

# Supporting early years providers during COVID-19

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PUBLIC HEALTH	EARLY YEARS AND CHILDCARE
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# Supporting early years providers during COVID-19

- Welcome
- Introductions
- Note of caution:
- The advice in this presentation was accurate as of 27/1/21 but may quickly become out of date

# We know you are facing huge challenges

- Constantly changing landscape – this will continue
- Financial pressures, uncertainty over your future
- Huge pressure to make decisions quickly given the transmissibility of the virus and need to keep people safe
- Impact of closures on families
- Reputational damage; potential media interest
- Health and wellbeing – these are extremely challenging times

# Challenges associated with new variant of Covid

- Much more transmissible than previous variant
- Unlike previous variant, which did not appear to transmit much between children, the new variant does
- However it's not the case that it specifically attacks children!
- It's more of a level playing field now between the ages

# The good news

- Children are still at very low risk of harm from the disease
- The new variant does not cause greater harm to those that catch it
- Vaccines been approved and roll out starting – though will take time



# The issue...

- Children themselves are not at great risk of harm from the disease
- **However** some will live with or interact with grandparents or other vulnerable adults to whom they may pass the virus
- Even if they don't, they interact with others who might
- They transmit the new variant of the virus at a higher rate than the old variant

# What we plan to cover today

1. Explain where we fit in - quick overview of **who does what** in public health
2. Provide information on **Covid rates locally** and how these have changed
3. Discussion - how can settings best minimise disruption whilst staying safe
4. Identify any other ways we can **support you**



# 1. Who does what in Public Health

**Public Health England**

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Regional Public Health Protection Teams - DfE

**Sussex and Surrey HPU/HPT**

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Local Public Health Teams – upper tier local authorities

**West Sussex County Council Public Health**

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Environmental Health Officers

**District and Borough Councils**

# Key points

- Regional PHE Health Protection Teams have been leading on the COVID-19 response
- Capacity very stretched
- Led to DfE helpline for single cases with escalation to HPT if outbreaks or complex
- Capacity still stretched
- Settings being required to become more self reliant where possible

# Single confirmed cases

- Carry out a risk assessment as soon as possible
- Contact the DfE Helpline
- 0800 046 8687

# Don't forget to notify us!

- If you have a positive case you need to inform FIS and Ofsted
- You can also contact DfE for advice
- Please use the flowchart to remind you of what to do in case of a suspected or confirmed case of COVID-19
- Speak to your EYCA if you have questions or if you think you may need to close your setting

# Thresholds for contacting HPT

If any of the following criteria are met, contact the **SE HPT (South East Health Protection Team)**

- $\geq 10\%$  of a bubble are cases within 14 days
- $\geq 10\%$  of staff are cases within 14 days
- $\geq 3$  bubbles are cases
- There have been any hospitalisations
- Dfe will sometimes escalate to HPT if thresholds are met

## 2. Size of the problem locally

- After a substantial increase in December (reaching 753 per 100k on 4<sup>th</sup> Jan), rates in West Sussex have fallen in the past few weeks
- The most recent data shows we have a rate of around 380 per 100,000 (NB 21/01/2021)
- Cases have fallen by 28% from the previous week
- Despite this reduction, rates are still **high** locally and nationally
- There continues to be much variation across the county, with the highest rate currently in Crawley at 582 per 100,000

Number of cases and 7 day incident rate (up to Thursday 21 January 2021; per 100,000) in district and boroughs in West Sussex

Area	Number of cases in seven days to 21 Jan 2021	7 day incidence rate	Change in the number of cases from previous week
Adur	259	402.8 per 100,000	-65 (-20%)
Arun	697	433.6 per 100,000	-262 (-27%)
Chichester	429	354.2 per 100,000	-129 (-23%)
<b>Crawley</b>	<b>654</b>	<b>581.8 per 100,000</b>	<b>-218 (-25%)</b>
Horsham	375	260.8 per 100,000	-162 (-30%)
Mid Sussex	434	287.4 per 100,000	-184 (-30%)
Worthing	440	397.9 per 100,000	-238 (-35%)
West Sussex	3,288	380.6 per 100,000	-1258 (-28%)

<https://coronavirus.data.gov.uk/details/cases>

You can check what is happening locally here  
<https://coronavirus.data.gov.uk/>

## What's the situation in your local area?

### Search by postcode

View data for a specific area within the UK.

Not all data are available for every area – we will show the most local information in each category for your selected area.

Enter a postcode

### Explore the UK interactive map

Browse cases by week.

