

## **Guidance to support safe Working in Educational Settings in Northern Ireland**

This guidance applies to staff working in education settings in Northern Ireland, including statutory and non-statutory pre-school providers, primary and post-primary schools, and education otherwise than at schools (EOTAS) settings and youth settings, together with the children, young people and pupils who attend these settings and their parents or carers.

The document aims to explain:

- The *strategy* for infection prevention and control to facilitate safe working during the coronavirus (COVID-19) outbreak.
- The *guidance* regarding the specific circumstances in which personal protective equipment (PPE) should be used.
- The *measures* to support specific areas of concern in respect of children with underlying medical / SEN/ Safeguarding needs

Recently the Department for Education (in England) published an Overview of scientific advice and information on coronavirus (Covid-19). This shows that: There is a high degree of confidence that the severity of the disease in children is lower than in adults;

There is a moderate to high degree of confidence that the susceptibility to clinical disease of younger children (up to age 13) is lower than adults;

For older children there is not enough evidence yet to determine where the susceptibility to disease is different to adults;

The susceptibility to infection of younger children (up to the age of 13) might be lower than for adults, but the degree of confidence is low;

For older children there is not enough evidence yet to determine whether susceptibility is different to adults; and

There is no evidence to suggest children transmit this virus more than adults.

Some studies suggest that younger children may transmit less, but this evidence is mixed and provides a low degree of confidence at best.

The full report is available

at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/885631/Overview\\_of\\_scientific\\_advice\\_and\\_information\\_on\\_coronavirus\\_COVID19.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/885631/Overview_of_scientific_advice_and_information_on_coronavirus_COVID19.pdf)

This guidance document has been adapted from *Safe Working in Education, Childcare and Children's Social Care* (Department for Education, May 2020). Available at:

[https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care?utm\\_source=44bd7d85-a51f-49e1-9c45-34955547f19d&utm\\_medium=email&utm\\_campaign=govuk-notifications&utm\\_content=immediate](https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care?utm_source=44bd7d85-a51f-49e1-9c45-34955547f19d&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

The document should be read in conjunction with the recent guidance *Implementing Social Distancing in Education Settings in NI: Coronavirus (Covid-19)* (Department of Education, April 2020). Available at:

<https://www.education-ni.gov.uk/publications/implementing-social-distancing-education-settings-ni-coronavirus-covid-19>

As the situation is rapidly changing the most up to date guidance can be found on the Public Health England website. Available at:

[www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance](http://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance)

[www.gov.uk/government/publications/covid-19-residential-care-supported-living-and-home-care-guidance/covid-19-guidance-on-residential-care-provision](http://www.gov.uk/government/publications/covid-19-residential-care-supported-living-and-home-care-guidance/covid-19-guidance-on-residential-care-provision).

[www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings](http://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings)

For up to date information for Northern Ireland, please visit the Public Health Agency website. Available at: [www.publichealth.hscni.net](http://www.publichealth.hscni.net)

## **Effective infection prevention and control**

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

Transmission of coronavirus mainly occurs via 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 via aerosols (extremely small droplets), but this is in relation to medical procedures and only relevant for a very small number of children in education settings.

In all education settings, avoiding the spread of coronavirus involves preventing:

- direct transmission, e.g. when in close contact with those sneezing and coughing;
- indirect transmission, e.g. touching contaminated surfaces.

A range of approaches and actions should be employed. These can be seen as a hierarchy of controls that, when fully implemented, create a safer system where the risk of transmission of infection is substantially reduced. These actions and approaches include:

### **❖ Minimizing contact with individuals who are unwell**

If someone is showing symptoms of COVID-19 (a new continuous cough or fever or loss of taste/smell) or has someone in their household who is displaying symptoms, they should not be in educational setting. These individuals should be at home in line with the guidance for households with possible coronavirus infection, and should follow guidance on the Public Health Agency website.

<https://www.publichealth.hscni.net/covid-19-coronavirus/covid-19-information-public#what-should-i-do-if-i-think-i-have-covid-19>.

When working with children in residential settings, staff /carers should follow the guidance on isolation for residential educational settings.

## ❖ **Hand Hygiene**

Frequent hand hygiene can reduce risk of infection.

Hand washing with soap and water for 20 seconds should be encouraged/ facilitated before and after any activity, such as meal times, break times and sporting activities. If children and young people have trouble washing their hands properly, help should be made available.

Where hand washing facilities are not immediately accessible, hand sanitizer should be made available (e.g. at the entrance to school, classrooms etc). Precaution should be taken as some children have an allergic reaction to hand sanitizers with a high alcohol content.

