
Little Owls @ Ainthorpe Day Nursery COVID-19 Procedures Booklet, Version 2



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Important websites, telephone numbers and email:

- Coronavirus (COVID-19): Implementing protective measures in education and childcare settings <https://www.gov.uk/government/publications/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings#contents>
- Guidance: Preparing for the wider opening of early years and childcare settings from 1 June <https://www.gov.uk/government/publications/preparing-for-the-wider-opening-of-early-years-and-childcare-settings-from-1-june>
- Guidance: NHS test and trace: how it works <https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works>
- Hospice’s absence line: 01482 785754
- Hospice’s HR department email: hr@dovehouse.org.uk

Section 1: Introduction

This document has been produced to communicate how we have adapted Little Owls Day Nursery (Little Owls @ Ainthorpe) in response to the COVID-19 pandemic.

This document has been produced following guidance:

- Coronavirus (COVID-19): Implementing protective measures in education and childcare settings <https://www.gov.uk/government/publications/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings>
- Guidance: Preparing for the wider opening of early years and childcare settings from 1 June <https://www.gov.uk/government/publications/preparing-for-the-wider-opening-of-early-years-and-childcare-settings-from-1-june>
- Ofsted

and after conducting our own risk assessment.

The remit of the risk assessment is around risks faced due to COVID-19 and ways to reduce risk to the lowest reasonably practicable level by taking preventative measures.

This booklet and risk assessments can be found and downloaded from our website <https://www.littleowlshull.co.uk/>

Please note that this document is constantly subject to change due to changes in government and Ofsted guidance.

Please also note that in an emergency, for example, an accident or fire, people do not have to stay 2m apart if it would be unsafe. People involved in the provision of assistance to others should pay particular attention to sanitation measures immediately afterwards including washing hands.

Section 2: Individual circumstances

Employees: Working from home

We have not identified any roles that can be done from home.

Employees: Those that are in the 'Clinically Extremely Vulnerable Group' (Shielding) - See appendix 3 for more information on definition

Clinical extremely vulnerable individuals have been strongly advised not to work outside the home. Employees in this category, will remain on furlough at this time and we will monitor the advice and guidance going forward. This also applies to volunteers.

Employees: Those that are in the 'Clinically Vulnerable Group' - See appendix 4 for more information on definition

The government advice is for you to undertake your work duties that enables you to stay 2 metres away from others, wherever possible, although employees may choose to take on a role that does not allow for this distance if they prefer to do so. If they have to spend time within 2 metres of other people, we will carefully assess and discuss with you whether this involves an acceptable level of risk. Pregnant employees are classed in this category and those who live with someone who is shielding. A risk assessment has been carried out for this group.

For the avoidance of doubt, if an employee lives with someone who is clinically vulnerable, they can attend work as normal. It is only when the staff member lives with someone who is clinical extremely vulnerable (shielding) that the risk assessment completed is applicable (see appendix 6).

Mental health and support

All staff have access to a confidential telephone counselling service under our employee assistance programme (EAP). If you would like to talk to a trained counsellor about any worries that you may be having about the impact of COVID-19, whether work related or not, you can access this by calling 0800 107 6147.

You can also access Occupational health and/or independent counsellors if you wish. Please discuss with this with your line manager or HR.

Section 2: Individual circumstances continued

Symptoms of COVID-19

The symptoms detailed by the government in relation to COVID-19 are below. If you have any of the symptoms below, you should isolate and be tested. You would only be referred for a test if you have any of the symptoms below.



Do not leave home if you or someone you live with has any of the following:

- a high temperature
- a new, continuous cough
- a loss of, or change to, your sense of smell or taste

[Check the NHS website if you have symptoms](#)

Employees: Who need to self-isolate

a) When symptoms are associated with COVID-19

If you have any of the symptoms associated with COVID-19, you should follow the normal absence notification procedure by calling the absence line, with the following additions.

- To state the date you first experienced symptoms
- A mobile telephone number to contact you on (and to be used for referral for a test)

If you are tested positive for COVID-19, you should remain off for a minimum of 10 days (from the onset of your symptoms)

Section 2: Individual circumstances continued

b) When a member of your household has symptoms associated with COVID-19 (and you do not)

If a member of your household has any of the symptoms associated with COVID-19, you should follow the normal absence notification procedure, with the following additions.

- To state the date they first experienced symptoms
- A mobile telephone number for them to be contacted on (and to be used for referral for a test)

If a member of your household is tested positive for COVID-19, you should remain in household isolation for 14 days from the onset of their symptoms. If the member of your household showing symptoms has a negative COVID-19 test, you would be able to return back to work immediately, without waiting for the 14 days.

Employer referral

As all employees of the hospice are classed as 'essential workers' we are able to submit an 'employer referral'. Following notification of your symptoms via the absence line, you will be called back by a member of the HR team to discuss the referral. Once referred by the hospice, you or a member of your household with symptoms will receive a text message with a unique invitation code to book a test. We have shown an example of the text (see right)

Visit [gov.uk/coronavirus](https://www.gov.uk/coronavirus). Under 'Testing for coronavirus' select 'Book a test if you have a verification code'. Enter the verification code XXXX-XXXX-XXXX-XXXX



Please note: a member of your household will only be referred for a test if they are showing symptoms and you are not. If you are showing symptoms, then it will only be you that is referred

We ask that employees go through the hospice to receive a test. This will enable a consistent approach and will allow us to properly support you through this process. We have been advised that testing is more effective when it is within the first 3 days from the onset of symptoms.

Section 2: Individual circumstances continued

Employees: Who need to self-isolate continued

- c) **When called by the NHS Test and Trace team if identified as a 'contact' of someone who has recently been tested positive for COVID-19**

If you are called by the NHS Test and Trace team and informed you are a 'contact' then you should follow their guidance of self-isolating for 14 days from your last contact with them.