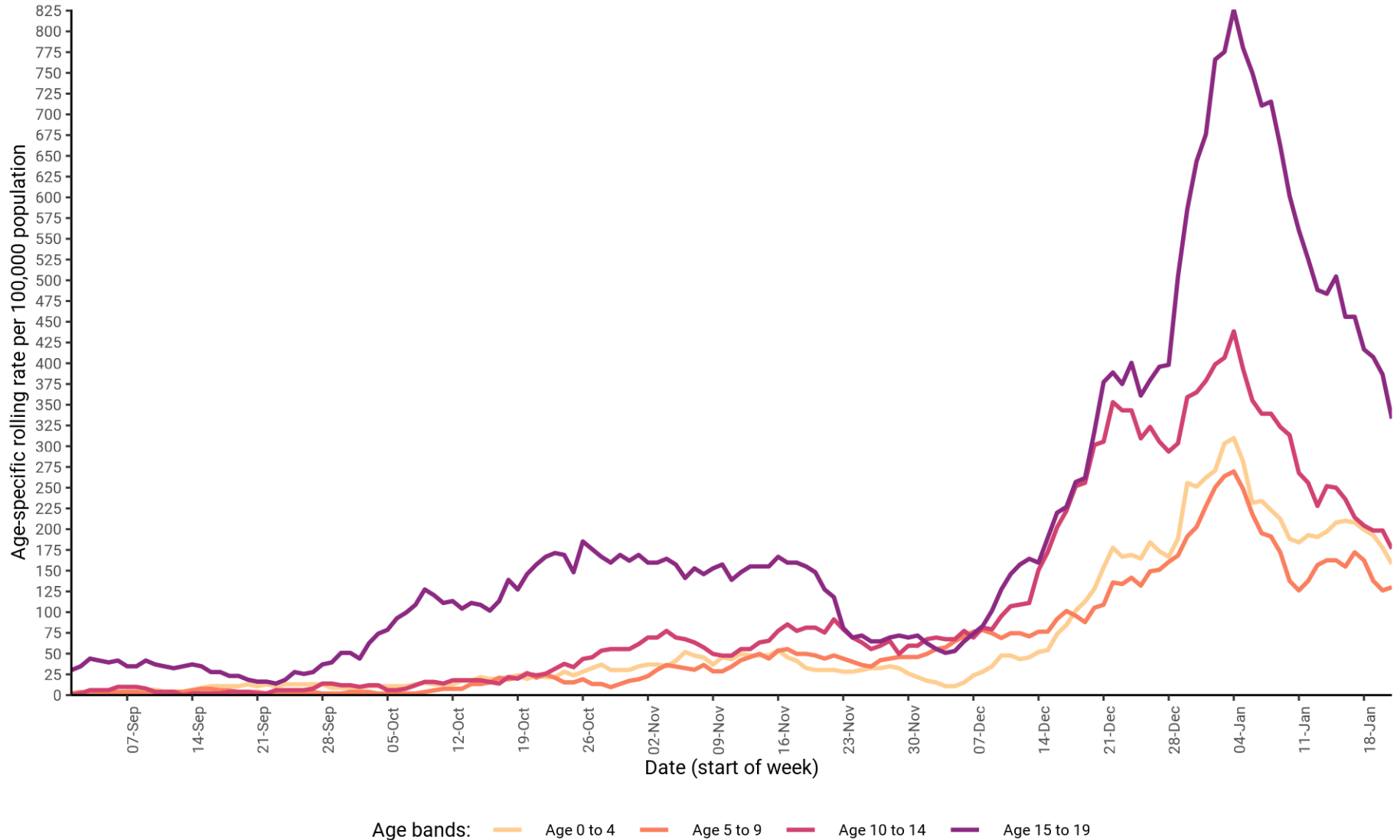
See how the pandemic is spreading across the UK.

[View map](#)



# Trend data for West Sussex - under 20's

Age-specific rolling 7-day rate of cases (per 100,000) over time among under 20s in West Sussex (from 01 Sep 2020 up to 21 Jan 2021)



# Early Years Settings in West Sussex

In our early years settings, since September, up to and including 22<sup>nd</sup> January, we have been made aware of

- 322 confirmed cases of Covid in early years setting
- If you haven't told us, your figures aren't included!
- The majority of cases have been in staff
  - 171 staff
  - 135 children
  - 16 unknown (insufficient information)

# Early Years Settings in West Sussex

- In our early years settings, since September, up to and including 22<sup>nd</sup> January, we have been made aware of
  - 21 outbreaks\*
  - 85 closures

\* An outbreak means two or more cases that can be linked, within fourteen days of each other

# 3. How can settings prepare?

We recommend a three pronged approach

- **Be prepared** for it to happen to your setting, maybe even to you
- **Be aware** - of what makes someone a close contact
- **Take action** now - to reduce and prevent transmission particularly between staff to keep the contacts as low as possible

# Be prepared

- Don't assume 'it won't happen here'! Assume it will
- Anyone you come into contact with can be spreading the virus – you can't see it!
- The whole setting needs to understand this
- **Act like you have the virus**
- Masks do not stop you being a contact
- We need to reduce the number and nature of contacts we have

# Be aware – of what makes a contact

Why important?

