

# COVID-19 training animation for the early learning and childcare sector

## Purpose

The Scottish Government has developed an animation that can be used to raise awareness of [some of the key risk mitigation measures](#) that are included in the COVID-19 Guidance for Early Learning and Childcare Settings. It focuses on the behaviours that all staff in settings should be demonstrating to reduce the risk of transmission of the virus.

The animation is designed for use in staff training sessions. Settings may find it helpful to bring staff together to watch the animation, discuss the behaviours that they see and recognise how to keep each other, and the children they work with, as safe as possible.

Settings should not use watching the animation as a substitute for reading the full guidance. This is especially true for managers of settings who must read the full guidance to understand the measures that they should implement in service planning.

You can find the animation on the Scottish Government's [YouTube channel](#).

The animation includes four scenarios that illustrate a mixture of behaviour that can increase the risk of transmission and behaviours that can reduce the risk. You should pause the animation after each scenario, at the point clearly indicated, to allow time for discussion. We have provided some suggested prompts for discussion and key points to draw out to staff below.

## Introducing the animation

The Scottish Government has developed an animation that can be used to raise awareness of some of the key risk mitigation measures that are included in the COVID-19 Guidance for early learning and childcare (ELC) settings. It focuses on the behaviours that all staff in settings should be demonstrating to reduce the risk of transmission of the virus.

COVID-19 is mainly transmitted between people directly through droplets and aerosols and indirectly through contact with contaminated surfaces.

Droplet transmission can occur when an infected person coughs or sneezes and their respiratory droplets enter the mouth, nose, eyes or airways of another person.

Aerosol transmission is transmission via fine particles containing the virus that are suspended in the air.

The virus can also spread after infected people sneeze, cough on, or touch surfaces, or objects, such as tables, doorknobs and handrails. Other people may become

infected by touching these contaminated surfaces, then touching their eyes, noses or mouths without having cleaned their hands first.

The animation includes four scenarios that illustrate a mixture of behaviour that can increase the risk of transmission and behaviours that can reduce the risk. The scenarios cover

- travelling to work
- children arriving at the setting
- children's activities
- behaviour in staff areas

Each scenario lasts only a few minutes. While watching each scenario, take a note of behaviours you see that illustrate

- safe practice that will reduce the risk of COVID transmission
- behaviours that illustrate risky practice that will increase the risk of COVID transmission

## Scenario 1: travelling to work

### What risky behaviours did you see in this scenario?

#### Car sharing

The animation focuses on car sharing because learning from outbreaks across a range of sectors suggest that this has been a particular risk for workplace transmission.

Staff should share a vehicle only with those from their household or extended household.

#### If car sharing is the only way in which you're able to get to work, how can you do this more safely?

The Transport Scotland website provides [safe travel guidance](#) on how to share vehicles safely. This explains that if sharing a vehicle with anyone from another household staff should

- limit the number of people in the vehicle to as few as possible, ideally no more than two
- use the biggest vehicle available for car sharing purposes
- sit as far apart as possible – ideally the passenger should sit in the back seat diagonally opposite the driver, aiming for two metre distancing between occupants
- open windows in the car as far as possible, taking account of weather conditions, to improve ventilation in the space
- wear a face covering – this includes the driver but only if it does not compromise driver safety in any way
- perform hand hygiene before entering the vehicle and again on leaving the vehicle
- avoid eating in the vehicle
- minimise any surfaces touched
- keep the volume of any music/radio to a minimum to prevent the need to raise voices in the car

The longer the journey, the higher the risk. Keep journey times to the minimum feasible and do not linger in the vehicle before or after the journey itself. Clean the car regularly (at least daily) and pay particular attention to high risk touch points such as door handles, electronic buttons and seat belts.

#### Coming to work with symptoms of COVID

The main COVID symptoms are

- a new, continuous cough
- fever/high temperature
- loss of, or change in, sense of smell or taste

### **What should staff do if they have these symptoms?**

All staff, children and parents and carers with these symptoms, or who has had contact with a family/community member with these symptoms, should not attend the setting. If they do attend they should be asked to return home immediately.

They should also follow [Test and Protect procedures](#). This means that they must self-isolate straight away, stay at home and arrange a test. Their household must also self-isolate.

