Guide

The COVID-19 epidemic: Guide to infection control for kindergartens

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1 Introduction

This guide gives advice and support to kindergartens which are open during the coronavirus outbreak (COVID-19). The guide is in addition to existing rules and guidelines set out in the “Regulation relating to environmental health in kindergartens and schools, etc.” (Forskrift om miljørettet helsevern i barnehager og skoler m.v.)\(^1\)\(^2\). The development of the outbreak and practical considerations may render it necessary for changes to be made.

It is the kindergarten owner that is responsible for ensuring that the kindergarten is managed in accordance with applicable laws and regulations\(^1\). The kindergarten owner is therefore responsible for ensuring that the kindergarten is managed in a way which addresses the need for infection control and for ensuring that internal control routines are established in accordance with applicable regulations. However, it is important to stress the need for everyone to contribute to the appropriate management of kindergartens as regards infection control.

The guide is based around the applicable framework conditions, regulations and funding.

This guide has been prepared by the Norwegian Institute of Public Health and the Norwegian Directorate of Education and Training. The guide was prepared on behalf of the Ministry of Education and Research and the Ministry of Health and Care Services, via the Norwegian Directorate of Health.

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\(^1\) [https://lovdata.no/dokument/SF/forskrift/1995-12-01-928](https://lovdata.no/dokument/SF/forskrift/1995-12-01-928)

\(^2\) [https://www.helsedirektoratet.no/veiledere/miljo-og-helse-i-barnehagen](https://www.helsedirektoratet.no/veiledere/miljo-og-helse-i-barnehagen)

\(^3\) See Section 7 of the Day Care Institutions Act (barnehageloven)
## Change log

| 4th edition (28 September 2020) | • The role of the kindergarten in outbreaks and infection tracking  
• Clarification of advice for staff  
• Advice on safeguarding of vulnerable children  
• Clarification of certain advice, including information concerning face masks and ventilation  
• Deleted detailed information about symptoms, the virus and the disease, when people can attend school, flowchart for dealing with sick people at kindergarten, and vulnerable categories. Reference to the Norwegian Institute of Public Health’s website for updated information  
• Abbreviated information about children and adolescents with chronic diseases and conditions. Reference to the Norwegian Society of Pediatricians’ website |
|---|---|
| 3rd edition (29 May 2020) | • Introduction of a traffic light model to adapt social distancing measures  
• Improved advice regarding gentle hand washing  
• Advice concerning familiarisation at kindergartens |
| 2nd edition (7 May 2020) | • Advice concerning the cleaning of outdoor toys  
• More examples of cohort organisation  
• Clarification of certain advice |
2 Background

In spring 2020, a global outbreak of the coronavirus SARS-CoV-2 led to the implementation of a series of strict measures to limit the spread of the virus through infection. All schools and kindergartens were closed from 13 March. The measures were reviewed on an ongoing basis, and on 7 April, the government decided that kindergartens and schools should be gradually reopened. The Norwegian Institute of Public Health (NIPH) and the Directorate of Education and Training (NDET) prepared a guide to infection control in connection with the reopening. This guide provides insight and examples of how the kindergarten day can be organised while at the same time ensuring that infection control measures are implemented.

2.1 The role of kindergartens in the community

Kindergartens play a crucial role in children’s care and development. They are also vital to the structure of society, as they enable parents and guardians to go to work. Kindergarten staff therefore also play a pivotal role in caring for the children in a pandemic situation. The outbreak could last for a long time, depending on the infection control measures which are implemented within the population at large. It is therefore vital that children are able to attend kindergarten during the outbreak period, and that infection control measures are implemented covering both children and staff alike. To limit the spread of infection during the controlled reopening of kindergartens, there are a number of measures that kindergartens can implement.

2.2 About the virus, the disease and the outbreak

The disease COVID-19 is caused by the SARS-CoV-2 virus, commonly known as novel coronavirus. The virus can cause respiratory infection of varying degrees of severity. It is mainly transmitted via droplet infection, through the virus from the respiratory tract of an infected person spreading to another person via small droplets during coughing, sneezing, etc. Infection can also occur if you get droplets from your respiratory tract on your hands or objects which other people then touch (contact infection). The virus is killed by washing with soap and water and by disinfection with alcohol or temperatures above 60°C. The virus is also inactivated by sunlight.

For more information, visit the National Institute of Public Health’s website on coronavirus.

2.3 The role of children in the outbreak

Our current knowledge indicates that children do not play as important a role in the spreading of COVID-19 amongst the general population as adults.

Children can still become infected and experience symptoms. It is primarily children and adults with symptoms who are contagious, and the contagiousness is greatest when the symptoms are developing. As children tend to experience milder symptoms than adults, they are also believed to be less infectious.

There is no evidence to suggest that the infection rate is higher in kindergartens and schools than elsewhere in society. See the assessment of the knowledge base on the Norwegian Institute of Public Health’s website.
The overall negative effects of keeping kindergartens and schools closed are enormous. Any benefits of closing schools in order to limit infection must therefore be given particularly careful consideration. Children and adolescents should generally be the subject of limited measures.

