

Organised Activities for Children - Scottish Government Guidance



Indoor activities for children (unregulated) have been able to recommence from Monday 31st August where guidance has been produced and can be adhered to.

This guidance is for **unregulated activities and services provided indoors for children and young people, including babies and toddlers, that are voluntary, 3rd sector, parent or peer led or unregulated providers delivering a service or activity directly to children under 18.**

This guidance is to assist those delivering supervised activities and services for children and young people, babies and toddlers, including those where parents remain present during the activity, and where that service or activity is unregulated, to resume indoor face-to-face activities, where it is appropriate to do so. The guidance is not an instruction for all services and activities to open up at this time, since this will be based on the requirements that need to be met, relevant to each individual delivery setting.

When considering indoor activity, other options should continue to be fully explored at this time, including outdoor and online activity, which minimises contacts and reduces the risk of transmission.

It will be up to each organisation/individual to assess whether this guidance applies to their activity and what additional guidance they may need to refer to, to ensure that activity is of sufficiently low risk to undertake at this time.

The following documents may require to be read alongside this guidance:

- [Remobilisation of maternity and neonatal services](#)
- [Guidance reopening school-age childcare services](#)
- [Guidance for reopening ELC services*](#)
- [Guidance for reopening childminding services](#)
- [Guidance for reopening fully outdoor childcare services](#)
- [Play Scotland Guidelines](#)
- [Guidance on returning to work safely](#)
- [Guidance on small and micro businesses](#)
- [Guidance on Community Learning and Development](#)
- [Guidance on Youthwork](#)
- [Routemap guidance – what you can and cannot do](#)
- [Social Work Guidance](#)

*EYS has created an 'easy read' version of the ELC reopening guidance for members. If you are an unregistered playgroup, operating under 2 hours, where parents leave their children for the duration of the activity, we would advise that you read this guidance alongside that document.

1. Purpose

This guidance emphasises the importance of taking **robust and regular risk assessments**, and to keep all risk mitigation measures under regular review. This will ensure that workplaces continue to feel, and be, as safe as possible.

Physical distancing, hand hygiene and risk reducing measures will be essential both to ensure public/workforce confidence and reassure service users.

Please note – **this guidance is not intended to be a ‘checklist’** for reopening – providers should exercise their judgment to ensure that the safety and wellbeing of staff, children and families is paramount. It is important to take into account local circumstances, as well as the overall recommendation to reduce to a minimum the overall number of direct contacts which will ensure the continued suppression of the virus.

A key aim of this guidance is to **ensure that for users of indoor services/activities for children and young people the risk of exposure to the virus is minimised**, including:

- ✓ For those who are employed or volunteer
- ✓ For children and parents using them
- ✓ For other visitors, such as e.g. trainee volunteers or delivery people.

You must continue to operate within the relevant legal and regulatory frameworks to ensure the health and wellbeing of children/parents/carers while they are using the service. **This guidance is not exhaustive.** Measures put in place to comply with this guidance must not contravene health and safety/any other relevant legislation – for example, fire doors must not be left ajar to increase ventilation.

All providers connected with the service – managers, staff and volunteers – must make themselves familiar with COVID-19 available from Health Protection Scotland (HPS) before the service reopens or your activity takes places.

You should consult the following guidance:

- [HPS: COVID-19 Non Healthcare Settings Guidance](#)
- [NHS Inform](#)
- [Test and Protect](#)
- [Returning to Work Safely](#)
- [Healthy Working Lives](#)
- [Health and Safety Executive \(HSE\) Guidance](#)

EYS has created this easy-read version in order to support our members with reopening their settings. We have highlighted in bold and in colour the key areas of consideration that you should take into account as your settings are able to begin to function again.

The areas highlighted in turquoise denote changes to the previous set of guidance, updated as of 15th October. We have done this to make it easier for settings to see where any amendments have been made.

