgical mask should be worn if looking after a child who has become unwell with symptoms of COVID-19 and 2m physical distancing cannot be maintained while doing so.
- If the child or young person who has become unwell with symptoms of COVID-19 needs direct personal care gloves, aprons, a fluid-resistant surgical mask and eye protection (goggles or a visor) should be worn by the childminder and any assistants.
- gloves and aprons should be used when cleaning the areas where a person suspected of having COVID-19 has been.

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

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



## 19. If a child, childminder or assistant becomes ill

Childminding settings should ask staff and parents and carers to be vigilant for the symptoms of COVID-19, and to understand what actions they should take if someone develops them, either onsite or offsite. The key COVID symptoms are:

- new continuous cough
- fever/high temperature
- loss of, or change in, sense of smell or taste (anosmia).

It is essential that people do not attend a setting if symptomatic. Everyone who develops symptoms of COVID-19 must self-isolate straight away, stay at home and arrange a test via the appropriate method (see below).

**All assistants and parents and carers should be advised that anyone with these symptoms, or who has had contact with a family/community member with these symptoms, should not attend or should be asked to return home. They should also be told to follow [Test and Protect procedures](#). Childminders who develop these symptoms should make arrangements for the children in the setting to be taken home, and should arrange to be tested themselves.**

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

The National Clinical Director has also written an [open letter](#) to parents and carers providing guidance on how COVID-19 symptoms differ from those of other infections circulating at this time of year. Some of the key points to ensure that parents, carers and staff are aware of are as follows:

- it is essential that people do not attend a setting if symptomatic.
- everyone who develops symptoms of COVID-19 – a new, continuous cough; fever or loss of, or change in, sense of smell or taste - must self-isolate straight away, stay at home and arrange a test via the appropriate method (see below).
- people who live in the same household as a person with symptoms must also self-isolate straight away and stay at home. Only those developing COVID-19 symptoms should be tested.
- if the test is positive, the person must remain in isolation until 10 days from symptom onset, or longer if symptoms persist or 10 days from the test date if there are no symptoms. The rest of the household must remain in isolation for 10 days from symptom onset in the symptomatic person, even if they don't have symptoms themselves. These people should not attend childminding settings. The date of onset of symptoms (or of test, if asymptomatic) is to be considered day 1 of 10.

- everyone who tests positive for COVID-19 will be put in touch with the local contact tracing team so that other close contacts can be identified. All close contacts who are in the same household as confirmed cases must self-isolate immediately.
- everyone who needs to self-isolate as close contacts of confirmed cases must continue to do so for 10 days from their last day of exposure to the case, even if they have a negative test result. In a household, the 10 days starts on the date of symptom onset in the first case.
- unless otherwise advised by Test and Protect or local Incident Management Teams, where children or staff do not have symptoms but are self-isolating as a close contact of a person who is a confirmed case, other people in their household will not be asked to self-isolate along with them.

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

Childminders can book a test through [www.nhsinform.scot](http://www.nhsinform.scot) or, if they cannot get online, by calling 0800 028 2816. Parents and carers can book a test on a child's behalf.

Unless childminders are symptomatic or are advised to get a test by a healthcare professional, then testing is not a requirement.

## 20. Communications and settling-in

Additional arrangements for sharing information between the childminder and the families should be agreed to ensure that clear lines of communication are available where face to face contact is being reduced, for example this might include appropriate, video calls, voice calls, text messages, photographs or email. It is important that when childminder settings communicate that they also consider the General Data Protection regulations (GDPR) and consider updating their existing privacy policies where necessary.

A childminder may wish to provide a virtual tour of their home to parents prior to the child attending for the first time. Wherever possible, children should be settling into the service in a garden area with the parent or carer away from other children. It is important that relationships are developed and the settling in period is the foundation of that trusting relationship between the family and childminder. It is important to maintain physical distancing between adults and the childminder should consider how best to introduce a new child into the setting with limited physical contact between adults wherever possible.

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

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

Childminders may wish to consider the following approaches:

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

## 21. Ventilation

In its [advice published on 3 March](#), the Advisory Sub-group recommended, that **greater emphasis should be placed on ventilation**, by keeping windows open as much as possible, and doors open when feasible and safe to do so. A card with ventilation advice for everyone at work can be found here: [ventilation advice card](#).

