

# Health protection in children and young people settings, including education

**ARHAI Scotland**  
Antimicrobial Resistance and  
Healthcare Associated Infection

**Public Health**   
**Scotland**

## Health Protection Guidance Webinar

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*Public Health Scotland (PHS) has published new national health protection guidance for children and young people settings, including education through the Scottish Health Protection Network (SHPN). This replaces the previous Scottish Government pandemic guidance on COVID-19 in ELC services, schools, universities, colleges and community learning and development providers as well as the SHPN guidance on 'Infection Prevention and Control in Day Childcare Settings' from 2018. The guidance is now available online at [Health protection in children and young people settings, including education - version 1 - Public Health Scotland](#)*

*Public Health Scotland (PHS) and Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland delivered an information session webinar on Tuesday, 16 April 2024 that provided an overview of the guidance, including key changes and messages around infection, prevention and control.*

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## Health Protection Guidance Webinar

### Three: Supporting immunisation programmes


**Provides information on:**

- Scotland's vaccination schedule
- School-based immunisation
- Staff immunisation
- Immunisation resources

**Three key points in this section are:**

1. Vaccines in the schedule are tested, safe and provide the bedrock of health protection in early years and schools.
2. Before children begin school, they are scheduled for vaccines at 8, 12 and 16 weeks; 12-13 months (MMR1); 3 years and 4 months (pre-school boosters including MMR2).
3. Not everybody gets fully vaccinated, for various reasons, and early years staff have a role to play in addressing that. Inform - encourage - enable.

**SHPN**  
SCOTTISH HEALTH PROTECTION NETWORK  
Promoting and Supporting Good Practice



<https://sway.cloud.microsoft/sF7wsHFHn9Tmo0kX#content=Ve009R4VOoHqNn>

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## Learning Objectives

By the end of the session attendees will:

1. Know how the guidance was developed and what it replaces
2. Know how to find the guidance
3. Understand more about how to apply the guidance in their setting
4. Know where to go for more information, and when to do so
5. Know how to feedback any proposed improvements to the guidance



## How was the guidance developed?

### Evidence based and transparent

- Adapted from UKHSA evidence
- Independent assessment
- Additional evidence review

### Co-produced

- Guidance Development Group including early years expertise
- Open consultation

### Co-ordinated and standardised

- Scottish Health Protection Network approach
- Published methods

### Accessible and simple to use

- Accessible HTML publication
- Text descriptions
- Equality impact assessment



## Where can I find the guidance?

- The guidance is online, on the Public Health Scotland website:  
[Health protection in children and young people settings, including education](#)
- The guidance replaces the previous SHPN guidance and the Scottish COVID-19 guidance related to children and young people settings. All are removed.
- The guidance is based on the UKHSA guidance which is also online  
[Health protection in children and young people settings, including education](#)
- The PHS (Scotland) and UKHSA (England) guidance are aligned



## What does the guidance say, and how do I apply it?

### How not to use the guidance

- The guidance is **not** a replacement for any person who is unwell seeking medical help.
- The guidance is **not** a guide for settings on how to self-manage situations that staff do not feel comfortable or equipped to manage e.g. outbreaks of infectious diseases.
- The guidance is non-statutory, it is evidence-based advice from a trusted source but there is **no legal requirement** to implement it. Nothing in the guidance is intended to direct providers to take action that is not in line with their legal duties.



## Guidance sections

1. Infections: transmission and those at higher risk
2. Preventing and controlling infections
3. Supporting immunisation programmes
4. Managing specific infectious diseases: A to Z
5. Responding to outbreaks and incidents
6. Specific settings and populations: additional considerations
7. Posters for display in settings



## Common scenarios approach

### An unwell child

A parent has just rung having been advised by the GP that their child has a specific infection, how can I find out what I should do?

