



Guidance Document for Early Years Services: COVID-19

Contents

Introduction	2
Section 1: Before opening – Preparedness	3
1. Notification to Tusla.....	3
2. Policies.....	4
2.1 Infection control policy	4
2.2 Risk management policy	5
3. Staffing.....	6
3.1 Staff rostering	6
3.2 Staff training.....	6
4. Communication with parents/guardians and other visitors to the service.....	7
5. Physical environment – building.....	8
Section 2: Open and Operating – Key areas to consider in staying safe	11
1. Attendance records.....	11
2. Hand hygiene.....	11
3. Personal hygiene/ respiratory etiquette	12
4. Suspected case of COVID- 19	13
5. Maintaining social distancing where possible.....	13
6. Environmental cleaning	14
7. Waste management	15
8. Personal protective equipment (PPE)	15
9. Ventilation	16
11. Outdoor play and activities	16
12. Food provision.....	17
13. Sleep/rest.....	17
14. Further Information	18

Introduction

To prepare for the phased re-opening of early years services, the HSE Health Protection Surveillance Centre (HPSC) recently issued expert guidance written specifically for the childcare sector.

To assist providers, Tusla's Early Years Inspectorate has developed guidance and information on how to plan for re-opening and operate as safely as possible during this period. We have also developed a COVID-19 self-assessment checklist to complement this guidance document. This checklist should be reviewed and updated on a continuous basis.

As an early years provider, you are already familiar with how to manage and control the spread of infectious diseases in your service. COVID-19 presents a unique set of challenges. While many of the processes and procedures you previously had in place will help, they will need to be reviewed to take account of current public health advice. The spread of COVID-19 infection is minimised by organising children and staff into groups or "play-pods" to the extent that this is practical, and the application of play-pods is explained later in this document.

Regulatory inspections will recommence when services reopen in Phase 3. During inspections, Tusla will assess:

1. the procedures put in place to prevent the spread of COVID-19 in line with the self-assessment checklist
2. previous non-compliances not closed out and
3. the overall care and well-being of children

The wellbeing of children and providing a positive experience as they return to early years settings, is imperative at this time. It is incumbent on all of us to ensure the re-opening of services is child centred and that the safety and wellbeing of children is prioritised, while adhering to public health advice to minimise the spread of COVID-19.

Staff should be supported with information, training and guidance to ensure their safety and the safety of the children that they care for.

This document is not intended to replace other COVID-19 guidance that has been developed. Please see the HSE (<https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/>) and HPSC websites (<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/>) for the most recent information and advice.

If you have any queries around this guidance document or inspections, you can contact:

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Section 1: Before opening – Preparedness

All registered early years childcare providers have a duty under regulation 23 to take all reasonable measures to safeguard the health, safety and welfare of the children attending the service and as cited in the Child Care Act 1991 (Early Years Services) Regulations 2016 and the Child Care Act 1991 (Early Years Services) (Amendment) Regulations 2016.¹ This document and the associated COVID-19 self-assessment checklist will help you to comply with your regulatory obligations. The 5 key areas to be developed or considered for implementation are:

1. Notification to Tusla
2. Policies
 - 2.1 Infection Control Policy
 - 2.2 Risk Management Policy
3. Staffing
 - 3.1 Staff Rostering
 - 3.2 Staff Training
4. Communication with Parents/Guardians
5. Physical Environment

1. Notification to Tusla

A registered provider is required in accordance with Article 31 of the Child Care Act 1991 (Early Years Services) Regulations 2016 to notify the early years registration office within three working days of becoming aware of a notifiable incident, by using a notification of incident form.

Incidents are defined in the regulations and include the diagnosis of a pre-school child attending the service, an employee, unpaid worker, contractor or other person working in the service as suffering from an infectious disease.

COVID-19 is included in the list of infectious diseases and must be notified within three working days of becoming aware of a notifiable incident, A notification form for COVID-19 has been created and incorporates additional information regarding the risk of closure as a result of COVID-19. The notification form for COVID-19 must be returned to Tusla: ey.reception@tusla.ie

The purpose of this form is to monitor:

- (a) any pending COVID-19 public health issue in early years settings
- (b) the continuation of childcare provision, particularly in areas that have childcare shortages.