2. Training

- **As a minimum**, it is expected that training around processes and working environment expectations should be provided for ALL STAFF and VOLUNTEERS before restarting work.
- Training methods should **clearly communicate organisation-specific actions** put in place to promote and support physical distancing. They should also set out the expectations of staff in ensuring compliance with these measures.
- You should consider how training can be safely delivered, especially if any elements of your training are normally outsourced to third parties. Tools such as visual aids may be required as part of the training and for ongoing guidance and communications.
- It may be necessary to carry out induction processes, covering any new or enhanced hygiene and physical distancing measures. This can help to build staff confidence that they are returning to a safe workplace, as well as reinforcing their responsibilities.

3. Working Environment

- Where a workspace is shared with other organisation or rented from a landlord, it remains your responsibility to develop risk assessments for staff and volunteers whilst carrying out their duties on these premises.
- Where appropriate, you should discuss your individual needs and requirements with landlords/contractors responsible for developing the risk assessments to ensure individual and collective requirements with regard to the health and safety of staff, volunteers and users are reflected in risk assessments for shared premises.
- Under the Health and Safety at Work etc Act 1974, your relevant enforcing authority (for how you control the risk of coronavirus) will be either
 - the Local Authority Environmental Health Service; or
 - the Health and Safety Executive (HSE)
- The relevant enforcing authority is listed for all types of premises [here](#).
- It is important to recognise that advice related to protecting staff and volunteers and service users across the sector should be interpreted from multiple guidance documents – this means you may need to consider this guidance alongside, for example, the ELC Reopening Guidance. The EYS ‘easy-read’ version of that document is available in the members area of our website.

4. Risk Assessments

4.1 Equity

- Consideration should be given within the risk assessment as to whether sector restart might have greater impact on some groups than others depending on social circumstances, health conditions or legally protected characteristics.
- The Equality and Human Rights Commission can provide advice on a range of issues such as non-discrimination; communication with employees on equality issues; adjustments for disabled people and support for pregnant employees.

4.2 Risk Assessment

- You must undertake risk assessments at the location of your provision.
- This should **consider all risks identified** in respect of COVID-19 and must take account the relevant guidance from HPS set out previously.
- The assessment should **directly address risks associated with COVID-19** so that appropriate measures can be put in place to control those risks for everyone.
- You should consider and clearly set out the mitigations you will introduce in your risk assessment. This could include, for example, changing your layout in order to maintain physical distancing and improving ventilation.
- Health and Safety law requires all employers to assess the risk of returning to work. The HSE's [short guide to working safely during the coronavirus outbreak](#) can help, alongside a [Risk Assessment template](#).
- If you have fewer than five employees, you don't have to write anything down, but it might help if you do so.

***Please note – EYS recommends that you keep a record of your risk assessment, regardless of the number of employees you have. This will help to make employees and volunteers aware of new procedures, particularly with regards to infection control, hygiene practices and to aid test and protect.**

- Your risk assessment should be communicated to all parents, staff and volunteers.
- If your premises have been closed for some time, or if parts of the building have been out of use for a long period, the provider must undertake a health and safety check of the building prior to reopening.

4.3 Legionnaire's Disease

- There is an increased risk of Legionnaire's Disease when buildings have been out of use, or not running at full capacity. This is because water systems may become stagnant when not in use, increasing the risk of legionella within water supplies. The HSE have published advice which can be accessed [here](#).

4.4 Protecting people who are at higher risk

- The shielding category consisted of those identified at highest risk of severe illness from COVID-19. There has been a pause made to those who were previously shielding, which means those who **were** shielding can go back to workplaces, where they cannot work from home.
- There may be a requirement to revert back to some level of shielding in the future at either a local or national level if the number of cases rise again. Those who previously had to shield will be kept informed of any relevant health advice if things do change.
- You can keep up to date with the most recent [Shielding Guidance](#).
- If those at increased risk cannot work from home, they should be offered the option of the safest available on-site roles, enabling them to maintain physical distancing.
- An [individual risk assessment guidance and tool](#) has been developed to help staff and managers consider the specific risk of COVID in the workplace. It is

relevant to all staff, but particularly of note to those who are returning to work after shielding.