2.4 The role of the kindergarten in outbreaks and infection tracking

The municipal health service is responsible for following up confirmed cases of COVID-19 (infection tracking) and for notifying the kindergarten if children or staff test positive for the disease. The municipal health service is also responsible for determining the measures that are necessary and for defining who is a close contact of an infected person. The kindergarten’s contribution is also vital:

- The kindergarten should have contingency plans in place for rapid transition to red level. This transition can be implemented rapidly if cases of infection are detected among children or staff, and the municipal or national authorities decide that it is necessary to raise the level.

- The kindergarten should be able to help by providing an overview of close contacts. Requirements regarding confidentiality and data protection must be complied with.

- The municipal health service and kindergarten owner must work together to decide who should inform the various groups (parents/guardians, teachers and any others) and how. It is important to include cover staff and temporary employees when information is disseminated, as well as people in other municipalities who are affiliated to the kindergarten where infection has occurred.

- The kindergarten must inform the municipal health service if any interpreters are required.

- It is important to provide everyone concerned with sufficient information, while complying with applicable confidentiality and data protection requirements.

2.5 Support of vulnerable children and adolescents during the pandemic

Kindergartens and schools play a pivotal role in identifying and supporting vulnerable children and adolescents. They are also important for the cooperation between the health service and the school health service, the Educational and Psychological Counselling Service (PPT), GPs, the child welfare service, mental health services, etc.

Some children have already been identified as having special needs, while others may need special support as a result of the infection control measures. The measures can lead to social isolation as a result of both fewer opportunities for recreation and social interaction generally and/or a lack of continuity in teaching/kindergarten attendance due to quarantine amongst children and/or staff. There will also be higher levels of absence than normal as a result of the current advice concerning absence in the event of respiratory symptoms.

When the kindergarten is closed or has reduced opening hours or attendance times due to measures under the Infection Control Act, the kindergarten owner must ensure that children with special needs have access to appropriate teaching and support during the daytime. The
kindergarten owner must always consider whether children who receive special educational assistance should be offered support by the kindergarten. In addition, there may be children who cannot be safeguarded when the kindergarten is either closed or subject to reduced opening hours or attendance times, e.g. children living in unsafe family circumstances.

It is also important to consider children who would not be vulnerable under normal circumstances. The kindergarten owner is responsible for reviewing and assessing who should be offered support. Parents and pupils should therefore not have to request such services.
Kindergartens must:

- establish good routines for cooperation with the health service, Educational and Psychological Counselling Service (PPT), the child welfare service and other municipal services in order to obtain an overview of the children and adolescents who are in need of support for health, personal, social or emotional reasons.
- draw up plans concerning how they can ensure that children are offered appropriate kindergarten provision.
- establish routines and cooperation with relevant services to ensure the follow-up of children with high absence rates.
3 Infection prevention measures

Many measures are being implemented throughout society which are collectively limiting the spread of infection. It is important to use measures which are appropriate for the situation concerned. It is therefore not always possible to use exactly the same measures in kindergartens, businesses and the population at large. Here, we describe measures to limit the spread of infection amongst kindergarten children and staff. It is not necessary to implement any measures over and above those described here, unless determined otherwise by local or national authorities.

The disease will continue to occur for as long as the virus is circulating in society; it is not possible to prevent every single new case. This means that infection may enter a kindergarten, but the measures described here will limit the spread of infection among children and staff. It is important not to place the blame on particular individuals.

The aim of the advice is to limit the spread of COVID-19. The three cornerstones for slowing the spread of infection are:

1. No one who is ill should enter a kindergarten
2. Practise good hygiene
3. Follow social distancing rules

The most important infection control measure is for infected people to stay at home. Good cough etiquette and social distancing are essential for limiting droplet infection, while hand hygiene, particularly avoiding touching your face with dirty hands, is important to prevent contact infection. Maintaining a greater physical distance between people reduces the risk of infection, even before symptoms develop.

3.1 Subdivision of infection control measures into levels (traffic light model)

It will be necessary to adapt the infection control measures according to the local situation with regard to both infection and outbreak management as a whole. This is done for kindergartens and schools by dividing the measures into levels using a traffic light model, with green, yellow and red levels. The measures vary from normal organisation of the kindergarten day and play (green level), to more comprehensive measures with small, fixed groups of children and staff (red level). The differences between the three levels particularly concern the measures to ensure social distancing (section 3.4).

The municipal health service possesses infection control expertise and can be consulted regarding questions about organisation and facilitation at local level. The infection control authorities are responsible for deciding what level the measures should be set at according to the traffic light model. Local reductions in levels from the national level are currently not permitted.

Table 1 presents the key features of the traffic light model for kindergartens. More detailed information is provided below.

Table 1. Traffic light model for kindergartens

<table>
<thead>
<tr>
<th>Kindergartens</th>
<th>Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green level</td>
<td>1. No one who is ill should enter kindergartens</td>
</tr>
<tr>
<td></td>
<td>2. Practise good hygiene and normal cleanliness</td>
</tr>
</tbody>
</table>
3. Social distancing measures:
Avoid physical contact between staff (handshakes and hugging).
Normal organisation of groups and the kindergarten day.