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

The primary effective method of increasing natural ventilation remains the opening of external doors, vents and windows.

To help prevent the spread of infection, wherever possible rooms children access should be well ventilated. The opening of doors and windows should be encouraged to increase natural ventilation where it is practical, safe and secure to do so, and appropriate internal temperatures can be maintained. Fire Safety should always be considered before any internal doors are held open. This will help to increase the natural ventilation and will reduce physical contact with door handles.

Internal fire doors should never be held open (unless assessed and provided with appropriate hold open and self-closing mechanisms which respond to the actuation of the fire alarm system).

## 22. Use of outdoor space

Evidence shows that the use of the outdoors is good for our overall health and wellbeing and outdoor environments can limit transmission of the virus. Where childminders have access to a

garden, they should try to use this space as much as possible across the day but are not required to operate outside for the whole day.

Childminders should take the necessary precautions to protect children from the elements. This should include suitable clothing.

Read the [guidance to promote high quality learning and play experiences for children outdoors](#).

### **23. Trips outside the childminding settings**

Trips outside the home are permissible and encouraged providing they are in line with the latest general public guidance on physical distancing and travelling distances set out in the Strategic Framework. 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 childminder's home such as nearby green spaces, taking account of the most up to date [physical distancing guidelines](#).

Outdoor play parks are also open. Childminders must follow the latest guidance on [exercise and activity](#).

Recommendations for use of shared resources such as play areas and libraries where children are more likely to mix with others continue to be reviewed and therefore the [latest advice](#) should be checked regularly for any updates.

For the purposes of guidance on numbers and management of children, each registered childminding setting must be considered separately. Childminders should continue to operate their business within the number of registered places as usual with no restriction to the number of families that can attend. Should a childminder wish to meet up with another childminder and their children then the [social meeting guidance applies](#), with all households and individuals involved counting towards the current limits set by that guidance.

### **24. Other safety measures**

These are practical measures to minimise the risk of infection and transmission in childminding settings.

#### Enhanced cleaning procedures

Childminders should factor in arrangements across the day, including before and after children attend, for enhanced cleaning procedures. Surfaces, toilets, sinks and other frequently used surfaces should be cleaned regularly (at least twice daily). This should include equipment and/or areas used by the childminder and assistant. Particular attention should be paid to touchpoints such as table tops, chairs, doors, light switches, banisters, equipment, sinks, and toilets cleaned more regularly. There should be routine cleaning and disinfection of frequently touched objects and hard surfaces, as detailed in the table below.

**Table 3 Enhanced cleaning requirements by protection level**

Level 0	Level 1	Level 2	Level 3	Level 4/Stay local
Soft furnishings (such as throws and bedding) should be laundered in accordance with usual cleaning schedule.	Soft furnishings (such as throws and bedding) should be laundered frequently - as a minimum weekly.		Soft furnishings such as throws and bedding should be used for individual children. If shared they should be laundered between use. If individual, they should be laundered frequently and as a minimum weekly.	
<p>Toys and equipment that children access should be cleaned daily or, if groups of children change during the day, on a sessional basis</p> <p>At least twice daily cleaning and disinfection of frequently touched objects and hard surfaces.</p> <p>Water and playdough should be replaced daily or, if groups of children change during the day, on a sessional basis.</p> <p>If soft furnishings (such as throws and bedding) have been used by a child who shows symptoms of COVID, they should be removed and laundered as quickly as possible.</p> <p>Settings should continue to emphasise the importance of good hand hygiene.</p>				

**Lead-in time for adapting to change in protection level:** as soon as the protection level increases

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

Consideration should be given to this when arranging the attendance times for children. It is recommended that children only have access to toys and equipment that are easy to clean.

Resources such as water and playdough can be used as usual, with additional cleaning of equipment used. Water and playdough should be replaced on a daily/sessional basis.

Childminders should limit the exchange of take home resources or items brought into the childminding setting.

If children need to bring school-bags or other personal items to the setting, arrangements should be made to manage storage of these items safely in cloakrooms or other area in order that they are not brought into and used within the childminding setting unless necessary.

