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## Health Protection in Children and Young People Settings (Including Education)

A practical guide for staff on managing cases of infectious diseases in children and young people settings

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(Permission kindly given by UKHSA to adopt from the UKHSA guidance of the same name) Please note adaptations have been made where relevant to comply to PHW policy and guidance for Wales.

This guidance replaces all versions of the PHW infection and control guidelines for childcare settings (0-5 years) dated 2019.

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This document aims to provide best practice guidance in relation to basic Infection Prevention and Control practice in all Childcare Settings

- All childhood settings/educational settings in Wales

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Nov 2023	1	AO'G-PHW	Formalisation of new document, and approval gained from UKHSA to adopt document. Wales Gov guidance and PHW inserted.
JULY 2024	2	AO'G-PHW	<ul style="list-style-type: none"> <li>• Link to AWARe/ HPT guidance page added.</li> <li>• Change to Malaria Prophylaxis added in line with UKHSA document.</li> </ul>
JULY 2025	3	Leony Hiscocks VPDP (PHW)  AO'G (PHW)	<ul style="list-style-type: none"> <li>• Update of Immunisations and vaccination guidance</li> <li>• Adaption of wording regarding nappy management</li> <li>• Adaption of wording for hand hygiene in relation to outside play</li> <li>• Adaption of wording regarding laundering</li> <li>• Inclusion of how to access spillage kits</li> <li>• Adaption of wording for contact with animals and farm settings</li> <li>• Inclusion of recommendations from 2025 Survey</li> </ul>

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## Introduction

Attending face-to-face education or childcare is hugely important for children and young people's health and their future.

This guidance has been updated to provide a practical guide for staff in children and young people settings, including education, those working in children and young people's social care settings on managing a range of infections and diseases, minimising disruption by preventing further transmission. This guidance is also appropriate for further and higher education providers too.

Within the tools and resources available on the Public Health Wales (PHW) website, there is an exclusion document with guidance by infection type to indicate the time period an individual should not attend a setting to reduce the risk of transmission during the infectious stage as well as guidance and advice that can be provided and used by parents/ guardians of children .

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 always be applicable. This guidance should be used alongside the emergency planning and response for education, childcare, and children's social care [settings](#).

This guidance is not intended to be used as a tool for the diagnosis of infections. The information is designed for use by staff members in children and young people settings (for example teachers, managers, teaching assistants, and cleaners) to prevent and respond to infection, incidents and outbreaks.

For additional information regarding infections and how they can be prevented, please refer to [Preventing and Managing Infections in Childcare and Pre-School online course and](#) the PHW Exclusion guidance found here in [Guidance for childcare, preschool and educational settings - Public Health Wales](#) .

To complement the guidance and support its implementation, it is recommended to educate children and young people on hygiene, germs (microbes), vaccination, and antibiotics. A range of activities for schools and colleges have been developed by the [Healthy Schools Schemes National Quality Award](#) and at [Home \(e-bug.eu\)](#) (available bilingually). Immune Patrol, a game-based, bilingual learning programme developed by the World

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Health Organisation (WHO) is also available to schools and educational settings in Wales. It aims to strengthen vaccine literacy and public health understanding among pupils, while supporting teachers to deliver engaging, curriculum-aligned content. Information on Immune Patrol is available from [School age children and young people - Public Health Wales](#). These resources are designed to promote healthy behaviours among students and provide additional support and guidance to educators, to contribute to the prevention of infections in the school setting.

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## National Minimum Standards in Wales

Following the advice in this guidance will help you minimise the risk from infections to both children and staff and comply with the 'Regulations and National Minimum Standards for Regulated Childcare for children up to the age of 12 years in Wales'. The current regulations are available from Care Inspectorate Wales on 03007900126 OR: <https://careinspectorate.wales/regulations>.