<table>
<thead>
<tr>
<th>Yellow level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. No one who is ill should enter kindergartens</td>
</tr>
<tr>
<td>2. Good hygiene and extra cleaning</td>
</tr>
<tr>
<td>3. Social distancing measures: Avoid physical contact between staff (handshakes and hugging). Whole groups are considered to constitute a cohort*. Designated member of staff per cohort* Avoid congestion and crowding Social distancing must be maintained between cohorts* where possible Divide outdoor areas into zones in order to maintain social distancing between cohorts*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Red level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. No one who is ill should enter kindergartens</td>
</tr>
<tr>
<td>2. Good hygiene and extra cleaning</td>
</tr>
<tr>
<td>3. Social distancing measures: Avoid physical contact between staff (handshakes and hugging). Divide the children into smaller cohorts* Designated member of staff per cohort* Avoid congestion and crowding Maintain a safe distance between cohorts* which are not working together Divide outdoor areas into zones in order to maintain social distancing between cohorts* Consider staggering the start and end of the school day for the children</td>
</tr>
</tbody>
</table>

* A fixed group of children and staff is called a "cohort". This term is used to highlight the fact that the purpose of the organisation is to limit infection. At kindergartens, the use of cohorts will be the most important starting point for limiting the spread of infection and tracking any infections, and is recommended for use at yellow and red levels. Cohort sizes can be adapted to local circumstances and the individual kindergarten’s circumstances. Cohorts must interact with other cohorts as little as possible. Within a cohort, children and staff can socialise normally.

3.2 No one who is ill should enter a kindergarten

No one should attend kindergarten if they are ill. This applies at green, yellow and red levels.

The symptoms of COVID-19, particularly in children, can be mild and difficult to distinguish from other respiratory infections. It is primarily people with symptoms who are contagious, and they are most contagious while their symptoms are developing. This is also why it is important to pay attention to symptoms that have developed recently, while residual symptoms following a respiratory infection are of lesser importance as regards infectiousness.
More information about symptoms, the clinical picture and when it is possible to attend school can be found on the Norwegian Institute of Public Health's website (adults here and children here).

3.2.1 When must children, parents/guardians and staff not enter a kindergarten?

It is important that parents/guardians are notified and understand the reasons why children who are experiencing symptoms of respiratory infection should not attend school/kindergarten.

Children and staff with respiratory symptoms:
- Children and staff with recently developed respiratory symptoms and/or general malaise must not attend kindergarten, even if their symptoms are mild. The Norwegian Institute of Public Health's website provides up-to-date advice on infected adults and children.
- They should stay at home until they have recovered. Children and staff may return to kindergarten when they appear healthy and free from fever, even if they are experiencing some symptoms of respiratory infection (some nasal mucus, blocked nose and mild cough).

Children or staff in isolation or quarantine:
- Children, parents/guardians and staff are expected not to go to the kindergarten if they are in quarantine or isolation. The kindergarten is not responsible for identifying who needs to go into isolation or quarantine. For more information, visit the National Institute of Public Health’s website.

3.2.2 When disease arises at a kindergarten

It is important that children who are experiencing symptoms of respiratory infection are collected as soon as possible. Sick children must then wait in a separate room together with a member of staff or outside where there are no other children around. Staff must take into account the child’s age and care needs, but should remain 1-2 metres away from the child where possible. If it is not possible to maintain a safe distance, the adult may put on a face mask if necessary/appropriate. The person minding the child must wash their hands. The room, toilet and other areas where the child has been must be cleaned afterwards. It is sufficient to use ordinary detergents.

Staff members who fall ill while at kindergarten must travel home as soon as possible. Sick staff members should not travel on public transport. Sick staff members should wear a face mask to reduce the spreading of infection if they are unable to maintain a distance of two metres away from other people.

3.2.3 What if someone in the household of a child or member of staff becomes ill?

If a household member has symptoms of respiratory infection but has not been confirmed as having COVID-19, the child/staff member may attend/enter the kindergarten in the normal way.

3.2.4 If a member of a child’s/staff member’s household has confirmed COVID-19

If someone in the household has been confirmed as having COVID-19, close contacts must be kept in quarantine in accordance with the advice issued by the health authorities. No one who is in quarantine themselves must attend the kindergarten.
3.3 Practise good hygiene

3.3.1 Good hand and respiratory hygiene

Hand washing and good cough hygiene are important at green, yellow and red levels.

Good hand and cough respiratory hygiene (cough etiquette) reduce infection in connection with all respiratory infections, including COVID-19 infection. These measures reducing infection both via objects and hands and via coughing.

Hygiene measures must be carried out frequently by everyone, regardless of what they know about their infection status or that of other people around them. Both the staff and children at a kindergarten must receive good training on hygiene measures. Hand washing by children should generally be supervised by an adult. Procedures should be created which the children find enjoyable to follow.

The wearing of dedicated workwear is not necessary and normal washing of personal clothing is sufficient. Gloves may be worn in the normal way during nappy changes.

