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**EARLY
YEARS**
INSPECTORATE

Response of the early years services to COVID-19 as documented by the Early Years Inspectorate between March 2020 to December 2021



This report has been prepared by Research Matters Ltd (www.researchmatters.eu) on behalf of Tusla – Child and Family Agency.

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Foreword

I am very pleased to introduce this report outlining the response of the early years services to COVID-19 as documented by the Early Years Inspectorate for the period March 2020 to December 2021.

Early years services faced many challenges during this time working in a fast moving, ever changing environment and it is a testimony to their courage, resilience and determination that early years services remained opened, for the most part, throughout this period. The findings presented in this report illustrate ways in which early years services were flexible and innovative in responding to the COVID-19 pandemic.

A total of 19,599 regulations from 3,520 inspection reports from 3,035 individual services inspection between March 2020 and December 2021 were reviewed and a separate report on the findings emerging from an analysis of these is available. This report presents the findings emerging from a thematic analysis of the 6,630 regulations within these inspection reports where reference was made to COVID-19 in the text by the Early Years Inspector. The findings in the report are presented in a five-level system using the hazards controls framework, defined by the US Occupational Safety and Health Association (OSHA), and named the '*Hierarchy of Controls*'.

The findings in this report show that as a critical service for children, families and society, early years services responded to the wide-ranging, multi-faceted and challenging requirements needed to keep children and staff in services safe and to mitigate risks arising from COVID-19.

I would like to acknowledge the significant co-operation and extensive work of over 4,000 registered providers and extend to them my sincere thanks for their commitment to providing safe and quality services to children and families around the country during this difficult period.

I would also like to extend my sincere thanks to Dr Sinéad Hanafin, Managing Director of Research Matters Ltd, for producing this report.

Fiona McDonnell
National Service Director of Children's Services Regulation

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List of Acronyms

Acronym	Definition
CSO	Central Statistics Office
ECCE	Early Childhood Care and Education
EEA	European Economic Association
ELC	Early Learning And Care
ESRI	Economic and Social Research Institute
EU	European Union
EYI	Early Years Inspectorate
HPSC	Health Protection Surveillance Centre
HSA	Health and Safety Authority
IT	Information Technology
NPHEM	National Public Health emergency Team
OSHA	Occupational Safety and Health Administration
PPE	Personal Protective Equipment
QRF	Quality and Regulatory Framework
SAC	School Age Childcare
US	United States
UK	United Kingdom

Section 1

Context

Context

Early learning and care settings must accommodate both children and early years professionals and in the context of the COVID-19 pandemic, both must be kept safe. At the onset of the COVID-19 pandemic in March 2020, the Government recommended that where possible people should work remotely. This was not an option for the early years service providers where the nature of the work requires face-to-face engagement between professionals and children within services. Consequently, all early years services were closed between 12th March 2020 and 29th June 2020 although a number of early years services reopened within a matter of weeks to respond to needs arising. Further restrictions took place later on in the pandemic and these are highlighted later in this report.

The level of risk of contracting SARS-CoV-2, the virus that causes COVID-19, within workplace environments differs according to the exposure risk and different levels of risk arise depending on this. The World Health Organisation guidance (2021) identified three risk categories — high, medium and low — for workers.

High

- High exposure refers to those who have a high potential for close contact with people who are known or suspected of having COVID-19 such as healthcare workers.

Medium

- Medium risk refers to those who have work-related frequent and close contact with the general public.

Low

- Low risk refers to those workers who have minimal occupational contact with the public and other co-workers.

The early years settings can be considered a medium exposure risk environment for both personnel working there and for children and young people attending. Medium exposure risk is defined as where workers:

“have work-related frequent and close contact with the general public, visitors, or customers (e.g. in food markets, bus stations, public transport, schools and other work activities where safe physical distancing may be difficult to observe); or for work tasks that require close and frequent contact between co-workers” (WHO, 2021; pp.5-6).

While the early years environment is a medium risk, the Health Protection Surveillance Unit (HPSC) in August (2020) noted that less than 5% of cases reported in the EU/EEA and the UK were among children (*Health Protection Surveillance Centre (HPSC), 2020*). They further noted, however, that where children contracted the disease, they were likely to have mild or asymptomatic infection meaning that the infection may be undetected or undiagnosed. The mild or asymptomatic nature of infection in children means that it may not be diagnosed in them and the risk of spreading infection, therefore, is greater than where symptoms are very evident. This placed a high onus on early years services to put in place extensive processes and procedures to mitigate the risk of transmission.

Approach adopted

The research team were provided with 3,520 inspection reports by the Early Years Inspectorate and within these reports, assessments of compliance and non-compliance in respect of 19,599 regulations were provided. A report on compliance and non-compliance overall in respect of those regulations is available separately.

This report focuses only on the findings emerging from a thematic analysis of the 6,630 regulations where reference was made to COVID-19 in the text by the Early Years Inspectorate. With the exception of a very small number ($n = 106$) of regulations, all these references identified compliance in respect of the measures relating to managing COVID-19. Of note, however, is that a regulation may be compliant in respect of COVID-19 but non-compliant for some other reason.

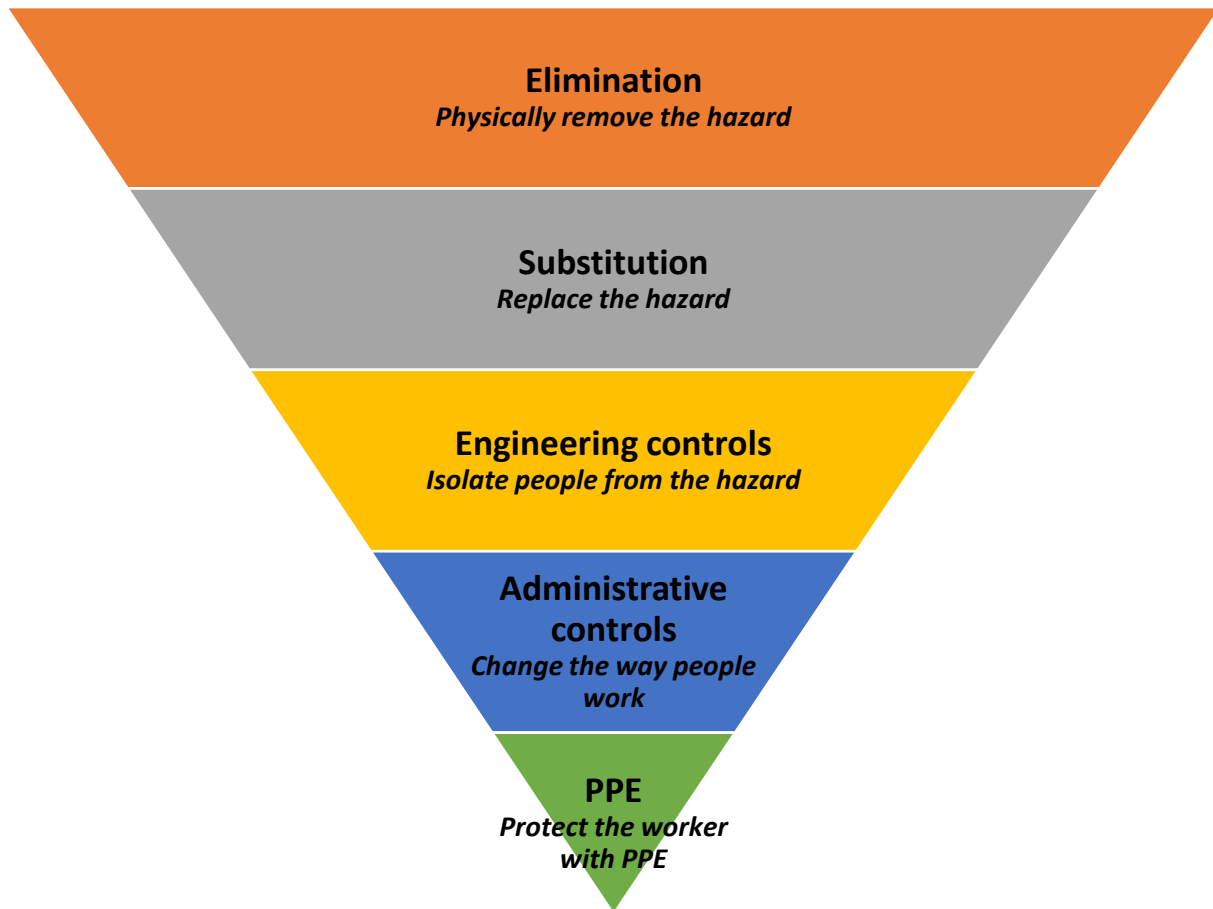
The findings show that as a critical service for children, families and society, early years services responded to the wide-ranging, multi-faceted and challenging requirements needed to keep children and staff in services safe and to mitigate risks arising from COVID-19.

