

Safe working in education, childcare and children's social care settings, including the use of personal protective equipment (PPE)

Guidance

Published 14 May 2020

© Crown copyright 2020

This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit nationalarchives.gov.uk/doc/open-government-licence/version/3 or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk.

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

This publication is available at <https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe>

This guidance applies to staff working in education, childcare and children's social care settings in England, the children, young people and learners who attend these settings and their parents or carers.

It explains the strategy for infection prevention and control, including the specific circumstances PPE should be used, and thus work safely during the coronavirus (COVID-19) outbreak.

Effective infection protection and control

There are important actions that children and young people, their guardians 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 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 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 approaches and actions should be employed. These can be seen as a hierarchy of controls that, when implemented, creates an inherently safer system where the risk of transmission of infection is substantially reduced. These include:

1. Minimise contact with individuals who are unwell

If you have, or are showing symptoms of, coronavirus (a new continuous cough, or fever, or a loss of, or change in, your normal sense of taste or smell (anosmia)), or have someone in your household who is, you should not be in a childcare setting, school or college. You should be at home, in line with the [guidance for households with possible coronavirus infection](#).

When working with children in residential schools and homes, you should follow the [guidance on isolation for residential educational settings](#).

2. Clean your hands often

Clean your hands more often than usual, particularly after arriving at your setting, touching your face, blowing your nose, sneezing or coughing, and before eating or handling food.

To clean your hands you should wash your hands thoroughly for 20 seconds with running water and soap and dry them thoroughly, or use alcohol hand rub/sanitiser ensuring that all parts of the hands are covered.

3. Respiratory hygiene (catch it, bin it, kill it)

Avoid touching your mouth, eyes and nose. Cover your mouth and nose with disposable tissues when you cough or sneeze. If one is not available, sneeze into the crook of your elbow, not into your hand. Dispose of tissues into a disposable rubbish bag and immediately clean your hands with soap and water or use a hand sanitiser.

4. Clean surfaces that are touched frequently

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

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

When cleaning, use the usual products, like detergents and bleach, as these will be very effective at getting rid of the virus on surfaces.

All education, childcare and children's social care settings should follow the Public Health England (PHE) [guidance on cleaning for non-healthcare settings](#).

5. Minimise contact and mixing

You should, as much as possible, alter the environment of your setting (such as classroom layout) and your timetables (such as staggered break time) to minimise contact and mixing.

6. Personal protective equipment (PPE)

The majority of staff in education, childcare and children's social care settings will not require PPE beyond what they would normally need for their work, even if they are not always able to maintain distance of 2 metres from others.

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

- children, young people and learners whose care routinely already involves the use of PPE due to their intimate care needs should continue to receive their care in the same way
- PPE should be worn if a distance of 2 metres cannot be maintained from any child, young person or other learner displaying coronavirus symptoms

Education, childcare and children's social care settings and providers should use their local supply chains to obtain PPE. Where this is not possible, and there is unmet urgent need for PPE in order to operate safely, they may approach their nearest local resilience forum.

Testing

Access to [testing is already available to all essential workers](#). This includes anyone involved in education, childcare or social work - including both public and voluntary sector workers, as well as foster carers. Education settings, as employers, can [book tests through an online digital portal](#). There is also an option for employees to book tests directly on the portal.

By the time settings open to wider cohorts of children and young people, all children, young people and other learners eligible to attend their education or childcare setting, and all children in social care settings, as well as their households, will have [access to a test](#) if they display symptoms of coronavirus. If they develop symptoms, they should be tested. If they test negative, they can return to their setting and their fellow household members can end their self-isolation. If they test positive, education and childcare settings should follow [guidance on implementing protective measures in education and childcare settings](#). Residential settings should follow [isolation guidance for residential settings](#).

How to work 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 coronavirus
- if contact is necessary, then gloves, an apron and a facemask should be worn
- if a risk assessment determines that there is a risk of fluids entering the eye from, for example, coughing, spitting or vomiting, then 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 [how to put PPE on and take it off safely](#) in order to reduce self-contamination.