This system will be put in place as soon as services reopen in Phase 3 (29 June). The current system of notification remains in place for all other notifiable incidents.²

2. Policies

2.1 Infection control policy

The spread of infection is minimised by organising children and staff into groups or "play-pods" to the extent that this is practical. A 'play-pod' comprises a group of children and the adult(s) who remain with that group as keyworker(s). The intention is that the same staff and children stay together each day, through the day, as far as possible. The formation of play-pods may not be relevant in settings caring for smaller numbers of children. The objective is to limit interactions and sharing of facilities between play-pods. If childcare is delivered within a play-pod structure, in large rooms the play-pods may be separated by lightweight partitions of sufficient height to limit children interacting with each other. There is no requirement for solid partitions from floor to ceiling.

It is not possible to observe physical distancing when caring for a young child and it is not practical or advisable to enforce physical distancing between young children who are cared for as a group / play-pod.

The policy on infection control for an early years' service specifies the procedures to be followed to protect staff and early years' children attending the service from the transmission of infections. The infection control policy should specify how the service will comply with the play-pod requirements and align with HPSC guidance '**COVID-19 Infection Prevention and Control guidance for settings providing childcare during the COVID-19 Pandemic**' and **The management of infectious disease in childcare facilities and other childcare settings**.³ The core elements of the policy are also detailed in the Tusla Quality and Regulatory Framework (QRF).⁴

² Please see the following link for the notification of incidents (non-COVID-19)
<https://www.tusla.ie/services/preschool-services/notification-of-incidents-form/>

³ <http://www.hpsc.ie/a-z/lifestages/childcare/>

⁴ Quality and Regulatory Framework (2018), Full Day Care and Part-Time Day Care Services, Tusla Early Years Inspectorate, Appendix 4, Policy on Infection Control, p98-99. www.tusla.ie

An updated infection control policy incorporating the new cleaning schedule and revised drop off and collection procedures should be established in the service in response to COVID-19. This policy must be circulated to staff and parents/guardians prior to reopening the service. This policy must reflect the advice issued by the HSE Health Protection Surveillance Centre (HPSC) in relation to reducing the spread and transmission of COVID-19, and should signpost how social distancing, handwashing and coughing etiquette is being managed in the service to staff and parent/guardians.

Cleaning Schedules

- The cleaning schedule must specify the areas to be cleaned, particularly frequently touched surfaces, e.g. light switches, door handles, taps, toilet flush handles, tables
- It should specify the method of cleaning, frequency of cleaning, and the cleaning product to be used
- The cleaning schedule should include all toys, in particular mouthed toys, and also outdoor toys and equipment
- A procedure must be in place for cleaning and storage of soothers, Sippy cups, and oral sensory chewing devices
- A list of the cleaning products must be maintained with clear written directions for use

2.2 Risk management policy

The risk management policy for an early years' service is a policy on the method the registered provider uses to assess any potential risks to the safety of the children attending the service. It also covers the steps taken to either eliminate those risks or reduce them. If a service has identified risk and control measures in the revised infection control policy, the service does not need to restate them in this policy. They may simply signpost between the documents.

The core elements of the risk management policy are detailed in Tusla's Quality and Regulatory Framework.⁵

During COVID-19, you should review your risk management policy. Risk Assessment forms must capture the risks, actions or control measures put in place.

As part of the risk management plan you will need to develop a COVID-19 incident plan to include:

- The action to be taken should a child or staff member be suspected as having or test positive for COVID-19
- Any child/adult who develops sudden onset of symptoms related to COVID-19 must be immediately separated/ isolated from the group if they cannot leave the

⁵ Quality and Regulatory Framework (2018), Full Day Care and Part-Time Day Care Services, Tusla Early Years Inspectorate, Appendix 17. Risk Management Policy, P123-124. www.tusla.ie

premises immediately. If a child is awaiting collection, an individual staff member stays with the child in a separate well-ventilated room/area of the service. If a separate room is not available, then the symptomatic person may remain in a place 2m away from others in the room

- The service should have an adequate supply of surgical masks available for anyone that develops symptoms of COVID-19 or if a staff member chooses to use one when caring for a sick child

3. Staffing

All employers have additional responsibilities to staff during the COVID-19 pandemic, and these are outlined in the Health and Safety Authority Return to Work Safely Protocol.⁶ This document is designed to support employers and workers to put measures in place that will prevent the spread of COVID-19 in the workplace when the economy begins to slowly open up. Each service will be required to appoint at least one lead worker representative to ensure that COVID-19 measures are strictly adhered to in the service.

