

Risking the lives of our youngest children alongside an apparently expendable workforce, for the good of the economy

Tonight for the first time I was too scared to kiss my daughter goodnight. She waited expectantly for the typical ending to her good night routine, duvet pulled up and tucked under her chin, hair cascading down her pillow, blue eyes innocently watching me. I leant forward and then images flashed through my mind forcing me to turn on my heels and call “Goodnight darling, I love you”, closing the quickly door behind me. With hindsight, this was probably the best thing that I could have done as she was immediately distracted from the non-demonstrative farewell due to the flood of indignation which consumed her when she realised to her horror that I had just plunged her into darkness.

COVID is getting ever closer, circling our happy home and I know that when it does make its grand entrance (and I have no doubt that it will), it will be because I have brought it into our household. Me going to work is the only reason any of my family go out. Our shopping is delivered and even my daughter has mastered hide and seek by Skype with her cousin. My husband works in the living room delivering technical support for an engineering software company. Beside him sits my twelve year old son who struggles with the organisation of online live learning without support. My 14 year old is self-sufficient and manages his learning without much issue. My nine year old joins the lounge classroom, apparently regularly interrupting important business calls with “I don’t understand!” But I would not send my child into school, regardless of their age. The risk is too great. Afterall there is always time for learning, but there is no way to raise the dead.

But this is not about fear, this is about having no status, no recognition of our professional skills and what we do and basically being viewed by the Government as expendable for the good of the economy. To date the Government has informed us that nursery age children rarely get COVID. However how can we know this unless we have a baseline data set? It is at best a guess, it is not a fact based theory or hypothesis. There has never been any blanket testing of children attending nursery school, to assess and quantify the presence of this deadly pathogen. I know that nursery children carry it because every time we have had to close a bubble it has been because asymptomatic children have been by anxious parents, defying rules for only testing when symptoms are present. Their reason for testing being that they knew that their child had come into contact with an adult who had tested positive. In at least one occasion the adult who was positive could only have caught it from their child attending nursery.

There is an argument that children of preschool age are no threat because they are typically asymptomatic and as such will have a low viral load. Now I am sure that is fine if you are 2m away and wearing a mask, but we are not

2m away and we do not wear masks. Since the middle of December 2019, human-to-human transmission of coronavirus disease has occurred among close contacts. The entire preschool environment is built on close contact; it is the foundation of attachment on which our relationships with children are built.

We are told to wear PPE and obviously we do when providing intimate care, but it is not feasible to wear it for the duration of the school day. What is forgotten is that intimate care is not the only time we come into bodily fluids or increased aerosols of potentially COVID rich particles. On Monday I was urinated on twice. Tuesday I found a rogue poo on the classroom floor. Wednesday I was writing a child's name on their work, whilst we were both kneeling on the floor, when she announced, "I am now going to do a wee in my knickers", and she did. A colleague of mine was licked down her face and another handed a bogie and asked "Is this yours?" You cannot protect against this, no amount of clean surfaces or handwashing is going to reduce this mode of close contact transmission.

But the risk doesn't just come from the messy stuff, this is the smallest part of our role. The early years is a place of attachment, of hugs and cuddles, wiping away tears and making things alright. The imaginative games we play are close contact, maybe sitting side by side to play a board game or a favourite this week making pretend bubble wands from stickle bricks and pretending to blow bubbles in your face. Our children find this hilarious and we should not stop this type of play. We sing, we dance, we laugh, we play, for in the early years, we learn this way. There is also the child who is learning to control their emotions; who perhaps has seen things no one should ever see, so overwhelmed with feelings that they are unable to process; they spill out physically as spitting, kicking, scratching and the occasional bite. The best response to this overpowering of emotion is a heartbeat hug, not a 2m boundary. The child sitting quietly in their key person's lap, gently hugged, ear to heart. Attachment developed through close contact is part of the healing process. Plus, let's not forget the obvious, that our children cannot cough into their elbow or sneeze into a tissue. Instead mucus flows down their philtrum and they carry on without a care in the world. Most of us have forgotten this charming aspect of early childhood. This would have been you once.

My nursery classroom is a special place and though our age range is narrow, the developmental age is wide, stretching from 12 months to 5 years, in a class comprised of fifty six, 3 and 4 year olds. We do not have special schools for this age range in our area, but all are welcomed here. We educate and care for children with a number of complex needs alongside our more able pupils. A more inclusive classroom you will struggle to find. We perform blood tests, tube feeds, and this goes unnoticed by most.

Our bubble is significantly bigger than primary or secondary school class sizes. Currently it is 56, but as more children turn three during the year, our

bubble inflates. We expect it to be 70+ by summer if we continue to accept all children. On top of this is the high staff:pupil ratio; which is 1:13 plus additional staff for 1:2:1 SEN support and midday supervisor roles. Also as our staff are not full time, we have the added risk factor of job shares increasing the number of adults in our bubble. There are currently 7 in my classroom alone.

The risk is great, even if the viral load is allegedly low per individual child; the cumulative effect of this x56, further multiplied by seven adults who potentially have large viral loads if infected, obviously significantly increases risk of transmission. Moving from it from unlikely to inevitable. Anyone who has had a child in a nursery school classroom or who has worked in one, will already be well versed on the spectacular effects of close contact on transmission for other more familiar early years pathogens. Just look at how quickly nits can spread through a class or Heaven forbid the dreaded winter vomiting bug.