For childminders visit: <https://careinspectorate.wales/regulations-and-national-minimum-standards-child-minders>

## How to contact your Public Health Wales Health Protection team:

Public Health Wales Health Protection Team covers the whole of Wales, via an All-Wales Acute Response (**AWARe**) Team. To contact the AWARe team please ring 0300 003 0032 or email [AWARe@wales.nhs.uk](mailto:AWARe@wales.nhs.uk). The Health Protection Team provide specialist public health advice on infectious disease control. We work closely with other NHS, local authorities and other agencies to help reduce the spread of infectious diseases in Wales.

## Environmental Health Services

Environmental Health Officers (EHOs) are public-health professionals whose work covers a wide range of activities, including preventing, investigating, and controlling communicable disease in the community. Environmental Health Departments will also work with childcare settings and businesses. While it is important for you to recognise the local authority/county council enforcement role, it is also vital that you are aware that EHOs can provide advice e.g., when considering the risks involved in handling food for children. You should make full use of the expertise of your EHOs and food safety officers who are there to give advice on how to keep to food-safety laws. They can also provide advice on putting food-safety management procedures (based on HACCP principles) in place. If you wish to know the contact details of your local council Environmental Health Team in Wales, enter your postcode into the following website: [Find your local council - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

## Risk Assessment

Infection prevention and control in childcare settings involves carrying out risk assessments and putting measures in place to manage any identified risks. These should then be reviewed and updated regularly (see Section 2.2). For more information on risk assessments, visit <http://www.hse.gov.uk/pubns/raindex.htm>

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The Health & Safety at Work Act 1974 legislates that employers must provide adequate protection against the risks associated with the task undertaken (for example, Personal Protective Equipment (PPE) must be provided for dealing with blood or bodily fluids). For details of this visit <http://www.hse.gov.uk/legislation/hswa.htm>

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## SECTION 1

# What infections are, how they are transmitted and those at higher risk of infection

### Infections in children and young people settings

Infections are common and for most people the risk of severe disease is low. Infections can be acquired at home or in the community and brought into settings or acquired and spread within the setting.

Infections are caused by micro-organisms such as bacteria, viruses, fungi, and parasites, otherwise known as germs. Germs are everywhere and most do not cause infection and can even be beneficial. However, some germs can cause infections when they get into the wrong place, which can result in symptoms such as fever and sickness.

### How infections spread

It is important to understand how germs are spread and actions that can be taken to break the [chain of infection](#).

The mode of transmission is a term used to describe how germs are spread from person to person or from environment to a person. There are different ways that this can happen. The precautions that can be taken to reduce transmission depend on the mode of transmission.

### Airborne or droplet spread.

[Respiratory infections](#) can spread easily between people. Sneezing, coughing, singing, and talking may spread respiratory droplets (aerosols) from an infected person to someone close by. Airborne infections can spread without necessarily having close contact with another person via small respiratory particles. Droplets from the mouth or nose may also contaminate hands, cups, toys, or other items and spread to those who may use or touch them, particularly if they then touch their nose or mouth. These can penetrate deep into the lungs (respiratory system). Examples of infections that are spread in this way are the [common cold](#), [Coronavirus \(COVID-19\)](#), [Influenza](#), [Strep A](#), [Measles](#) and [Whooping cough](#).

Measures can be taken to prevent and control airborne spread infections. These include precautions such as [ventilation and airflow](#), to prevent respiratory particles from spreading where there is no close contact between people; and droplet precautions, such as [respiratory and cough hygiene](#), which can prevent droplets from transferring from the respiratory tract of one person directly to the eyes, nose and mouth of others.

Preventing the spread of respiratory infections requires everyone in the setting to adopt good respiratory hygiene behaviours. Further guidance on respiratory hygiene for staff, along with suggested activities to support students to embed these, are included in the

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Healthy [Schools](#) Schemes National Quality Award and at [Home \(e-bug.eu\)](http://Home(e-bug.eu)) (available bilingually)

## Direct contact spread

Some infections can be spread by direct contact with the infected area to another person's body, or via contact with a contaminated surface. This is the most common route of cross-infection from one person to another (transmission of infection).

Examples of infections of the skin, mouth and eye that are spread in this way are [scabies](#), [headlice](#), [ringworm](#) and [impetigo](#).