Hierarchy of Controls

Findings emerging from the analysis of the measures taken by the early years services and as described by the Early Years Inspectorate are now presented using the hazard controls framework defined by the US Occupational Safety and Health Association (OSHA) and named the 'Hierarchy of Controls' (*Morris & Cannady 2019*). This framework has been in use for more than 50 years in occupational settings and provides a systematised approach for identifying ways in which work environments can be kept as safe as possible.

The Hierarchy of Controls framework sets out a five-level system with the most protection from hazards at the top to the least protective option at the bottom (**Figure 1**).

Figure 1 Hierarchy of Controls



A description of each control as applied to the changes described in this report relating to the early years sector are:

Elimination:

- Although COVID-19, similar to previous pandemics, is eventually likely to be eradicated or at least contained, the current situation with evolving variants and less efficacious vaccines than had been hoped for, means that physically removing individuals from the environment is the most effective way to prevent COVID-19 from harming people.
- Controls put in place in early years settings included the closure of services, restrictions in access to the service and the management of suspected or confirmed cases in the service.

Substitution:

- This approach refers to replacing the hazard with a safer option. An important control put in place in respect of COVID-19 is to lower the concentration of air pollutants or contaminants that may be circulating in the environment through ventilation.
- Both ventilation and increased use of outdoor spaces were used by early years services.

Engineering controls:

- Engineering controls through the use of mechanical tools or barriers to isolate the virus from people are essential since they allow for interactions to take place while ensuring the environment can be as safe as possible.
- Services used both physical distancing and a pod system to reduce the likelihood of contracting the disease.
- This pod system was organised around small groups of children and the adults they interacted remaining with the same people throughout their time in the service and this was a substantial change from before COVID-19.

Administrative or work practice controls:

- These are controls that are put in place through policies and procedures that change the way in which work takes place. These type of controls need to be supported by adequate training and review.
- Four main approaches were adopted by early years services and these were additional ways of communication with parents and staff; new ways of communicating; enhanced infection control interventions and ensuring toys and play equipment can be cleaned easily.

Personal protective equipment (PPE):

- This control ranks as the least effective in the Hierarchy of Controls and while mask wearing particularly has been identified as a critical protective mechanism, in the absence of other levels of control, it is unlikely to be able to mitigate the risks associated with COVID-19 infections.

Need for an approach that incorporated all elements of the Hierarchy of Controls

The *Government of Ireland Resilience and Recovery 2020–2021 Plan* for Living with COVID-19 published in June 2020 highlighted that while simple measures work best as a defence against the disease, no individual measure on its own is effective and a combination of measures are needed to respond to the pandemic.

This is reflected in the response by early years services where measures undertaken across each of the five elements outlined in the Hierarchy of Controls were identified. The description presented in this report illustrates the comprehensive approach adopted by early years services and highlighted in the full range of services including full daycare, part-time care, sessional, drop in, and childminding.

The following excerpt, taken from a report of an inspection of a sessional service carried out in November 2021, highlights an example of the range and diversity of measures put in place.

Figure 2 Example of the multiplicity of measures required to mitigate COVID-19

The registered provider had completed a self-assessment checklist regarding COVID-19 guidelines to help identify that all the works necessary to ensure the safety of the children and staff attending the service had been carried out. The staff who spoke to the inspector advised that the service had a COVID-19 policy in place which was updated in September 2021. The policy highlighted the key areas and measures required to protect and reduce the risk of infection and to reduce cross infection. It included regular hand hygiene, the cleaning of toys, cleaning schedules, maintaining social distances between staff and measures to be taken if a staff or child becomes unwell. Parents received the updated policies and the staff advised that the parents were diligent in adhering to the service's sickness exclusion policy and did not bring children in if they were unwell, helping reduce the risk of COVID-19 in the service. Good hand washing practice was seen on the day of inspection. Children were supervised by the staff with washing their hands before eating, between activities and after using the toilet. A hand sanitiser station was available in the service and the staff were observed using this regularly. Staff were clear that they understood the procedures to follow if a staff member or child was to become symptomatic with symptoms of COVID-19. An isolation area had been identified in the service and there was a supply of personal protective equipment (PPE) should it be required.

A description of these various measures are presented in sections 2 to 6.

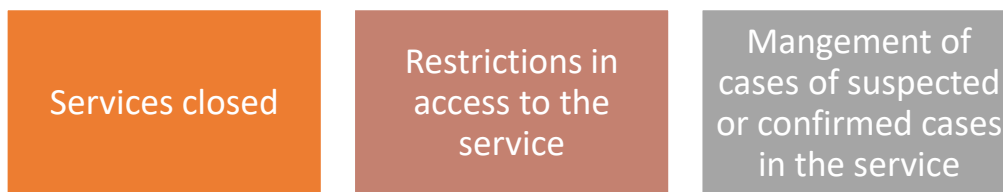
Section 2

Elimination measures
employed by early
years services

Elimination measures employed by early years services

The most effective mechanism to minimise the spread of COVID-19 is to eliminate it from the environment and a number of specific measures were put in place to remove the likelihood of COVID-19 infection in early years services. These elimination measures focused on three areas, these being the closure of services, restriction of access to the service and thirdly, carefully managing suspected or confirmed cases.

Figure 3 Elimination measures employed by the Early Years Inspectorate (EYI)



Services closed

All early years services, including full daycare, part-time, sessional and childminding, were restricted in opening between 12th March 2020 and June 29th 2020, although a number of early years services opened within a matter of weeks to respond to needs arising. While the early years services remained open from July 2020 onwards, some restrictions took place at other times throughout the pandemic.

Pobal (2022), for example, reported that due to an increase in the spread and impact of COVID-19, the Early Childhood Care and Education (ECCE) Programme was suspended from 6th January 2021 until 8th March in line with public health guidance at that time, and the Early Learning and Care (ELC) and School-Age Childcare (SAC) sector operated on a restricted basis.

The importance of the early years services in supporting society was identified as critical and their reopening enabled many professionals and services to provide services. The report of a survey carried out by the Central Statistics Office (CSO) in June 2020 highlighted that the closure of schools and childcare facilities as well as the cocooning requirement for older relatives or grandparents led to childcare challenges for about one quarter of people in Ireland in the 25–33 year age group (CSO, 2020).

In a further report the ESRI (Darmody *et. al.*, 2021) on the implications of COVID-19 on policy for children and young people, the authors note that a lack of childcare is likely to have had a severe impact on the 22% of essential workers (of whom 9% are lone parents) and the 7% of health professionals in the workforce.

Consequently, while many other services, including primary, secondary and tertiary level institutions, closed for extensive periods of time over the first 18 months of the pandemic, early years services recommenced.

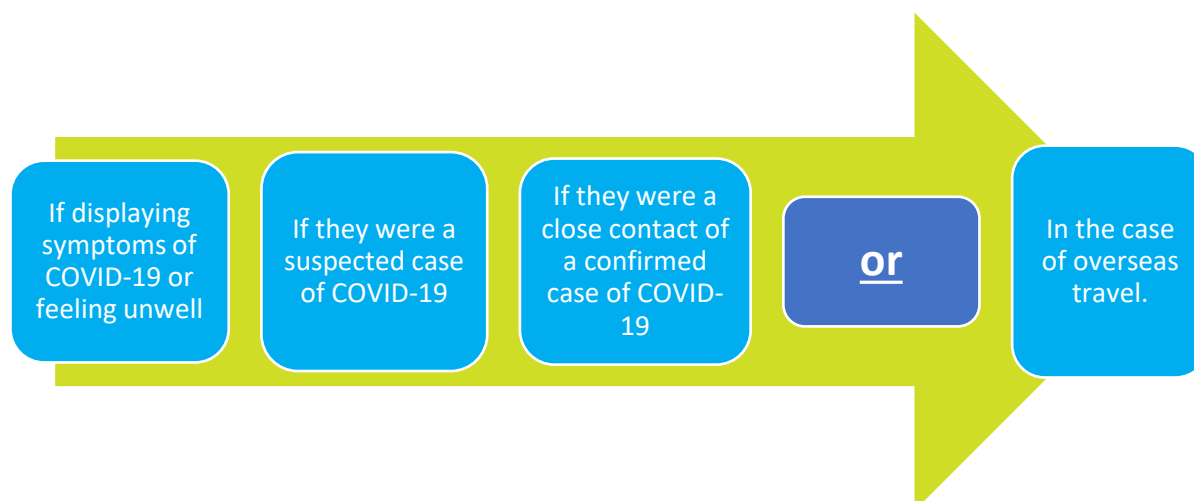
Restrictions in access to the service

When the services re-opened, access by parents, workers and others was restricted as a key measure in preventing the spread of the COVID-19 virus. The following presents an overview of the key measures identified in early inspection reports.

Restrictions on access to the service by parents

In the correspondence parents received before their early years service re-opened, many service providers stated that children could not attend the service in a number of circumstances, outlined in Figure 4:

Figure 4 Restrictions on access to the service by parents



It is clear that services complied with this requirement and inspectors reported that they were informed by staff that parents were following the service’s sickness exclusion policy and did not bring children into the service if they were unwell, thus helping them reduce the risk of the introduction and spread of COVID-19 in the service. It was also documented that staff carried out a daily risk assessment at drop off and collection times with parents. In one report it was noted that:

“The person in charge had a system in place to ensure that the adults and children were asked daily on arrival about their wellness to attend the service.”