Test and Trace

Under the Test and Trace program, if tested positive for COVID-19, you will be contacted by the NHS Test and Trace team by phone from 0300 013 5000, text or email.

In preparation for this call, we ask that you call the hospice's absence line to talk to a member of the HR team. If you leave a message, you will be called back and they will assist you to produce a list of people you have been in contact with, in line with the Government guidelines. If the NHS Test and Trace call you before you have spoken to a member of the HR team, answer their questions but tell them that you will call the HR team to discuss and obtain contact details of any work colleague required.

With social distancing measures in place, and PPE being worn where appropriate, there shouldn't be many circumstances whereby you will have 'close contact' with anyone from work, unless it's a requirement for the role or 'set teams' or 'team bubbles' are in place. NHS Test and Trace will ask:

1. If you have family members or other household members living with you. In line with the medical advice they must remain in self-isolation for the rest of the 14-day period from when your symptoms began
2. If you have had any close contact with anyone other than members of your household. The Test and Trace Team are interested in the 48 hours before you developed symptoms and the time since you developed symptoms. Close contact means:
 - having face-to-face contact with someone (less than 1 metre away)
 - spending more than 15 minutes within 2 metres of someone
 - travelling in a car or other small vehicle with someone (even on a short journey) or close to them on a plane
3. If you work in – or have recently visited – a setting with other people (for example, a GP surgery, a school or a workplace)

Section 2: Individual circumstances continued

They will ask you to provide, where possible, the names and contact details (for example, email address, telephone number) for the people you have had close contact with.

Based on the information you provide; they will assess whether they need to alert your contacts and ask them to self-isolate.

Even if you know contact details of work colleagues you may have had contact with, please speak to HR for assistance with this.

Pay while isolating

Under each scenario (a,b,c above) if required to self-isolate, you will receive full discretionary sick pay (100% of your basic salary). The hospice reserves the right to amend this or remove it at any point in which Statutory Sick Pay (SSP) will apply. SSP applies to all other forms of sickness absence.

<p>Section 2: Individual circumstances</p>	<p>Actions</p> <ol style="list-style-type: none">1. If you have not already done so, to inform us of your current personal circumstances and keep us updated2. Seek support if your mental health has been affected3. Follow the hospice's normal absence procedure if you develop COVID-19 symptoms, member of your household develops symptoms or you are contacted by the NHS Test and Trace team
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Section 3: Social distancing at work

Coming in and out of the nursery: Staff

Staff shift times may be amended to reflect any changes to child drop off and collection times.

Maintaining a 2 metre social distance

Everyone must maintain social distancing in the workplace wherever possible.

It is recognised that, unlike older children and adults, early years children cannot be expected to remain 2 metres apart from each other and staff. The government have therefore advised to work through the hierarchy of measures set out below:

- avoiding contact with anyone with symptoms
- frequent hand cleaning and good respiratory hygiene practices
- regular cleaning of settings
- minimising contact and mixing
- removing hard to clean more intricate toys and unnecessary soft furnishings

There is additional information of social distancing in section 4: Managing children and parents.

<p>Section 3: Social distancing at work</p>	<p>Actions</p> <ol style="list-style-type: none">1. Maintain a 2 metre social distance wherever possible
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Section 4: Managing children and parents

Children: Before entering nursery

Nursery Manager/person in charge to ask all parents of attending children before opening if any members of the child's household is showing symptoms of COVID-19, before letting the child into the nursery.

Children: Whilst at nursery

To organise set groups of children in small 'bubbles' to minimise contact as far as possible with other groups. This will be enhanced by using coloured armbands for various groups of children and their nursery carer/supervisor.

Where we can keep these 'bubbles' of small groups 2 metres away from each other, we will do. It is advised that brief, transitory contact, such as passing in a corridor, is low risk.

Classroom lay out

Pre-school room is being provided to accommodate 3 bubbles.

- 1 bubble: Children under 3
- 2 bubbles: Children aged 3 to 5

Garden has been divided in 3 sections, 1 for each bubble. No more than 16 children will be allowed for each bubble. Each bubble will be staffed for the appropriate number as stipulated in the statutory framework. The baby and toddler room will remain closed at present.

Staggering breaks

Where applicable, we will stagger breaks to minimise the numbers of staff on lunch at the same time whilst still adhering to ratios. At the moment, shifts are all of a duration that a break is not required. Staff are able to eat lunch with the children. A 2m distance should be maintained in the staff room which will be marked up to facilitate this with tape.

Children: If they become unwell while at the nursery with COVID-19 symptoms

Should a child display symptoms associated with COVID-19, the following should take place:

- A fluid resistant face mask should be worn by staff dealing with the child if safe distance of 2 metres cannot be maintained.
- At all times the child's mental well-being should still be considered and supported whilst maintaining social distancing e.g. comforting crying babies.
- If there is a risk of coughing, vomiting or spitting and splashing to eyes, then a face shield should be worn.
- The child should be sent home as soon as possible and isolated from the rest of the children until picked up by parent.

Section 4: Managing children and parents continued

Once the child has returned home, the parents should be advised that their child should remain at home for 7 days. Those living in the same household as the child should isolate too for 14 days. We are unable to refer any children or parent for a test. A self-referral route should be taken if appropriate.

Effect on child's 'bubble' and staff assigned to 'bubble'

Unless the child with symptoms is tested and this is a positive test for COVID-19, the rest of the child's 'bubble' including the staff member assigned, can continue to attend the nursery as normal.

If the child with symptoms has a negative test, then the child can return to the nursery. Evidence of a negative result will be requested by the nursery manager before the child's return. **Should the parent choose not to get child tested, the child will need to stay home and isolate for 7 days from the onset of symptoms.**

If the child with symptoms has a positive test, then all the children within their bubble, including staff members should not attend the nursery and must isolate for 14 days from their last contact with the child. Unless any show symptoms, they do not need to be tested.