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

What care should be taken in residential settings, including residential schools, residential special schools and children's care homes?

Residential settings in which no one is showing symptoms should respond to coronavirus like any other domestic household. However, it is important that soft toys are not shared between children.

Where a child in a residential setting develops symptoms of coronavirus:

- staff can continue to enter and leave the home as required, consistent staff rotas should be used where possible and staff should follow good infection prevention control
- the [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 they are able to, but should take account of children's emotional needs

What care should be taken in foster care settings?

Foster homes in which no one is showing symptoms of coronavirus should respond to coronavirus like any other domestic household. This should not prevent the delivery of care to children.

If foster carers are caring for a child who develops symptoms of coronavirus, their fostering service should:

- assess the ability of the carer to continue to deliver care to the child
- ensure the foster home follows the [guidance for households](#) to avoid the spread of infection
- consult the foster carer on how best to protect themselves and the child

If foster carers develop symptoms of coronavirus, their fostering service should:

- assess the ability of the carer to continue to deliver care to the child
- ensure the foster home follows the [guidance for households](#) to avoid the spread of infection
- if additional support is needed for the carer or child, ensure that staff providing this care are provided with PPE prior to entering the home and follow the guidance below on home visiting

Foster carers are able to request PPE from their fostering service provider, if needed, in line with [guidance for local authorities on children's social care](#).

What care should staff visiting families in their own homes take?

Social workers, other children's social care staff and anyone else considering the need for a home visit should follow the [children's social care services guidance](#) and make a judgement about visiting which balances considerations of the:

- risks to children and young people
- risks to families
- risks to the workforce
- national guidance on social distancing and hygiene
- statutory responsibilities, including safeguarding

Staff and their managers are best placed to make professional judgements of risk in each case and decide what form of contact they need.

There are many ways to keep in touch with a child, young person or family without physical face-to-face contact. It is expected that these will be utilised appropriately and proportionately, including in response to any risk assessment undertaken for the child on a case by case basis.

Prior to undertaking a visit, an attempt should be made to ascertain whether any member of the household is suffering from symptoms of coronavirus. An initial [risk assessment](#), where possible, should take place by telephone.

Where households report no coronavirus symptoms, no PPE is required, but a distance of 2 metres should be maintained where possible. Where this is not possible, you should undertake a [risk assessment](#). Good basic hygiene should be followed, such as handwashing or use of sanitiser before and after the visit, and not touching your face during the visit.

Where households are reporting coronavirus symptoms, PPE should be worn if a distance of 2 metres cannot be maintained.

Where it is not possible to ascertain whether any member of the household is suffering from symptoms of coronavirus prior to face to face contact, steps should be taken where practical, to mitigate risk. These steps include but are not restricted to:

- knocking on the front door or ringing the doorbell and then stepping back to a distance of 2 metres in adherence to social distancing guidelines
- taking PPE as a precautionary measure

Should social care visits to extremely clinically vulnerable children and young people continue?

Extra care should be taken visiting children and young people who are extremely clinically vulnerable and so are at very high risk of severe illness from coronavirus because of an underlying health condition. They should follow [shielding guidelines](#) and stay at home at all times and avoid face-to-face contact where possible.

Coronavirus brings additional risk and complexity to social work practice and may necessitate some different ways of working which should always be risk-based.

Visits to provide essential support such as social care or personal care should continue only following a robust risk assessment.

What care should be taken in hospital education settings?

Hospital infection prevention and control teams will be able to advise headteachers of hospital schools on measures required and how to work safely in these settings.

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 transmission through aerosols (tiny droplets) being transferred from the patient to the care giver. These are known as aerosol generating procedures (AGPs). Within education and children's social care settings these are only undertaken for a very small number of children with complex medical needs, such as those receiving tracheostomy care.