Hand hygiene:

Good hand hygiene should be practised in the right way, at the right time and using effective and gentle products. Good facilities and good procedures are essential for compliance.

Pupils and staff must wash/disinfect their hands:

- When arriving at kindergarten
- Before meals/handling food
- After going to the toilet/nappy changes
- When their hands are visibly dirty (e.g. when coming in with visibly dirty hands after playing outdoors)
- After contact with bodily fluids (e.g. after blowing their nose or wiping away tears)
- After contact with animals

Both hand washing and alcohol-based hand disinfection are usually effective. Hand washing with soap and water is normally recommended. Hands can be dried using disposable paper towels or an air dryer.

Alcohol-based hand disinfectants can readily be made available and are kind to the skin. They can therefore be a good alternative to hand washing, but they are less effective on wet or visibly dirty hands. It is not necessary to carry out both hand washing and hand disinfection, as this can lead to skin irritation. Either is sufficient.

If your hands are visibly dirty and no soap and water are available, you can use wet wipes to wash your hands, possibly followed by hand disinfection (e.g. when you are outdoors).

Table 2. How hand hygiene should be practised.

<table>
<thead>
<tr>
<th>Hand washing</th>
<th>Hand sanitiser</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Moisten your hands in lukewarm water</td>
<td>• Apply hand sanitiser to your hands</td>
</tr>
<tr>
<td>• Apply soap (unperfumed, pH &lt; 5.5)</td>
<td>• Spread the sanitiser well on both hands and gently rub into the skin</td>
</tr>
<tr>
<td></td>
<td>• Once your hands are dry, they are clean</td>
</tr>
</tbody>
</table>
Rub your hands together to spread the soap so that it covers all hand surfaces.

- Rinse your hands well
- Pat-dry your hands using paper towels (do not rub your hands together; this will make you hands sore)
- Turn off the tap using a disposable paper towel

Skincare:
You should moisturise your skin when necessary. If using shared tubes, make sure that the opening of the tube does not come into contact with skin or objects during use so that the cream does not become contaminated.

For more advice on hand hygiene, including product selection, procedures and skincare, see the Norwegian Institute of Public Health’s website.

Cough hygiene:
- It is recommended that paper towels be provided in a readily accessible place for use by children/staff. If paper towels are not available, it is recommended that pupils/staff cough or sneeze into their elbow when necessary.
- Avoid touching your face or eyes. This can be difficult for young children, but older children and staff should be encouraged to follow this advice.

Nappy changing:
- Disposable gloves must be worn during nappy changes.
- Wash hands with soap and water after removing disposable gloves.
- Nappies should be placed in a bag and then discarded with other ordinary refuse or in a separate nappy bucket.

3.3.2 Wearing of face masks
It is not necessary to wear a face mask in kindergarten. However, the kindergarten should have face masks available for use if staff fall ill and it is not possible to maintain a safe distance. See the advice on the Norwegian Institute of Public Health’s website.

Children under two years of age should not wear a face mask, as it can hinder breathing/block their airways. Covering a young child’s face is a known risk factor in cot deaths.

Children aged 2 to 13 years should not wear a face mask in the current infection situation, not even in areas with rising infection rates. This is in line with the recommendations issued by the WHO. This is because there is no evidence to suggest that children play an important role in the spreading of infection, and because children find it more difficult to comply with correct face mask use.

It is also not recommended that staff wear a face mask. It is recommended that staff members who are at greater risk of developing severe COVID-19 symptoms contact their GP and employer if their workplace needs to be adapted (see section 4.2).
3.3.3 Good cleanliness

3.3.3.1 Green level
At green level, normal cleaning will be sufficient. Novel coronavirus is easily removed by manual cleaning using water and ordinary detergents.

3.3.3.2 Yellow and red level
More thorough and frequent cleaning is recommended at yellow and red level. The kindergarten owner should review procedures and local cleaning plans, and make any necessary adjustments (organisation, responsibility and resource requirements).

The virus can survive for anything between a few hours and a few days, depending on the type of surface, temperature, sunlight and other factors. Thorough and frequent cleaning is therefore important in order to prevent infection.

Extra cleaning in exposed areas is important:
• Toilets and washbasins must be cleaned at least daily.
• Disposable paper towels and soap should be provided and refuse bins must be emptied regularly.
• Potties must be cleaned after use.
• Dining tables must be cleaned using water and soap after use.
• Door handles, stair banisters, chairs, other table surfaces and other items that are often touched must be cleaned frequently, at least daily.
• Toys, tablets and computers/keyboards must also be cleaned, at least daily.
• Reduce the number of toys in order to make cleaning more feasible.
• Toys which are exclusively used by one cohort need not be cleaned daily.
• As an alternative to daily cleaning, toys can also be tidied away ("quarantined") for two to three days before they are reused.
• Bed linen must be kept separate, name-tagged and washed in accordance with the instructions.
• Tableware and cutlery must be washed in a dishwasher in accordance with the applicable procedures.

It is not necessary to use additional protective equipment when cleaning. Wash hands after cleaning has been carried out, even if gloves have been worn.