3.1 Staff rostering

- The registered provider must complete a pre-return to work form with each employee in advance of their return to work, see HSA return to work protocol (refer to the footnote below)
- Staff rosters must ensure that child/staff ratios are compliant with the regulations
- Allocated staff should be assigned to one group /play-pod of children. Floating /relief staff members who move from group to group will be essential but this should be limited as much as possible.
- It is recommended that there should be two adults in a 'play-pod'. Services should continue to operate within regulatory adult-child ratios therefore pod size (with two adults) will be limited by those ratios.
- Staff must stagger breaks and should not congregate in other communal areas throughout the service or outside so as to maintain social distancing
- Extra staff must be available should a staff member become ill or have to self-isolate. The registered provider must put a plan in place to address absenteeism due to COVID-19 and how staffing levels will be maintained in such instances

3.2 Staff training

Good communication/training and regular staff meetings will be essential to manage COVID-19 in an early years setting.

3.2.1 Staff will require specific training on the following:

⁶ COVID-19 – HSA advice for employers and employees is available at <https://www.gov.ie/en/publication/22829a-return-to-work-safely-protocol/>

- Revised policy on infection control, risk management, incident plan, nappy changing policy etc.
- As hand washing is critical in the prevention of the spread of the virus, training in handwashing must be completed by all staff working in these settings. See <https://www2.hse.ie/wellbeing/how-to-wash-your-hands.html>
- The revised procedures, for cleaning and drop-off and collection
- How to set up a play environment in a play-pod to engage and meet children needs
- How to use personal protective equipment (PPE) in the event of a child becoming sick

The registered provider must keep a record of all training provided to the staff members. You should consider developing a training pack for each staff member and, where accessible, use virtual training.

- 3.2.2 Prior to reopening the service, the registered provider must contact each staff member to ascertain whether they have been in contact with a suspected/confirmed case or if they are experiencing symptoms themselves.

4. Communication with parents/guardians and other visitors to the service.

- 4.1 Develop a clear pathway for communication of changes in policy and practice and any other relevant information for parents/guardians. The information must be current and accessible.
- 4.2 Enrolment forms may need to be updated as the person(s) authorised to collect the child may have changed due COVID-19.
- 4.3 Ensure that parents/guardians or accompanying adults do not gather at the entrances to the service. This can be facilitated by arranging drop-off times at intervals and have clearly demarcated areas for drop-offs or collections.
- 4.4 Parents/guardians must be asked for an additional emergency contact in the event they are not contactable.
- 4.5 Information leaflets, digital platforms, emails, text messages, video/voice call, are all methods that can be used by the service to communicate effectively with parents/guardians. Consideration should be given to providing such information in a language easily understood by the parents/guardians of the children attending.
- 4.6 Information communicated to parents/guardians must include the following:
- Revised policies of the service

- Drop off and collection procedures
- Temperature checks of children that have an elevated in temperature during the day
- Advising parents/guardians to phone the registered provider if their child becomes unwell and cannot attend the service
- Inform parents/guardians that any child is displaying symptoms such as a cough, fever or breathing difficulties should not attend the service
- The action to be taken should a child or staff member be diagnosed or suspected of having COVID-19
- The action to be taken should a child, or a staff member display symptoms whilst in the service
- The action to be taken should a child or staff member come into contact with a person with COVID-19.

5. Physical environment – building

In line with the public health advice and expert guidance issued, the following actions should be taken prior to opening

- 5.1 The premises must be cleaned both internally and externally before reopening. This must include all toys and equipment.
- 5.2 Consider the layout of the care rooms and planning the outdoor play area to ensure that children remain in their play-pods. Whilst social distancing is not necessary in a play-pod, mixing with other groups/play-pods should be avoided.
- 5.3 Consider the most appropriate toys /play equipment and materials to be used (refer to section 10).
- 5.4 A notice (available in a language easily understood by the parents/guardians of the children attending the service) must be placed at the entrance to the service stating that children and staff may not attend if a child/parent/household member or staff member has:
 - Signs or symptoms of respiratory infection, such as cough, shortness of breath, and/or fever
 - A temperature of 38°C or over
 - Loss of taste or smell
- 5.5 Check the HPSC website regularly for updates regarding the use of personal protective equipment (PPE).