Parents

Staff to inform children's parents, carers and visitors not to enter the nursery if they display symptoms of the virus.

Only one parent should accompany the child to the nursery. Staff should advise against one-to-one parent contact whilst in the area.

We will operate a staggered drop-off and collection times for children.

<p>Section 4: Managing children and parents</p>	<p>Actions</p> <ol style="list-style-type: none">1. Ask parents if any members of the child's household is showing symptoms of COVID-19 before letting the child into the nursery2. If child at the nursery displays symptoms associated with COVID-19, to follow the procedure above.
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Section 5: Hygiene

Before reopening

Before reopening to the public, the nursery will be cleaned.

Keeping the nursery clean

In order to prevent transmission by touching contaminated surfaces, hard surfaces including tables, phones, kitchen worktops, door handles etc to be cleaned down regularly. Cleaning equipment and disposable cleaning wipes will be provided.

We have removed unnecessary items from rooms such as soft toys that are hard to clean and those with intricate parts and informed parents not to bring toys from home.

Equipment must be cleaned down between groups of children using it and throughout the day and multiple groups will not use equipment simultaneously.

Pack up boxes will need disinfecting if brought from home.

Hand sanitiser stations

We have installed a hand sanitiser station at each entrance to the nursery.

Handwashing

Staff and children are encouraged to regularly wash their hands with soap and water as often as possible and for 20 seconds every time. This should be done on arrival at the setting, before and after eating, and after sneezing or coughing.

Signs and posters (e.g catch it bin it kill it posters) will be displayed to build awareness of good handwashing technique, the need to increase handwashing frequency, avoiding touching your face and to cough or sneeze into a tissue which is binned safely, or into your arm if a tissue is not available.

Toilet areas

Staff to ensure toilet areas are not crowded and to increase toilet hygiene procedures.

<p>Section 5: Hygiene</p>	<p>Actions</p> <ol style="list-style-type: none">1. Frequently wash hands2. Frequently clean surfaces
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Section 6: PPE and Face Covering

PPE

PPE is provided to those working in the clinical settings for which Public Health England advises use of PPE. The government advice states that ‘workplaces should not encourage the precautionary use of extra PPE to protect against COVID-19 outside clinical settings or when responding to a suspected or confirmed case of COVID-19’

PPE is only needed if a child shows symptoms of COVID-19. The following should be worn by the supervising adult:

1. Disposable gloves
2. A disposable apron
3. Eye protection (Face shield)
4. A fluid-resistant surgical face mask

Face covering

There are some circumstances when wearing a face covering may be marginally beneficial as a precautionary measure. The evidence suggests that wearing a face covering does not protect you, but it may protect others if you are infected but have not developed symptoms.

A face covering may be worn in enclosed spaces where social distancing isn’t possible. It just needs to cover your mouth and nose.

A face covering is not the same as a face mask. Face coverings are not the same as the PPE used to manage risks like dust and spray in an industrial context. It is important to know that the evidence of the benefit of using a face covering to protect others is weak and the effect is likely to be small, therefore face coverings are not a replacement for the other ways of managing risk. We would not expect to see employers relying on face coverings as risk management for the purpose of their health and safety.

Wearing a face covering is optional and is not required by law, including in the workplace.

Section 6: PPE and Face Covering continued

If you choose to wear one, it is important to use face coverings properly and wash your hands before putting them on and taking them off.

The following guidance by the government has been issued:

- Wash your hands thoroughly with soap and water for 20 seconds or use hand sanitiser before putting a face covering on, and after removing it.
- When wearing a face covering, avoid touching your face or face covering, as you could contaminate them with germs from your hands.
- Change your face covering if it becomes damp or if you have touched it.
- Continue to wash your hands regularly.
- Change and wash your face covering daily.
- If the material is washable, wash in line with manufacturer's instructions. If it is not washable, dispose of it carefully in your usual waste
- Practice social distancing wherever possible.

We will support you in using a face covering safely if you choose to wear one. If you wish to wear a face covering, we will supply this for you.

<p>Section 6: PPE and Face Covering</p>	<p>Actions</p> <ol style="list-style-type: none">1. To wear the appropriate PPE if supervising a child who is displaying COVID-19 symptoms2. If you choose to, to wear a face covering and follow the guidelines issued by the government
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Section 7: Workforce (Staff and Volunteers)

Travelling to and from work

Public transport to be avoided if possible. If you do have to use public transport to follow the social distancing guidelines where possible.

Staff are encouraged to walk, cycle or drive to work.

Set teams

Where possible, for staff to be assigned to a 'bubble'.

Work related travel

We would encourage people to use their own transport when travelling for work related purposes. We will try and ensure any work related travel is done, only when necessary.

Communication

We will keep you updated with latest developments via your line manager, text, phone call and/or letter.

We also encourage staff to also keep themselves updated with the latest government guidelines www.gov.uk/government/publications/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings

Training

Training will be conducted in small groups if required and e-learning is not suitable. If you have any questions relating to this booklet or training needs in relation to COVID-19 that have not been addressed in this booklet, please ask your line manager, or contact the HR team.

<p>Section 7: Workforce (Staff and Volunteers)</p>	<p>Actions</p> <ol style="list-style-type: none">1. Keep yourself updated on latest guidance
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Section 8: Inbound and outbound goods

Food deliveries

We will ask parents to ensure children bring their own food for lunch.

We will continue to provide snacks. Any food delivered, should be left in the main kitchen of the nursery staff to take in.

All other deliveries should be left in the reception area for nursery staff to take in.

