

# Standard Operating Procedures and Guidelines For ECD programme and partial care facilities

## Summary – Prepared by CECD

We have summarised the 61 page Standard Operating Procedure and Guidelines document issued by DSD on 23 June 2020, into a 4 page, easy-to-read guide that clearly shows what principals need to implement at their ECD centres (including procedures to draw up, posters to display, registers to keep, screening procedures and communication with parents and more). We recommend you still look through the full document for more information but this summary provides the key points and items that need to be implemented. We hope you find this resource helpful.

### 1. Measures to be taken prior to re-opening

#### *Staff orientation:*

- Staff to return at least 5 days prior to reopening to receive informal ‘training’ on health and safety measures, discuss prevention measures, protocols for daily hygiene and cleaning practices and how to teach children about safety measures.
- Staff should develop protocols on: entry and exit from premises, scheduling of outdoor play times, cleaning schedules (cleaning of learning spaces, equipment, offices and ablution facilities), measures on how to deal with children and adults that show signs of illness
- Develop checklists for staff and posters and notices that can be displayed for children and staff.

#### *Preparation of learning spaces (inside and out):*

- All spaces/facilities/learning equipment should be thoroughly cleaned (as far as possible) and a checklist developed for the continued cleaning.
- Learning spaces should be adapted to enable distancing of at least 1 meter where appropriate.
- Soft toys should be stored away as a general rule
- Sandpits should be emptied.
- Ensure natural ventilation.
- Develop procedures for basic hygiene practices (including nappy changing).

#### *Communication to parents prior to reopening:*

- Develop a detailed, factual letter (can be electronic via whatsapp) for parents informing parents of the following:
  - Return of children is voluntary
  - Children will be screened daily on arrival (and how this will be done)
  - Parents need to accompany children for the screening
  - The health and safety measures and precautions that have been put in place
  - Information on date and time for return of children (once announced by DSD)
  - A child with a known underlying health condition(s) will be required to have a letter from a medical practitioner authorizing the child’s return

#### *Procedures to draw up (print these and put on walls at centre):*

- Safety and hygiene procedures
- Procedures for children and staff who are sick
- Appoint one of staff members as the “compliance officer” with formal appointment letter (job is to oversee that the health and safety procedures are adhered to, over and above normal job).

## 2. Arrivals and Departure

### *Arrival and entry procedures*

- Develop procedure for staff arrival.
- Develop procedure for arrival for children (ensuring social distancing, avoiding crowding, and orderly symptom screening).
- Scheduling different arrival times.
- Waiting area should be demarcated (1.5m).
- Parents must wear masks.

### *Screening for COVID-19*

- Staff should be orientated on how to perform screening of children on arrival (symptoms related to Covid-19 namely coughing, sore throat, redness of eyes, shortness of breath or difficulty in breathing).
- NB – if screening shows that a child or adult has symptoms, it must be reported to compliance officer or senior staff and adult/child should be sent home immediately or if not possibly, isolated until this is possible. Develop procedure for this.
- Daily screening questions should be written or printed out (translated in child's first language).
  - Parent should be asked each question from Template A.2: Entry Screening Questions.
  - If child is brought by someone other than parent, then the parent needs to supply this information.
  - Parents should screen their children at home too using Template A.1: Home Screening Questions.
  - If a child comes unsupervised, then 7 years and up Template A.2 and younger (3-6 years) Template A.3: child directed screening tool may be used.
- Staff conducting screening must wear a mask and wash hands/hand sanitise in between each screening.
- Screening should be done as close to the entrance as possible.
- Every child must be screened using a non-contact thermometer (preferably infra-red).
- Write up schedule for daily arrival, reception and symptom screening (and display this at entrance) including staff on duty and responsibilities.
- Sign board at entrance that states – what parents should do when dropping off or picking up child; that no-one may enter premises without symptom screening; and that every adult must wear a mask.
- Every adult and child that enters premises must either wash or sanitise his or her hands. Running water (not bucket) or with sanitiser (under supervision) and air dry of hands or use of paper towels.

### *First entry into the classroom/learning space*

- Avoid crowding and children must wash/sanitise their hands before entering classroom (hand sanitiser is strongly discouraged for children younger than 3 years).
- Each child to have dedicated space for their belongings..

### *Exit procedures at the end of the day*

- Departure time should be staggered.
- Children to wash hands just before leaving.

## 3. Social/Physical Distancing

- Distancing is a challenge with young children, however the principle of practicing social distancing must still be applied with reasonable adaptations, that is, to employ measures, activities and approaches that reduce closeness between children without compromising the quality of the programme.
- Staff should determine most practical, safe and age appropriate ways to practice distancing (including reorganising physical learning spaces and use of tape or chalk to draw demarcation lines).
- Groups and classes should be kept the same and mixing of children during breaks should be avoided if possible (children should remain in their class/age groups in play area).
- Each child should have their own marked mattress and bedding and children should not share beds. Children can lie head to toe on alternate mattresses/mats. Cots should be as far apart as possible.
- Outside play times should be rotated between groups of children to reduce contact. Draw up a schedule for this. (*see age and children with disability adaptations on pg 28-29*).