Prior to COVID-19, the Quality and Regulatory Framework produced by the Inspectorate had identified the importance of engaging with, and supporting parental involvement.

Regulation 17, for example, focuses specifically on information for parents including the particular information to be provided, access to the information and the information to be publicly displayed within the service.

Other regulations, particularly Regulation 19, highlight the importance of providing opportunities for parents and guardians to be involved with service activities, of encouraging them to visit the service before their child attends, and to stay with their child as they take whatever time is needed for the child to adjust to their new environment.

Following the return to the service at the end of June 2020, it was noted in several inspection reports that parents were not allowed to enter the service. Despite this, statements made in inspection reports draw attention to the ways in which early years services responded to the need to engage with parents, sometimes in innovative and creative ways. These examples include:

“A perspex stand is in place at the front entrance. This enables a staff member to communicate with the parent and the child enters the service through a child sized opening in the stand.”

“At collection times in the evening the parents phone the staff from their cars and the key person brings each child from the service.”

“Parents were welcomed in the service at drop off times in the morning and allowed to come to the entrance door of the building.”

“Parents did not enter the premises but could come directly to the back door of the play room where they interacted with staff.”

In other reports, safety issues arising from this new way of engaging with parents was highlighted in the following commentary:

“The entry to the service was secure to ensure the safety of the children within the service.”

Temperature checking

In some reports it was noted that it was the policy of the service to record children’s temperatures upon arrival each day and in some cases documentary evidence of this was highlighted. Various approaches were adopted. Some services were reported to be recommending to parents that they check their child’s temperature each morning in advance of arrival at the service *‘and not to attend should the temperature be elevated’*. Another report noted that *‘the children’s and staff temperature are taken’* on arrival at the service, *‘sometimes in the presence of a parent’*. One inspector noted that:

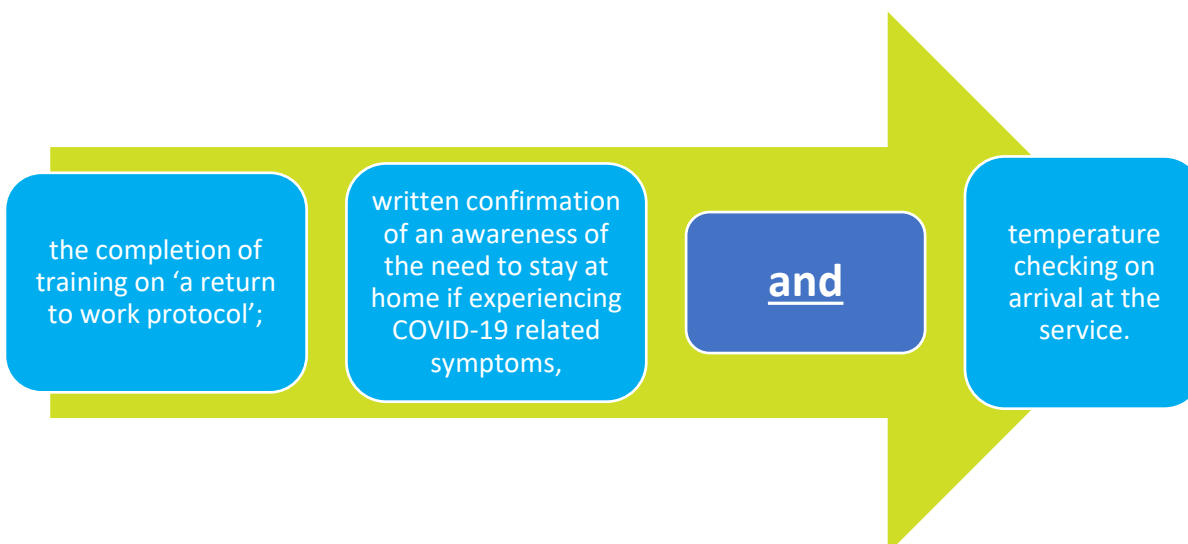
“The service implements a policy where children’s temperatures are taken on arrival on the premises each morning with parents being asked if their child is well and, if they are, the child is then accepted into the service.”

In another report it was highlighted that the children’s temperatures were checked on arrival to the individual care rooms and *‘this information was entered on the communication application system on the mobile tablet devices for staff and parental reassurance’*. One report stated that *‘the children’s temperatures are recorded three times a day’*.

Restrictions in access to the service by staff

Three measures were put in place to prevent staff coming to the service if there was a risk that they had COVID-19. These are set out in figure 5:

Figure 5 Restrictions in access to the service by staff



Training completed by staff prior to returning to work after the initial lockdown

The Health and Safety Authority developed a return to work protocol to help inform workers about what they needed to do to prevent the spread of COVID-19 in their

workplace. The information contained in the guidance was for educational purposes and while it was noted to be ‘non-exhaustive’ it identified 32 different infection controls that workers needed to be aware of. These areas were made available in the form of a checklist for workers (**Table 1**).

Table 1 COVID-19 Return to Work Safely Protocol: Checklist No.6 - Workers

COVID-19 Return to Work Safely Protocol: Checklist No.6 - Workers
1. Do you feel well and fit enough to return to work?
2. Are you keeping up to date with the latest COVID-19 advice from Government?
3. Are you aware of the signs and symptoms of COVID-19?
4. Do you know how the virus is spreading?
5. Have you completed a COVID-19 return-to-work form and given it to your employer?
6. Have you told your employer if you fall into any of the at higher risk categories?
7. Have you been given an induction before returning to work and made aware of the control measures your employer has put in place to minimise the risk of you and others being exposed to COVID-19? (See Checklist No. 2 Control Measures)
8. Did your employer consult ¹ with you when putting these control measures in place?
9. Have you co-operated with your employer to make sure these control measures are maintained?
10. Do you know who your Worker Representative is and how to contact them?
11. Do you know how to contact your Worker Representative if you have any concerns about exposure to COVID-19, control measures not being maintained or have any suggestions that could help prevent the spread of the virus?
12. Do you know what to do in relation to physical distancing, good hand hygiene and respiratory etiquette?
13. Do you know how to wash your hands properly?
14. Do you know when to wash your hands: i.e. <ul style="list-style-type: none"> • before and after eating and preparing food? • after coughing or sneezing? • after using the toilet? • before smoking or vaping? • when hands are dirty? • before and after wearing gloves? • before and after being on public transport? • before leaving home? • when arriving / leaving the workplace / other sites? • after changing tasks? • after touching potentially contaminated surfaces? • if in contact with someone displaying any COVID-19 symptoms?
15. Do you know where your nearest hand washing / hand sanitising stations are?

COVID-19 Return to Work Safely Protocol: Checklist No.6 - Workers

16. Do you know to avoid touching your face?
17. Do you know to keep two metres physical distancing from others at all times at work, including in any canteen or wash / changing room?
18. Do you know to avoid any physical contact with colleagues, customers or visitors?
19. Do you know what to do if you start to develop symptoms of COVID-19 while at work, including where the isolation area is? (See Checklist No. 4)
20. Do you understand the purpose of giving your employer any necessary information to maintain a COVID-19 contact log?
21. Do you understand any proposed new staff rosters, changing of start / finish times, rostering of breaks etc?
22. Have you been made aware of any changes to risk assessments relevant to your work activities and any changes in the safety statement in response to controls to minimise the risk of you and others being exposed to COVID-19?
23. Have you been made aware of any changes to the emergency plans or first aid procedures for your workplace in response to controls to minimise the risk of you and others being exposed to COVID-19?
24. Do you know to avoid sharing items such as cups, bottles, cutlery, pens etc.?
25. Have you been made aware that any personal items brought into work must be cleaned and to avoid leaving them down on communal surfaces or to clean the surface after the personal item is removed?
26. Have you been provided with cleaning materials, including gloves and disinfectant to clean your own workspace twice daily?
27. Do you know to clean your hands before and after using public transport when commuting and when you enter and exit the workplace?
28. Can you avoid work-related travel as far as possible and are you able to conduct meetings with colleagues / clients / customers in other ways e.g. phone, online rather than in person?
29. If using your own car for work, will you travel alone?
30. If you have to share a work vehicle, have you access to a face covering and products such as wipes to clean the vehicle's frequently touched surfaces at the start and end of each shift?
31. Do you know when you have to wear PPE and how to fit, use, remove, clean, store and dispose of any required PPE?
32. Do you know what supports are available to you if you are feeling anxious or stressed?

A number of inspection reports referenced training in specific COVID-19 infection control and inspectors found evidence that *'members of staff had completed induction training'*, *'had undertaken "return to work safely for employees in early years services"'*, or had completed specific Covid-19 infection control training for the purpose of ensuring *'on-going*

adherence to current practices and to implement the supplementary specific infection control guidance relating to COVID-19'. One report noted that:

“Documented evidence was available for all staff for the completion of Health and Safety Authority (HSA) on-line training for return to work. Examples of topics were: infection prevention and control, using personal protective equipment and hand hygiene. The registered provider had completed Covid-19 compliance officer training with a private company.”