It is not necessary to use disinfectants routinely at kindergartens. However, if disinfectants are used, visible dirt must first be wiped off using a cloth or paper towel; otherwise, the disinfectant will not work. Alcohol- and chlorine-based disinfectants may be used.

It is not necessary to clean outdoor play equipment or toys which are used outdoors. The most important consideration is to wash your hands before and after playing outdoors, and before eating. The virus is also inactivated by sunlight.

Changes of clothing must be kept in the changing rooms in accordance with normal routines. Private buggies may be stored at the kindergarten in the normal way.
3.4 Follow social distancing rules

Social distancing will reduce the risk of infection from people who do not know they are contagious. The overriding goal of social distancing measures is to limit the spread of infection between people and to limit the number of contacts. To achieve this, you can increase the distance between people and/or reduce the number of people who are close together.

It is important to stress that staff will continue to attend to the children’s needs regarding contact and care.

Major events must be organised in accordance with the applicable guidelines issued by the Norwegian Institute of Public Health and the Directorate of Health.

About cohorts

As regards children at kindergartens, where it can be difficult to control the distance they maintain from each other, the most important measure will be to limit the number of close contacts of each pupil and staff member by having fixed groups (cohorts) and designated staff for each cohort. Reduced contact between cohorts will also limit the spread of infection. It will also make the task of infection tracking easier and prevent the entire kindergarten from having to close when a child or staff member is confirmed as being infected.

More contact is permitted between children than between adults because they do not play such an important role in the spreading of infection.

Cohort sizes can be adapted to local circumstances and the individual kindergarten’s circumstances. Cohorts must have as little interaction with other cohorts as possible. Within a cohort, children and staff can socialise and play together.

Two cohorts can work together if necessary for practical purposes during the day and so that staff can have a break. Such cooperation can take place outdoors where possible (joint outdoor play, excursions and sports).

Cohorts which are not working together can take it in turns to use outdoor areas and the areas need not be cleaned in connection with each changeover. Cohorts which are not working together but are outdoors at the same time should preferably use separate outdoor areas.

**Organisation of cohorts:**

- A group is considered to be a cohort.

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• At kindergartens with flexible grouping (*basebarnehager*), children should be divided into groups.
• Designated member of staff per group/cohort.
• Two cohorts can work together for practical reasons during the kindergarten day (preferably outdoors).
• The cohorts can pass each other and be in the same room for limited periods of time (up to 15 minutes).
• Cohorts that are not working together can stay in the same room together, provided that a distance of at least 2 metres can be maintained between the cohorts over a prolonged period of time.
• Cohorts which are not working together should use separate outdoor play areas. They can take it in turns to use outdoor areas and the areas need not be cleaned in connection with each changeover.
• Several cohorts can be outdoors at the same time. To maintain a safe distance between cohorts, play areas can be divided into zones.
• The composition of cohorts can be altered weekly after each weekend.

**Staff**

Staff members should keep at least one metre away from other members of staff throughout the working day. If a member of staff becomes infected, measures must then be implemented to ensure that other staff members do not become infected or have to go into quarantine, and ensure that absence levels do not impact on kindergarten provision. The kindergarten’s management must consider how many staff members may be present, depending on the floor area that is available in offices, communal areas, etc. See also the Advice for workplaces for advice on infection prevention in the workplace.

Kindergartens are encouraged to limit contact between staff members who do not naturally work together, wherever possible. The use of assistants and specialist personnel can represent a particular challenge in that, through their role, they often come into contact with both children and other staff members across departments.

3.4.1 Green level

**Physical contact:**
• The children’s need for closeness and care must be addressed.

**Organisation of cohorts:**
• Children do not need to be divided into cohorts.

**Limit the sharing of food and items:**
• Children should not share food and drink.

**For staff:**
• Avoid physical contact between staff (handshakes and hugging).
• Special services (Educational and Psychological Counselling Service, speech therapists and others) must follow basic infection control procedures in accordance with the applicable recommendations (good hand and respiratory hygiene, do not go to work when ill, etc.), but can otherwise perform their work in the normal way.
3.4.2 Yellow level

The overriding goal at yellow and red levels is for children and staff to have a limited number of contacts and to keep track of them.

Physical contact:
- The children’s need for closeness and care must be addressed.

Organisation of cohorts:
- A group is considered to be a cohort.
- At kindergartens with flexible grouping, children should be divided into groups corresponding to the size of a group with children of the same age.
- Designated member of staff per group/cohoot.
- The composition of cohorts can be altered weekly after each weekend.
- Two cohorts may work together for practical reasons during the day. Cooperation can take place outdoors where possible.
- Indoors, cohorts not working together may pass each other and remain in the same room for limited periods of time (up to 15 minutes). However, cohorts may remain in the same room for longer periods of time, provided there is a minimum distance of two metres between them at all times.
- Cohorts (which are not working together) should use separate outdoors play areas. Either they can take it in turns to use the outdoor areas, or the outdoor areas can be divided into zones. The outdoor areas need not be cleaned.