Gastro-intestinal infections can spread from person to person when infected faeces and vomiting (in particular projectile vomit) are transferred to the mouth either directly or from contaminated food, water, or objects such as toys, door handles or toilet flush handles. Examples of infections spread in this way include [hepatitis A](#), [Shiga Toxin-producing Escherichia Coli](#) (STEC), and [norovirus](#).

Blood borne viruses are viruses that some people carry in their blood and can be spread from one person to another by contact with infected blood or body fluids, for example, while attending to a bleeding person or injury with a used needle. Examples of infections spread in this way are [hepatitis B](#) and [human immunodeficiency virus](#) (HIV).

Measures can be taken to prevent and control infections that spread via direct contact with a person or indirectly from the person's immediate environment (including equipment). This includes precautions such as [cleaning](#) and [safe management of the environment](#).

## Groups at higher risk from infection

For most people, the risk from common infections is low and few will become seriously unwell. There are some groups of people who are either at higher risk of contracting an infection, or at risk of more severe illness or other consequences because of contracting the infection.

A small number of people have impaired immune defence mechanisms in their bodies either because of a medical condition or due to treatment they are receiving (known as immunosuppression). People who are immunosuppressed may have a reduced ability to fight infections and other diseases.

Most people in this group will be under the care of a hospital specialist and will have received advice on the risks to them and when to seek medical advice. People in this group should continue to attend their education or childcare setting unless advised otherwise by their clinician.

Usually, the setting will be aware, and it is important this information is shared with the school nurse or other setting-specific healthcare professional.

If a child who may be at higher risk due to their immunosuppressed status is thought to have been exposed to an infection in the setting, the parents and carers should be

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informed immediately so that they can seek further medical advice from their GP or specialist, as appropriate.

Other people in the setting, such as staff, who may be at risk due to their immunosuppressed status and may have been exposed to an infectious disease, should also be informed immediately so they can seek further medical advice from their GP or specialist, as appropriate.

Women who are planning a pregnancy or are pregnant should ensure they are up to date with the recommended vaccinations, (see [Supporting immunisation programmes](#)), or further information is available from [Information about vaccinations in pregnancy](#). Pregnant women should consult their midwife or GP immediately if they meet people with [measles](#), [mumps](#), [rubella](#), [slapped cheek syndrome](#) and [chickenpox](#) as contact with these illnesses can affect the pregnancy and/or development of the unborn baby. They should also avoid contact with animal litter trays due to the risk of toxoplasmosis. Consider that you may not be aware of which people are pregnant, so ensure information is available to all.

For more information on protecting pregnant staff in the workplace, refer to the [Health and Safety Executive's guidance on mothers](#).

## Management of an infectious individual

The term 'exclusion' is used in this guidance to define the amount of time an individual should be advised to not attend a setting to reduce transmission while they are infectious. This is different from 'exclusion' as used in an educational sense e.g. suspended or excluded.

Prompt exclusion of people who are unwell with an infectious disease is essential to preventing the spread of infection in settings. Please refer to **PHW exclusion guidance** found here [Guidance for childcare, preschool and educational settings - Public Health Wales](#).

People with mild respiratory symptoms such as a runny nose, sore throat, or slight cough who are otherwise well and do not have a high temperature can continue to attend their education or childcare setting.

All settings should have a local policy for the appropriate exclusion or isolation of people while they are likely to be infectious for specific diseases, as outlined in [Managing outbreaks and incidents](#). They should also have a procedure for contacting parents and/or carers when children become unwell in the setting. In residential settings, exclusion may not be possible, and individuals may require a separate placement within the setting. If a separate placement is not possible within residential settings, the setting should contact their health protection team (HPT) for further advice.

Exclusion on public health grounds may cause some people to feel isolated or anxious. In these situations, consider signposting them to mental health and wellbeing support services:

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- [NHS Every Mind Matters website](#)
  - [Children's mental health – NHS Every Mind Matters](#)

## References

1. Wilson J (2001) Infection Control in Clinical Practice (2nd Edition) Bailliere Tindall: Edinburgh
2. Hawker, J, Begg, N, Reintjes, R, Ekdahl, K, Edeghere, O, van Steenberg, J. (2019). Communicable Disease Control and Health Protection Handbook. Wiley Blackwell: Chichester

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## SECTION 2

# Preventing and controlling infections

This section provides [general guidance for staff](#) in settings on the prevention and control of infections. A proactive and preventive approach is advised, including the promotion of available immunisations.