- With regards to those who have previously been shielding, the Scottish Government has made some changes to reflect the latest clinical advice on COVID-19. This means some staff may wish to use the updated version of the tool to determine whether or not their occupational health risk from COVID-19 has changed. **Employers and line managers should support staff to do this.**

5. Infection Prevention and Control

5.1 Hand and respiratory hygiene

- All staff, volunteers, users and visitors should maintain good hand hygiene and respiratory hygiene. You should make arrangements for this in your setting/premises.
- Where possible, disposable paper towels or kitchen roll, with appropriate and frequent waste disposal, should be used.
- **Hand sanitiser is not recommended for children when soap and water is available. Hand sanitiser should not be used by children under 12 months.**
- There are a range of resources available from the NHS to [encourage children to wash their hands](#).
- The following hand hygiene measures should be considered:
 - Frequent washing of hands, with soap and water, for at least 20 seconds.
 - Hand sanitiser can be used as an alternative when hands are not visibly soiled or if soap and water are not readily available – for example, when outdoors.
 - Washing of hands/using sanitiser on arrival, after toileting, when moving between different areas and when leaving the premises.
 - Discourage people from touching their face or mask without washing their hands.
 - Parents should encourage children, where age appropriate, not to touch their face, using distraction methods and keeping children busy, rather than making this an issue.
 - Use a tissue or elbow to cough or sneeze.
 - Parents should, where possible, supervise children washing their hands and provide assistance where required.
 - Always dry hands thoroughly.
 - Implement cleaning procedures for any goods and merchandise entering the premises.
 - Provide a nearby supply of sanitiser for employees/volunteers to use when handling deliveries, when handwashing is not practical.
 - Ensure staff and volunteers have access to handwashing facilities and are able to regularly wash their hands.
 - Limit or restrict the use of high-touch items and equipment such as, for example, printers or whiteboards.

5.2 Cleaning practices before reopening

- If premises have been closed for many weeks or if parts of the building have been out of use for a long period, the provider must undertake appropriate and thorough cleaning of the premises prior to reopening.
- You should check whether you need to service or adjust ventilation systems. See HSE guidance on [Air conditioning and ventilation during the coronavirus outbreak](#).

5.3 Keeping the workplace clean

- This is likely to mean enhancement of the daily cleaning regime normally used. There should be routine cleaning and disinfection of frequently touched areas and hard surfaces, taking in all equipment used by staff, toilets, kitchen areas and baby change facilities.
- Regular (at least twice daily) cleaning of commonly touched objects and surfaces – it is recommended that this is done at least twice daily.
- Toys and equipment that children access should be cleaned between sessions and at the end of the day, or in the morning before the session begins, using standard detergent and disinfectant that are active against viruses and bacteria.
- You should advise that toys from home should not be brought unless this cannot be avoided (e.g. comforters).
- Soft furnishing such as throws should be removed. Play mats for babies and young children should also be removed and parents encouraged to bring their own.
- You should consider whether to permit food and drink to be consumed in the setting used, unless essential for medical reasons. If you permit the use of kitchen areas to make hot drinks and snacks, service users should bring their own cups/cutlery. Surfaces in the kitchen area should be disinfected between each use. Food and drink should not be shared.
- You should set clear use and cleaning guidance to ensure that baby changing facilities are kept clean and clear of personal items, and that physical distancing is achieved.
- It is preferable for parents to bring their own personal changing mats (if possible), with good hygiene practice in place for washing hands and disposing of waste.
- Cleaning of staff areas should be considered part of the overall cleaning strategy. Staff should use their own cup and cutlery, ensuring that these are thoroughly cleaned after use.
- If you are cleaning and disinfecting after a known or suspected case of COVID-19, then please refer to the [guidance on cleaning in non-healthcare settings](#).

5.4 Ventilation

- Advice is available from the HSE on [air conditioning and ventilation](#). The opening of doors and windows, where it is safe to do so, should be encouraged to increase natural ventilation and also to reduce contact with door handles. **This should not include fire doors.**