Childminders should ensure that children have identified water bottles that are not shared. All crockery and equipment used in the provision of meals and snacks for children should be cleaned with general-purpose detergent and dried thoroughly before being stored for re-use. Assistants who do not live in the home should also use their own cup or cutlery and ensure these are cleaned after use. Surfaces in dining or snack areas should be wiped down and disinfected in between use by each group of children.

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

There is not a requirement to use fog, mist, vapour or UV (ultraviolet) treatments in ELC settings to help control the spread of coronavirus. Should a provider choose to use one of these it is important these are used appropriately. Any use of these treatments for these purposes should form part of your COVID-19 risk assessment and clear rationale would be required through risk assessment as to whether such devices would be appropriate. Users must be competent and properly trained. These treatments can be used in a larger space or room in addition to enhanced cleaning and disinfecting, but not as a substitute.

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

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

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

### Managing coughs and sneezes

Children will cough and sneeze and it is not always possible to catch them in time to prevent droplet spread. Encourage children to use disposable tissues to cover the nose and mouth when sneezing, coughing, wiping, and blowing the nose. Dispose of all used tissues promptly into a waste bin. If they do not have any tissues available, encourage them to cough and sneeze into the crook of their elbow. Wash or (where this is not possible, and the child is over 12 months old) use alcohol-based hand rub to clean hands at the first opportunity until you can wash your hands. Bins should be emptied frequently. Undertake cleaning of any areas where there may be droplets as soon as practical using a household cleaning product.

### Singing, music and drama

[Advice](#) from the Advisory Sub-Group on Education and Children's Issues shows that there are increased transmission risks associated with music and drama activities. The Sub-Group had specifically considered the question of singing in childcare settings and concluded that singing should not happen indoors as an organised, large group activity. However, the Sub-Group recognised that children sing naturally in the course of activities and play, and should not be

discouraged from doing so, and that singing can also be used to comfort young children when necessary.

The sub-group has now reconsidered its [advice](#) in the light of the ongoing success of the vaccination programme, in the continued suppressing community transmission and the importance of singing for the health and wellbeing of children well as their social, physical and cognitive development.

At level 4, the sub-group’s advice is as above – that singing should not happen indoors as an organised, large group activity. Some settings have allowed this outdoors and where that is the case this should be take place with as many appropriate mitigations as possible (at low volume; for short periods of time; in small groups; and with greater physical distancing). As before, children need not be discouraged from singing naturally in the course of activities and play and singing can also be used to comfort young children when necessary.

**Table 4 Singing**

Level 0	Level 1	Level 2	Level 3	Level 4/Stay local
Singing indoors and outdoors is permitted	At levels 3, 2 and 1, singing outdoors and indoors is permitted for children and adults in ELC settings, as long as careful attention is paid to ensuring effective and adequate ventilation and subject to risk assessment and other risk mitigation measures being implemented. Other risk mitigations include singing: outdoors or indoors in large, well ventilated spaces; at low volume; for short periods of time; in small groups; and with greater physical distancing between adults (even beyond the minimum 2 metres).			Singing should not happen indoors as an organised large group activity.
At any protection level, children need not be discouraged from singing naturally in the course of activities and play and singing can also be used to comfort young children when necessary.				

**Lead-in time for adapting to change in protection level:** as soon as the protection level increases

Tooth brushing

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

When a child or adult in the setting displays symptoms

If a child exhibits symptoms consistent with COVID-19, a ventilated space must be available for the child to wait in until they can be collected by their parent/carer. Where space allows, you should prevent contact with any other children in the setting. Care must be taken however to

ensure the appropriate levels of supervision of all children. Read the advice on [what to do if someone is symptomatic](#).

Advice on cleaning of premises after a person who potentially has COVID-19 has left the setting can be found in the [Health Protection Scotland Guidance for Non-Healthcare Settings](#).

All parents and carers, and where relevant assistants, should be advised that children who have symptoms, or who have household members who have symptoms, should not attend the setting, and should follow advice to self-isolate and book a test.

Where a childminder is symptomatic, or a household member has symptoms, they should close their setting and should follow advice to self-isolate and book a test.