[Go to managing specific infectious diseases: A to Z.](#)

### Reducing risk in your setting

### Suspected outbreak

### Vaccination planning



## One: Infections: transmission and those at higher risk

### Provides information on:

- Clinically vulnerable individuals
- Pregnancy and infectious disease
- Health protection and health inequalities
- Recognising and mitigating inequality

### Three key points in this section are:

1. Some people are more vulnerable to infection than others, and health protection is a team game
2. Infections are transmitted through a chain of events, and there are many opportunities to break (or weaken) the chain.
3. Work to protect health has harms as well as benefits, and these are different for different people





## Two: Preventing and controlling infections

- Hierarchy of controls (HoC)
- Risk assessment
- Standard infection control precautions (SICPs)
  - Hand hygiene
  - Respiratory and cough hygiene
  - Personal Protective Equipment
  - Safe management of the environment (cleaning)
  - Ventilation
  - Safe management of linen and soft furnishings
  - Safe management of waste (including sharps)
  - Safe management of blood and bodily fluids
  - Managing an exposure (needlestick / sharps injuries, cuts, bites, nose bleeds and bodily fluid spills)
- Toileting and sanitation
- Keeping animals on site and contact with animals



## Three: Supporting immunisation programmes

### Provides information on:

- Scotland's vaccination schedule
- School-based immunisation
- Staff immunisation
- Immunisation resources

### Three key points in this section are:

1. Vaccines in the schedule are tested, safe and provide the bedrock of health protection in early years and schools.
2. Before children begin school, they are scheduled for vaccines at 8, 12 and 16 weeks; 12-13 months (MMR1); 3 years and 4 months (pre-school boosters including MMR2).
3. Not everybody gets fully vaccinated, for various reasons, and early years staff have a role to play in addressing that. Inform - encourage - enable.





## Four: Managing specific infectious diseases: A to Z

### Provides information on:

- When you should stay away from a setting
- Definition of 'exclusion'
- When illness is reported
- Encouraging compliance

### Three key points in this section are:

1. Ask parents / carers for details and record them - if you know what symptoms / infection / diagnosis the child has means you can refer to the A to Z to understand the next steps.
2. There are harms as well as benefits to staying away from education / childcare. Not all illness requires a period of absence.
3. Even a single case of the more serious illnesses will require discussion with your HPT e.g. measles, E. coli (or 'STEC'), tuberculosis (TB).



## Five: Responding to outbreaks and incidents

### Provides information on:

- Recording absence
- When to contact your HPT
- How to contact your HPT
- What will my HPT do?

### Three key points in this section are:

1. HPTs can only identify outbreaks and respond to them, if settings identify them. Most outbreaks are not identified through clinical records, but by people working with the people affected.
2. The UKHSA guidance directs people to English (UKHSA) HPTs – instead you should contact your Scottish HPT via [Health protection team contacts](#).
3. You might be offered some simple advice based on this guidance, or you might be asked to be involved in a meeting to plan a more detailed response.



## Six: Specific settings and populations

### Provides information on:

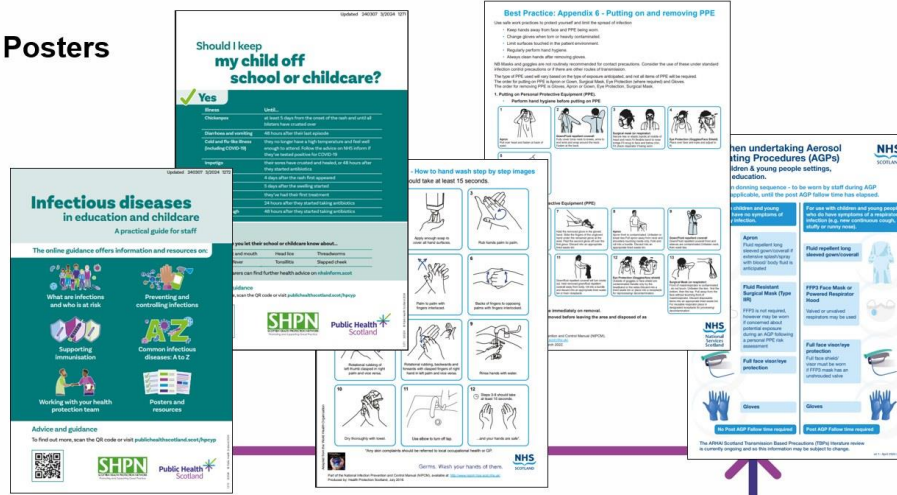
- Wider guidance
- Travel guidance
- Outdoor learning, forest schools and educational visits
- Dental guidance for nursery and schools

### Three key points in this section are:

1. The health protection guidance provided is relevant across settings. The basic principles of breaking the chains of infection are the same in all children and young people settings.
2. There are some additional resources for outdoor learning, which is growing in popularity – but with costs and benefits. Handwashing and toilets critical to health protection!
3. Brush teeth (and hair?) night and morning.