<p>Section 8: Inbound and outbounds goods</p>	<p>Actions</p> <ol style="list-style-type: none">1. Ensure parents know and are reminded about their children bringing their own food for lunch2. Inform any delivery person where to leave item(s) in the reception area
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Appendix 1: RISK ASSESSMENT IMPLEMENTING PROTECTIVE MEASURES IN LITTLE OWLS @ AINTHORPE, CHILDCARE SETTING (COVID 19) Date of Assessments: 13/05/2020 and updated 10/06/2020. Assessed by: Dave Carrick H&S Manager/Kerry Farquhar Nursery Manager.

Hazards	Controlling any spread of Corona virus	Section of Covid-19 Booklet	3,4,5
Who is at risk of catching the virus	Little Owls nursery staff, other staff, parents, children on the premises.		
Controls	<ol style="list-style-type: none"> 1. Ensuring staff and children wash their hands regularly for 20 secs in running water, using soap and dry hand thoroughly. Staff may use hand sanitizer also regularly in the day. 2. Minimise contact as far as possible and mixing of different child groups in the nursery setting. 3. Consider staggering drop-off and collection times. 4. Consider coloured armbands for various groups of children & their nursery carer/supervisor 		
Further controls	<ol style="list-style-type: none"> 1. JH to check with all parents of children before opening to ask if any members of the child's household have had someone affected by the virus, before letting the child into the nursery. Inform parents that some hours and days of care may change. Resume registers and ensure pickup/drop off times are recorded. Practitioners will sign children in/ out to minimise the number of people in contact with the registers. 2. Nursery staff to enforce 'catch it, bin it, kill it' approach. 3. Frequently touched surfaces must be cleaned with detergents regularly, or bleach at end of day after all children have left the building. 4. JH to consider classroom lay out. 5. Staff to child ratios will continue (EYFS) 6. JH to organise small 'bubble' groups. 7. Staff to ensure toilet areas are not crowded. Increase toilet hygiene procedures, nose cleaning and disposal of used tissues/hand washing. 8. Child's hands washed when arriving at nursery. Encourage children not to touch faces, eyes and nose and mouths. 		
Risk	Med		

Hazards	Dealing with child becomes unwell	Section of Covid-19 Booklet	4
Who is at risk of catching the virus	Little Owls nursery staff, other staff, parents, children on the premises.		
Controls	<ol style="list-style-type: none"> 1. Fluid resistant face mask should be worn by staff dealing with the child if safe distance of 2 mts cannot be maintained. 2. Implement strategy for supporting child's mental well-being while social distancing eg crying babies. 		

	3. Ensure managing children who are sick, infectious or have allergies policy has been updated and other policies which will require updating are reviewed.
Further controls	<ol style="list-style-type: none"> 1. If there is a risk of coughing, vomiting or spitting and splashing to eyes, then face shields should be worn. Child should be sent home as soon as possible and isolated from rest of the children until picked up by a parent. 2. If child is tested positive for COVID-19, for rest of 'bubble' including staff member to self-isolate for 14 days. 3. Nursery staff must report any symptoms, call the absence line and attend a COVID-19 test. If tested positive, to self- isolate for 10 days.
Risk	Med

Hazards	Cleaning of environment and equipment	Section of Covid-19 Booklet	5
Who is at risk of catching the virus	Little Owls nursery staff, other staff, parents, children on the premises		
Controls	<ol style="list-style-type: none"> 1. Equipment must be cleaned down between groups of children using it and throughout the day. Multiple groups do not use equipment simultaneously 2. Pack up boxes and bags brought from home will need disinfecting if brought from home. 		
Further controls	<ol style="list-style-type: none"> 1. Remove unnecessary items from rooms, remove soft toys that are hard to clean (such as those with intricate parts) 2. Be aware of babies who may be mouthing toys, and observe for cleaning of such toys. 3. Children may want toys from home-risk of contamination. Avoid these at all times 		
Risk	Med		

Hazards	Communication of plans	Section of Covid-19 Booklet	4,7
Who is at risk of catching the virus	Little Owls nursery staff, other staff, parents, children on the premises		
Controls	1. Staff to inform children parents, carers and visitors not to enter child care setting if they display symptoms of the virus		
Further controls	<ol style="list-style-type: none"> 1. Suggest only one parent accompanies child to the nursery. Advise against one-to one parent contact whilst in the area. 2. JH to discuss any training needs with staff. 3. Staff may want to tell stories with message of washing hands, keeping distances and following rules. 4. Ensure all staff are up to date with any changes to policies/procedures prior to return to work. Guidance 		

	www.gov.uk/government/publications/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings
Risk	Med

Hazards	Control of visitors/parents/contractor/suppliers at the nursery	Section of Covid-19 Booklet	5,8
Who is at risk of catching the virus	Little Owls nursery staff, other staff, parents, children on the premises		
Controls	<ol style="list-style-type: none"> 1. Ensure hand gel is available at entrance area. 2. Visitors to report to reception area when no other person is in that area. 3. Staff to avoid physical contact with others, handshakes, hugs etc 		
Further controls	<ol style="list-style-type: none"> 1. Food deliveries from Ainthorpe Primary School catering team, must be left in the main kitchen areas for nursery staff to take in. Handles of food containers must be wiped before food is taken out of them. Boxes should also be disinfected after use before being returned to the catering team. 2. Extra use of signage around the premises to encourage hand washing. 		
Risk	Med		

Hazards	PPE	Section of Covid-19 Booklet	6
Who is at risk of catching the virus	Little Owls nursery staff, other staff, parents, children on the premises.		
Controls	<ol style="list-style-type: none"> 1. When dealing with child with COVID-19 symptoms, supervising staff should wear the following PPE while in the nursery: <ul style="list-style-type: none"> • Disposable gloves, a disposable apron, eye protection (face shield) and a fluid-resistant surgical face mask should be worn by the supervising adult. 2. Disposable gloves should be worn when cleaning and safely disposed of after use. 3. Hands washed on a regular basis throughout the day. 4. Disposable face coverings can be made available for staff who may want to wear them. 5. Face coverings may be worn when meeting visitors who are new to the premises. 		
Further controls	<ol style="list-style-type: none"> 1. Staff must receive information on use of PPE, its safe storage and reporting any defective PPE. 		
Risk	Med		



Covid_19 Policy – Ainthorpe

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1. Information about COVID-19
 2. Preventing the Spread of Infection
 3. Guidance on dealing with suspected or confirmed cases of COVID-19
 4. Guidance on dealing with children who have travelled to affected countries/regions
 5. Guidance on cleaning after a case of COVID-19 (suspected or confirmed)
 6. Guidance to assist Professionals

1. Information about the virus

A coronavirus is a type of virus. As a group, coronaviruses are common across the world. COVID-19 is a new strain of coronavirus first identified in Wuhan City, China in December 2019.