- 5.6 Each care room should have an adequate supply of cleaning agents stored safely so that staff do not have to leave the care room to retrieve them. The registered provider will have to ensure that adequate supplies of cleaning agents, liquid soap, paper hand towel are available.
- 5.7 Ensure that the service has an appropriate temperature recording device to take a child's temperature.
- 5.8 Establish a drop off and collection point outside the childcare setting. Handovers of children at arrival and collection times with parents/guardians should be kept brief and staggered. A phone call/text should be used if additional communication is necessary.
- 5.9 Display appropriate signage, such as physical distancing markers on the ground outside the entrance of the service.
- 5.10 If possible, a separate suitably sized and well-ventilated room should be available for staff or children (in the company of an adult) to isolate should anyone develop symptoms. If a separate room is not available, another area should be allocated for use, 2 metres away from children.
- 5.11 Consider creating multiple entrances and exits to the building, where more than one is available, to help avoid crowding and facilitate social distancing.

Section 2: Open and Operating – Key areas to consider in staying safe

1. Attendance records
2. Hand hygiene
3. Personal hygiene/respiratory etiquette
4. Suspected case of COVID-19
5. Social distancing
6. Environmental cleaning
7. Waste management
8. Personal protective equipment
9. Ventilation
10. Toys and play materials/activities
11. Outdoor play
12. Food provision
13. Sleep and rest

1. Attendance records

- 1.1 Complete and accurate records of attendance must be kept for all children and adults and any visitors to the service. In addition, any grouping of children and staff in a play- pod should be recorded. This will assist with contact tracing should it be necessary.

2. Hand hygiene

- 2.1 The registered provider must ensure that there are adequate hand washing facilities and supplies of warm water (<43.0 °C), liquid soap, paper towels, hand sanitiser (as per the specifications from HSE guidance) and bins for disposal of paper towels available throughout the service.
- 2.2 Staff members must wash their own hands and assist children's hands washing using liquid soap and warm running water (age appropriately). Disposable single-use paper towels to be used for hand drying.
- 2.3 Handwashing at a minimum should occur:
 - Immediately upon arrival and leaving the service

- On entering /leaving any care room or communal room, staff room, bathroom, laundry room within the service
- Immediately after outdoor play and before re-entering the service
- Before and after nappy changing
- After using the toilet
- Prior to eating meals
- All staff and children should wash their hands after wiping children's noses. Children are encouraged to do this themselves, but younger children may require assistance
- If visibly dirty
- After sneezing and coughing
- Prior to and after handling food
- Before and after caring for a sick child

2.4 Nails should be cut short and free from polish. Hands and fingers should be free from jewellery and acrylic nails.

2.5 Hand sanitiser may be used as an alternative to handwashing where handwashing facilities are not readily available outdoors. Hand sanitiser should be placed out of reach of young children. Children should always be supervised whilst using hand sanitiser.

2.6 Hand sanitiser should be available at all entrances and exits to the service and at the entrance to each care room. The sanitiser should be used each time an adult or child enters and leaves a room.

3. Personal hygiene/ respiratory etiquette

3.1 Children should be taught the required steps for handwashing and respiratory etiquette appropriate to their stage of development (see: <https://www.youtube.com/watch?v=Mcpm-HCIW9Q>).⁷ Staff and children should avoid touching their eyes, nose or mouth. Games, songs and rhymes can be used to make practices as messaging as child friendly as possible.

3.2 Cover your mouth and nose with a clean tissue when coughing and sneezing and then promptly dispose of the tissue in a foot-operated pedal bin—hands to be washed or sanitised immediately after. A supply of tissues should be available in each care room. If tissues are not available, best practice is to cough or sneeze into the bend of

⁷www.safefood.eu/handwashing

the elbow, not into the hands.

- 3.3 Additional handwashing is required when caring for babies or children who are teething or dribbling.
- 3.4 Particular attention should be paid to personal hygiene when caring for babies and young children who require close physical contact and comfort. Contact points such as neck or arms may become contaminated with secretions or mucous, and these should be washed immediately. Visibly soiled clothing of staff or children should be changed, and hands washed. Children's faces, particularly infants and toddlers, must be kept clean of secretions by careful and gentle washing.
- 3.5 Staff must ensure they have an adequate quantity of additional clean clothes to change into if required throughout the day. Each child should also have an adequate supply of additional clean clothes available to them in the service.