Germs are spread during the infectious period and for some diseases such as measles, chickenpox and coronavirus (COVID-19) this can be before the person affected shows any symptoms.

Infection prevention and control measures aim to interrupt [the chain of transmission](#).

### Hand hygiene

#### What you need to know

Hand hygiene is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and/or vomiting and respiratory infections.

#### What you need to do

Ensure all individuals have access to liquid soap, warm water, and paper towels. (Childminders may use kitchen roll or a designated hand towel, which should be washed every day or more often if visibly dirty). Bar soap should not be used. Alcohol hand gel can be used if hands are not visibly dirty. Soap and Water should be used following going to the toilet, nappy changing or contact with Urine or Faecal matter. \*Alcohol hand gel is not effective against organisms that cause gastroenteritis, such as norovirus.

Advise all individuals to [clean their hands](#) after using the toilet, before eating or handling food, after playtime and after touching animals.

When away from the childcare facility, and if there is no running water available, hand wipes may be used (children and staff should wash their hands at the first available opportunity).

All cuts and abrasions should be covered with a waterproof dressing.

The wearing of wrist jewellery (including watches), false nails and nail products are not recommended for staff performing hand hygiene.

Children and staff/adults should wash their hands:

- ☐ Before and after eating or handling food or drink.
- ☐ After using the toilet, potty or changing a nappy.
- ☐ After blowing your nose, coughing or sneezing.

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- ☐ After touching animals/pets or animal/pet waste, equipment or bedding.
  - ☐ After contact with contaminated surfaces (e.g. food-contaminated surfaces, rubbish bins, cleaning cloths).
  - ☐ When returning from outside play or breaks e.g. outside play equipment, playing with sand. After removing footwear. Please encourage hand washing with soap and water.

\*Using Alcohol based hand rubs: Alcohol based hand rubs can be useful for rapid hand decontamination between brief interactions with children, particularly where access to hand washing facilities may be lacking, however it should be remembered that alcohol hand rubs should never be used to replace effective hand washing. It is important to note that alcohol-based hand rubs are not cleansing agents to be used in place of hand washing and their activity can be inactivated by dirt/organic matter. Hands that are visibly soiled or potentially grossly contaminated with dirt or organic material (i.e., following the removal of gloves, after touching animals) must be washed with liquid soap and hand-hot water. Additionally, staff should be aware that alcohol-based hand rubs have limited activity against some diarrhoea and vomiting illnesses. Where symptoms of diarrhoea or vomiting are present, and suspected to be infectious (e.g., Norovirus) it is important that hand washing is carried out with liquid soap and hand-hot water, and use of alcohol-based hand rubs are discontinued. Caution must be taken when using alcohol-based hand rubs in relation to flammability and ingestion. Local risk assessments should be undertaken, and procedures put in place to address each of these issues if alcohol-based hand rub is to be used. Caution must also be taken to avoid drips or spills of solutions for health and safety reasons (e.g., slips or falls). Please be aware that a number of hand hygiene companies also produce child-friendly products, such as wall-mounted dispensers to encourage handwashing in childcare settings in Wales.

Educate children and young people on why hand hygiene is so important. Free resources to support this have been developed by the Healthy [Schools](#) Schemes National Quality Award and at [Home \(e-bug.eu\)](http://Home(e-bug.eu)) (available bilingually).

Other training information is provided here: [Campaign Children's Pack – Wash Your Hands Of Them](#)

## **Respiratory and cough hygiene**

### **What you need to know**

Coughs and sneezes spread diseases. Covering the nose and mouth when sneezing and coughing can reduce the spread of infections.

### **What you need to do**

Discourage spitting.