Another report noted that:

“Training had been provided to the adults by an external agency and the service in relation to the procedure to be followed in the event that a child or adult became ill while in the service as demonstrated by a sample of completed staff ‘Return to Work Safely Protocol checklists’ reviewed. Certs were provided for adults that they received training in Covid 19.”

Inspectors also noted that *‘staff demonstrated a good understanding of the specific infection control guidance relating to COVID-19 when interviewed’*.

Confirmation of an awareness of the need to stay at home if experiencing COVID-19 related symptoms

A number of reports highlighted a system in place in the early years services to ensure that staff were aware of the importance of self-isolating if required. One inspector reported that:

“A system was in place in the service to ensure all staff in the service felt well and were not experiencing any Covid-19 related symptoms at the commencement of their shifts and on discussion with staff they were aware of the necessity to self-isolate as required.”

Completion of return to work forms for staff

In addition to completing training in preparation for returning to work following the initial lockdown, it was noted that staff were also required to complete return to work forms at other times. In one service the inspector reported that these forms were:

“completed and maintained electronically, via an application, which notified management once this information had been submitted by a staff member. The person in charge advised that such forms were completed once per week, or in keeping with staff’s rostered hours.”

Inspectors also highlighted that:

“staff were aware of the sign and symptoms of Covid-19 and have completed training before returning to work in September and have completed a fitness to return to work if unwell or completed a fitness to return to work form if they have been absent from work for any reason.”

The inspection report of some services noted that adults attending the service signed a daily declaration indicating they:

- did not have any COVID-19 symptoms,
- were not a suspected case or a close contact of a confirmed case of COVID-19 and;
- had not undertaken overseas travel.

Similar to the approach to children’s temperature, in some reports it was highlighted that all staff were required to have their temperature taken upon arrival each day.

Restrictions on others (e.g. contractors) accessing the services

In addition to the restrictions on parents, children and staff, restrictions on entry to the services were also placed on others, including contractors. Some inspection reports highlighted these restrictions on contractors or visitors attending the services, saying that:

“visitors or contractors who attended the service were required to complete and sign a COVID-19 questionnaire to declare that they did not have any symptoms associated with COVID-19, were not a close contact of a known COVID-19 case and had not travelled outside of the country in the recent past.”

Another report stated that ‘a completed Return to Work COVID-19 form for an auxiliary contractor was displayed as described in the Risk Assessment Policy.’ It was noted that the service ‘kept a record sheet of any visitors or contractors who attended the service’ and one report highlighted the recording of:

“contact information recording of all persons in the building, whether staff, children or visitors such as the early years inspector.”

Management of a suspected case of COVID-19 in the service

Managing a suspected case of COVID-19 in a service is also an important mechanism for eliminating the virus from the broader environment. Key elements identified in EYI reports included staff having a clear knowledge of, and a plan in place, to manage a suspected case of COVID-19 and having a designated isolation area for children and staff with suspected COVID-19.

Incident plan and knowledge of how to deal with a suspected case

Inspectors commented on the knowledge staff had regarding how to manage a suspected or confirmed case of COVID-19 and a number of reports drew attention to the availability and familiarity of the staff with their Incident Plan. This is illustrated in the text below where it was noted that:

“An Incident Plan was in place to inform practice in the setting regarding the actions to be taken should a child or staff member have or be suspected of having COVID-19. Staff members who spoke with the inspector indicated they were familiar with this plan and the facilities which had been identified to accommodate a staff member or child displaying symptoms of COVID-19.”

In another inspection report it was highlighted that:

“Staff present demonstrated knowledge of how to respond to and manage a suspected or diagnosed case of COVID-19 and staff were familiar with the services policy regarding symptoms of Covid-19 and the procedure in the event of a suspected case.”

One report highlighted that staff *‘followed the infection control policy and procedures of the service in relation to a suspected case of COVID-19’* and *‘for a short period during the Inspection a child was in the isolation room while waiting for collection by a parent’*.

Designated isolation area for children and/or staff with a suspected case of COVID-19

As noted in the previous comment, each service was required to have a designated isolation area where an individual child or member of staff who was suspected of having COVID-19 could wait for collection. There were three areas reported on in respect of the designated isolation area and these were:

- the availability of a room,

- ensuring the area was suitable, and
- the management of waste from the area.

In the reports, attention was drawn to the providers making available a designated isolation area for children and staff in the event of a suspected or confirmed case of COVID-19. Reports identified specific areas that had been chosen as isolation areas, for example, *‘a separate room’, ‘the kitchen’, ‘the office’, ‘the sitting room located off the front hall was designated for this purpose’, ‘a section of the sheltered outdoor play area was set aside’* and *‘the wooden shelter in the outdoor play area has been identified as the isolation room’*. In one report it was highlighted that two separate designated isolation areas were in place, one for each of the two groups of children.

Other reports mention the availability of personal protective equipment in the designated isolation space, to having a *‘a separate exit from this room’*. In one service it was highlighted that the designated isolation area was located convenient to the pre-school’s entrance and was equipped with a supply of personal protective equipment (PPE). Another report noted that other supplies were left there such as:

“Cleansing wipes and small packs of colouring pencils and a number of colouring templates available for use in the event that the isolation facility was required.”

The final issue relating to the designated isolation area was in relation to the management of waste and it was highlighted that:

“waste management was appropriately dealt with and there was a dedicated area should there be any waste from a suspected case of infection.”

It was stated in another report that:

“The registered provider stated that a safe area for holding waste pertaining to a suspected or confirmed case of Covid-19 was identified on a shelf beside the bin at the back of the building.”

Section 3

Substitution controls employed by early years services

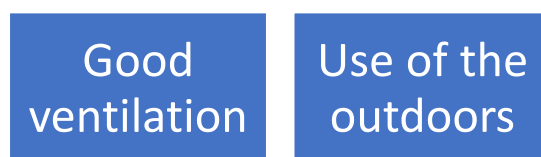
Substitution controls

The second control identified in the Hierarchy of Controls relates to substitution which refers to replacing the hazard with a safer option. According to the National Expert Group on Ventilation, exposure to COVID-19 infection occurs in three principal ways:

1. inhalation of respiratory liquid particles
2. deposition of respiratory liquid particles on exposed mucous membranes in the mouth, nose, or eye by direct splashes and sprays
3. touching mucous membranes with hands that have been soiled either directly by virus-containing respiratory fluids or indirectly by touching surfaces with the virus on them.

Although droplet infection is one mechanism through which COVID-19 can spread, Greenhalgh et al. (2021) have established that the virus is mainly airborne. Consequently, the reduction of airborne transmission of the virus requires a greater focus on ventilation, air filtration and the use of outdoor space (**Figure 6**).

Figure 6 Elements to replace the COVID-19 virus with safer options



Ventilation

Ventilation is the process of air exchange by bringing in fresh air from outside and removing indoor air, which may contain pollutants including virus particles, through mechanical or natural methods (HPSC, 2022). The HPSC notes that:

“Improving indoor ventilation and air quality will help reduce the risk from COVID-19 in particular for long range (> 2m) transmission. It is important to ensure adequate ventilation of any indoor spaces, either through natural ventilation (i.e. opening windows and external doors) or by mechanical means (e.g. central air-conditioning unit).”

Good ventilation has been a feature of early years inspections for several years. *Regulation 29 of the Early Years Regulations*, which focuses on the premises in which the early years service is provided, identifies ventilation as an important aspect in keeping children. The Quality and Regulatory Framework (QRF) outlines key elements of how the Early Years Inspectorate assess services for compliance with regulation and the following requirements

have been identified:

- Fresh air can circulate in rooms occupied by children.
- Each room within the service, particularly sanitary and nappy-changing areas, are adequately ventilated, either naturally through windows that can be opened, or by mechanical ventilation, such as fans, air conditioners and so on.
- If mechanical ventilation systems are used, they are maintained and a record of the maintenance is held.
- Areas that have been recently painted, carpeted, tiled, or otherwise renovated are ventilated before they are used by children.

In October 2021, The Early Years Inspectorate published a Technical Guidance Document ([*Technical Guidance Document: Ventilation*](#)) which had been developed in order to offer guidance for the Inspectorate in assessing and verifying compliance with requirements to provide adequate ventilation in early years settings during the COVID-19 pandemic and in normal times.

Inspection reports highlighted ways in which the services were compliant in respect of ventilation through natural means and commentary in the reports included:

“Adequate ventilation in the proposed playroom is provided in the form of a Velux window and a window positioned in the wall that can both be opened to assist with ventilating the proposed playroom. The children’s toilet area is fitted with a window that can be opened to assist with ventilation.”

“There are openable windows in the proposed pre-school room and sanitary accommodation providing natural daylight and ventilation. Mechanical ventilation is also provided in one toilet cubicle in the sanitary area.”