## Posters



## Further information and providing feedback

- Contact your local Health Protection Team (HPT) with any queries around responding to cases, incidents or outbreaks as outlined in section 5
  - You can find the contact details of your local HPT in the guidance
- Share any feedback on the content of the guidance with [phs.shpn-admin@phs.scot](mailto:phs.shpn-admin@phs.scot)
  - We welcome your suggestions on how to improve the guidance
- The guidance will be reviewed again in 12 months



## Revisiting the Learning Objectives

By the end of the session attendees will:

1. Know how the guidance was developed and what it replaces
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## Q&A

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*Health protection in children and young people settings, including education guidance: Follow up answers to questions raised during webinar on 17/04/23*

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**Health protection in children and young people settings, including education  
guidance: Follow up answers to questions raised during webinar on 17/04/23**

**April 2024**

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## **1. General questions**

### **Does this guidance replace previous guidance on infection prevention and control (IPC) immediately?**

Yes, this guidance replaces both the Scottish Government COVID-19 guidance for schools and Early Learning and Childcare (ELC) settings and the Scottish Health Protection Network guidance on Infection Prevention and Control in Day Childcare Settings.

Those sets of guidance have now been removed from the PHS and Scottish Government webpages.

### **Where can we download posters from?**

Links to posters are provided throughout the guidance and within their own section '[posters for display in settings](#)'.

### **Can the Health Protection Team (HPT) provide template letters to parents?**

Yes. If there is any need to send out wider communications to a group of children, staff or parents/carers, then your HPT can support you with template letters. It is best to speak to your HPT before sending out any public health communications.

Contact details for your local HPT are available here: [Health protection team contacts](#).

## **2. Cleaning and hygiene**

### **2.1 Use of spray bottles**

#### **Can you explain the rationale behind the guidance advising against the refilling of spray containers for cleaning products?**

The rationale behind this guidance is based on possible risk relating to the pump and trigger elements of a spray bottle which contain moving parts. These elements cannot be easily cleaned and dried. The risk with this is that they will remain wet and be stored in warm surroundings. Over time, these wet and warm conditions can favour the growth of harmful bacteria therefore, by refilling and reusing these bottles there is the potential to introduce and spread germs within the environment.

Single use spray bottles are an alternative for consideration and companies may offer alternative bottle designs such as screw top which can be cleaned, dried, and reused with less risk. Some companies may also offer environmentally friendly options such as biodegradable wipes.

Ultimately, it is up to the organisation to balance possible infection risks against financial and economic implications. Infection prevention and control (IPC) guidance

is taken from the national IPC manual. Guidance is not mandatory but is considered best practice. Where an organisation or setting adopts practices that differ from those stated in the guidance, that individual organisation is responsible for ensuring safe systems of work including completion of a risk assessment.

## **2.2 Hand washing**

### **What is the advice around use of hand rub and hand wipes in place of soap and water?**

The guidance states that hand rub may be used only where hands are *not* visibly dirty. Hand rubs are not proven to be effective against all germs that can cause gastroenteritis, such as norovirus. Soap and water, however, are effective against such germs.

Wipes may be used to clean hands where access to soap and water is not immediately available, and hands are visibly dirty. This may form part of a risk assessment, for example where a group is participating in an outdoor activity. Manufacturer's instructions on the use of wipes and hand rubs should always be followed.

### **Is cold water as effective for hand washing as warm or hot water?**

Yes, cold water is just as effective, though warm water is advised for the reason of comfort. For example, an individual may be less likely to carry out the correct hand washing technique using cold water as they may find the temperature uncomfortable.

## **2.3 Nappy changing**

### **What is the guidance around the storage of soiled clothing?**

Settings should adopt practice that works for them and their service delivery and that aims to reduce risk to people using, working and visiting the service and reduce risk of leakage/cross contamination until the soiled clothing is removed from the premise. They should reliably and consistently apply standard infection control precautions (SICPs).

Soiled clothing is covered in the UKHSA guidance under safe management of linen. Boxes for storage are not necessarily required, but soiled clothing should not be stored in nappy changing areas as per Care Inspectorate guidance.