### **What safe behaviour did you see in this scenario?**

#### **Physical distancing between adults**

All adults in settings should stay two metres apart in line with physical distancing principles. Physical distancing between adults is one of the most important measures we can take to reduce the risk of transmission and should apply at all times. That applies to staff, parents and carers, older siblings and any other adults who may attend the setting.

## **Scenario 2: children arriving at the setting**

### **What risky behaviour did you see in this scenario?**

#### **Parents/carers gathering outside the setting**

Settings should discourage parents/carers and other family members from gathering outside the setting. They should maintain distancing of two metres, as far as practicable, when dropping off children.

### **What measures can staff take to reduce the risk of transmission among parents and carers when they drop off or collect children?**

This might include

- settings introducing appropriate markings outside the entrance to the setting to support physical distancing
- staggered and allocated drop off/pick up times so that not all children arrive onsite at the one time
- signage to remind parents to physically distance
- settings strongly encouraging parents and carers (and older siblings where they are required to accompany parents) to wear face coverings at drop-off and pick-up

#### **Parents/carers entering the building**

Where possible, parents and carers should not enter buildings. Telephone calls, online meetings and 'virtual' visits should be the norm for regular and other meetings with parents.

### **Under what circumstances might you would allow a parent to enter the setting?**

It may be in the best interests of children for a parent or carer to attend in person because of, for example, child protection issues, addressing additional support needs or where a parent has a disability which affects communication over the telephone or online. This should be considered on a case by case basis and visits should be with permission of the manager, head teacher or local authority.

### **What safe behaviour did you see in this scenario?**

#### **Hand washing on arrival**

The child immediately washed her hands on arrival. However staff might point out that the child in the animation didn't appear to use soap, didn't wash her hands for 20 seconds and that she did not dry her hands.

Handwashing should take place

- on arrival at the setting
- before and after eating
- after toileting
- at regular intervals throughout the day
- when moving between different areas (e.g. between different rooms or between inside and outside)

### **The use of face coverings**

The staff member was wearing a face covering when speaking to the parent.

### **In what other circumstances should face coverings been worn?**

Face coverings should also be worn by staff and visitors when not working directly with children. This includes when in office and administrative areas, canteens (except when dining), staff rooms and other confined communal areas (including staff toilets).

Face coverings are not required when working directly with children, including on the floor or supporting children to move around the building or with toileting, or as a result of being less than two metres distant from children. However, settings should support staff who wish to wear a face covering in these circumstances to do so.

When working with children face coverings should be worn if staff need come within two metres of another adult for any reason.

Parents and other essential visitors to the setting should wear face coverings when entering the building. This should also be strongly encouraged when parents/carers are dropping off and picking up their children.

### **When using a face covering what should you do to make sure that you're doing this safely?**

- don't share face coverings with others
- clean your hands before putting on or removing the face covering – by washing with soap and water, or hand sanitiser if handwashing facilities are not available
- make sure the face covering is the right size to cover your nose, mouth and chin
- when temporarily storing a face covering (e.g. during sessions), place it in a washable, sealed bag or container – avoid placing it on surfaces, due to the possibility of contamination
- wash re-usable face coverings after each day of use at 60 degrees centigrade or in boiling water
- dispose of disposable face coverings safely and hygienically

Other important points to make about face coverings.

Some people are [exempt](#) from the requirement to wear a face covering. These include

- children under five years of age, due to the possibility of overheating, suffocation and strangulation
- when a person may have a certain health condition, disability or severe anxiety, which prevents them wearing a face covering safely
- where it would cause difficulty, pain or severe distress or anxiety to the wearer or the person in the care of the wearer

Those who are unable to wear a face covering might be able to wear a face visor or face shield and in this case you should be encouraged to do so as it does provide a limited level of protection.

Face coverings should not be used to substitute the other measures, especially the use of two metre physical distancing.

ELC settings should follow the current public advice that recommends that face coverings are made of cloth or other textiles and should be at least two, and preferably three, layers thick and fit snugly while allowing you to breathe easily.

### **Physical distancing between adults**

All adults in settings should stay two metres apart in line with physical distancing principles. Physical distancing between adults is one of the most important measures we can take to reduce the risk of transmission and should apply at all times. That applies to staff, parents and carers, older siblings and any other adults who may attend the setting.