- Contacts now have to isolate for **10 days not 14**
- Still a big expectation
- Impact on wellbeing of all involved
- Impact on wider community

Therefore...

- Be 100% clear on the actions that make others a contact
- Do everything possible to not be a contact and reduce the possibility of others being contacts

# QUIZ: What would make you a contact?

1. You **share a car** for 2 minutes with a colleague. You sit in the back, both wear masks and have the windows open. Your colleague subsequently develops symptoms of COVID-19 and tests positive. Are you a contact?
2. After socially distancing all day, 10 staff get together in the **staff room**, to celebrate a birthday with cake, for half an hour. The room is small. Staff move around, and it is not possible for 10 people to be at 2 metres distance. One has a test despite having no symptoms and tests positive. How many are contacts?
3. (Outside of a lockdown period) Six staff from the baby room had a Friday night **drink in the pub** for two hours. On Sunday, one lost their sense of smell and by Tuesday they had a positive test result. Who would have to isolate?

# QUIZ: What would make you a contact?

1. You **share a car** for 2 minutes with a colleague. You sit in the back, both wear masks and have the windows open. Your colleague subsequently develops symptoms of COVID-19 and tests positive. Are you a contact? **yes**
2. After socially distancing all day, 10 staff get together in the **staff room**, to celebrate a birthday with cake, for half an hour. The room is small. Staff move around, and it is not possible for 10 people to be at 2 metres distance. One has a test despite having no symptoms and tests positive. How many are contacts? **All ten**
3. (Outside of a lockdown period) Six staff from the baby room had a Friday night **drink in the pub** for two hours. On Sunday, one lost their sense of smell and by Tuesday they had a positive test result. Who would have to isolate? **All six**



# Recap

A contact is a person who...

- has been **close to** someone
- who has **tested positive** for COVID-19
- during their **infectious period**

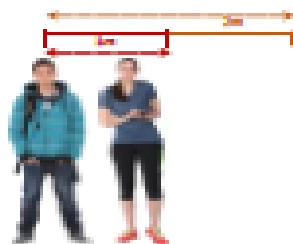
# What does being 'close to' someone mean?

- Sharing a **small vehicle** – for any length of time with a positive case - in their two week infectious period UNLESS there is a Perspex screen or full PPE involved!
- **Household contact:** Living in the same **house** as a positive case; being a cleaner in a house during the infectious period of a positive case
- **Distance:** being within **1m** of an infectious person
  - having a face to face conversation
  - being coughed on
  - having skin to skin contact (including sexual contact)
  - a minute or longer without a face to face interaction
- **Length of time:** being **within 2m for 15 mins** or more on a single day; can be cumulative (**proximity contact**)

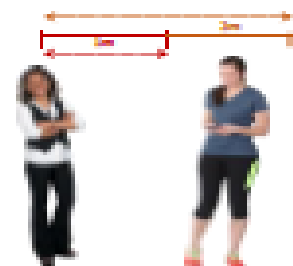
## Close contact



- 1m, 'face-to-face':**  
**any duration IF it involves**
- Having a conversation
  - Skin-to-skin physical contact
  - Being coughed on
  - Contact with bodily fluids



**< 1m but without face-to-face contact: for 1 min or longer**



**Between 1m and 2m: for 15 mins or longer over the course of a calendar day**

*i.e. the 15 mins test applies to cumulative exposure, not just to individual events*

**Travelling in a small vehicle (usually 5 seats or less): any duration**

*For larger vehicles or other forms of transport, apply the distance rules (1m and 2m) and time thresholds above.*

## Not close contact

**> 2m distance**

*Wherever possible, our teaching and research is socially distanced so that our activities do not result in close contact*



**Walking past someone, e.g. in a corridor, providing you don't stop for a conversation\***

**\* that would turn this into a face-to-face contact**

**Using the same communal space or shared surface, but at different times.**

# COVID-19: what do we mean by a 'recent close contact'?

If you have been close to someone who tests positive for COVID-19, during the time they were infectious, there is an increased risk you may have been exposed to the virus. As it can take up to 14 days for someone to develop symptoms, contacts who meet both of the criteria below are asked to self-isolate for 14 days (calculated from the date of their last contact with the positive case) to reduce the risk of inadvertently passing on the virus.

## 'Recent'

People are considered infectious from the 2 days before COVID-19 symptoms develop until 10 days after symptoms develop (measured in calendar days).



If your close contact occurred at any point during this period, then you **will** need to self-isolate. But if contact was outside that period (e.g. a week before their symptoms began) you **do not** need to self-isolate.