“Adequate ventilation is provided in the form of high windows that are fitted with panels that can be opened by the adults positioned in each of the 2 playrooms. The children’s and adult toilet area are all provided with ventilation.”

“Rooms were adequately ventilated through air conditioning units in each room and by the opening of windows.”

A number of reports also highlighted the use of air conditioning units which were reported to be used in association with natural forms of ventilation. Comments in this regard included:

“All rooms were bright and of a good size and shape, with large windows that provided good ventilation and extensive natural daylight.”

“Mobile air conditioning units were in place if required.”

“Air conditioning in the room ensured the space was at all time[s] adequately ventilated and was maintained at a safe temperature.”

Other comments highlighted that the ventilation was observed to be working and in some cases the apparatus was checked to ensure it was operational as observed in the following comment:

“Each of the pre-school rooms was observed to be well ventilated on the day of inspection; a good supply of natural ventilation was provided via openable windows and large patio doors which were left ajar at various times during the pre-school day to promote regular air exchange. When checked by the inspector a sample of the mechanical ventilation apparatus provided in the pre-school’s sanitary accommodation was actively operational.”

Use of outdoor space

All early years services who registered a premises on or after 30 June 2016, and those who moved premises on or after the 30 June 2016, require a suitable, safe and secure outdoor space on the premises that is accessible to the children on a daily basis.

Outdoor areas are specifically assessed under *Regulation 20* Facilities for Rest and Play although some elements relating to the health, welfare and development of the child are also assessed under *Regulation 19*.

In respect of Regulation 20, the QRF notes that registered providers ‘*recognise that appropriate indoor and outdoor facilities within services are important for the*

developmental health and wellbeing of children'. It further notes that facilities should be organised so that they engage every child in the learning environment, and promote safe physical play and activity for children of different age groups and capabilities.

A report by the National Public Health Emergency Team (*NPHE*) in January 2021 setting out the timeline and detail of public health restrictive measures advised in response to the Covid-19 pandemic, highlighted the importance of the use of the outdoors as a measure for managing COVID-19. Although initially there was a prohibition of all gatherings both indoors and outdoors, a recognition that outdoor areas led to lower levels of transmission of the COVID-19 virus resulted in a relaxation of the guidelines for outdoor engagements at an earlier stage than for indoors.

Within the reports of inspections, there is reference to a number of different elements of the outdoor space including the availability and implementation of the service's policy on outdoor play which focuses on access, suitability and safety.

A number of issues were identified relating to the use of the pod system outdoors and these are presented in greater detail in the next section.

Section 4

Engineering controls employed by early years services

Engineering controls

Engineering controls through the use of mechanical tools or barriers to isolate the virus from people are essential since they allow for interactions to take place while ensuring the environment can be as safe as possible.

Two main engineering approaches to reducing hazards were identified and these were:

1. The use of a pod system.
2. Physical distancing including reducing time spent by parents with each other and with personnel from the Early Years Service.

Service organised around pods

There was extensive commentary in the inspection reports in respect of the use of pods within early years services and this approach is now presented in greater detail as described by the guidance issued by the HPSC in May 2020. This guidance (pp.5-6) provided a rich description into the way in which pods could be operationalised as follows and it was noted that:

“Where possible the risk of spread of infection may be reduced by structuring children and their carers into discrete groups or “pods” to the extent that this is practical ... the formation of “pods” is less relevant or not relevant in settings caring for smaller numbers of children.”

The following points were noted in the guidance:

- Generally speaking the objective is to limit contact and sharing of common facilities between people in different pods rather than to avoid all contact and sharing between pods as the latter will not be possible.
- There is no evidence base on which to define a maximum pod size. Pod sizes should be kept as small as is likely to be reasonably practical in the specific childcare context.
- Services should continue to operate within regulatory adult-child ratios. Structuring pods to have two adults in the pod may reduce the need for other adults to enter the pod to provide relief for breaks.
- Pod size including two adults may take account of regulations relating to the maximum adult-child ratios in the relevant regulation quoted below.
- The current maximum adult-child ratios for children in full daycare are 1 to 3 for those aged less than 1 year, 1 to 5 for those aged 1 year, 1 to 6 for 2 year olds and 1 to 8 for 3 to 6 year olds. For sessional pre-school provision in the two years before school entry the ratio is 1 to 11 and for school age childcare the ratio is 1 to 12.

- To the greatest extent possible children and adults should consistently be cared for / deliver care in the same pod although this will not be possible at all times.
- Different pods should not share toys and should where possible have separate breaks and meals times or separate areas at break and meal times.

Inspectors noted that services had complied with this guidance, with one report stating:

“Three early years rooms were available on the childcare premises and were presently set up in accordance with the play/pod system as recommended by HPSC COVID 19 public health guidelines. The staff and children were allocated to their respective pod care room.”

Another report highlighted that:

“On arrival at the service there were 4 pods evident where staff and children played together and did not mix with the children or staff in the other pods.”

In one report, it was highlighted that some rooms were no longer in use due to the pod system. This is highlighted in the comment:

“The dining room and [name of room] ceased being used as communal spaces. The children ate in their rooms instead of the dining room ...”

The number of pods within a service varied according to the size of the service and the HPSC guidance specifically noted that there was no evidence base on which to define a maximum pod size, although it highlighted that they should be as small as is reasonably practical. One inspection report noted:

“The service operated a ‘play pod system’ which consisted of 2 separate pods. This system was observed to function well and to limit the contact and sharing of common areas and equipment between groups.”

Another report stated that:

“On the day of the inspection there was 1 pod identified in the baby room, 1 pod in the toddler room, 1 pod in the pre-school room and 1 pod in the Montessori room.”

Some reports highlighted that separate entrances to pods were in place, reducing the risk of transmission of infection, and this is highlighted in the examples below:

“There were two entrances being used so that each play pod had their own access/departure point. This helped to reduce the number of times the adults and children in each pod crossed paths, thus reducing risk of cross infection.”

In some cases, it was highlighted that there were sanitary facilities available within each pod as highlighted in the comment below:

“There was a large spacious sanitary facility available which was comprised of an ergonomic hi-low nappy changing table, showering facilities and a designated toilet unit for each pod.”

In other cases this was not available and one report documented that:

“The only area that the 2 pods shared was the sanitary accommodation area which was cleaned after each use. A sink had been installed in the larger room to facilitate hand washing for the children in this room which also meant they did not have to access the sanitary accommodation area for this purpose.”

Several reports made reference to the availability of toys and equipment highlighting that each pod had its own supply of both as follows:

“Each pod had its own supply of toys and equipment and there was no sharing of toys observed.”

“Each room was well-resourced and laid out with equipment and toys of interest for the developmental stages and ages of the children in the pod.”

“Adequate and varied play equipment suited to the age and stage of development of the child was available in each room of the service and in the outdoor play area. Surplus play equipment was in storage and used in pods on a rotational basis following cleaning.”

Adherence to the pod system outdoors

A very significant change in the organisation of the early years services into pods took place following guidance issued by the Health Protection Surveillance Centre in May 2020. From that time, children and staff were organised according to discrete pods within services and the number of pods were dependent on the size of the service. Pods were utilised both indoors and outdoors and issues arising in respect of the outdoor space are presented here.

The outdoor space available, where possible, was structured to minimise contact between children and staff across the pod system. In some services, it was possible to divide the outdoor space into areas for use by different pods as highlighted in the following comments:

“The main outdoor area was enclosed by urban buildings. The surface was soft sponge matting throughout and a sheltered canopy for shelter from rain and sunshine. The area was large enough to facilitate being divided for the purpose of the play pod system.”

“The outdoor play area, to the rear of the premises, had been divided into 4 separate areas, so children from different [pods] could safely play outdoors at the same time.”

Another inspection report described how the outdoor space had been divided up, to allow for children from different pods to access the area at different times:

“The large outdoor play area had been divided up for use by the different pods and a staggered approach had been taken for use.”

In other services it was not possible to provide a separate designated outdoor area for individual pods, and in those cases *‘care was taken to ensure social distancing [between pods] was maintained’*. In one inspection report it was noted that an outdoor room had just been completed by the service prior to inspection and the report highlighted that *‘on the day of inspection children predominantly played outside’*.

In some cases children from some pods were given access to a specific outdoor area, while all children, irrespective of pod, were given access to other areas as follows:

“Children attending pod 1 and pod 3 had access to a small outdoor area containing a water wall made from piping and a water tray with containers, and a kitchen unit. Children had access to overalls and wellington boots. Children from all pods had access to the hall within the community centre that contained slide, rockers, ride-on cars, soft mats and tricycles.”

Attention was drawn to the need for play equipment to be cleaned between the movement of different pods.

“Transitions were made as smooth as possible when children moved [from] the outdoor play area to indoors. Staff were observed to clean play equipment following the previous group[']s use.”

“... the adults advised the inspector that each space was shared between two play pods with time slots allocated to each play pod for their individual use.”

This was also highlighted in another report where it was noted that:

“Children in each pod spent time in the outdoor play area in the morning and the afternoon and only returned indoors for meals, using the sanitary facilities and hand washing.”