## **25. Test and Protect**

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

Childminders and any assistants must be aware of [Test and Protect](#) arrangements should someone display symptoms consistent with COVID-19. If the childminder or their assistant has symptoms, they must self-isolate and not attend the setting, and should contact the NHS to arrange to be tested at 0800 028 2816 or [www.nhsinform.scot](#). You can find more information on the [COVID-19 Test and Protect webpage](#).

Childminder settings may be considered complex settings and so cases should be prioritised and escalated to specialist local health protection teams for further investigation.

All parents should be asked to mention childcare arrangements if contacted by or contacting the Test and Protect service.

If a parent/carer or the childminder/assistant is contacted by a contact tracer and told to self-isolate for 10 days, the person should self-isolate at home straight away – including closing the setting if necessary - and, if possible, wear a face covering on route to any other location and avoid public transport if symptomatic.

The Scottish Government has published [advice for employers on how to support people who are asked to self-isolate](#).

Other children and adults will not be required to self-isolate unless also contacted by the contact tracing service. If a child or adult tests positive, the contact tracer will take into account the close contacts the person has had within the setting.

Settings should maintain an accurate register of absences of children and any assistants and whether these are due to suspected or confirmed COVID-19. This will enable employers to maintain records on staffing capacity in individual settings and to make judgements about whether it will be necessary to close settings temporarily.



## 26. Outbreak and Case Management

The management of single cases, clusters and outbreaks of COVID-19 is led by local health protection teams (HPTs) in health boards across all settings in society. For childcare and educational settings this occurs inclusively alongside local partners, such as ELCs, schools and local authorities as well as Public Health Scotland, as required.

The procedures for incident and outbreak investigation and management are well established through [Managing Public Health Incidents](#). Childminders and other ELC settings should ensure that they know how to contact [their local HPT](#).

A cluster or outbreak of COVID-19 occurs when a setting has two or more confirmed cases of COVID-19 within 14 days. If a plausible transmission link between two or more cases is identified within the setting, this is indicative of an 'outbreak'; if not, it is referred to as a 'cluster'.

For childcare settings, Public Health Scotland advise that the local HPT is contacted when a single confirmed (test positive) case of COVID-19 occurs in a child or staff or if there is suspicion of an outbreak of cases in a specific setting, e.g. an increase in the background rate of absence due to suspected or confirmed cases of COVID-19. In this way, the HPT can provide quick advice to settings to support risk assessment of the situation and any further action required.

Early year settings will be expected to work closely with their local HPT to resolve such situations. Actions that childminders may need to be involved in when cases of COVID-19 arise in staff or children include (but are not restricted to):

- attendance at multi-agency incident management team meetings.
- communications with children, parents/carers and staff – these are vital to provide reassurance to school communities.
- providing records of seating plans / layout / attendance / groups.
- implementing enhanced infection, prevention and control measures.
- media communications.

ELC and other childcare facilities remain settings of low risk for COVID-19. The HPT will lead the incident management team (IMT) that usually co-ordinates such activities and through its members will investigate the circumstances of each incident and agree control measures. The investigation will involve reviewing risk assessments and compliance with existing guidance. Control measures may include hand hygiene reviews, enhanced cleaning regimes, adequate ventilation, reinforcement of messages on physical distancing, reminders about symptom vigilance and self-isolation and advice on face coverings and testing of children and staff, when needed. Usually childcare settings continue to operate throughout. In larger-scale clusters, it may be necessary to temporarily close a setting to facilitate cleaning or when staff capacity makes it unfeasible to remain open. Rarely do settings need to close on Public Health grounds. Any discussion of possible closures will be determined through the multi-agency IMT.

Setting should maintain appropriate records to support outbreak control measures and information flow between participating agencies must be facilitated respecting the principles of confidentiality and Data Protection legislation. In order to protect children and staff and to maintain access to childcare, confirmation of child and staff COVID-19 case and close contact numbers (including those self-isolating) are shared in confidence between the agencies.

The Scottish Government has produced an [infographic](#) that can be used to remind staff of what to do if there is a suspected outbreak.

## 27. International Travel

Policy on international travel is updated regularly.

Detailed and up-to-date guidance is available at [International travel and quarantine](#).

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

## 28. Traveling to or from the childminding setting

Ensure parents or carers are aware of allocated pick-up and drop-off times to the childminding setting.