Density in groups:
- Avoid congestion on the way in and out of the kindergarten and in changing rooms and toilets.
- Parents/guardians must remain one metre away from staff and other parents/guardians.
- Make greater use of outdoor time.

At the start and end of the day:
- The use of public transport to and from the kindergarten should be limited as much as possible.

Limit the sharing of food and items:
- Children should not share food and drink.
- Food may be prepared at the kindergarten in accordance with normal guidelines. There is no evidence to suggest that COVID-19 infection can be passed through food.
- Children should eat in their cohorts. In the case of shared canteens, cohorts should eat at different times. Tables and chairs should be cleaned after each group.
- Limit the sharing of equipment between cohorts (for example drawing equipment, scissors, erasers, pencil sharpeners, tablets, etc.).
- Toys should not be shared between cohorts until they have been cleaned.
- Toys should not be brought from home. Soft toys, etc. must be limited to individual children, for example during sleep.

Specifically for staff:
- Avoid physical contact between staff (handshakes and hugging).
- Maintain a safe distance (at least one metre) from colleagues in all situations.
• Limit the use of public transport during rush hour to and from the workplace wherever possible. Follow local recommendations concerning the wearing of face masks.

• Consider holding digital meetings instead of physical meetings where possible.

• In the event of staff absence, temporary cover staff may be required or staff may need to be reassigned between cohorts. This can be done as and when necessary, but reassignments should be limited as much as possible.

• Permanent or temporary staff who work at a number of kindergartens must undergo training concerning the applicable local procedures that apply at each kindergarten. Staff should avoid working at different kindergartens on the same day wherever possible.

• Special services (Educational and Psychological Counselling Service, speech therapists and others) must follow basic infection control procedures in accordance with the applicable recommendations (good hand and respiratory hygiene, do not go to work when ill, etc.), but can otherwise perform their work in the normal way.

3.4.3 Red level

The overriding goal at yellow and red levels is for children and staff to have a limited number of contacts and to keep track of them.

Children should ideally not socialise with many other children in their spare time.

Physical contact:

• The children’s need for closeness and care must be addressed.

Organisation of cohorts:

• Establish small cohorts with children and employees: A cohort could for example be based on the kindergarten’s group-based subdivision (group) and the applicable minimum staffing requirement\(^5\) (at least one employee for every three children under 3 years of age, and at least one employee for every six children over 3 years of age).

• Cohort sizes can be adapted to local circumstances and the size of the group.
  o In the case of practical tasks, consideration may be given to using larger cohorts or having three cohorts working together.
  o In the case of toddler groups, cohorts could consist of up to 4-5 children, while in groups for older children, cohorts could consist of up to 8-10 children.
  o If the number of children in a cohort is increased, the number of cohorts working together should not be increased at the same time, as this would create more contacts between children.
  o Kindergartens must assess the size of cohorts based on the children’s ages, activity levels and needs as regards adult supervision.
  o Families needing access to kindergarten places during full normal opening hours, for example where the parents/guardians are key workers, can be provided for through greater flexibility in terms of cohort affiliation. These children could for example belong to another cohort at the start or end of the day if necessary, but it is still important that they have a limited number of contacts and come into contact with as few cohorts as possible.

\(^5\) See Section 18 of the Day Care Institutions Act (barnehageloven)
Two (or three) cohorts (cohorts 1 and 2) can work together for practical reasons during the kindergarten day and to enable staff to take breaks (indoor and outdoor play, meals, etc.).

- Children in cohort 1 will primarily play with the other children in cohort 1, but there may be some mixing with the children in cohort 2.
- Adults from cohort 1 can provide relief in cohort 2, and vice versa.
- Cohorts 3 and 4 are organised in the same way.
- Cohorts 1 and 2 should not normally mix with cohorts 3 and 4.
- The composition of cohorts can be altered weekly after each weekend.
- Indoors, cohorts not working together may pass each other and remain in the same room for limited periods of time (up to 15 minutes). However, cohorts may remain in the same room for longer periods of time, provided there is a minimum distance of two metres between them at all times.
- Cohorts (which are not working together) should use separate outdoors play areas. Either they can take it in turns to use the outdoor areas, or the outdoor areas can be divided into zones. The outdoor areas need not be cleaned.
- Consider staggering the times when children from different cohorts are outside in order to limit the number of children who are outdoors at the same time.

**Density in groups:**

- Make sure all children have their own chair during mealtimes or activities where they are sitting down.
- Avoid congestion on the way in and out of the kindergarten and in changing rooms and toilets.
- Parents/guardians must remain one metre away from staff and other parents/guardians.
- Make greater use of outdoor time.
- The layout of the premises may impact on the number of children and adults that can be present in the same room.
- Use larger premises wherever necessary and possible.
- Major events must be avoided.

**At the start and end of the day:**

- The use of public transport to and from the kindergarten should be limited as much as possible.
- Review and schedule staggered times for the start and end of the day to avoid congestion in the changing rooms.
- Parents/guardians must not accompany their children onto the kindergarten premises unless absolutely necessary. However, the needs of the child as regards security and wellbeing must come first. Where possible, children can meet staff at the entrance at the start of the day, and parents/guardians can meet at the same location when collecting children. When it is necessary to enter the kindergarten, the parent/guardian must keep their distance from other parents, children and employees.
• Where possible, children can arrive at kindergarten in outdoor clothing so that they are ready to start the day outdoors.