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Encourage all individuals, particularly those with [signs and symptoms of a respiratory infection](#) to follow [respiratory hygiene and cough etiquette](#), specifically, to:

- Cover nose and mouth with a tissue when coughing and sneezing, dispose of used tissue in a waste bin, and clean hands
- cough or sneeze into the inner elbow (upper sleeve) if no tissues are available, rather than into the hand
- keep contaminated hands away from their eyes, mouth and nose
- clean hands after contact with respiratory secretions and contaminated objects and materials.

Educate children and young people on why respiratory hygiene is so important. Free resources to support this have been developed by the Healthy [Schools](#) Schemes National Quality Award and at [Home \(e-bug.eu\)](#) (available bilingually).

## Cleaning

### What you need to know

Keeping settings clean, including equipment, reduces the risk of transmission. Effective cleaning and disinfection are critical in any setting, particularly when food preparation is taking place.

Cleaning with detergent and water is normally all that is needed as it removes most germs that can cause diseases.

Essential elements of a comprehensive cleaning contract should include daily weekly and periodic cleaning schedules. Look here for [Further information on cleaning services](#) and also [Buying for schools: things to consider before you start - Cleaning services - Guidance - GOV.UK](#) .

In the event of an outbreak of infection at your setting, your PHW health protection team (HPT)/ and Local authority EHO's will recommend enhanced or more frequent cleaning, to help reduce transmission. This is covered in the [Managing outbreaks and incidents](#). Advice may also be given to increase cleaning of areas with particular attention to hand touch surfaces that can be easily contaminated such as door handles, toilet flushes, taps and communal touch areas.

### What you need to do

Local Authority Environmental office team should be contacted in the event of Gastrointestinal illnesses and made aware of any outbreaks or incidences.

Clean surfaces that people touch a lot. Regularly clean and disinfect all areas or surfaces in contact with food, dirt, or bodily fluids. Items that need to be laundered should be washed at the highest temperature possible or using the manufacturer's guidance. 60 degrees temperature is recommended as being the most effective temperature for disinfecting soiled fabrics. Soiled fabrics should be cleaned separately.

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The cleaning schedules should clearly describe the activities required, the frequency of cleaning and who will carry them out.

Develop plans for situations where additional cleaning will be required (for example in the event of an outbreak) and how the setting might carry this out.

Ensure cleaning staff are appropriately trained and have access to the appropriate personal protective equipment (PPE), such as household gloves and aprons.

Although there is no legislative requirement to use a colour-coding system, it is good practice. Use colour-coded equipment in different areas with separate equipment for kitchen, toilet, classroom, and office areas (for example, red for toilets and washrooms; yellow for hand wash basins and sinks; blue for general areas; and green for kitchens).

Cleaning equipment used should be disposable or, if reusable, disinfected after each use.

Store cleaning solutions in accordance with [Control of Substances of Hazardous to Health \(COSHH\)](#), and change and decontaminate cleaning equipment regularly.

Nominate a member of staff to monitor cleaning standards, have a system in place for staff to report issues with cleaning standards and discuss any issues with cleaning staff, or contractors employed by the setting.

### **In areas where food is handled or prepared, and water is provided**

The [Food Standards Agency \(FSA\)](#) strongly advises the use of either a dishwasher, a sterilising sink, or a steam cleaner to clean and disinfect equipment and utensils.

Operate and maintain equipment according to the manufacturer's instructions and include regular dishwasher interior cleaning cycles.

Follow food hygiene standards from the [Food Standards Agency](#).

Educate children and young people on their role in improving food hygiene.