Then we need to consider the effect of stress on our immune systems working in this environment. All members of my staff team are currently exhibiting clear symptoms of stress: stress acne and eczema, heart palpitations, and we have all had a perpetual headache since the start of the year. Our stress hormone cortisol will be high and it has been well documented that increased cortisol results in immunosuppression, further increasing our vulnerability to this deadly pathogen.

I would not send in a section 44 letter as advised by my union, because I need to be in the classroom to support my most vulnerable children and those of key workers. Sometimes children are safer in school than at home, and it would not have sat well to abandon my team. To reduce risk we need to reduce bubble size to only these children. The situation should be as it was during the first lockdown. We worked every day in the classroom providing care and education to the children or our vital key workers and vulnerable children. We also provided online learning opportunities for those who did the right thing and stayed at home.

It is abundantly clear with each passing day that the Government is caught in its own lie. The numbers of nursery staff in hospital are increasing daily, and the numbers of children in the 0-4 year age group with coronavirus are also increasing. We also now know that some of the newer variants e.g. VOC202101/02 from Brazil have a higher level of mortality and increased rate of transmission. We are told time and again that it is critical for early years children to access face to face learning. But let's not forget that this is not compulsory education. The only reason they have kept early years settings open is because it is tricky for parents to work at home with children of this age. We are glorified babysitters held firmly, under the boot of the government with threats of loss of funding if we dare to suggest that this decision is at the detriment of the health and wellbeing of our staff, parents and children. This is a political and economical decision, it is not based on anything to do with the

health and wellbeing of nursery staff or children. It is purely to enable parents to work uninterrupted. Staff will die because of this decision and children will become ill.

All early years workers need to receive the vaccination ASAP. If you need us to run this critical early years provision, it helps if the staff force is alive to do so. My school motto was "So they might have life" the Government's could well be "So they might not have life".

Vicky Ford MP @vickyford · Jan 8

We've kept Early Years open as

- 1 It's the most crucial part of a child's education & can't be delivered on line (**Yet not compulsory**)
- 2 Impact on community transmission is low
- 3 Youngest children are less susceptible to Covid

An estimated 31,000 nursery & preschool workers have tested positive for Covid-19 since Dec 1st (source @EYAlliance), that's 1 in 10.

The evidence which shows otherwise

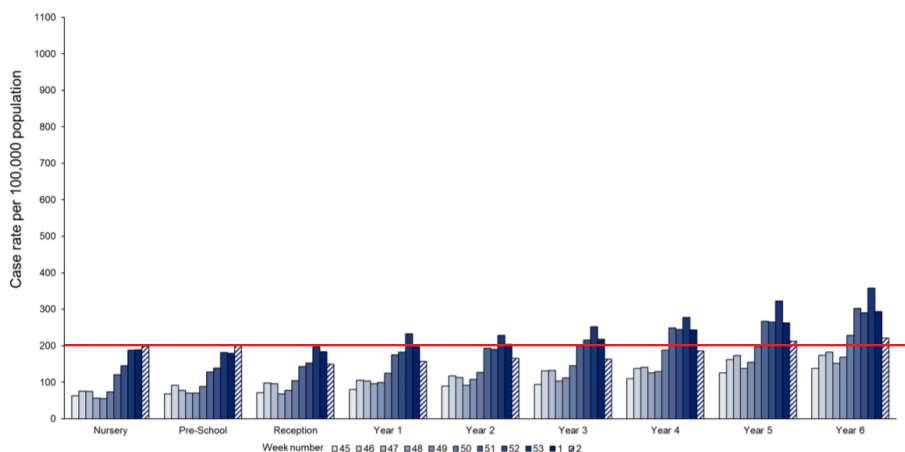


Weekly Influenza and COVID-19 Surveillance graphs (21/01/2021)

PHE Centres	Nursery	Special Educational Needs (SEN) schools
East of England	7 (0)	9 (0)
East Midlands	66 (8)	35 (3)
London	67 (2)	51 (2)
North East	1 (0)	9 (1)
North West	19 (1)	45 (4)
South East	103 (7)	88 (6)
South West	24 (0)	39 (7)
West Midlands	47 (6)	56 (8)
Yorkshire and Humber	55 (10)	50 (3)
Total	389 (34)	382 (34)

Cumulative number of confirmed COVID-19 clusters or outbreaks by type of educational setting and PHE Centre since week 36, England

*Number of outbreaks for Week 2 in brackets



Common locations reported by people testing positive in week 2, England (Data source: NHS Test and Trace)

Setting	All ages**	%
Supermarket (visiting and working)	31	16.80%
Nursery preschool (attending and working)	16	8.60%
Primary school (attending and working)	14	7.60%
Care home (working)	10	5.40%
General practice (visiting and working)	9	4.90%
Food (working)	6	3.20%
Diy store (visiting)	4	2.20%
Hospital (visiting and working)	4	2.20%
Household fewer than 5 (home/shared)	3	1.60%
Local convenience store (visiting)	3	1.60%
Secondary school (attending)	3	1.60%
University (attending and working)	3	1.60%
Warehouse (working)	3	1.60%
Community hospital (working)	2	1.10%
Fire service (working)	2	1.10%
Food and drink (working)	2	1.10%
Home (visiting)	2	1.10%
Special needs educational setting (attending)	2	1.10%

#Vulnerable and keyworker children only
#Vaccinate all early years staff