Childminders must also ensure they follow the latest [travel guidance](#) and only travel where it is permitted within the current [rules on staying at home](#). The advice is not to use public transport in national lockdown or in a level 4 area. If the use of public transport is essential, for example to attend a planned health appointment, care must be taken to minimise risk, by travelling out with peak travel times, and ensuring hand washing immediately on arrival at the destination. Childminders must also ensure they follow the latest [guidance on the use of face coverings](#), which is to wear them in specific circumstances, such as when on public transport.

Where childminders offer a pick-up service from a child's home, childminders should operate physical distancing from any adults and older siblings, use alcohol hand gel, and wash their hands thoroughly when they return home.

## 29. Taxis and private hire vehicles

Some children, including those with additional support needs or placed by local authorities, may rely on taxi transfers to get to their childminder. Local authorities will give careful consideration to how these children can be provided with safe, bespoke transport to their childminder. Taxis or private hire vehicles will be required to follow any relevant guidance.

## 30. Financial impact and workforce support

- [financial impact](#)
- [supporting the workforce to be confident and safe](#)
- [staff wellbeing](#)
- [wellbeing, nurture and children's rights](#)

### Financial impact

Further information on support available to the sector throughout the recovery can be found on the [Scottish Government website](#).

We recognise that any restrictions on operating may affect the cost of delivery of services per child. If the number of children that can be accommodated in a setting, or within a given staffing

model, is reduced, there may be an increase in the cost per hour of childcare. However, the extent of this impact will vary from setting to setting, and will be closely linked to capacity. There may also be additional costs, relating to implementation of public health measures for cleaning and hygiene requirements. These cost increases may apply throughout the period where these public health measures are in place.

The Scottish Government is currently progressing a Financial Sustainability Health Check of the childcare sector in Scotland. The Health Check, which commenced in late April 2021, is gathering evidence of the impact of COVID-19 on the sustainability of all types of childcare providers, and will assess the impact of the range of financial support which has already been made available to the sector. It will also help to inform any future support for the sector and, as indicated in the updated [Interim Guidance on Funding Follows the Child](#) published in March 2021, any updates to the guidance on setting sustainable rates for providers delivering funded Early Learning and Childcare.

The findings from the analysis are expected to be made available during the summer, and we will progress this work in consultation with local authorities and childcare sector representative bodies. Assessment of the impact on cost of childcare provision while these public health measures are in place must be based on an open, transparent approach. Providers should consider carefully what the impact of restrictions are on cost of delivery in their settings, and how this can be demonstrated.

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

#### Further information

Further details on available financial support is provided on the Scottish Government's [information pages on financial support](#).

## 31. Related links

General guidance:

- NHS Inform [Covid-19 General Advice](#)
- [Advisory note from the Coronavirus \(COVID 19\): Advisory Sub-Group on Education and Children's Issues about early learning and childcare](#)
- [COVID-19: framework for decision making - Scotland's route map through and out of the crisis](#)
- [Coronavirus \(COVID-19\): stay at home guidance](#)
- [COVID-19: strategic framework for reopening schools, early learning and childcare provision](#)
- [COVID-19: schools, early learning and childcare settings - scientific evidence](#)
- [Advisory note from the Coronavirus \(COVID 19\): Advisory Sub-Group on Education and Children's Issues about school transport](#)
- [Advisory note from the Coronavirus \(COVID 19\): Advisory Sub-Group on Education and Children's Issues about physical distancing in schools](#)
- Coronavirus (COVID 19): Advisory Sub-Group on Education and Children's Issues – [overview of the evidence that informed the decision to close early learning and childcare settings to all but the children of key workers and other priority groups, in the context of the Variant of Concern 202012/01](#).
- [Health Protection Scotland guidance](#)
- [Test and Protect](#) - Scotland's approach to implementing the 'test, trace, isolate, support' strategy

Hand hygiene resources

- [Best practice guidance on how to wash hands](#)
- [NHS resources to encourage children to wash their hands](#)
- [Video: correct way to wash hands](#)

Other resources

- [Parent Club](#) and [Parentzone Scotland](#) (advice for parents)
- [Care Inspectorate](#) guidance (advice for childcare settings)
- [Education Scotland](#) guidance (advice for practitioners)
- [Health Protection Scotland](#) guidance (advice for non-healthcare settings)