Free resources to support this have been developed by UKHSA with teachers for ages 3 to 16 and are available at [Home \(e-bug.eu\)](#) (available bilingually)

For information about food safety for the childcare setting in Wales:

Talk to your Local Environmental Health Department

- Visit the:
  - Chartered Institute of Environmental Health website on: <https://www.cieh.org/cieh-for-business/training-programmes/food-safety-training/>

- 
- Visit the Food Standards Agency websites on:
    - <https://www.food.gov.uk/business-guidance/safer-food-better-business-for-childminders>
    - <https://www.food.gov.uk/business-guidance/safer-food-better-business>
    - <https://www.food.gov.uk/safety-hygiene/food-hygiene-resources-for-school-children-in-wales>

Drinking water in the childcare setting should be a pleasant experience for all young children, rather than one to be endured or avoided. In addition, being properly hydrated is fundamentally important for children's health and well-being: <https://bwca.org.uk/water-matters-children/> OR [https://bwca.org.uk/wp-content/uploads/2017/08/BWCA hydration fact sheet children WEB.pdf](https://bwca.org.uk/wp-content/uploads/2017/08/BWCA_hydration_fact_sheet_children_WEB.pdf). How much young children drink within the setting will depend upon the type, location, number, attractiveness, palatability and accessibility of drinking water facilities. There is no one approach for all settings. More than one approach or type of facility may be appropriate within the childcare setting for example mains tap water, point of use water coolers and bottled water coolers. Analysis of the setting, usage and possible management strategies are important when making a choice and new facilities will need to complement or replace those already in place. These factors need to be considered in light of your water provision policy.

If taps are used to supply drinking water, then these should:

- Be supplied directly from the mains.
- Be clearly labelled as suitable for drinking.
- Be kept in a clean state.
- Not be situated in toilet areas. Label taps in toilet areas as non-drinking water.
- Have available an ample supply of drinking cups/bottles available so that individuals do not drink directly from the tap faucet.

If drinking water bottles are used within the childcare setting, then ensure effective management is undertaken for filling, cleaning and replacing them. Ensure:

- Re-usable water bottles are made of clear plastic and are easy to clean.
- Each bottle is labelled with the name of the child and 'for drinking water only'.
- Bottles are filled with fresh water each morning.
- Bottles are not shared.
- Any water jugs that are used are kept in a clean state and covered when not in use.
- That water bottles:
  - Kept within the childcare setting are decontaminated either by washing daily with warm soapy water, rinsed and left to air-dry upside down, OR by using a dishwasher or sterilising agent. To achieve heat disinfection in a dishwasher, choose 65 degrees for 10 minutes or 71 degrees for 3-minute cycle.
  - Sent/taken home: Parents are advised to wash the bottle on a daily basis using warm soapy water, rinsed and left to air-dry upside down. The nozzle of a sports cap should be opened and flushed through. The bottles can also

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be washed (as above) in a dishwasher taking care to separate the cap from the bottle.

- For factsheets on '*Essential Care of your Water Cooler*' and '*Cooler Care in Schools*', please contact the British Water Cooler Association on [info@bwca.org.uk](mailto:info@bwca.org.uk) or [www.bwca.org.uk](http://www.bwca.org.uk). For specific '*Guidelines for the Location, Use and Servicing of Bottled Water & Plumbed-in (POU) Water Coolers in Schools*', please visit [https://www.bwca.org.uk/members/files/guidelines\\_for\\_schools\\_bw\\_and\\_pou.pdf](https://www.bwca.org.uk/members/files/guidelines_for_schools_bw_and_pou.pdf)

## Toileting and sanitation

### What you need to know

Good hygiene practices depend on adequate facilities and clear processes. Hand hygiene is extremely important to emphasise to individuals who are supporting children and young people with toileting.

Individuals who use continence aids (such as continence pads or catheters) should be encouraged to be as independent as possible. The principles of basic hygiene should be applied by both individuals and staff involved in the management of these aids.

### What you need to do

#### For all individuals and staff

Have hand wash basins available, with warm running water is preferably but cold running can be used along with a mild liquid soap, preferably wall-mounted (include in the cleaning regime) with disposable cartridges.

Place disposable paper towels next to basins in wall-mounted dispensers, together with a nearby foot-operated wastepaper bin (these need to be included in the cleaning regime).

Make sure toilet paper is available in each cubicle (it is not acceptable for toilet paper to be given out on request). If settings experience problems with over-use, they could consider installing paper dispensers to manage this.

[Suitable sanitary disposal facilities](#) should be provided where there are children and young people aged 9 or over (junior and senior age groups).