Limit the sharing of food and items:
• Food may be prepared at the kindergarten in accordance with normal guidelines. There is no evidence to suggest that COVID-19 infection can be passed through food.
• Where food is usually prepared at the kindergarten, the children should not be involved in food preparation.
• Children should not share food and drink.
• Children should eat in their cohorts. In the case of shared canteens, cohorts should eat at different times. Tables and chairs should be cleaned after each group.
• Limit the sharing of equipment between cohorts (for example drawing equipment, scissors, erasers, pencil sharpeners, tablets, etc.).
• Toys should not be shared between cohorts until they have been cleaned.
• Toys should not be brought from home. Soft toys, etc. must be limited to individual children, for example during sleep.

Specifically for staff:
• Avoid physical contact between staff (handshakes and hugging).
• Maintain a safe distance (at least one metre) from colleagues in all situations.
• Limit physical meetings and breaks where many people gather. Use digital meetings instead of physical meetings wherever possible.
• Shared tablets, computers/keyboards must be cleaned after use.
• Limit the use of public transport during rush hour to and from the workplace wherever possible. Follow local recommendations concerning the wearing of face masks.
• Permanent or temporary staff who work at a number of kindergartens must undergo training concerning the applicable local procedures that apply at each kindergarten. Staff should avoid working at different kindergartens on the same day wherever possible.
• In the event of staff absence, temporary cover staff may be required or staff may need to be reassigned between cohorts. This can be done when necessary, but reassignments should be limited as much as possible.
• Special services (Educational and Psychological Counselling Service, speech therapists and others) must follow basic infection control procedures in accordance with the applicable recommendations (good hand and respiratory hygiene, do not go to work when ill, etc.), but can otherwise perform their work in the normal way.
4 Is there anything which children and staff must pay particular attention to?

4.1 Children with chronic diseases

Children and adolescents very rarely become seriously ill from novel coronavirus. This also applies to children who already have chronic diseases or conditions. However, some children with a serious illness or condition may be advised not to attend kindergarten as a precaution. However, other factors of importance to the children’s needs must also be taken into account in such cases. The kindergarten and parents/guardians are advised to discuss whether it is possible to make arrangements so that these children can attend kindergarten. Possible measures include, for example, arranging for the child to only attend kindergarten during the outdoor hours or creating small groups around one child (2-3 children).

In consultation with the Norwegian Institute of Public Health, the Norwegian Society of Paediatricians has prepared an overview of various diagnoses in children and adolescents and any special considerations which should be taken into account. The Norwegian Society of Pediatricians believes that the vast majority of children with chronic diseases and/or conditions can and should attend kindergarten or school.

Children and adolescents with chronic diseases or conditions who can attend kindergarten and school in the normal way include:

- Children and adolescents with diabetes
- Children and adolescents with well-controlled asthma
- Children and adolescents with allergies
- Children and adolescents with epilepsy
- Children and adolescents with Down syndrome
- Children and adolescents with heart defects without heart failure
- Children and adolescents with an autoimmune disease who use immunosuppressive therapy and have a stable condition
- Former premature children without significant lung disease
- Children and adolescents with obesity

Categories of children with one or more serious diseases or conditions, where consideration can be given on an individual basis to whether or not there are grounds for the child to be kept at home, are listed on the Norwegian Society of Pediatricians’ website.

As a general rule, there is no basis for siblings of these children to be kept at home.

4.2 Adults (parents/guardians/staff)

Some groups are at greater risk of developing a more severe form of the disease, but most people even in the vulnerable categories only experience mild symptoms. As we have learned more about COVID-19 and the associated risk factors, the advice on who belongs to the vulnerable categories has gradually become more nuanced. The age groups and diseases that may increase the risk level for adults are regularly updated on the Norwegian Institute of Public Health’s website.
Staff belonging to groups at greater risk of developing severe COVID-19 symptoms should be assessed individually with regard to adapted work. Staff being considered for such work must have a medical certificate.

Parents/guardians who are at risk can contact their GP to assess the need for facilitating kindergarten provision in order to further limit the risk of infection in the home. For children with parents/guardians (other people in the household) who are at risk, a dialogue should be established between the kindergarten and the parents/guardians concerning whether it is possible to make suitable arrangements to enable the child to attend kindergarten. Possible measures include, for example, arranging for the child to only attend kindergarten during the outdoor hours or creating small groups around one child (2-3 children). Other factors of importance to the children’s needs must also be taken into account in such cases.
5 Kindergarten familiarisation

Kindergarten familiarisation can be carried out in the normal way at green level. At yellow and red levels, the child and parent/guardian must relate to the cohort to which the child is to be assigned, and the familiarisation should then primarily take place within the child's cohort. Parents/guardians may accompany the child and the cohort to which the child belongs. Parents/guardians should keep at least one metre away from staff, other parents/guardians and other children wherever possible. Children and parents/guardians can get to know the rest of the people at the kindergarten, but preferably when the other children are outdoor.