The incubation period of COVID-19 is between 2 and 14 days. This means that if a person remains well 14 days after contact with someone with a confirmed case of coronavirus, it is unlikely that they have been infected.

The following symptoms may develop in the 14 days after exposure to someone who has the COVID-19 infection:

- a new and continuous cough
- difficulty in breathing
- fever (37.8 degrees or above)
- Loss of sense of smell or taste

Generally, these infections can cause more severe symptoms in people with weakened immune systems, older people, and those with long-term conditions like diabetes, cancer and chronic lung disease. There is no evidence that children are more affected than other age groups – very few cases have been reported in children.

1.1 How COVID-19 is spread

From what we know about coronavirus the spread of the virus is most likely to happen when there is close contact (within 2 metres) with an infected person. It is likely that the risk increases the longer someone has close contact with an infected person.

Droplets produced when an infected person coughs or sneezes (termed respiratory secretions) containing the virus are most likely to be the most regularly occurring means of transmission.

There are 2 routes by which people could become infected:

- secretions can be directly transferred into the mouths or noses of people who are nearby (within 2 metres) or could be inhaled into the lungs
- it is also possible that someone may become infected by touching a surface or object that has been contaminated with respiratory secretions and then touching their own mouth, nose, or eyes (such as touching a door knob or shaking hands then touching your own face).

1.2 Preventing the spread of infection

There is currently no vaccine to prevent COVID-19. The best way to prevent infection is to avoid being exposed to the virus.

There are general principles to help prevent the spread of respiratory viruses, including:

- washing your hands more often than usual (for 20 seconds or longer) - with soap and water, or use alcohol sanitiser if handwashing facilities are not available. This is particularly important after taking journeys on public transport.
- covering your cough or sneeze with a tissue, then throwing the tissue in a bin. See Catch it, Bin it, Kill it
- people who are displaying coronavirus symptoms should stay at home and should not attend work or any education or childcare setting (see below: Guidance on dealing with suspected or confirmed cases of COVID-19 at Little Owls)

children, parents, staff and visitors should wash their hands:

- before leaving home
- on arrival at nursery
- after using the toilet
- after outdoor play
- before food preparation before eating any food, including snacks
- before leaving nursery
- use an alcohol-based hand sanitiser that contains at least 60% alcohol if soap and water are not available
- avoid touching your eyes, nose, and mouth with unwashed hands
- avoid close contact with people who are unwell
- clean and disinfect frequently touched objects and surfaces
- wear appropriate PPE if supporting a child who has symptoms of COVID_19 until they can be collected by a parent.
- If contact with a child displaying Covid_19 symptoms is necessary, then gloves an apron and a facemask should be worn. Eye protection should also be worn if a risk assessment determines that there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting.

If you are worried about your symptoms or those of a child or colleague, please call NHS 111. Do not go directly to your GP or other healthcare environment

2.1 Cleaning Routines

Daily cleaning routines will largely remain the same, as high standards of hygiene are currently in place. However, in areas where there are hard surfaces that are usually cleaned less frequently the following will be put in place:

All frequently used hard surfaces will be cleaned with a hard surface cleaning and sanitising solution each day, this includes all door handles, fob access panels, door release buttons, light switches, key boards/ mouse, telephones, office desks, printers, phone, money safe, and children's chairs and tables.

Disposable cleaning cloths will be used throughout the nursery, for example blue roll for cleaning hard surfaces and washable mop heads will be rotated between groups of children.

Toys will be rotated each day and sterilised between uses to prevent cross contamination between children who attend on different days. The toys available will be toys that can be cleaned effectively, and resources will be limited to enable rotation.

Toys that are difficult to clean, such as sand pits, toys with lots of fiddly parts and soft toys will not be available at this time. All unnecessary soft furnishings and sand play will be removed as suggested by the government guidance.

2.2 Hand Washing Routines

To ensure the staff, children, parents and visitors are washing their hands in line with the current guidelines the following will be put in place:

- On arrival to nursery all adults will sanitise their hands.
- On arrival all children will be taken to the bathroom to wash their hands by a practitioner.
- Practitioners should wash their own hands before supporting a child to wash theirs.
- During the day children and staff will wash their hands after going to the toilet or having their nappy changed, before meals or snacks, and when returning inside from outdoor play

Practitioners should wash hands before putting on any PPE.

We will use the Hand Washing Song to encourage the children to wash their hands with soap and water, and for at least twenty seconds.

The lyrics for this song and children's guides on handwashing will go in all bathrooms.

Individual face cloths or disposable wipes are used at meal times, face cloths will be washed after each use on a 60-degree wash cycle.

Staff must wash their hands before preparing or serving food even if wearing gloves.

2.3 Personal Protective Equipment (PPE)

In line with recommendations from the Department for Education and Public Health England.