## **2.4 Pets**

### **Does this guidance cover pets in settings?**

Yes, the UKHSA guidance covers pets. This guidance highlights the importance of hand hygiene when touching pets or their bedding, particularly before eating.

### 3. Exclusion of children

**What is the guidance around sending children home after changes in bowel movements? How can we avoid sending children home unnecessarily?**

In the [Managing specific infectious diseases: A to Z](#) section of the guidance, diarrhoea is defined as 3 or more liquid or semi-liquid stools within a 24-hour period in adults and older children or any change in bowel pattern in young children.

In younger children, especially babies being breast fed, a normal pattern of bowel movements can be loose and high in frequency, so a 'change' is sometimes used to define diarrhoea rather than a specific number of loose runny stools. This is because for some younger children three or more loose stools may be normal for them in a day, and this does not mean they are unwell or should be sent home.

Parents and staff know what is normal with the children in their care, and they can often tell if a child is unwell. This may be indicated by a change in frequency of stools from what is normal e.g. a doubling of the usual number of stools for that child, or by a change in the stools themselves such as a worse smell or any signs of mucus in the stool. The child may also be showing other signs of illness such as stomach pain, irritability or a high temperature.

A discussion with the parent or carer can help to understand if the pattern is normal for the child, or whether they may be unwell.

**Outbreaks are defined as a cluster which can be 2 or more cases. Would 2 cases need to be reported as an outbreak for common infections?**

Although the guidance recommends a discussion with the HPT for any suspected outbreak (two or more cases in the same setting) HPTs are most concerned about outbreaks with the potential to affect many people e.g. a rapidly spreading milder disease; or where an outbreak might affect a smaller number of people in a more substantial way e.g. a rarer but more serious infectious disease.

The role of the HPT is to work with you to try to reduce any onward spread of infection. They will do this proportionate to the problem you report to them, so they may simply discuss the guidance with you if you have a few cases of diarrhoea and vomiting, but they may wish to discuss with you in more detail if they believe something more serious is going on. It is up to you to determine when you would like their involvement but there are some instances when you should definitely get in touch with them.

If in doubt, speak to the HPT.

Settings should feel free to contact their HPT with any questions about suspected outbreaks, but should be sure to take action if they identify:

- Much higher than previously experienced and/or rapidly increasing number of absences in a defined group (e.g. one classroom or childcare group);

- Evidence of severe disease due to an infection, for example if a child is admitted to hospital with an infectious disease;
- More than one infection is found to be circulating in the same group of people, for example chicken pox and scarlet fever in the same childcare setting;
- A single case of a serious or unusual infectious illness for example: E. coli O157 or E. coli STEC infection; hepatitis; measles; mumps, rubella; meningococcal meningitis or septicaemia; tuberculosis (TB); typhoid

**The guidance recommends that staff consider safeguarding/wellbeing concerns for children when making decisions to exclude. Is there a matrix that can be shared for this?**

Asking children or staff to stay away a setting to reduce the risk of transmission of infection to others (sometimes called 'exclusion') is usually short-term and does not need any special management. The most common use of this is asking children to stay away for 48 hours after diarrhoea or vomiting to minimise the risk they are still infectious when they return to the group setting.

There may however be occasional examples of longer-term exclusions required, usually when testing is required to ensure that the person is no longer infected. In all instances such as this the HPT will be closely involved and you will work with them to manage the exclusion.

One example is particularly bad types of E. coli infection. Clearance testing can take a number of weeks, during which there is a risk of exacerbating any existing safeguarding issues e.g. being left alone due to work pressures or a lack of appropriate care.

HPTs and the setting should work together to be aware of these and come to an agreement about how the risks can be balanced against each other.

This guidance is therefore not looking for anything additional over and above a school or early learning and childcare settings' usual work on safeguarding, just raising awareness of the potential harms as well as benefits of these health protection interventions.

**If children are not vaccinated, can they still attend a setting?**

Vaccine uptake should be encouraged but in the UK all vaccines are optional and no child should be denied opportunities based on their vaccine status.

Staff working in children and young people settings have a significant role to play in identifying unvaccinated children, speaking to parents and carers, and encouraging vaccine uptake.

Resources to support that are provided in the guidance: [Immunisation resources for education settings](#)

**Why is the advice not to keep children off school or childcare when they have hand, foot and mouth disease?**



Advising on what infections should result in a period of exclusion is a balance between the reduction in risk to others versus the social costs of excluding children from school or childcare. Exclusion also requires a definitive endpoint if it is to be effective i.e. if we exclude them, when can the child return?