Record keeping

Maintaining a record of children and staff according to their pods was a necessity and a number of reports highlighted the availability of attendance records as illustrated in the following quotes:

“Attendance records for children and staff were maintained to facilitate effective contact-tracing in the event of an outbreak of infectious disease in the setting. Attendance records included details of staff and children in each play pod.”

“Documented and recorded daily records of attendance were observed to be kept for all of children attending the playrooms/pods. The adults completed daily attendance records and these records were reviewed by the inspector.”

Changes in staffing to accommodate the pod system

The allocation of staff to support the pod structure was highlighted in a number of reports. While some reports identified that individual staff members remained in their pod all day, one report stated that:

“Each staff member was assigned to a maximum of 2 pods on a daily basis, being allocated to their ‘major’ or key pod for the majority of the day with the possibility of providing occasional or break cover in a ‘minor’ or secondary pod for a defined period on a given day.”

Another report highlighted that staff remained in their pods in ‘*so far as was practicable*’ with the following comment highlighting the role of staff members being rostered for the sole purpose of providing break cover for others:

“There was sufficient staff available in the service to provide cover for breaks which minimised the number of staff providing care in individual play pods. Two staff members were rostered for shorter shifts specifically to provide break cover on a daily basis in a maximum of 2 care rooms.”

Other reports noted that ‘*on-going consideration was given in staff rosters so that the movement of staff between pods was minimised and breaktimes were staggered*’. A number of reports highlighted the availability of the registered provider to provide cover for absences. In addition to ensuring there were sufficient numbers of staff, continuity was also a consideration as highlighted in the comment below:

“Staff rosters demonstrated that named adults were assigned to a specific playroom which ensured consistency in care for the children and for communication between the home and setting.”

It was also reported that this issue was important in facilitating contact tracing with one inspector writing:

“The Key person system was evident in the service which enabled children to form secure relationships with the staff caring for them and to facilitate easier contact tracing should there be a case of Covid-19 in the service. The deputy informed the Inspector that the rosters had been adjusted to ensure continuity of staff with the same group of children.”

Changes in the allocation of were required to accommodate the pod system as highlighted in the following comment:

“Samples of weekly staff rosters were submitted to the Early Years Inspectorate by the service prior to the inspection demonstrating that staff were assigned to individual play-pods/care-rooms and on the day of the inspection two to four adults were found to be allocated to each play-pod and provided cover for breaks within the play-pod to limit the contact with other adults in the service. The designated person in charge also provided break cover in one play-pod only on the day of the inspection.”

“The staff rosters and ‘pod’ tracking logs reviewed indicated an adequate number of adults were working directly with the children. The adult / child ratio was correct and maintained on the inspection day.”

Physical distancing

Physical distancing became a key pillar of the management of COVID-19 in all settings and this was also the case in respect of the early years services. Particular care was taken to reduce the time spent at drop off and collection by parents and to minimise the engagement between personnel and children from different pods with each other.

Distancing between pods

It was clear from the commentary that every effort was made to ensure movement between pods was limited and in general, it was noted that children remained together in their pods throughout the day. There was much commentary highlighting that the children remained in their respective pods, such as:

“The service operated a play pod system which consisted of 2 separate pods. This system was observed to function well and to limit the contact and sharing of common areas and equipment between groups. All staff and children within each pod remained together throughout the day.”

Other comments highlighted that everything was focused on reducing contact between staff, that efforts were made to ensure ‘*minimal movement*’ of staff between pods and that this was all documented by personnel and observed by inspectors. One inspector wrote:

“Through examination of the staff roster and observation of practice on the day of the inspection, it was noted that there was minimal movement of staff between play pods.”

Another report documented that:

“Staff were observed to maintain social distancing of 2 meters in so far as was possible while outdoors and in the pods indoors.”

Another comment noted that:

“Each classroom had an individual direct pathway to a designated outdoor area, so that children and adults in pods did not mix or cross over to reduce the risk of infection transmission.”

In some cases, it was highlighted that routines were changed in order to facilitate physical distancing ‘*where possible*’ as follows:

“Staff were observed making conscientious efforts to adhere to physical distancing where possible; for example, snacks and meals prepared by staff working in the kitchen were brought to the individual care rooms and served by the staff members assigned to that particular room.”

Revised layout of service to facilitate physical distancing

A number of reports commented on changes and reorganisation of the layout of the service.

It was noted in one report that:

“The inspector was informed that both the registered provider and other childcare staff member who works in the service on a daily basis had spent time in the service prior to the children’s return to collaboratively discuss and review the service’s layout, resources and procedures with the aim of assisting the childcare team in facilitating the safe reopening and operation of the pre-school during the COVID-19 pandemic.”

The reorganisation of services for the purpose of enabling physical separation was highlighted in a number of different ways:

“The layout of the service has been reviewed to ensure children from different play pods are separated, in so far as practical.”

“The room layout of the large preschool room (ECCE) was reorganised creating a walkway for other groups to access the outdoor play area without entering the play space of the preschool group.”

Reduction in time spent at drop off and collection by parents

In an effort to prevent the spread of infection at time of drop off or collection of children, inspectors reported significant changes which focused mainly on preventing parents / guardians entering the building and on ensuring reduced inter-parental contact at these times. These changes were supported by policies and clear signage.

Prior to the reopening of services, early years providers were required to develop a drop off and collection policy that reflected guidance on preventing COVID-19. This policy was circulated to parents so that they were aware of the significant changes arising and it was highlighted that *‘parents and guardians had been advised of the service’s updated drop off and collection policy’*.

The main changes to the collection and drop off by parents were that: parents / guardians were *‘met at the entrance door’* and at *‘designated entrances’* at drop off and collection times and could no longer enter the service at these times.

Changes made to reduce contact between parents at drop off and collection

The policy also focused on reducing the amount of contact between parents at drop off and pick up times in order to reduce the possibility of spread of COVID-19 between families and a number of different strategies were employed. A comment in one report highlighted that:

“The service had revised drop-off and collection procedures and were engaging pro-actively with parents to ensure the requirements to avoid congregating at the entrance of the service were adhered to.”

Other examples of changes in processes included the use of:

- designated doorways,
- separate entrances for each playroom,
- staggered drop off and collection times.

Familiarity with these changes was reported and an example of how this was documented in one report was

“The staff clearly identified to the inspector the Drop off and collection points for children for the said rooms. Both rooms had separate entrance doors.”

The changes and their purpose are highlighted in the commentary below by inspectors:

“To reduce the risk of infection transmission and maintain social distancing for staff and parents/guardians, different entrance and exit points were used for drop off and pick up to each pre-school/pod room.”

“The service used four designated entrances for designated drop off and pick up zones for children; Staggered arrival and departure times have been implemented to manage social distancing and minimise the potential of any crowding occurring.”

“The service was operating a staggered drop off and collection system. The registered provider explained to the inspector this was in place to ensure parents maintained social distance at all times.”

“Separate entrance systems were in place for each of the playrooms to limit contacts during the COVID-19 pandemic.”

“Each care room had been assigned a separate entrance to facilitate physical distancing during Drop off and collection times.”

“A marquee was erected at the front of the building to provide a covered drop-off and collection point.”

Markings and signage

A key intervention relating to COVID-19 focuses on physical distancing, and within that the use of physical barriers and signage were key. Several reports highlighted the availability of markings and signage with inspectors, noting that:

“Markings were placed on the ground outside to remind parents and children that social distancing is required.”

“Clear signage in relation to Covid-19 was visible at the service entrance and suitable ground markings were in place, to encourage social distancing at arrival and collection times. Signage was in place at the entrance to the premises reminding parents and visitors of the importance of social distancing and the procedures to be followed in the event that a child displayed symptoms of COVID-19.”

Others highlighted signage in place to support physical distancing, recording that:

“... yellow two metre distance markings were in place at the entrance door to support social distancing between people at drop off and collection times; and ‘physical distance markers were positioned in communal areas and at drop off and collection points’.”

Additional signage included reminders to wear face masks and also of the symptoms of COVID 19.

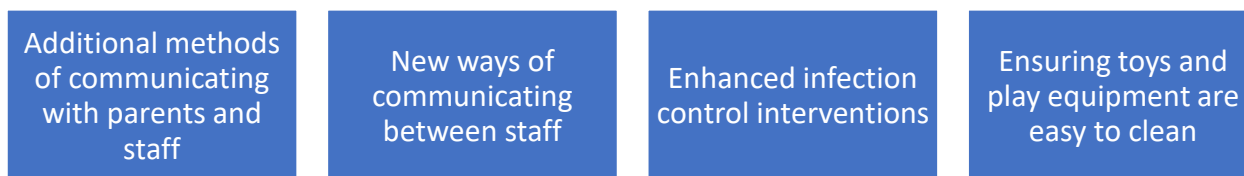
Section 5

Administrative controls employed by early years services

Administrative controls

Administrative controls required changes in how people work and three main approaches were put in place to manage COVID-19 within early years settings (**Figure 7**).