PPE will be worn as follows:

The practitioner welcoming children may wear a face covering and disposable apron. Long sleeves should be rolled to their elbow to allow good handwashing before and after registration and throughout if necessary. (see registration procedures)

In the event of a child showing symptoms of COVID-19 during the day the person supporting this child will need to wear a disposable apron, disposable gloves, a disposable face mask and a face shield. (see How to isolate a child)

2.4 Social Distancing and further measures to protect from infection

2.41 Managing Registration Times at Pickup and Drop off

Managing Registration Times at Pickup and Drop off

1. Parents will be given a registration slot to prevent too many parents arriving at once.

Drop off Registration will last between 0900 and 0930 or 1200 and 1230

Pickup Registration will last between 1145 and 1200 or 1400 and 1500

2. Only one adult per child is to attend the setting to drop off or collect. Parents will not be permitted to enter the nursery.

3. Parents will drop their child to the exterior gate, parents will be required to adhere to social distancing guidelines if there is a queue outside. Only one parent at a time will be permitted within the garden area. Children who are physically able to walk will be encouraged to walk from their parent/ carer towards the practitioner to ensure social distancing measures between adults are adhered to wherever possible.

Babies and non- walkers can be taken from their parents arms by a practitioner who should then immediately step back 2 metres any communication between parents and practitioners should be

kept to a minimum whilst ensuring sufficient information is shared to ensure we are able to maintain the child's health and wellbeing whilst in our care.

4. The practitioner will sign the child into the setting and the parent should not have any physical contact with the register.

2.42 Regulating movements within the nursey

Signs will be displayed on front doors and in the drop off areas stating: Please do not enter the nursery if you or your child has any COVID-19 symptoms.

- No visitors allowed into the settings.
- Virtual tours may be conducted at a later date with pre-recorded videos and remote meetings with prospective parents with the manager via Zoom.
- Small team rooms will be closed for anything other than food and drink preparation and storage of bags/belongings.
- Office to be limited to two staff at a time.

2.43 Other measures

- Children cannot bring in toys or belongings from home. A bag of spare clothes and nappies can be kept on site and topped up as required, bottles for the youngest children can be kept on site and sterilised between uses.
- Water will be available to children throughout the day, cups will be washed after each use. Children will not be able to bring in a water bottle from home.
- Gardens will be divided into smaller spaces to enable each bubble of children outside play opportunities they will be cleaned each day and each area will be limited to be used by only one group of children.
- Packed Lunches - Packed lunch boxes (where in use) will be wiped with disinfectant and placed on the sanitising trolley at the entrance gate before being stored in the refrigerator until lunchtime.

After School club will be suspended for the foreseeable future to prevent cross infection by children attending multiple groups/rooms. The current government guidance states children should attend just one setting, wherever possible and parents and carers should be encouraged to minimise as far as possible the number of education and childcare setting their child attends.

2.5 Management of practitioners and organisation of groups of children to prevent cross contamination within the nursery

Practitioners will work within an allocated room and will not be moved around the nursery to provide cover. This may mean that one room requires practitioners to work overtime to cover the ratio even when other rooms have spare staff.

Staff will socially distance from each other at all times including during lunchbreaks to minimise the risk of the spread of the virus

In emergencies (for example a staff member is sent home ill) the nursery ratios may need to be met across a site not in an individual room, in such an incident a risk assessment will be conducted to ensure children are safeguarded.

In the event of not being able to safely care for the children the room may need to be closed early for that day.

The kitchen area must be kept separate from the playrooms. The staff from different bubbles should not access this at the same time and wherever possible should ensure all snacks and necessities are within their own playrooms (bubble spaces) prior to children arriving for the day.

Children will not be moved to different rooms for any reason other than if they are displaying Covid_19 symptoms in this instance they will be isolated in the clinic room with a familiar practitioner until their parents arrive to collect them.

The Preschool will be used to care for children 0 – 3 years of age in one bubble and two other bubbles caring for children between 3 and 5 years of age all areas will be partitioned to hold separate bubbles of children that will hold no more than 16 different children throughout the week.

3. Guidance on dealing with suspected or confirmed cases of COVID-19

3.1 What to do if an adult becomes unwell with symptoms of COVID-19

- An adult with symptoms of Covid_19 should leave the nursery immediately and return home. The nursery manager must complete a risk assessment of adult: ratios and safety implications if a member of staff needs to leave with little or no notice. In this instance adult: child ratios may be maintained within the building rather than individual rooms.
- Staff members who develop Covid_19 symptoms must contact the Dove House Absence line to formally inform the HR Department of their absence they must make it clear that they have Covid_19

symptoms and will also need to leave their mobile telephone number to enable DHH to complete an employer referral for Coronavirus testing.

People who become unwell should not to go to their GP, pharmacy, urgent care centre or a hospital.

3.2 If a child becomes unwell with symptoms of COVID-19

The child must be isolated from others in a well-ventilated room (our clinic room has been identified as a suitable space for this purpose with a familiar practitioner who makes all reasonable endeavours to keep their distance from the child, at least 2 metres.

The adult must wear appropriate PPE if a 2-metre distance is not possible

The child's parent would be called to collect the child immediately. The child should be off the nursery premises within thirty minutes of becoming unwell.

Children should be encouraged to avoid touching people, surfaces and objects and be advised to cover their mouth and nose with a disposable tissue when they cough or sneeze and put the tissue in the bin. If no bin is available, put the tissue in a bag or pocket for disposing in a bin later. If you don't have any tissues available, they should cough and sneeze into the crook of their elbow. The room will need to be cleaned once they leave.

If they need to go to the bathroom whilst waiting for medical assistance, social distancing should be maintained and where possible other children should play outside to minimise the risk of the spread of the virus.

Make sure that the children who are old enough know to tell a member of staff if they feel unwell. After the child has left the room used for isolation it will need to be deep cleaned, including any objects/items touched.

3.3 Getting tested

The parent of the child who has symptoms must contact 111 immediately and request a test, a practitioner with symptoms must inform the hospice's Absence line to enable them to complete an employer referral.