Regardless of the cause, any child who is feeling unwell should not be in school, their childcare setting or with groups of other children. However, once a child has recovered from the symptoms of hand foot and mouth, then a longer period of exclusion is not recommended.

Hand foot and mouth usually causes a mild illness. We also know that a longer period of exclusion from school or childcare, after the child is feeling well again is unlikely to reduce the spread of hand, foot, and mouth disease. This is because children can spread the virus even if they had no symptoms.

If you are notified of hand, foot and mouth encourage everyone in the setting to implement good hand hygiene practices, particularly in those affected and the staff who carry out nappy changing or assist with toileting.

More detail here: [Managing specific infectious diseases: Hand, foot and mouth disease](#)

#### **4. Use of guidance in inspection**

##### **How will the guidance be used by the Care Inspectorate during inspections of early learning and childcare settings?**

The Care Inspectorate will assess the quality of infection prevention and control practices as detailed in the guidance. Any areas for improvement would be discussed and referenced as part of the Care Inspectorates scrutiny activity. This is to support and ensure the health, safety, and welfare of children.

##### **How will the guidance be used by the education inspectorate during inspections of early learning and childcare settings and schools?**

Education Scotland would expect schools to comply with the most up to date health protection however they would not comment on compliance in inspection reports. Inspections would highlight any concerns about storage and/or administration of medication and comment on the quality of the health and wellbeing curriculum. Any concerns would be captured in the safeguarding form, rather than in inspection reports.

## Health protection in children and young people settings, including education

SHPN guide to using the external guidance

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- *This guidance is a practical guide for all staff or volunteers working in settings for children and young people in Scotland.*
  - *It is adapted from UKHSA '[Health protection in children and young people settings, including education](#)'.*
  - *This guidance should provide you with all the information that you need to protect the health of everyone attending and working in in your setting.*
  - *Where the guidance is the same for Scotland and England, such as 'managing specific infectious diseases: A to Z', the guidance will direct you to use the UKHSA guidance.*
    - *Where there is additional guidance for Scotland, this is set out.*
  - *This guidance has been approved for use in Scotland by the Scottish Health Protection Network (SHPN).*
  - *It was developed using agreed methods including engagement and consultation with staff working in these settings.*
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*The information is intended for use by staff and volunteers in children and young people settings (for example teachers, managers, teaching assistants, and cleaners) in these settings.*

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1. *registered day care of children's services who provide care to children under primary school age, including:*
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- a. *nurseries*
  - b. *playgroups*
  - c. *family centres*
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*d. crèches*

*e. fully outdoor services for children aged 5 and under*

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*2. childminders and assistants*

*3. Providers of Care Inspectorate registered school-age childcare services in all sectors:*

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*a. local authority*

*b. private and third sectors, including:*

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*i. breakfast clubs*

*ii. after-school care*

*iii. holiday care*

*iv. childminder services*

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*4. all local authorities and schools (primary, secondary, special, school hostels or residential) under their management and all external organisations involved in delivering services in schools – for example, contracted facilities management services – including grant-aided schools and independent schools*

*5. colleges and community learning and development (CLD) settings that provide education for children and/or young people*

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*While this guidance may be of use to all children and young people settings, it is recognised that there are some differences for residential children's homes and secure settings, which means that aspects of this guidance may not be applicable.*

*Aspects of this guidance may also be useful for community groups for children and young people such as youth clubs, Scouts and Girlguiding.*

*The guidance is available online at [Health protection in children and young people settings, including education - version 1 - Public Health Scotland](#)*

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## Posters for display in settings

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*You can access and download posters to display in your setting here:*

*[Health protection in children and young people settings, including education - version 1 - Health protection in children and young people settings, including education - Publications - Public Health Scotland](#)*

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## Contact Information

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*If you have any queries about specific health protection issues then please contact your local Health Protection Team (HPT).*

*Contact details are available here: [Health protection team contacts.](#)*

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The logo for Public Health Scotland, featuring a stylized star or flower-like symbol composed of several colored lines (blue, green, yellow, orange, and purple) radiating from a central point.



SCOTTISH HEALTH PROTECTION NETWORK

*Promoting and Supporting Good Practice*