#### **4. Face Masks and Rubber Gloves**

- Children 5 years and younger will find it difficult to wear masks effectively and wearing a mask will actually increase the risk of infection. Therefore, children from 6 years up may be required to wear cloth masks if they are able to wear a mask safely (face shields or higher safety category masks are unnecessary).
- However, if a child aged 2-5 years falls sick or shows clear Covid-19 related symptoms, the child may be required to wear a face mask only for the purpose of their movement between isolation area and bathroom or exit of centre.
- Children aged 7 years and older must wear masks.
- Staff members are required to have at least two face masks and should wear these at all times.
- The centre should have one clean mask for every 6 to 10 children to be available if and when required.
- No adult or child shall be required to wear rubber or plastic gloves.
- The practice of wearing face masks should be included in the learning programme in a playful manner for children 3 and older.
- Develop procedure for storing of children's face masks (that they may bring from home) safely.
- Develop information pamphlet for parent explaining how they can teach children to wear masks effectively in a playful way.
- Develop and put up posters reminding staff and visiting adults to wear masks at all times.

#### **5. Personal Hygiene Practices**

- Add into daily programme regular handwashing in-between learning activities.
- Hand towels should not be used, rather make use of paper towels or air-drying.
- Taps should be wiped with disinfectant or bleach solution before and after each use.
- As far as is feasible and possible, children shall rather wash their hands with soap and clean water instead of using hand sanitizer.
- Bathroom routines need to allow for only a few children to use the bathroom at one time.
- Handwashing needs to be done before and after visiting the bathroom.
- Potties should be spaced 1.5m apart.
- The designated nappy changing area should be well away from food preparation area.
- Staff to supervise bathroom routines and ensure handwashing.
- Children should be taught the correct way to cough and sneeze in an age appropriate way (into their elbow). Posters to be put up to remind children of this and a pamphlet should be developed for parents to teach children this.
- There should be a sufficient supply of clean tissues or toilet paper for wiping of children's noses.

#### **6. General Hygiene and Infection Control**

- There should be sufficient ventilation.
- The facility needs to be cleaned daily.
- Learning and teaching support materials must be washed at least two times daily with soap and clean water.
- Children may not be given responsibility to wash toys or equipment.
- No toys or resources are to be brought from home. Inform parents of this.
- No items including artwork can be sent home with children.
- Resources that cannot be cleaned should be stored away safely.
- NB – Children's books, like other paper-based materials, are not considered high risk for transmission and do not need additional cleaning.
- Electronic devices, if used, should be cleaned before and after use.
- All sandpits or ball pits shall be cleaned and not refilled.

#### **7. Protective Environment**

- Provide parents with guidelines on how to prepare children everyday before going to ECD centres (washing hands, reminding not to touch face and observing of symptoms). Create and send a letter/communication on this.
- No parent shall be allowed on premises without a face mask and symptom screening.
- No visitors are allowed on the premises (unless for providing an essential service such as maintenance or health care or similar).

- Access by visitors should be limited to specific areas.
- Children should not move between different classrooms, unless under staff supervision.

## **8. Adaption of the Curriculum and Programme Content**

- Accommodate additional hygiene practices into daily routine.
- Ensure access to clean water.
- All staff need to be aware of changes to daily routines.
- Put measures in place for daily cleaning of all resources and materials.
- Curriculum to be adjusted to integrate content related to Covid-19, health and hygiene practices, and helping children to deal with issues such as sadness and anxiety.
- Where possible, learning activities should be moved outdoors.
- No water play or group sensory play is permitted.
- Outside play equipment to be cleaned before children arrive and after each break.
- No excursions or outings are permitted.
- No child who has been registered with the programme prior to closure shall be excluded from returning.
- Communicate regularly with parents regarding procedures and policies etc.

## **9. Food Preparation and Serving**

- If food cannot be prepared safely, alternate arrangements need to be made.
- Food handlers must:
  - Wash hands with soap and water before touching food and before serving.
  - Clean all work surfaces.
  - Keep appliances, equipment and utensils clean.
  - Wear head gear, masks, and clean kitchen attire.
  - Rinse all foodstuffs before cooking.
  - Ensure that learners do not share utensils, food or drinks.
  - Ensure appropriate distance between learners during break times.
  - Wipe down/disinfect grocery packaging as soon as groceries are brought in.
  - Lunch boxes brought from home should be disinfected on the outside before returned to child.
  - Ensure children do not share food.

## **10. Health of Children**

- If a child starts showing signs or symptoms, the procedure is:
  1. Isolate child immediately and call caregiver to collect child,
  2. Disinfect areas where child participated in learning activities.
- *Staff with comorbidities* should be identified and advised not to return. These staff members must submit relevant medical reports to the manager for consideration. Employees over 60 and have mild comorbidities but wish to return can do so if they voluntarily sign an indemnity or waiver.
- *Sickbay* – There should be a separate area for isolation of children and a record should be kept of children with symptoms.
- The area and all equipment must be cleaned immediately after use.
- Other children or adults are not allowed entry into the sickbay area.
- First aid kits should be well-stocked.

## **11. Record Keeping**

- Records should be kept of:
  - Attendance (children and staff)
  - Reasons for absenteeism
  - Daily medical documentation
  - Daily screening records for each child
  - Attendance registers for all staff training and capacity building (no matter how informal)
- Child health records need to include health information regarding screening, testing, quarantine, illness and hospitalisation for Covid-19.
- Visitors book should be signed and indicate time of entry and exit, ID number, full name and contact number.