#### Where nappy changing is taking place

Create a designated changing area for children and young people using nappies, pads or incontinence aids.

This should:

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- where possible, be away from play facilities and any area where food and/or drink is prepared or consumed.
  - have appropriate hand washing facilities available.

Staff involved in managing nappies should:

- wash and dry their hands after every nappy/ pad/ aid change, before handling another child or leaving the nappy changing room.
- wrap soiled nappies/ pads/ aids in a plastic bag before disposal in the general waste unless collected separately as offensive waste – see [safe management of waste](#). Parents should not be asked to collect soiled nappies from a central bin for their child. Nor should soiled nappies be put into a child's belongings e.g. a bag also containing food containers etc. Contact your local authority if you are a setting that produces significant amounts of used nappies (more than 7kg per collection period) to discuss appropriate disposal arrangements.
- where appropriate, clean children's skin with a disposable wipe (flannels should not be used).
- label nappy creams and lotions with the child's name and do not share with others.
- wipe changing mats with soapy water or a mild detergent wipe **after each use** and **at the end of each day**.
- check mats weekly for tears and discard if the cover is damaged.

### Where potties are used

Designate a sink for cleaning potties (**not a hand wash basin**). This should be located in the area where potties are used.

Wear disposable gloves to flush contents down the toilet.

Wash the potty in hot soapy water and dry.

Store potties upside down. Do not stack potties inside each other.

Wash hands using soap and warm water and dry after removing disposable gloves.

### For individuals with continence aids

Change continence pads in a designated area.

Wear appropriate personal protective equipment (PPE), such as disposable gloves and a disposable plastic apron and change after every child or young person.

Ensure hand washing facilities are readily available.

In addition, the UK Nappy Network gives comprehensive guidance on washing reusable nappies on [www.uknappynetwork.org.uk](http://www.uknappynetwork.org.uk).

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## Personal protective equipment

### What you need to know

PPE is used in addition to your clothing or uniform and can protect individuals and staff from contamination with blood, bodily fluids and respiratory excretions which may contain germs that spread disease.

PPE should be used in line with risk assessments in all settings, proportionate to the risk identified. If there are any concerns, please refer to Health and Safety guidance.

Risk assessments look at both the risk of occurrence and the impact, and may need to be dynamic, based on the emerging situation. This ensures that all people, including those with complex or additional health needs, are supported to continue their care and education in the setting, where it is safe to do so.

One example of where this is required is an Aerosol Generating Procedure (AGP).

### What you need to do

Conduct risk assessments that are dynamic and long-term.

If there is a risk of splashing or contamination with blood or bodily fluids during an activity, wear disposable gloves and plastic aprons. Gloves and aprons should be single-use disposable, non-powdered vinyl/nitrile or latex-free and CE marked.

Wear a fluid-repellent surgical facemask and eye protection if there is a risk of splashing with blood or body fluids to the face. If reusable, decontaminate prior to next use.

### PPE For aerosol generating procedures (AGPs)

Some special schools and settings may have children/young persons who require AGPs. An AGP is a medical procedure that can result in the release of airborne particles (aerosols) from the respiratory tract. See full AGP in [ARI - Acute Respiratory Infections - Public Health Wales](#)

Wear eye and face protection, apron and gloves to protect against the splashing or spraying of blood and bodily fluids from AGPs. If you or a member of your staff is performing an AGP on an individual who is suspected of being infectious with a respiratory agent (for example respiratory syncytial virus (RSV), Influenza or COVID-19), use [additional airborne PPE](#), including a fit tested FFP3 respirator.

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## Safe management of the environment

### Ventilation

#### What you need to know

Ventilation is the process of introducing fresh air into indoor spaces while removing stale air. Letting fresh air into indoor spaces can help dilute air that contains viral particles and reduce the spread of COVID-19 and other respiratory infections.

As part of the COVID-19 pandemic response, the Department for Education provided state-funded education and childcare settings with access to CO<sub>2</sub> monitors to help them assess how well-ventilated their spaces were.