5.5 Case and outbreak management

- **Your organisation/setting should suspect an outbreak if there is either:**
 - Two or more linked cases (either confirmed or suspected) of COVID-19 in a setting within 14 days – where cross-transmission has been identified; or
 - An increase in staff absence rates, in a setting, due to suspected or confirmed cases of COVID-19.
- If you suspect a COVID-19 outbreak, **you should immediately inform your local NHS Board Health Protection Team (HPT)**. You may then be contacted by the HPT, who may receive information from NHS Test and Protect or other sources.
- In the event of an outbreak:
 - Continue to follow the general guidance above to reduce risk.
 - You should not make unilateral decisions about managing situations if you expect an outbreak – instead, seek **urgent advice** from your local HPT about issues relating to testing suspected cases and contacts, as well as taking steps such as closing parts of facilities.
 - The local HPT will undertake a risk assessment and conduct a rapid information, advising you of the most appropriate action to take.
 - Depending on the risk assessment outcome, the HPT may establish a problem assessment group (PAG) or an Incident Management Team (IMT) to help manage the situation.
 - The IMT will lead the Public Health response and investigations, and work with the organisation to put appropriate interventions in place.
- To control an outbreak, the HPT and IMT will work with you in order to put appropriate interventions in place. These will generally include ensuring that the preventive measures described in this guidance are fully implemented. Other measures may include:
 - Cleaning the setting (refer to [guidance on cleaning in non-healthcare settings](#))
 - Consider wider testing of affected population and staff
 - Information – ensure that staff (and other relevant people) are aware of what has happened and the actions being taken
 - Closure – may be done following advice from the HPT and IMT, or the organisation/setting may make their own decision on closure ahead of this advice, as a precaution or for business continuity reasons.

5.6 Test and Protect and self-isolating

- Staff, visitors or users who develop symptoms consistent with COVID-19 must follow the [Test and Protect](#) guidance.
- Those who test positive for COVID will be asked to continue to self-isolate for **10 days** following symptom onset and their close contacts, identified through contact tracing, will be asked to self-isolate for 14 days.
- You should develop a clear procedure for what to do should a user, visitor or staff member display symptoms while in your premises, adhering to [COVID-19 Guidance for non-healthcare settings](#).

- There should be a particular focus on protecting people who are clinically vulnerable and are more likely to develop serious illness as a result of exposure to COVID-19. Actions to minimise the spread should include:
 - Advising **anyone who is displaying symptoms**, or who is self-isolating due to living with someone who is displaying symptoms, or as a result of contact tracing, to **stay at home to minimise the risk of spreading COVID. They should not attend the activity/service.**
 - Sending anyone who becomes unwell with symptoms home, advising them to follow [guidance on what to do if you develop symptoms](#) at NHS Inform.
- The main symptoms of COVID-19 are:
 - A high temperature
 - A new, continuous cough
 - Loss of change to your sense of smell or taste
- You will be expected to keep a temporary record of contact details for a period of 21 days for users and any visitors (e.g. trainee volunteers, delivery persons or contractors) who attend the setting, in order to support contact tracing for Test and Protect.
- There is [guidance](#) available on what information to collect, how to collect it and how to store data securely. This guidance also includes a template [Privacy Notice](#) that should be made available to all users and visitors to the setting/service/activity.
- There are [information governance arrangements in place](#) if data is shared with NHS Scotland on the basis of individuals being identified as at risk of being close contacts by the Test and Protect service.
- In **no circumstances** should a service provider use this collected data to directly contact users, volunteers or staff, even in the event of a known outbreak within the premises.

6. Communication

- You should carefully consider the way you will communicate with staff, volunteers, parents and users on reopening your service/activity. This will ensure that all those concerned understand the changes that you are required to make and are confident about coming back.
- General information for parents is available from [Parent Club](#).
- Please make sure that you communicate any new arrangements to service users in advance of their return, especially if there are new routines and procedures that will need to be understood and followed.
- Additional arrangements for sharing information between staff and families should be agreed, where face-to-face communication is being reduced – for example, video calls, phone calls, text messages or emails can be used.
- Please ensure that if you change your communication methods, you must take account of the General Data Protection Regulation (GDPR), updating your existing privacy notices where necessary.
- If you are communicating with individuals on a face-to-face basis, please ensure you adhere to the required physical distancing measures.