Staff performing AGPs in these settings should follow Public Health England's [personal protective equipment \(PPE\) guidance on aerosol generating procedures](#), and wear the correct PPE which is:

- a FFP2/3 respirator
- gloves
- a long-sleeved fluid repellent gown
- eye protection

The respirator required for AGPs must be fitted correctly (known as 'fit testing') by an individual trained to do this. Staff in education and children's social care settings that need support with fit testing should contact the appropriate health lead for the child/young person. This could be either via the Designated Clinical Officer for SEND for support from the local Clinical Commissioning Group, or via the lead nursing team in the health provider.

How should I care for children who regularly spit?

If non-symptomatic children present behaviours which may increase the risk of droplet transmission (such as spitting), they should continue to receive care in the same way, including any existing routine use of PPE.

To reduce the risk of coronavirus transmission, no additional PPE is necessary, but 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 surfaces which are touched a lot. Read [guidance on cleaning for non-healthcare settings](#).

In non-residential 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 in an education, childcare or non-residential children social care setting becomes unwell with a new, continuous cough or a high temperature, or has a loss of, or change in, their normal sense of taste or smell, they must be sent home and advised to follow the [guidance for households with possible coronavirus infection](#).

If a child is awaiting collection, they should be moved, if possible, to a room where they can be isolated behind a closed door, with appropriate adult supervision if required depending on the age of the child. Ideally, a window should be opened for ventilation. If it is not possible to isolate them, move them to an area which is at least 2 metres away from other people.

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

PPE should be worn by 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).

In an emergency, call 999 if they are seriously ill or injured or their life is at risk. Do not visit the GP, pharmacy, urgent care centre or a hospital.

If a member of staff has helped someone with symptoms 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 normal household disinfectant after someone with symptoms has left will reduce the risk of passing the infection on to other people. Read [guidance about cleaning non-healthcare settings](#).

What protection is needed when transporting children?

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

In non-residential settings, any child, young person or other learner who starts displaying coronavirus symptoms while at their setting should wherever possible be collected by a member of their family or household. In exceptional circumstances, where this is not possible, and the setting needs to take responsibility for transporting them home, or where a symptomatic child or young person needs to be transported between residential settings, you should do one of the following:

- use a vehicle with a bulkhead
- the driver and passenger should maintain a distance of 2 metres from each other
- the driver should use PPE, and the passenger should wear a face mask if they are old enough and able to do so

What care should be taken in early years settings?

Because it is challenging to reduce contact between young children in early years settings, regular cleaning and disinfection of surfaces, objects and toys, as well as handwashing, are particularly important. The use of soft toys and toys with intricate parts or that are otherwise hard to clean should be avoided. Read [guidance on cleaning for non-healthcare settings](#).

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. Settings should consider staggering mealtimes and should discourage parents and carers from gathering at setting entrances. As far as possible, parents and carers should not enter early years premises.

Is PPE required for tasks involving changing nappies or general care for babies?

Staff should follow their normal practice when changing nappies and caring for babies more generally, provided the child is not showing symptoms of coronavirus. This includes continuing to use the PPE that they would normally wear in these situations, for example aprons and gloves. If a child shows symptoms, they should not attend a childcare setting and should be at home.

How should I care for young children or children with special educational needs who do not understand why they must stay apart or who ignore distancing guidelines?

Young children and children with special educational needs may not be able to understand the need for social distancing and 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 education, childcare and children's social care 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?

Used PPE and any disposable face coverings that staff, children, young people or other learners arrive wearing should be placed in a refuse bag and can be disposed of as normal domestic waste unless the wearer has symptoms of coronavirus, in line with the [guidance on cleaning for non-healthcare settings](#).

Any homemade non-disposable face coverings that staff or children, young people or other learners are wearing when they arrive at their setting must be removed by the wearer and placed into a plastic bag that the wearer has brought with them in order to take it home. The wearer must then clean their hands.

To dispose of waste from people with symptoms of coronavirus, such as disposable cleaning cloths, tissues and PPE:

- 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

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 minimises 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 policies.

Further information is also available in the [cleaning non-healthcare settings guidance](#).