## 'Close' contact

Whether a contact is 'close' for contact tracing and self-isolation purpose depends on the type of interaction, the distance between the two individuals, and the duration: the nearer you are to someone who is infectious and the longer you spend in close proximity to them, the higher your level of risk. That is why social distancing is such an important measure for reducing transmission.

Contact indoors (especially in poorly ventilated spaces) presents a greater risk than outdoor contact. And whilst face coverings help to reduce transmission risks, wearing one has no impact on whether a contact is 'close'. The only exception to standard distance and time thresholds is where interaction occurs through a Perspex screen: when that does apply, remember to pause the contact tracing function in the NHS COVID-19 app temporarily.

# Link to above infographic

<https://www.keble.ox.ac.uk/wp-content/uploads/Definition-of-recent-close-contact.pdf>

Remember the isolation period is now out of date on this and it is 10 not 14 days!

# What is the infectious period?

**A person with symptoms** is infectious from 2 days before their first symptom to 10 days after

**A person with no symptoms** is infectious from 2 days before the date of a positive test (not the test result) to 10 days after

# QUIZ: How many children would you have to isolate?

A practitioner in the setting tests positive. Last week, he worked in the baby room which had a total of 24 different children attending with a total of 11 other staff members during his infectious period. How many of those will need to isolate?

- a) Only those with symptoms
- b)  $24 + 11 = 35$
- c) Depends on whether he had close contact with any of the staff or children

# QUIZ: How many children would you have to isolate?

- A practitioner in the setting tests positive. Last week, he worked in the baby room which had a total of 24 different children attending with a total of 11 other staff members during his infectious period. How many of those will need to isolate?

Depends! Usually in EYFS to year 2 it is assumed that social distancing not possible and children sharing classroom with case during their infectious period would be considered contacts. In some settings, social distancing might be possible in which case it is possible to reduce down the number of contacts



# Reducing the risks/contacts

## Reducing the number of contacts

- Keeping to bubbles
- Creating smaller 'bubbles' within your setting?
- Reducing staff to staff transmission – in an out of work
- Reducing parent to staff /staff to parent transmission

# Reducing staff to staff transmission – in work

- Meetings – can you do them virtually to remove risk?
- If you can't, maintain 2m and keep them shorter than 15 mins – reducing not removing risk
- Minimise use of any staff rooms or shared spaces
  - Breaks are crucial, but shared spaces increase risks of transmission
  - Encourage alternatives such as staggered break times, walking breaks

# Reducing staff to staff transmission – outside of work

- Many outbreaks have come from staff socialising outside of work or sharing cars
- Socialising is good for mental health, but increases risk of transmission
- Socialising with work colleagues has implications on service delivery!
- Help staff understand the risks
- Encourage virtual socialising
- Discourage car sharing outside bubbles

# Reducing parent to staff/staff to parent/parent to parent transmission

- Minimising risks at drop off and pick up
- Avoid parents coming inside where possible
- Where this fails, **keep a record** of which parent was on the premises for how long on what date; who did they come into close contact with etc
- Virtual tours/out of hours
- Mask wearing – important to reduce risk, but you will still be a contact

# Reducing the risk of closure

- Reducing transmission
- Contingencies for when staff have symptoms/ test positive/have to isolate
- What if senior staff are isolating?
- Can staff support the setting from home, including relevant staff accessing parent contact information (in line with data protection)??
- Prioritisation for spaces if some staff unable to attend
- Work with other providers?

# Summary

3 pronged approach:

1 - Be **prepared** for cases/more cases

2 - Be **aware** and raise awareness of what makes a contact

3 - Take **action** now to reduce the risks of transmission, between staff, from staff to parents and vice versa and thereby reduce the risks of closure; contingency planning

# A note on testing

- Testing to be offered to staff not able to work at home
- For early years settings this only covers maintained provision....
- Other settings would need to access community testing as and when available
- Current West Sussex public health advice is that extreme caution should be taken in any case with rolling out testing of asymptomatic people with lateral flow tests (LFTs)
- LFTs give quick results but **detect far fewer cases of Covid** than the standard PCR tests used for those with symptoms
- A negative result can be very misleading – you **must** clearly communicate that this is not a guarantee they are Covid free and negatives must continue to 'act as if they have it'

# Questions and Discussion

- What has worked well?
- What would you do differently?
- Any additional ideas?



# Can we do anything more to support you?

# Support to date

- Regional PHE have been leading and along with the DfE have been providing advice on single cases/outbreaks
- Single point of contact for COVID related issue provided through FIS
- FAQs
- Regular broadcast emails
- Invitations to training on Infection Prevention Control
- Today's seminar

# Any other thoughts?

# Don't forget to notify us!

- If you have a positive case you need to inform FIS and Ofsted
- You can also contact DfE for advice
- Please use the flowchart to remind you of what to do in case of a suspected or confirmed case of COVID-19
- Speak to your EYCA if you have questions or if you think you may need to close your setting