## **Scenario 3: children's activities**

### **What risky behaviour did you see in this scenario?**

**The use of unnecessary items in the settings that are difficult to clear, such as scatter cushions and glove puppets.**

Settings should consider the removal of unnecessary items to maximise capacity and decrease the number of items requiring cleaning, while ensuring the children still have adequate resources and furnishings to support quality experiences.

Children will require comfortable areas to play. Soft furnishings such as throws, if required, should be used for individual children and should be washed after use. Where children sleep or nap in the setting, children should have individual bedding, stored in individual bags. Settings should launder this bedding frequently, at a minimum weekly.

### **Group singing**

There are increased transmission risks associated with singing because it projects more aerosol droplets from the mouth. Children, like adults, produce a far greater mass of aerosol when they shout or sing loudly. Several outbreaks have been associated with adult choir rehearsals and performances and in church congregations across the world.

Singing should not happen indoors as an organised, large group activity. However, children sing naturally in the course of activities and play, and should not be discouraged from doing so. Singing can also be used to comfort young children when necessary.

### **Child moving across cohorts/bubbles**

Reducing the number of interactions that children and staff have is a key part of reducing risk in settings. This will reduce likelihood of direct transmission, and allow for more effective contact tracing through Test and Protect.

Settings must limit contacts by managing children within groups.

Consistency of groups is important, and children should remain within the same groups wherever possible. More than one group can use a large space, but children should not mix freely with children in other groups, including in open plan settings.

The appropriate size of groups will depend on the age and overall number of children, and the layout of the setting.

It would be reasonable for settings to manage children in groups up to the size encountered in primary school, for example no more than 25 to 33 children in any one group. However, it is also worth noting that having larger group sizes will mean that more staff and children would be required to self-isolate in the event of anyone in the group testing positive. As well as reducing the risk of transmission, there will



therefore be wider benefits of supporting children in smaller groups. The general approach should be to minimise the size of groups where possible.

### **What safe behaviour did you see in this scenario?**

#### **Maximising the time outdoors**

Evidence suggests that outdoor environments can limit transmission, as well as more easily allowing for appropriate physical distancing between staff and between groups of children. Staff should consider how they can maximise opportunities for outdoor play and experiences.

## **Scenario 4: behaviour in staff areas**

### **What risky behaviour did you see in this scenario?**

#### **Not maintaining two metre physical distance between adults**

All adults in settings should stay two metres apart in line with physical distancing principles. Physical distancing between adults is one of the most important measures we can take to reduce the risk of transmission and should apply at all times.

Learning from outbreaks across a range of sectors suggests that lapses in adherence to physical distancing can occur when staff take breaks from work and mix with colleagues outside or in staff rooms and other social areas. It is just as important to adhere to risk mitigations during breaks.

Settings should reconfigure all staff rooms, canteens, bases and offices to ensure the physical distancing rule of two metres is able to be maintained.

Where there is not sufficient space to support distancing, settings should take measures to limit the number of adults in any one space at any one time, for example, by staggering staff breaks.

#### **Poor hand hygiene when using the photocopier**

We know that similar viruses are transferred to and by people's hands. Therefore, frequent hand hygiene and regular decontamination of frequently touched environmental and equipment surfaces will help to reduce the risk of infection transmission.

Frequently touched surfaces (such as photocopy controls, door handle and kettle handles) should be cleaned regularly and staff should make use antibacterial gel after touching these type of surfaces.

#### **Sharing of cake**

You might want to discuss the sharing of food and why this could be risky. Although not prohibited in the guidance, there could be risks associated with sharing home baking and of leaving food uncovered.

### **What safe behaviour did you see in this scenario?**

#### **Opening windows to increase ventilation**

Aerosol transmission is transmission via fine particles containing the virus that are suspended in air. There is some evidence that aerosols may play a role in transmission in poorly ventilated and/or crowded environments. As a result ventilation will be an important factor in reducing the risk of aerosol transmission within indoor environments, where people are likely to be in close contact for longer periods of time.

The simplest and most effective method of increasing natural ventilation is by opening external doors, vents and windows. This should be done where it is practical, safe and secure to do so.

Keeping doors open may also help to reduce contact with door and window handles. However, internal fire doors should never be held open (unless assessed and provided with appropriate hold open and self-closing mechanisms which respond to the fire alarm system).