Figure 7 Administrative controls



New ways of communicating with parents

Regulation 17, Information for Parents, requires early years services to provide all relevant information about the service, the type of care provided and the facilities available, to the parents and guardians of children proposing to attend the service. This regulation also requires that the information is provided in a way that is understood by parents.

Several reports highlighted that parents had been given a copy of the COVID-19 policies highlighting areas relevant to the management of COVID-19. A number of reports also emphasised that service providers continued to provide opportunities for parents to speak with them in private by appointment and at various times while still adhering to the COVID-19 guidelines as highlighted in the following example:

“The adults caring for the children in the older care rooms provided parents / guardians with a verbal update in the outdoors while adhering to Covid-19 social distancing and face cover guidelines.”

This report also noted that:

“The registered provider uses telephone and email as alternative methods of communication and can arrange face to face meetings by appointment as necessary.”

Changes in ways in which parents interact with the early years service, particularly the restrictions on parents entering the service and the need for ongoing physical distancing required service providers to develop enhanced communication methods. These

enhancements included the use of a wide variety of approaches and examples of these are provided in the text of inspection reports as follows:

“Communication with parents was via daily phone app facility and at handover and collection times. Learning journals for each child were also in place. One to one formal meetings were provided where need indicated with one taking place on the day.”

“Staff working in the service stated that methods of communication with parents had been adjusted in light of Covid-19. Information on activities, meals, sleep and nappy-changing was recorded throughout the day for the younger children to be shared with parents / guardians on collection. Staff availed of opportunities to communicate with parents and guardians at brief intervals during drop off and collection times. Staff stated an online application was in use daily by staff and parents. This was used to share photographs, updates and information between parents and staff members.”

“The registered provider stated that a variety of methods of communication with parents is used including informal updates at drop off and collection times, phone calls, social media that includes messages, photographs and video clips. Newsletters are also sent out to parents informing them about activities in the service.”

“Social media platforms, texting, and emails were used for communication. The service worked in partnership with parents and should a parent wish to update themselves on their child’s progress, a one-to-one meeting could be arranged with the registered provider.”

Changes for staff working conditions

Similar to the situation with parents, the inspectors noted that staff confirmed they had been provided with relevant updated policies for the management of COVID-19. Staff were noted to experience several changes in how they worked and one of the most significant of these related to their allocation to individual pods resulting in less interaction between them. A number of reports noted the use of walkie talkie systems as highlighted in the following comment:

“The adults used a ‘walkie-talkie’ system to communicate with each other from different parts of the service which meant that they did not have to leave the rooms and children they were supervising to ask about meals being ready, to call for cross cover or request assistance.”

There were restrictions in access to, and the use of, rest rooms as highlighted in the comments below:

“Information on the staff roster included whether staff members went home or used the staff room for their lunch break. It stated that where staff availed of the staff room, a distance of 2 metres was maintained and that surfaces were cleaned before and after use.”

“The use of the staff room has been restricted to minimise contact between adults and the service has also restricted visiting by external persons while the centre is open.”

Handwashing

From the beginning of the pandemic, the public health advice in Ireland, as elsewhere, emphasised the importance of frequent hand-washing and adults and children were advised to wash their hands for at least 20 seconds several times throughout each day (*Department of Health, 2020*). This advice was also reflected in early years services where handwashing was identified as an important element of reducing the risks associated with COVID-19 and there was a requirement on services to have a protocol and process in place throughout for adults and children.

Some reports made reference to the use of a timer in each room to ensure there was an increased frequency of handwashing. Furthermore, it was reported that as well as adults and children doing handwashing, *'babies hands were washed also with cotton wool and water'*. References were made to children's handwashing being *'encouraged often throughout the day with evidence of supervision'*, to good handwashing practices observed in children after *'outdoor play'*, *'before mealtime'*, *'before [a] snack'*, *'after toilet use'* and *'following messy play'*. One report made reference to having observed children reminding one child to wash their hand after sneezing. One report stated:

"The handwashing practices were excellent; children were supervised by an adult and encouraged to sing a song to ensure that they washed their hands for at least 20 seconds."

Several inspection reports made reference to services having a procedure in place, of staff being familiar with it and of having observed staff following the procedure. This is highlighted in the following comments:

"Regular hand sanitisation, in keeping with the written handwashing procedure, was observed by both children and adults throughout the day."

"On discussion, staff were familiar with the service's handwashing procedure, which met the regulatory requirement. Adequate handwashing practices by staff and some of the children were observed."

Some inspection reports made reference to the availability of sufficient 'paper towels' and liquid soap and in some services soap dispensers were installed. A comment in one report noted these had been made available throughout the service:

“Hand sanitising dispensers were installed throughout the service, including at the entrance, within the care rooms and at the door which provided access to the outdoor play area.”

Other reports highlighted that there was *‘hot water within the service’* that was *‘thermostatically controlled not to exceed 43.0°’* noting that this facilitates effective handwashing. Reports also made reference to *‘visible reminders’* of the need for handwashing with references made to *‘Posters featuring pictorial reminders about effective handwashing’*. References were also made to handwashing records being in place in each care room to record the times of *‘handwashing for each child and staff member’*.

Enhanced infection control interventions

Prior to the reopening of early years services in June 2020, the Health Surveillance Protection Centre issued guidance on the management of infectious disease in childcare facilities and other childcare settings. This guidance was reiterated by the Early Years Inspectorate and included a number of specific requirementsⁱ. While a number of these requirements were already in place in previous guidance set out in the QRF (*Tusla, 2018*), additional obligations due to the need to manage COVID-19 were also included.

Figure 8 Components of cleaning regimes

The service must be cleaned before it reopens.

Increase the frequency and extent of cleaning regimes and ensure that they include:

- Cleaning regularly touched objects and surfaces using a household cleaning product
- Paying particular attention to high contact areas such as door handles, grab rails / handrails in corridors / stairwells, plastic-coated or laminated worktops, desks, access touchpads, telephones / keyboards in offices, and toilets / taps/ sanitary fittings

Wearing rubber gloves when cleaning surfaces. Wash the gloves while still wearing them, then wash your hands after you take them off.

Responsibility for the monitoring of cleaning agents and equipment must be designated to a named person.

Services that operate two sessions in a day must be thoroughly cleaned and ventilated between sessions.

The service should be cleaned thoroughly throughout the day at designated times. If employing dedicated cleaning staff, they should work outside service opening hours.

When cleaning, the cleaning staff should wear gloves and aprons.

Warm water and a general-purpose detergent (used according to the manufacturer's instructions) is adequate for general cleaning purposes.

High contact areas such as tables, counters, door handles, switches and handrails should be cleaned frequently with disinfectants. If the surface is visibly dirty, household detergent and warm water should be used prior to disinfecting the surface.

Cleaning schedules

Each service was required to update their cleaning schedule to reflect the advice outlined above and a number of references were made in the reports to this having taken place with comments such as:

“Cleaning schedules to respond to COVID-19 were in place and completed. The designated person in charge will further develop the schedules further detailing the frequency and the items cleaned.”

“Daily cleaning schedules are in place for the pre-school room and sanitary area and the service are following the cleaning guidelines outlined for pre-school services in light of the Covid-19 pandemic.”

A number of reports highlighted increases in the frequency of cleaning regimes noting that:

“... cleaning of the rooms took place throughout the day which included deep cleaning and disinfection of surfaces, toys, floors and materials.”

In some reports, reference was made to the assignment of a named staff member to cleaning, noting:

“[‘name of staff member’ has been assigned] to full-time cleaning duties and the inspector observed frequent cleaning of high-touch surfaces such as door handles during operating hours.”

Mention was also made of the documenting of the cleaning schedule with comments noting that:

“A comprehensive cleaning schedule was provided prior to the onsite inspection, which detailed the methods and frequency of cleaning in relation to the various areas within the service. Corresponding cleaning records were on display in the service at the time of inspection and were maintained up to date.”

Focus for additional cleaning and sanitising

Extensive cleaning of high contact surfaces took place throughout the day and this was observed and recorded in early years inspection reports. It was also highlighted that in some cases *'play resources and equipment that could not be easily cleaned had been removed from care rooms and placed into storage'*. The reports of inspections documented the extensive nature of the cleaning required and this is highlighted in the following comments:

“Cleaning schedules were on display, each detailing specific checklists relevant to their location, including care rooms, sleep room, sanitary areas, outdoors, office and communal areas. The area or item to be cleaned, the method and product to be used and the required frequency of cleaning was displayed in the schedules with accompanying checklists and staff signage sheets.”

“Cleaning schedules were in place and maintained to ensure the service, equipment and materials are regularly cleaned, including frequent cleaning of high contact surfaces, toys and cleaning of garden equipment following each use.”

“The cleaning schedule included reference to a range of toys and materials, high contact surfaces, mouthed toys, bed linen, a shared cot, sleep equipment, sanitary facilities and the outdoor play area.”

Some comments highlighted that the layout of the play environment had been altered to allow for cleaning to take place more easily such as:

“The person in charge informed the inspector that the layout of the play environment had been revised in light of the COVID-19 pandemic to ensure that materials and equipment provided could be readily cleaned.”