4. Suspected case of COVID-19

Note: It is important to reference HPSC guidance on the management of infectious disease in childcare facilities and other childcare settings

- 4.1 If an infection of COVID-19 is suspected, parents/guardians should be contacted so that they can collect the child immediately and consult their GP. In the meantime, the child should be kept comfortable and away from the main group of children and have tissues available and water to drink.
- 4.2 Use of an infrared non-contact thermometer is recommended. If not using an infrared thermometer, a thermometer with single-use protective covers must be used.
- 4.3 Any child or adult who is a close contact of a person who has a confirmed diagnosis or is suspected of having COVID-19 must adhere to the most up to date guidance from the HSE.
- 4.4 If a child or adult diagnosed with COVID-19 spent time in a communal area like a play area or sleeping area, or if they used the toilet or bathroom facilities, these areas should be cleaned with household detergent followed by a disinfectant as soon as is practicably possible.
- 4.5 Pay special attention to frequently touched sites including door handles, backs of chairs, taps of washbasins, toilet handles. Once cleaning and disinfection have been completed and all surfaces are completely dry, the area can be put back into use.

5. Maintaining social distancing where possible

- 5.1 Maintain social distancing of at least 2m where possible by avoiding queuing or congregating at arrival and collection times. Schedule arrival and collection times for individual children so that all children do not arrive or leave at the same time. Parents/guardians may wait in cars to avoid congregating at the entrance. Distancing

markers must be placed outside the service where possible. Children should be brought straight to their specific care room on arrival.

- 5.2 Staff from different 'play-pods' should maintain social distancing (2 metres). Where two staff are part of one pod, they should social distance as far as is practicable.
- 5.3 Avoid mixing of groups (for example circle time) and use of communal areas or shared spaces such as dining rooms, multi-purpose rooms or sensory rooms.
- 5.4 Where necessary, remove tables/chairs in classrooms/ staff room to limit the number of people per table and maintain social distancing.
- 5.5 In certain circumstances (i.e., communal dining areas), it may be appropriate to stagger meals and activities.
- 5.6 Fire drills may be carried out per room rather than the entire building during the period of COVID-19 if necessary to avoid pods of children and staff mixing.
- 5.7 Where external deliveries are required, practices must be put in place to ensure that delivery staff remain outside the premises and adhere to social distancing and good infection control practices. Maintenance or external contractors (to include cleaning staff) must be brought in out of hours where feasible.

6. Environmental cleaning

Note: HPSC guidance on the management of infectious disease in childcare facilities and other childcare settings

- 6.1 The service must be cleaned before it reopens.
- 6.2 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
- 6.3 Responsibility for the monitoring of cleaning agents and equipment must be designated to a named person.
- 6.4 Services that operate two sessions in a day must be thoroughly cleaned and ventilated between sessions.
- 6.5 The presence of ancillary staff (cleaning, maintenance etc.) within care rooms should be minimised while children are present. Cleaning, restocking and maintenance, other than regular required cleaning of frequently high touch surfaces and spills, should take place while the room is not in use.

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

6.7 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.

See www.hpsc.ie for updated details

7. Waste management

7.1 All personal waste, including used tissues and all cleaning waste, should be placed in a plastic rubbish bag.

7.2 Foot-operated bins should be available in all rooms and accessible to staff and children.

7.3 In the event of a suspected case or confirmed case of COVID-19 occurring at the service, the following waste management system is recommended:

- There is a supply of refuse bags available for the double bagging and disposal of contaminated waste to be used only if a case of COVID-19 is suspected in the service
- A designated area for the storage of possible contaminated COVID-19 waste for 3 days must be available after which time it can be placed with normal waste. Refer to www.hpsc.ie

8. Personal protective equipment (PPE)

8.1 Strict attention to personal hygiene is important to reduce the spread of the virus. You must ensure that a supply of PPE is available and used when required by staff in the service. Staff should wear personal protective equipment which must include disposable single-use plastic aprons, and non-powdered, non-permeable gloves when there is a risk of coming into contact with body fluids (such as nappy changing).

8.2 Have an adequate supply of surgical masks available for anyone that develops symptoms of COVID-19 or if a staff member chooses to use one when caring for a sick child.

8.3 While cleaning agents and PPE must be accessible to staff, safe storage of these items must be in place to avoid poisoning or injury to children.