## ❖ **Undertaking respiratory hygiene (Catch It - Bin It - Kill It)**

Staff, carers, children and young people should avoid touching their mouth, eyes and nose. They should cover the mouth and nose with a disposable tissue when they cough or sneeze. Tissues should be placed in a disposable rubbish bag and hands should be cleaned immediately with soap and water or hand sanitizer. If a tissue is not available people should sneeze into the crook of their elbow. Children and young people should regularly be reminded of the importance of personal respiratory hygiene.

## ❖ **Cleaning surfaces that are touched frequently**

To prevent the indirect spread of the virus from person to person, it is important to regularly clean frequently-touched surfaces, such as:

- door handles
- handrails
- table tops
- play equipment
- toys
- electronic devices (such as phones)

When cleaning surfaces, normal products such as bleach and detergents are very effective at getting rid of the virus. Hard to clean resources (e.g. sandpits) should be removed. Sharing of Resources should be limited as much as possible.

## ❖ **Undertaking routine general cleaning**

Routine general cleaning within educational settings should be undertaken at least daily. Thorough cleaning with neutral detergent and water is an effective way of removing micro-organisms and dirt. If soiling (with blood / bodily fluids) is evident then general cleaning should be followed with a disinfectant.

A chlorine releasing product (sodium hypochlorite or a chlorine dioxide solution) at the appropriate concentration and for the correct contact time should be used. If using a hypochlorite solution the area should be rinsed and dried. Some chlorine dioxide solutions do not need to be rinsed off. It is important to always ensure that surfaces that are being disinfected are compatible with the product being used. Material Safety Data Sheets and COSHH assessments should be made available to staff who would not ordinarily use cleaning substances.

Further guidance on infection prevention and control: Best practice advice for nurseries and childcare settings is available at The Northern Ireland Regional Infection Prevention and Control Manual website:

<https://www.niinfectioncontrolmanual.net/nursery-guidance>

Enhanced and Terminal Cleaning are only recommended during an outbreak of Covid-19. For further detailed information read *COVID-19: cleaning of non-healthcare settings*.

[COVID-19: cleaning of non-healthcare settings - GOV.UK](#)

## ❖ **Minimizing contact and mixing**

It is important to adapt your environment (e.g. classroom layout) and your timetables (e.g. staggered breaks) to observe social distancing requirements. Chairs at desks should be positioned 2 metres apart to comply with social distancing.

## ❖ **Using personal protective equipment (PPE) appropriately**

If any child is displaying coronavirus symptoms they should be sent home.

PPE is only needed in a very small number of cases. These are:

- Working with children, young people and pupils whose care routinely already involves the use of PPE, due to their intimate care needs
- Giving children medication

Education settings and providers should use their usual local supply chains to obtain PPE. Where this is not possible, settings may approach the EA.

The poster below provides advice on wearing PPE in the community:

**HSC** Public Health Agency

## COVID-19 (coronavirus)

**PPE advice for health and social care workers in community/primary care**  
Standard precautions apply when caring for a person **without** symptoms.  
Additional precautions should be taken in the situations below:

**Note:** Risk assess: use eye protection if at risk from splashing

**Fluid resistant fluid shield mask**

**Plastic apron**

**Disposable gloves (single use)**

**2. Where you need to carry out **Aerosol generating procedures\*** on a person with symptoms of COVID-19**

**FFP3 respirator mask**

**Eye protection**

**Disposable gloves (single use)**

**Long sleeve disposable gown**

**\*These include:**

- Open suction
- Non-invasive ventilation
- Manual ventilation
- Intubation / Extubation
- Tracheostomy procedures

This does not include NEBULISERS

**For further detailed advice see [www.pha.site/PPE](http://www.pha.site/PPE)**

Public Health Agency, 12-22 Linenhall Street, Belfast BT2 8BS. [www.publichealth.hscni.net](http://www.publichealth.hscni.net)

V3 PPEcommunity/primary care 24032020

## ❖ Working safely in specific situations, including where PPE may be required

Reference to PPE in the following situations means:

- fluid-resistant surgical face masks
- disposable gloves
- disposable plastic aprons
- eye protection (for example a face visor or goggles)

Where PPE is recommended, this means that:

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

When PPE is used, it is essential that it is used properly. This includes scrupulous hand hygiene and following guidance on donning (putting on) and doffing (taking off) PPE safely to reduce the risk of contamination (a link to video guidance is available at the end of this document).

Face masks:

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

## Children should not wear PPE

### ❖ What care should be taken in children's residential settings?

Residential settings in which no one is showing COVID-19 symptoms should respond to coronavirus like any domestic household. However, it is important that soft toys are not shared between children, and children and young people should be discouraged from sharing food, drinks and personal items (e.g. pencils, rulers).