7. Other important things to consider

7.1 Community Centre

- A 'community centre' means all indoor and confined or enclosed outdoor spaces (for example, enclosed courtyards) used for the provision of services and activities, that are open to the public, including groups with any specific targeted public membership.
- Community centres are buildings and facilities which may be owned and managed by the public sector or third sector.
- Community services may also be delivered in other buildings with a different primary purpose, such as [places of worship](#), [schools](#) and other education facilities, [libraries](#) and scout and guide halls.

7.2 Person responsible for a community centre

- Those who are responsible for community centres are those who own them and/or oversee them – this may be a management body or a committee.
- Where premises are leased/rented from another organisation, it is the organisation that owns the premises who will have overall responsibility for their safe reopening. They have discretion over whether they have a need to open and, if so, will need to exercise judgments on when they consider it safe to do so.

7.3 Drop in or infrequent activities

- You should try, as far as possible, to retain the same groups each time, so that the contact details can be routinely recorded. Where this is not possible, then you must be able to comply with the guidance produced in relation to collecting service user and visitor contact details.
- You should consider limiting access to the premises to those who need to be there for safe operation, ensuring safe working practices. This would apply to contractors and external visitors who need to access the site, for example for maintenance and repairs.

7.4 Duration of event or activity

- As the risk increases with the time spent indoors in close contact with others, this should be carefully considered when adaptations are required to your service or activity type.

7.5 Maximising the use of outdoor spaces

- Evidence suggests that outdoor environments can limit transmission – they also allow for easier appropriate physical distancing than indoors. You should, therefore, consider how to safely maximise the use of outdoor spaces. If your premises do not have its own outdoor space, think about using the likes of local parks and green spaces.

7.6 Capacity and physical distancing

- **The household restriction does not apply to gatherings for the purpose of education, training or voluntary services.** Physical distancing should be maintained as set out in [COVID-19 – Staying Safe and Protecting Others](#).
- In assessing and managing risk, you should assess the number of individuals – staff, volunteers, children and parents – that can safely be accommodated in a setting at any one time, following the current guidance.
- **Organised activity indoors**
 - **Set a maximum number for indoor organised activities to 10 people (all ages included, no more than 5 adults)**
 - **Set a maximum number of households for indoor organised activities to 10**
- **Organised activity outdoors**
 - **A maximum number of 15 households for outdoor organised activities (including the under 12's), and a maximum of 15 adults.**
- ***Please note** – other conditions for indoor mother/baby groups and organised activities for children up to 12 months apply – see 7.6.1 below.
- **You may need to consider, as part of your overall risk assessment, whether your previous delivery model should be adjusted** to reduce the perceived higher risk of contracting the virus indoors.
- You may also **wish to consider beginning with a smaller number**, or a consistent group of children or young people.
- You may also wish to consider working with bubble groups based on age bands to manage the different physical distancing requirements.
- The following factors will also be important in determining capacity and making the necessary adjustments.
 - Ability to maintain physical distancing for all users of the site/space
 - Ability to manage enhanced cleaning and personal hygiene
 - The specific setting for delivery
 - Potential needs/behaviours of the children
 - The age of the children
 - The size and layout of space for staff and volunteers, including any office space, kitchen space and corridors or entrances
 - How indoor and outdoor spaces can be utilised and re-designed to minimise risks
 - What staffing ratios are needed to supervise each space
 - Alternative settings/spaces which could be used and managed safely
 - What insurance or permissions need to be in place for alternative private spaces?
 - Whether you could work with outdoor providers or other service providers
 - Which cohorts of babies, toddlers and children might benefit from most access to face to face services?
- These additional approaches should also be considered:
 - Gradual, phased re-introduction of a specific and managed number of children and parents safely in line with guidance

- What measures to manage numbers and movement around the workspace will help ensure the health and safety of any staff and volunteers returning to the workplace.