“It was evident that in each of the three classrooms, the staff had revised contents and layouts of rooms to continue to provide stimulating areas of interest for the children while also ensuring that areas and play materials could be easily cleaned and disinfected.”

Management of toys

Particular attention was paid to the cleaning regime for toys and there were several references by inspectors to the use of toys that were, or appeared to be, *'easy to clean and disinfect'* and *'there was regular rotation of toys to facilitate their cleaning and disinfection'*. One comment noted that *'a system was in place to provide fresh sand daily for the two sand-tables located outdoors'*.

Another comment highlighted that some toys were no longer in use due to difficulties in sanitising them, as follows:

"The use of play dough, dress up clothes, soft toys and baking activities had been reviewed by the staff and it was agreed that they would not be used during the Covid19 restrictions to reduce the risk of cross infection."

Particular attention was paid to toys that children may have put in their mouths and the need for these to be cleaned immediately after use and not shared among children as highlighted in the comments below:

"Staff were aware that toys which children had put in their mouths needed to be washed after use and the service had a designated box to take these toys out of use until they had been cleaned."

"Systems were in place to prevent children sharing mouthed toys. Any items that the children placed in their mouths were to be appropriately disinfected with record template sheets available to record the procedure."

Soothers and teething rings were subject to a similar type process as mouthing toys and it was reported that:

- *'soothers were appropriately sterilised and stored in individual containers for children's use'*,
- *'separate storage containers were available for the storage of infant's soothers'* and
- *'there was evidence available to show that the service implemented a policy for the care of soothers'*.

Supplies and storage of cleaning materials

The person in charge informed the inspector that cleaning supplies / disinfectant / hand sanitisers are monitored and replenished when required. Comments included:

“A suitable supply of detergents, disinfectant products, personal protective equipment and disposable paper towelling was in stock. Separate colour coded mops were provided for cleaning toilet areas and the playroom.”

“Large additional supplies of cleaning products and equipment were available in a secured room known as the cleaning cupboard in the service.”

The QRF provides specific information about the need for appropriate and safe storage of cleaning materials under *Regulation 23* and stipulates that the following items are stored in the original labelled container in a safe and secure way, separate from stored medications and food, and are inaccessible to children:

- cleaning and sanitising materials;
- detergents;
- automatic dishwasher detergents;
- aerosol cans;
- pesticides;
- health and beauty products;
- medications.

The additional cleaning required an increase in the number of cleaning materials and the storage of these was a focus for the inspectors as highlighted in the following comments:

- Cleaning agents were stored safely out of the reach of children in a locked store room.
- Cleaning equipment is safely stored away from the main play area.
- The cleaning products observed on inspection were stored out of the children’s reach in the kitchenette and on a high level window ledge in the bathroom with the nappy changing station, child sized toilet and wash hand basin.
- All cleaning agents were kept in the cleaning press.

Commentary in the inspection reports highlights the implementation of safe storage and it was reported that:

“Supplies of cleaning products were also safely stored on high shelving in the individual playrooms. Alcohol-based hand sanitizer was stored out of reach of young children in the service.”

“Staff were observed to be vigilant in ensuring that the service’s utility room where cleaning supplies were stored was inaccessible to the pre-school children throughout the day.”

Section 6

Personal Protective Equipment (PPE)

Personal Protective Equipment (PPE)

In the reports of inspections, PPE was identified as a control through which COVID-19 could be mitigated. This was coherent with the HPSC interim recommendations for the use of face coverings in childcare and educational settings during the COVID-19 pandemic which was issued in August 2020. This guidance acknowledged that the implementation of face-covering usage in childcare and educational settings is challenging and it was highlighted that children have:

“a lower tolerance and ability to use the face covering properly, and use of face-coverings by teachers and staff caring for very young children may cause undue stress to the children.”

As a consequence, the HPSC noted that it was not recommending that children attending pre-school or childcare settings wear face coverings and they highlighted that cloth face coverings should not be worn by this age group. This document also highlighted that whilst a clear visor could be worn by staff, a face covering is a more effective barrier against COVID-19.

The HPSC also identified a small number of practical considerations in respect of face coverings and these included not touching the face covering, washing or sanitising their hands before putting on and taking off, washing cloth face coverings every day after use and not wearing them if they are wet.

Availability and types of PPE

Several inspection reports documented that ‘*an adequate supply of personal protective equipment was available in the service*’ and comments referring to supplies of PPE included:

“disposable gloves, aprons, disposable shoe covers and facemasks were available in the service for use by the adults as appropriate.”

Another inspection report identified:

“hand sanitizers, disposable single-use plastic aprons, non-powdered, non-permeable gloves, and face masks.”

Several reports mentioned the availability of *‘protective gloves’*, *‘aprons’* and *‘face masks’* and *‘disposable shoe covers’*.

It was highlighted that PPE was used in particular situations, such as staff wearing aprons and gloves for cleaning and nappy changing practices, and in a number of cases this was noted to be *‘in keeping with the service’s documented procedures’*. Other references were made to the availability of PPE in the designated isolation areas, for example:

“access to personal protective equipment for staff to wear while waiting for parents or guardians to collect the child who had presented as symptomatic.”

Some commentary was included in inspection reports on the observation of PPE in use by staff as highlighted in the following text:

“Staff wore appropriate personal protective equipment (PPE) such as aprons and gloves for cleaning and nappy changing practices and the inspector was informed that adequate stocks of PPE were available to staff for these purposes.”

A small number of comments made reference to training having taken place to ensure PPE was used, stored and disposed of correctly.

Section 7

Summary

Summary

This report has focused on the response of the early years services to the pandemic as documented in reports of inspections carried out by the Early Years Inspectorate. The analysis has been framed around the five areas of control identified as the Hierarchy of Controls framework and examples of measures taken by early years services under each one of these have been presented.

Controls relating to elimination of the virus from early years settings included the closure of services, initially following the announcement of the pandemic by An Taoiseach on 12th March 2020 and later on where other restrictions were identified in particular types of services. Other controls included restrictions relating to parents, staff and any other people involved with the service, entailing temperature checking, confirmation that they were free of COVID-19 and being aware of the need to be excluded from the service if they had symptoms.

Controls were also in place in respect of personnel working in the early years settings and these included having completed the Health and Safety Authority Return to work protocol training prior to the reopening of the services in June 2020 and also at other times. This protocol identified 32 requirements in a checklist format. The provision of a designated isolation area for children or staff who showed signs of COVID-19 was an important measure in managing a suspected case of COVID-19 and each early years service was required to have an incident plan to deal with this.

Substitution controls included the use of good ventilation and the outdoors to reduce the risk of transmission, and technical guidance provided by the Early Years Inspectorate to services identified practical and specific ways in which ventilation could be improved. The outdoor space was identified early on in the pandemic as being of lower risk than indoors and many services made provision for children remaining in these areas for extensive periods throughout the day.

Engineering controls focused both on the use of the pod system and on physical distancing. These controls required a significant shift in thinking and practice for early years services. The use of the pod system meant that children and staff, to a feasible extent, were assigned to a particular group and they remained together throughout the day minimising their contact with others.

A number of additional measures were required to support the pod system including setting out policies and procedures for entering the pods, the facilities available within the pod, access to toys and materials and records maintained of children and personnel according to

their individual pods. This measure also led to changes in staff interaction where they were no longer able to meet and engage with each other over lunch or other breaks.

Physical distancing was in place across society throughout the COVID-19 pandemic and this was reflected in the requirements for early years services and such distancing was supported by the pod system. Other commentary, however, highlighted revisions to the layout of services to facilitate physical distancing and also put in place procedures to minimise the time parents interacted or engaged with each other at drop off and pick up times. Measures implemented included staggered times for both and clear markings and signage.

Administrative controls focused on changing how people work and included a range of new, additional and sometimes very innovative methods of communicating with parents and staff, including, for example, the use of walkie-talkies within services. Understandably, there was a very clear focus in administrative controls on hand hygiene and enhanced infection control measures, and both cleaning regimes and cleaning schedules were required to be in place.

Extensive sanitisation took place across and within services and in some reports it was noted that such cleaning took place between activities and several times daily. Many reports highlighted the focus on ensuring toys and materials were appropriately cleaned and particular attention was paid to the management of mouth toys and soothers. This additional cleaning resulted in a need for additional materials and their safe storage out of reach of children.

While PPE has been identified as the least successful control in place, face masks, gloves and aprons were all identified as important within early years services. Guidance issued by the HPSC noted that children did not need to use face masks, and indeed should not wear cloth masks, in these settings. This guidance also highlighted that staff could use visors rather than other types of face coverings.

The information presented in this report is drawn from the compliance information relating to Covid-19 where, with the exception of a very small number of regulations, providers were found to be universally compliant. The number, extent, type and intensity of measures taken within the early years services is testament to their willingness and capacity to respond to a multiplicity of guidance and requirements in a way that protects children, staff working in services, and through that society at large.

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