Where a child in a residential setting develops symptoms of COVID-19:

- Staff can enter and leave the home as required, consistent staff rotas should be used where possible and staff should follow good infection prevention control;
- Self-isolation guidance for residential settings should be followed;
- Staff should wear PPE for activities requiring close contact;
- Staff should adhere to social distancing guidelines as far as possible but should take account of children's emotional needs.

❖ **What specific steps should be taken to care for children with complex medical needs, such as tracheostomies?**

There are a small number of medical procedures which increase the risk of aerosols (tiny droplets) being transferred from the patient to the care giver. These are known as aerosol generating procedures (AGPs). Within education settings these procedures are only undertaken for a very small number of children with complex medical needs, such as those who are receiving tracheostomy care. Additionally, some children within a school environment require suctioning, such as children with Bilevel Positive Airway Pressure (BiPAP), continuous positive airway pressure (CPAP), and children who require nebulizers.

Staff performing AGPs in these settings should follow personal protective equipment (PPE) guidance on aerosol generating procedures, and wear the correct PPE, namely:

- an FFP2/3 disposable half mask respirator
- gloves
- a long-sleeved fluid repellent gown
- eye protection

The respirator required for AGPs must be fitted correctly (known as 'fit testing') by a trained individual. Staff in education settings who need support with fit testing should contact the appropriate health lead for the child/young person. Staff must also be confident in the putting on and removing of PPE. An area would need to be identified within the school and a risk assessment carried out to ensure that staff can carry out AGP procedures safely.

❖ **How should I care for children who regularly spit?**

Care of non-symptomatic children who present behaviours which may increase the risk of droplet transmission (such as spitting, biting or scratching), should continue in

the same way as usual, including any existing routine use of PPE. No additional PPE is necessary.

To reduce the risk of coronavirus transmission additional space and frequent cleaning of surfaces, objects and toys will be required. Cleaning arrangements should be increased in all settings, with a specific focus on frequently touched surfaces.

**❖ In educational settings what should be done if a child, young person or other learner becomes unwell with symptoms of coronavirus and needs to be cared for until they can return home?**

If anyone becomes unwell with a new, continuous cough or a high temperature/fever or anosmia (a loss or a change in your normal sense of smell, which can also affect your sense of taste) in an educational setting they must be sent home and advised to follow the guidance for households with possible coronavirus infection.

A child awaiting collection should be moved, if possible, to a room where they can be isolated behind a closed door. Ideally, a window should be opened for ventilation. If it is not possible to isolate the child, move them to an area which is at least 2 meters away from other people. A risk assessment should be undertaken by the school to address this. (Depending on the age of the child, appropriate adult supervision may be required).

If the child needs to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom should be cleaned and disinfected before being used by anyone else.

PPE should be worn by staff caring for the child while they await collection if direct personal care is needed and a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs).

If the child is seriously ill or injured or their life is at risk, call 999. Do not visit the GP, pharmacy, urgent care centre or a hospital.

If a member of staff (who was wearing the appropriate PPE and adhering to the social distancing guidelines) has helped someone who was unwell with a new, continuous cough or a high temperature or loss of taste/smell, they do not need to go home unless they develop symptoms themselves. They should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell. Cleaning the affected area with available cleaning products, followed by disinfection after someone with symptoms has left will reduce the risk of passing the infection on to other people.

If a staff member becomes ill with COVID-19 symptoms, they should go home as soon as possible. Cleaning the affected area with available cleaning products, followed by disinfection after someone with symptoms has left, will reduce the risk of passing the infection on to other people. Staff testing should be arranged.

❖ **What PPE protection is needed when transporting children?**

If the children or young people being transported do not have symptoms of COVID-19, there is no need for a driver to use PPE.

In educational settings, any child or young person who starts displaying COVID-19 symptoms should be collected by a member of their family or household.

❖ **What care should be taken in early years settings?**

It is challenging to reduce contact between young children in Early Years settings. This means that regular cleaning and disinfection of surfaces, objects and toys, as well as handwashing, are particularly important. Avoid the use of soft toys and intricate toys and other toys hard to clean.

Further guidance is available on cleaning for non-healthcare settings at: <https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings>.

IPC guidance for nursery and childcare settings is available at: <https://www.niinfectioncontrolmanual.net/nursery-guidance>

Settings should manage risks by keeping children in small groups and trying, as far as possible, to keep the same children and staff members together from day to day.

Consideration should be given to staggering mealtimes and parents/carers should be discouraged from gathering at entrance points. As far as possible, parents and carers should not enter early year's premises.

❖ **Is PPE required for tasks involving changing nappies or general care for children with Special Educational Needs (SEN) or young children?**

Provided the child is not showing symptoms of COVID-19 staff should follow normal practice when changing nappies and caring for babies generally. This includes continuing to use the PPE that they would normally wear in these situations (e.g. aprons and gloves). If a child shows symptoms of COVID-19, they should not attend a childcare setting and should be at home.