7.6.1 Mother and baby groups (indoors)

- In recognition of the particular needs of babies and infants, the maximum number of adults who can attend indoor mother and baby groups and associated organised activities **at any one time can be set to 10:**
 - Where all children in the group are **less than 12 months old**
 - Where the space allows for appropriate physical distancing measures to be in place, as set out in [COVID-19 staying safe and protecting others](#)
 - Where face coverings are worn at all times, except when sitting down (for anyone over the age of 5 years old)
 - Where the service provider can meet all the relevant health and safety criteria and can comply with any specific conditions set out by the venue provider at all times
 - Where the duration of the activity is kept to a minimum and other blended delivery options are considered, including use of outside space, digital delivery, and frequency of activity
 - Where group attendees and facilitators, as far as possible, are kept consistent and do not change regularly.
- **Babies would not count for total numbers or households taking part.** Siblings under 5 can also attend, where unavoidable, and would also not count towards household numbers.
- **For indoor activities for children aged over 12 months, the maximum number of adults remains at 5.**

7.7 Drama and Music

- Music and drama activities should take place only in situations where they comply with the low risk criteria in group settings.

7.8 Singing and shouting

- **Singing, especially in groups, is considered a higher risk activity at present** because of the potential for aerosol production and the absence of a presently developed scientific analysis to assess this specific risk.
- The risk is lower for younger children, but as this would usually involve adults as well as children participating, **it is recommended that singing indoors does not take place inside premises where organised activities for children and young people can be carried out**, at this time.
- Some of the risk is reduced if the activity is taken outdoors. It will be up to each individual group/organisation to consider how or if this can be done safely.
- **Measures should also be taken to minimise the need for shouting.** For example, background music should be played on a low volume to avoid the need for raised voices.

7.9 Play

- Softplay centres must remain closed (subject to review), following the relevant guidance. This includes soft play areas in other settings such as cafes. Soft play equipment and sensory rooms should not be used in the meantime.
- All toys and equipment that children access during indoor activities should be cleaned when groups of children change.
- Soft toys should also be removed or washed after use by each child/cohort.
- Where possible, outdoor play should be encouraged.

7.10 Provision of snacks, meals and drinks

- **It is not recommended to permit food and drink to be consumed on the premises, unless for essential medical reasons.**
- If you permit the use of kitchen areas, you should ensure everyone brings their own cups and cutlery.
- Those who are providing services within breakfast clubs may find the 'Catering' section of [Coronavirus \(COVID-19\): guidance on preparing for the start of the new school term](#) helpful.

7.11 Parties

- It is recommended that parties do not take place inside premises where organised activities for children and young people can be carried out, at this time.

7.12 Individuals using or providing multiple services or activities on a regular frequency

- It is recommended that the number of households that you meet with each day is kept to a minimum.
- Parents should be encouraged not to send their children (particularly older children) to too many different activities with different groups of children and adults.
- All adults should consider carefully how many households they visit, or are in contact with in one day, be that for leisure or work, and try to limit this in line with the measures provided [here](#).

7.13 Face Coverings

- Children aged 5 years and over must wear a face covering on public transport, in public transport premises (such as train stations), in shops and in certain other indoor public places.
- Staff, volunteers and service users should wear a face covering indoors in corridors or confined spaces, or other instances **where physical distancing rules are difficult to meet**, when accessing or delivering the services or activities set out as part of this guidance.
- [Further information on face coverings](#) is available – if you wear one, it is important to use face coverings properly and wash your hands before putting them on and taking them off.

***Please Note – EYS recommends that all adults wear a face covering, within the building, until they enter into the room/space where their class/activity/group is taking place. Once adults are sitting/placed at the required 2m distance, they can remove their face covering.**

- Please consult the up to date [advice on wearing face coverings](#) as this may change with each review stage.

7.14 Personal Protective Equipment (PPE)

- Whilst there are **generally no additional PPE measures required for non-healthcare settings** if, following a risk assessment, the need for PPE has been identified, it should be readily available. Staff should be trained on its use as appropriate.
- In any setting staff should continue to use PPE in line with current health and safety policies and risk assessments, and staff should only wear PPE when it is appropriate to the task they are undertaking.
- When considering PPE, providers should refer to the HSE guidance on the [use of PPE during coronavirus](#).
- The use of PPE by staff should be informed by the use of risk assessments at a local level.

Other important things to consider

- [Guidance on staying safe and protecting others](#)
- [Guidance: business and physical distancing](#)
- [Guidance for ELC services](#)
- [Guidance on reopening of school age childcare services](#)
- [Guidance on collection of customer and visitor contact details to support Test and Protect.](#)