If a child or any member of their household shows signs of Covid-19 the child cannot attend the nursery whilst they or their family member awaits the results of a test or for 14 days from the onset of symptoms in this case the entire household must isolate. Where the child or family member test negative the whole household can end their self-isolation. Evidence of a negative result will be requested by the nursery manager before the child's return.

The nursery must be informed of the result as soon as possible to enable appropriate action to be put in place if required.

If any person in a practitioner's household shows signs of COVID-19 where the practitioner does not the family member can be referred via the employer referral scheme to enable the practitioner to return to work if a negative result is confirmed.

If a child or member of staff tests positive for Covid_19 all children and other staff that have come into contact with them must self-isolate for 14 days as specified in Government guidelines. In this instance the other household members of that wider class do not need to self-isolate unless the child, young person or staff member they live with in that group subsequently becomes unwell.

3.4 What to do if a case of COVID-19 is suspected in the nursery

If anyone has been in contact with a suspected case in the nursery, no restrictions or special control measures are required while laboratory test results for COVID-19 are awaited. There is no need to close the setting or send other learners or staff home.

Once the results arrive, those who test negative for COVID-19 will be advised individually about return to nursery. If a person tests positive, then the 'Test and Trace' NHS protocol will take place. This will include all the children and staff member assigned to a 'bubble' to self-isolate for 14 days from the date they were last in contact with the individual who has been tested positive.

3.5 What to do if a case of COVID-19 is confirmed in the nursery

The nursery will need to contact the local Public Health England Health Protection Team to discuss the case, identify people who have been in contact with them and advise on any actions or precautions that should be taken. An assessment of each childcare or education setting will be undertaken by the Health Protection Team with relevant staff. Advice on the management of children and staff will be based on this assessment.

The Health Protection Team will also be in contact with the patient directly to advise on isolation and identifying other contacts and will be in touch with any contacts of the patient to provide them with appropriate advice. In light of the NHS's Test and Trace program, either team may make contact.

Advice on cleaning of communal areas such as playrooms and toilets will be given by the Health Protection Team.

If there is a confirmed case, a risk assessment will be undertaken with advice from the local Health Protection Team.

The room or group that has been affected will be required to close, all practitioners and children within this group will be required to self-isolate for 14 days along with the other members of their household.

In most cases, closure of the whole setting will be unnecessary

3.6 What to do if children or staff in the nursery are contacts of a confirmed case of COVID-19 who was symptomatic

Anyone who has been identified as a 'contact', will be asked to self-isolate for 14 days from the date they were last in contact with the individual who has tested positive.

The definition of a contact includes:

1. A family members or other household members living with you.
2. If you have had any close contact with anyone other than members of your household. Focus being the 48 hours before you developed symptoms and the time since you developed symptoms.
Close contact means:
 - having face-to-face contact with someone (less than 1 metre away)
 - spending more than 15 minutes within 2 metres of someone
 - travelling in a car or other small vehicle with someone (even on a short journey) or close to them on a plane
3. If you work in – or have recently visited – a setting with other people (for example, a GP surgery, a school or a workplace)

4 What to do if children or staff return from travel anywhere else in the world within the last 14 days.

Practitioners or children returning from abroad are required to self-isolate for 14 days upon their return and cannot attend the nursery during this time.

5. Guidance on cleaning after a case of COVID-19 (suspected or confirmed)

Coronavirus symptoms are similar to a flu-like illness and include cough, fever, or shortness of breath. Once symptomatic, all surfaces that the suspected case has come into contact with must be cleaned using disposable cloths and household detergents, according to current recommended workplace legislation and practice.

These include:

- all surfaces and objects which are visibly contaminated with body fluids
- all potentially contaminated high-contact areas such as toilets, door handles, telephones

Public areas where a symptomatic individual has passed through and spent minimal time in (such as corridors) but which are not visibly contaminated with body fluids do not need to be specially cleaned and disinfected. If a person becomes ill in a shared space, these should be cleaned as detailed above.

5.1 Disposing of waste in the nursery including tissues, if children or practitioners becomes unwell with suspected COVID-19

All waste that has been in contact with the individual, including used tissues and PPE, should be put in a plastic rubbish bag and tied when full. The plastic bag should then be placed in a second bin bag and tied. It should be put in a safe place and marked for storage until the result is available. If the individual tests negative, this can be put in the normal waste.

Should the individual test positive, the waste will be stored for 72 hours before disposal.

Guidance to assist professionals

As COVID-19 has only been recently identified, guidance to support professionals is regularly being updated or published. Up-to-date advice can be found through the following links

Coronavirus (COVID-19): latest information and advice: <https://www.gov.uk/coronavirus>

Guidance for educational settings <https://www.gov.uk/coronavirus/education-and-childcare>

Guidance for parents <https://www.gov.uk/government/publications/closure-of-educational-settings-information-for-parents-and-carers>

Guidance for employers and business <https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19>

<https://www.acas.org.uk/coronavirus>

Call NHS 111

PHE South London Health Protection Team Floor 3C Skipton House, 80 London Road London SE1 6LH

phe.slhpt@nhs.net; slhpt.oncall@phe.gov.uk

Phone: 0344 326 2052

Appendix 3: Extremely Vulnerable (Shielded Group)

Clinically extremely vulnerable people may include the following people. Disease severity, history or treatment levels will also affect who is in the group.

1. Solid organ transplant recipients.
2. People with specific cancers:
 - people with cancer who are undergoing active chemotherapy
 - people with lung cancer who are undergoing radical radiotherapy
 - people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
 - people having immunotherapy or other continuing antibody treatments for cancer
 - people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
 - people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
3. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD).
4. People with rare diseases that significantly increase the risk of infections (such as SCID, homozygous sickle cell).
5. People on immunosuppression therapies sufficient to significantly increase risk of infection.
6. Women who are pregnant with significant heart disease, congenital or acquired.

People who fall in this group should have been contacted to tell them they are clinically extremely vulnerable.