At red level, only one child per cohort should be familiarised at a time.

6 Training of staff and information for parents/guardians

Staff must be trained to carry out the necessary infection control measures described in this guide. The guide will be supplemented with additional information which can be used in the training of staff.

Parents and guardians must be confident that it is prudent for their children to return to kindergarten. It is therefore important that the kindergarten has a good dialogue with parents and guardians. It is also important that parents and guardians actively contribute to implementing the infection control measures described in this guide. Specific information is being prepared for this group.

For more information on this, see the Norwegian Directorate for Education and Training's website.

6.1 Interaction with parents/guardians and parent meetings

Parents meetings and other events organised by kindergartens are considered to be public events and must be conducted in accordance with the current recommendations for events issued by the Norwegian Institute of Public Health and the Directorate of Health. At red level, we recommend the use of digital meetings. Physical parents meetings and other larger gatherings are not recommended in this case.

Discussions with parents/guardians (personal appraisals) can be conducted at green and yellow levels, subject to normal infection control advice. At red level, the use of digital meetings is recommended. However, face-to-face meetings may be necessary. In such cases, normal infection control advice must be followed.

For information on visits to schools for school starters, please refer to the guide regarding infection control for school years 1-7.
### 7 Checklist for infection control at kindergartens

A checklist is given below for kindergarten managers covering the measures that must be put into place. The measures are described in more detail above. The kindergarten owner is responsible for ensuring that infection control measures are in place, but staff must be familiar with the content and implementation of infection control measures.

<table>
<thead>
<tr>
<th>Measures</th>
<th>Date carried out</th>
<th>Remarks</th>
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</thead>
<tbody>
<tr>
<td><strong>The kindergarten owner’s overriding responsibilities</strong></td>
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<tr>
<td>Draw up contingency plans for rapid transition between different levels of measures in accordance with the traffic light model</td>
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<tr>
<td>Train staff regarding infection control measures by familiarising them with the information given in this guide</td>
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<tr>
<td>Information for parents/guardians concerning new routines at the kindergarten</td>
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<tr>
<td>Draw up a plan for hand washing procedures for children and staff</td>
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<tr>
<td>Prepare written procedure for cleaning</td>
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<tr>
<td>Prepare plan for establishment and organisation of cohorts</td>
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<tr>
<td>Establish a dialogue with any staff who are in a vulnerable category and parents/guardians of children who require special provision</td>
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<tr>
<td>Draw up plans for safeguarding vulnerable children</td>
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<tr>
<td><strong>Hygiene measures</strong></td>
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<tr>
<td>Make sure sufficient soap and paper towels are available at all handwashing stations and toilets</td>
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<tr>
<td>Training of children in handwashing procedures and cough etiquette</td>
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<tr>
<td>Put up posters about handwashing procedures and cough etiquette</td>
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<tr>
<td>Provide alcohol-based disinfectants where no handwashing facilities are available</td>
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<tr>
<td>Plan hand hygiene measures to be applied outside or on excursions (wet wipes and alcohol-based disinfectants)</td>
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<tr>
<td>Use separate waste bins for nappies and gloves for nappy changing</td>
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<tr>
<td><strong>Cleaning (yellow and red levels)</strong></td>
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<tr>
<td>Measures</td>
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<td>Remarks</td>
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<tr>
<td>Draw up a cleaning plan, which describes the frequency and methods to be used.</td>
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<tr>
<td>Draw up a plan for cleaning toys, tablets, etc. Toys and items that cannot be cleaned must be tidied away</td>
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<tr>
<td><strong>Social distancing between people (yellow and red level)</strong></td>
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<tr>
<td>Consider the use of rooms in relation to the number of pupils in cohorts; use larger premises if possible</td>
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<tr>
<td>Plan for outdoor activities, including staggered times for different cohorts</td>
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<tr>
<td>Divide the playground in order to limit the mixing of children from different cohorts</td>
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<tr>
<td>Avoid large gatherings of children</td>
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<tr>
<td>Wherever possible, limit the sharing of equipment such as drawing implements, erasers, scissors and pencil sharpeners</td>
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<tr>
<td>Ensure good routines for meals</td>
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<tr>
<td>Provide a designated seat for each child during meals and activities</td>
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<tr>
<td>Plan to reduce congestion in changing rooms, toilets and on the way into and out of the kindergarten</td>
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<tr>
<td>Review and schedule times for the start and end of the day in order to prevent congestion (staggered drop-off/pick-up times for parents/guardians)</td>
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<tr>
<td>Arrange for children to start the day outdoors</td>
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<tr>
<td>Avoid using public transport for excursions away from the kindergarten</td>
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<tr>
<td><strong>For staff (yellow and red levels)</strong></td>
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<tr>
<td>Limit physical meetings; arrange digital meetings where possible</td>
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<tr>
<td>Maintain social distancing with respect to other staff</td>
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<tr>
<td>Limit use of public transport</td>
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</tbody>
</table>
8 Sources

