

1. Scope

Effective infection protection and control

There are important actions that children and young people, their parents and carers, and those who work with them, can take during the coronavirus (COVID-19) outbreak to help prevent the spread of the virus.

Transmission of coronavirus (COVID-19) mainly occurs through respiratory droplets generated during breathing, talking, coughing and sneezing. These droplets can directly infect the respiratory tracts of other people if there is close contact. They also infect others indirectly. This happens when the droplets get onto and contaminate surfaces, which are then touched and introduced into the mouth or eyes of an uninfected person. Another route of transmission is through aerosols (extremely small droplets), but this is only relevant to medical procedures for a very small number of children in education and social care settings.

In all education, childcare and children's social care settings, preventing the spread of coronavirus (COVID-19) involves preventing:

- direct transmission, for instance, when in close contact with those sneezing and coughing
- indirect transmission, for instance, touching contaminated surfaces
- A range of protective measures must be employed to reduce the risk of transmission of the infection.

These can be seen as a system of controls that, when implemented, creates an inherently safer system in which the risk of transmission of infection is substantially reduced. These controls are as follows:

1.1 Minimise contact with individuals who are unwell

1.2 Clean your hands thoroughly more often than usual

1.3 Ensure good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach

1.4 Introduce enhanced cleaning, including cleaning frequently touched surfaces often using standard products, such as detergents and bleach

1.5 Minimise contact between individuals and maintain distancing wherever possible

1.6 Where necessary, wear PPE

2. Guidance

The Government is not recommending universal use of face coverings in early years settings because the 'system of controls' provides additional mitigating measures. Some people are unable or advised not to wear face coverings including children under the age of 11.

Face coverings should be worn by staff and adult visitors in situations where social distancing between adults is not possible (for example, when moving around in corridors and communal areas). Pupils in school do not need to wear a face covering.

Face visors or shields should not routinely be worn as an alternative to face coverings. They may protect against droplet spread in specific circumstances but are unlikely to be effective in reducing aerosol transmission when used without an additional face covering. They should only be used after carrying out a risk assessment for the specific situation and should always be cleaned appropriately.

Face masks must:

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

When PPE is used, it is essential that it is used properly. This includes scrupulous hand hygiene and following guidance on how to put PPE on and take it off safely in order to reduce self-contamination.








Donning or putting on PPE

Before putting on the PPE, perform hand hygiene. Use alcohol handrub or gel or soap and water. Make sure you are hydrated and are not wearing any jewellery, bracelets, watches or stoned rings.

- 1** Put on your plastic apron, making sure it is tied securely at the back. 
- 2** Put on your surgical face mask, if tied, make sure securely tied at crown and nape of neck. Once it covers the nose, make sure it is extended to cover your mouth and chin. 
- 3** Put on your eye protection if there is a risk of splashing. 
- 4** Put on non-sterile nitrile gloves. 
- 5** You are now ready to enter the patient area. 

Doffing or taking off PPE

Surgical masks are single session use, gloves and apron should be changed between patients.

- 1** Remove gloves, grasp the outside of the cuff of the glove and peel off, holding the glove in the gloved hand, insert the finger underneath and peel off second glove. 
- 2** Perform hand hygiene using alcohol hand gel or rub, or soap and water. 
- 3** Snap or unfasten apron ties the neck and allow to fall forward. 
- 4** Once outside the patient room. Remove eye protection. 
- 5** Perform hand hygiene using alcohol hand gel or rub, or soap and water. 
- 6** Remove surgical mask. 
- 7** Now wash your hands with soap and water. 

Snap waste ties and fold apron in on itself, not handling the outside as it is contaminated, and put into clinical waste.



FACE COVERINGS POLICY

Please refer to the PHE standard PPE video in the COVID-19 guidance collection: www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures

The safe wearing of face coverings requires cleaning of hands before and after touching – including to remove or put them on – and the safe storage of reusable face coverings in individual, sealable plastic bags between use. Where a face covering becomes damp, it should not be worn and the face covering should be replaced carefully.

Disposal of Face Masks/ PPE

Used PPE and any disposable face coverings that staff, children, young people or other learners wear should be placed in a refuse bag and can be disposed of as normal domestic waste unless the wearer has symptoms of coronavirus (COVID-19).

To dispose of waste such as disposable cleaning cloths, face coverings, tissues and PPE from people with symptoms of coronavirus (COVID-19), including people who are self-isolating and members of their household:

- put it in a plastic rubbish bag and tie it when full
- place the plastic bag in a second bin bag and tie it
- put it in a suitable and secure place marked for storage for 72 hours

This waste should be stored safely and securely kept away from children.

Used PPE and disposable face coverings should not be put in a recycling bin or dropped as litter. Additional lidded waste bins for staff to throw away disposable face coverings and PPE have been provided. These are then double bagged by the cleaners when emptying the bins.

Children must be instructed not to touch the front of their face covering during use or when removing it and they must dispose of temporary face coverings in a 'black bag' waste bin (not recycling bin) or place reusable face coverings in a plastic bag they can take home with them, and then wash their hands again before heading to their classroom.

Please ensure that staff do not use a recycling bin. Storing for 72 hours saves unnecessary waste movements and minimises the risk to waste operatives. This waste does not require a dedicated clinical waste collection in the above circumstances.

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