If children with SEN tear off plastic aprons, staff should wear double plastic aprons and give the child/young person distracting toys to hold in each hand when changing nappies or general care.

❖ **How should I care for young children or children with SEN who do not understand why they must stay apart or who ignore distancing guidelines?**

Young children and children with SEN may not be able to understand the need for social distancing. They may also seek close interaction with their peers or adults to provide reassurance at a period of disruption to their routines.

It is imperative that educational settings conduct risk assessments around managing groups of children within the setting. This should include limiting the number of children in each group and reducing this to provide more space in each classroom or learning area.

As far as possible, small groups of children should be supported by consistent staffing, and groups should remain as consistent as possible throughout the outbreak.

❖ **How should PPE and face coverings be disposed of?**

PPE should be removed in a specific order that minimises the potential for cross-contamination. The order of removal of PPE should be:

1. Peel off gloves and dispose of in clinical waste
2. Perform hand hygiene, by handwashing with soap and water, or using alcohol gel
3. Remove apron by folding in on itself and place in a clinical waste bin
4. Remove goggles or visor only by the headband or sides and dispose of in clinical waste
5. Remove fluid repellent surgical face mask from behind and dispose in clinical waste
6. Perform hand hygiene

All used PPE must be disposed of as waste. Scrupulous hand hygiene is essential to reduce cross-contamination. Coronaviruses can be killed by alcohol hand gel and most disinfectants. Information on donning and doffing – see link to video at the end of this document.

Used PPE and any disposable face coverings should be placed in a refuse bag and can be disposed of as normal domestic waste unless the wearer has symptoms of COVID. Further guidance is available

at: <https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings>.

## **HAND HYGIENE IS ESSENTIAL IMMEDIATELY FOLLOWING REMOVAL OR TOUCHING OF THE MASK OR FACECOVERING**

To dispose of waste from people with symptoms of COVID-19 (the child with symptoms will be sent home), such as disposable cleaning cloths, tissues and PPE:

- put waste 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.

Waste should be stored safely and securely kept away from children. You should not put your waste in communal waste areas until the waste has been stored for at least 72 hours. Storing for 72 hours saves unnecessary waste movements and minimizes the risk to waste operatives. This waste does not require a dedicated clinical waste collection in the above circumstances.

Settings such as residential care homes or special schools that generate clinical waste should continue to follow their usual waste policy guidelines.

Further information is also available regarding the cleaning of non-healthcare settings guidance available at:

<https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings>.

### **❖ Recognition of an Outbreak**

It is important that potential clusters of cases are identified early so immediate steps can be taken to prevent spread. If two or more children and/or staff are positive for COVID-19 within a 14 day period, the head teacher or person in charge of the setting must contact the Public Health Agency (PHA). A clinical risk assessment will be undertaken by the PHA duty officer. The PHA duty room officer will advise you of what further action to take.

### **❖ Testing**

Access to testing is available to all essential workers. This includes anyone involved in education or childcare, including both public and voluntary sector workers.

### **❖ Safeguarding Children**

The previous “lockdown” measures and ongoing need for social distancing and self-isolation have reduced the visibility of children and young people and has limited many of the social support structures for children and families. This means that

neglect, abuse and escalating needs and challenges may have gone undetected and children and families may not be receiving the support they need.

It is important to understand that existing safeguarding and child protection arrangements continue to apply and if you are concerned that a child is at risk of harm, contact children's social care Gateway Team

at: <https://www.nidirect.gov.uk/publications/gateway-service-teams-contact-details>

DE Circular 2017/04 "Safeguarding and Child Protection – A Guide for Schools" can be found at:

<https://www.education-ni.gov.uk/publications/circular-201704-safeguarding-and-child-protection-schools-guide-schools>

If necessary, schools should seek advice from the Education Authority's Child Protection Support Service on **02895 985590**.

### ❖ Staff Training

It is strongly recommended that all staff watch the [video on social distancing and hand washing](#).

The Northern Ireland Social Care Council has published a free resource on its learning zone on infection control, hand hygiene and using PPE. Available at: <https://learningzone.niscc.info/learning-resources/96/supporting-good-infection-control>.

Teaching staff will find teaching learner's resources for Key 1, 2 and 3 on Hand Hygiene, Respiratory Hygiene and Coronavirus at <https://www.e-bug.eu/>.

### Some Helpful Resources

Click [here](#) to see video from the Chief Nursing Officer on PPE.

Click [here](#) to see PPE for Domiciliary Care video.

Click [here](#) to see video on donning and doffing.

[Belfast Trust Facebook Page](#) – short video developed by Speech and Language therapists to explain to children why PPE is required.