9. Ventilation

- 9.1 Rooms must be kept well ventilated by keeping windows open where possible at intervals throughout the day or by using effective mechanical ventilation.
- 9.2 Where ventilation is by mechanical means, the correct number of air changes must take place in order to ensure that fresh air is provided and to assist in the removal of germs.⁸ It must be maintained, and filters changed in line with the manufacturer's instructions.

10. Toys and play materials/activities

- 10.1 Toys that cannot be cleaned according to the instructions should not be used during this time
- 10.2 Individual mouthing toys used for children who are teething must be brought in from home and only used if required. Staff should be vigilant that these items, if used, are not transferred between children and are removed immediately after use. Such items must be sterilised in accordance with manufacturer's guidance. This will also apply to toys located in the room which children mouth. It is important to note manufacturer's guidance on sterilising solution may have changed due to COVID-19.
- 10.3 Ensure a sufficient supply of toys and equipment are accessible and clean for each play-pod. Consideration should be given to how toys are shared. Toys should not be shared between 'play-pods'. Materials not in use should be removed from the room and used in rotation.
- 10.4 Comfort toys from home may be brought into the service but must not be shared with other children.
- 10.5 The use of certain types of toys (e.g. soft toys, stuffed toys, play dough) needs to be considered carefully. If their use is considered important for the children it is important to avoid sharing of items between children in so far as is practical. Playdough should be replaced daily, and soft toys should be washed regularly.

11. Outdoor play and activities

- 11.1 Time spent outdoors should be maximised where possible.
- 11.2 Outings away from the service may be undertaken in accordance with public health guidance. Where a service routinely utilises public space, the service can continue to do so following a review of any potential risks.
- 11.3 The use of the outdoor area must be staggered, nevertheless two play-pods can play outdoors at the same time provided they adhere to social distancing.

⁸ <https://www.hpsc.ie/a-z/lifestages/childcare/File.13445.en>. pg. 68

- 11.4 Fixed play equipment in the outdoor area should be cleaned and disinfected after each group uses the area with written record available.
- 11.5 All staff and children must wash their hands on re-entering the premises after outdoor play. Cleaning of the outdoor play area should be incorporated into the services cleaning schedule.

12. Food provision

- 12.1 Ancillary/catering staff should not be moving between rooms. Food should be brought to the individual care rooms and served by the staff members allocated to that room.
- 12.2 If a dining room is available mixing of different groups of children must be avoided. Use of this area should be staggered. The dining area must be cleaned between sittings.

13. Sleep/rest

- 13.1 Sleeping cots should be arranged as normal so that there is a physical distance of 50cm between cots. Sleeping cots should be arranged to so that there is physical distance between groups of cots for children from different pods.

If more than 1 play-pod are present in a sleep area/room there should be a distance of 2m between the different play-pods (groups of children).

- 13.2 Cots ideally should not be used by more than one child, and it is preferable that each child requiring a cot would have their own named cot or sleep bed/mat and own named bed linen. Where this cannot be provided, children can use the same cot at different times subject to strict infection control practices being undertaken between use:
 - Cleaning of the cot frame
 - Cleaning of the mattress
 - Changing of the bed linen
 - Labelling of the sleep equipment with the name(s) of the children who use the cot
 - Record when the bed linen was changed
- 13.3 Daily cleaning of mattresses and sleep mats must take place with additional cleaning required when visibly soiled.
- 13.4 The provision of individual sheets and bed linen is required, and staff must be vigilant in the safe removal and laundering of soiled linen and the appropriate storage of clean bed linen. All laundry to be washed at the highest temperature that the fabric can tolerate. See <http://www.hpsc.ie/>.

- 13.5 Child-sized furniture used in cosy corners must be easy to clean and covered in a wipeable material.

14. Further Information

If you have a query regarding COVID-19 and inspections, you can contact:

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You will also find helpful information at the following links:

Tusla

www.tusla.ie

<https://www.tusla.ie/services/preschool-services/early-years-quality-and-regulatory-framework/>

<https://www.tusla.ie/services/preschool-services/early-years-quality-and-regulatory-framework/#PPPGs>

Department of Children and Youth Affairs

<https://www.gov.ie/en/publication/240258-up-to-date-information-on-covid-19/>

HPSC guidance

<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirups/guidance/childcareguidance/>