Taken from <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>

Appendix 4: Clinically Vulnerable Group

Clinically vulnerable people are those who are:

1. aged 70 or older (regardless of medical conditions)
2. under 70 with an underlying health condition listed below (that is, anyone instructed to get a flu jab each year on medical grounds):
3. chronic (long-term) mild to moderate respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis
4. chronic heart disease, such as heart failure
5. chronic kidney disease
6. chronic liver disease, such as hepatitis
7. chronic neurological conditions, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), or cerebral palsy
8. diabetes
9. a weakened immune system as the result of certain conditions, treatments like chemotherapy, or medicines such as steroid tablets
10. being seriously overweight (a body mass index (BMI) of 40 or above)
11. pregnant women

Those in this group are advised to stay at home as much as possible and, if you do go out, take particular care to minimise contact with others outside your household.

Taken from <https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing#clinically-vulnerable-people>

Appendix 5: COVID 19 RISK ASSESSMENT: Extremely vulnerable group (Shielding)

Date of Assessment: 09/06/2020

Assessed by: David Carrick, Health & Safety Manager, and Andrew Walker, Director of HR

Hazards	Risk of catching virus
<p>Who is at risk of catching the virus</p>	<ol style="list-style-type: none"> 1. Solid organ transplant recipients. 2. People with specific cancers: <ul style="list-style-type: none"> • people with cancer who are undergoing active chemotherapy • people with lung cancer who are undergoing radical radiotherapy • people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment • people having immunotherapy or other continuing antibody treatments for cancer • people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors • people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs 3. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD). 4. People with rare diseases that significantly increase the risk of infections (such as SCID, homozygous sickle cell). 5. People on immunosuppression therapies sufficient to significantly increase risk of infection. 6. Women who are pregnant with significant heart disease, congenital or acquired.
<p>Controls</p>	<ol style="list-style-type: none"> 1. To work from home if possible. <p style="color: red;">At the current time, the guidance remains that this group is strongly advised to stay at home at all times and avoid any face to face contact. All below to apply when the government guidelines change to advise those in this group that they may return to work.</p> <ol style="list-style-type: none"> 2. Before returning to work, following government guidelines, to attend a welfare meeting with line manager. 3. To discuss a possible phased return to work over a few shifts/weeks. 4. To consider moving individual to a lower risk work area within work setting to enable them to stay 2 metres away from others. If this isn't possible, to assess whether this involves an acceptable level of risk taking individual and role specific factors into account. Alternative roles to be considered. 5. Given priority in accessing COVID-19 testing if showing symptoms. 6. If on medication, to inform your line manager of this, any side effects experienced and if any changes are made.

	7. To follow the COVID-19 risk assessment generated for your work area which applies to all staff.
Further controls	1. For individuals to bring to the attention of their line manager, any health concern they have that may affect their safety at work. If line manager is unavailable, to contact a member of the HR team.
Risk	Med

Appendix 6: COVID 19 RISK ASSESSMENT: Clinically vulnerable group

Date of Assessment: 09/06/2020

Assessed by: David Carrick, Health & Safety Manager, and Andrew Walker, Director of HR

Hazards	
Who is at risk of catching the virus	Risk of catching virus <ol style="list-style-type: none">1. aged 70 or older (regardless of medical conditions)2. chronic (long-term) mild to moderate respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis3. chronic heart disease, such as heart failure4. chronic kidney disease5. chronic liver disease, such as hepatitis6. chronic neurological conditions, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), or cerebral palsy7. diabetes8. a weakened immune system as the result of certain conditions, treatments like chemotherapy, or medicines such as steroid tablets9. being seriously overweight (a body mass index (BMI) of 40 or above)10. pregnant women
Controls	<ol style="list-style-type: none">1. To work from home if possible.2. To consider moving individual to a lower risk work area within work setting to enable them to stay 2 metres away from others. If this isn't possible, to assess whether this involves an acceptable level of risk taking individual and role specific factors into account. Alternative roles to be considered.3. Given priority in accessing COVID-19 testing if showing symptoms.4. If on medication, to inform your line manager of this, any side effects experienced and if any changes are made.5. To follow the COVID-19 risk assessment generated for your work area which applies to all staff.
Further controls	<ol style="list-style-type: none">1. For individuals to bring to the attention of their line manager, any health concern they have that may affect their safety at work. If line manager is unavailable, to contact a member of the HR team.
Risk	Med

If you do not have any of the medical conditions listed above, however live with someone who does, normal social distancing and hygiene measures should be adhered to.

If you do not have any of the medical conditions listed above, however live with someone is 'Extremely Vulnerable' (Shielding), this risk assessment will also apply to you (where applicable)

Appendix 7: COVID 19 RISK ASSESSMENT: Black, Asian or Minority Ethnic (BAME) individuals

Date of Assessment: 09/06/2020

Assessed by: David Carrick, Health & Safety Manager, and Andrew Walker, Director of HR

Risk of catching virus	
Hazards	Risk of catching virus
Who is at risk of catching the virus	1. Black, Asian or Minority Ethnic (BAME) individuals Emerging evidence shows that black and minority ethnic (BME) communities are disproportionately affected by COVID-19. https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/risk-assessments-for-staff
Controls	1. For individual to inform their line manager if they have any underlying health conditions as outlined in the 'Extremely vulnerable group' or 'Clinically vulnerable group' and that the associated control measures (as described in the risk assessment for both groups) are adhered too. 2. Given priority in accessing COVID-19 testing if showing symptoms. 3. To follow the COVID-19 risk assessment generated for your work area which applies to all staff. 4. For individuals in a clinical setting, to receive PPE training as a priority.
Further controls	1. For individuals to bring to the attention of their line manager, any health concern they have that may affect their safety at work. If line manager is unavailable, to contact a member of the HR team.
Risk	Med

Appendix 8: Recent photos' of Little Owls @ Ainthorpe