Settings can continue to use these monitors as a helpful tool to manage ventilation, sitting alongside the other protective measures in place to manage transmission, such as vaccinations and increased hygiene.

CO<sub>2</sub> monitors are portable, enabling settings to move them around to assess ventilation across their full estate, starting with areas they suspect may be poorly ventilated.

Where an area of poor ventilation has been identified, there are several simple measures that can be taken to resolve this. Further information is available: [ventilation and airflow](#)

#### What you need to do

All settings should keep occupied spaces well-ventilated to help reduce the number of respiratory germs. Open windows and doors as much as possible to let fresh air in (unless it is unsafe to do so, for example, do not keep fire doors open).

Try and open higher-level windows to reduce draughts, where it is safe to do.

If you have CO<sub>2</sub> monitors, use them to balance the need for increased ventilation with maintaining a comfortable temperature.

During the colder months, you may consider opening windows more when the room is unoccupied in between lessons.

If the above does not help to reduce CO<sub>2</sub> levels, settings should explore what remedial works may be required to improve ventilation.

### Keeping animals on site

#### What you need to know

Some settings will choose to include pets and other animals to enhance the learning environment or provide respite or support for people. However, contact with animals

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can pose a risk of infection including bites, gastro-intestinal infection, fungal infections and parasites.

Some people may be at greater risk of developing a severe infection. However, sensible measures can be taken to reduce the risk of infection. However, consider very carefully the risks of bringing animals into a school environment and the risk assessment required.

### **What you need to do**

Only consider pets/animals that are mature, toilet trained and well. If any animals are brought onto site pets or otherwise, check they are up to date with their vaccinations.

A knowledgeable staff member needs to be responsible for animals and abide by the [Animal Welfare Act 2006](#), which places a duty on animal owners to ensure their animal's welfare needs are met.

The responsible person should ensure that the animal has recommended treatments and immunisations, is regularly groomed (including claws trimmed) and checked for signs of infection.

Where an individual has a support animal, responsibility for implementing infection prevention measures, and supporting the individual to do so, should be allocated to a staff member.

Develop a written agreement within the setting detailing:

- the types of animals allowed in the setting.
- how to manage them and permitted behaviour whilst on the premises.
- any insurance liability of owners and handlers.

Ensure animals are always supervised when in contact with children and young people and that all persons wash their hands immediately after handling animals, touching their bedding or equipment, and after removing footwear, and in particular before eating.

Maintain a clean environment, making sure that:

- pet bedding is laundered regularly.
- feeding areas are kept clean and food stored away from human food.
- food not consumed within 20 minutes is taken away or covered.

There are some additional considerations for dogs but especially cats, such as:

- cat litter trays should be cleaned daily wearing disposable gloves.
- litter trays should not be placed near food preparation, storage or eating areas.
- pregnant staff should not clean litter trays due to a risk of toxoplasmosis.

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- PPE should be worn if handling products of canine(dog) conception, pregnancy and birth.

Reptiles are not suitable as pets in children and young people settings, as all species can carry salmonella which can cause serious illness. Farm animals carry the risk of spreading Cryptosporidium and E.coli infections to their handlers.

Other information for rodents can be found on [Pet rats, mice, hamsters: reducing the risk of infection - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/pet-rats-mice-hamsters-reducing-the-risk-of-infection)

## **Safe management of linen and soft furnishings**

### **What you need to know**

Where soft furnishings are used, they should ideally have a wipeable surface.

### **What you need to do**

If there is a need for laundry facilities, designate an area on site that:

- is separate from any food preparation areas.
- has appropriate hand washing facilities.
- has a washing machine with a sluice or pre-wash cycle.
- is not accessible to children and pupils.
- the washing machine is regularly serviced to ensure the correct thermal temperatures are reached.
- ensure there is safe storage of detergent products away from children.

Avoid rinsing clothing by hand as there is a risk of inhaling fine contaminated aerosol droplets. Instead, rinse soiled articles of clothing in a washing machine pre-wash cycle, prior to washing.

If the setting uses linen, then:

- ensure that linen is washed at least weekly and when visibly dirty.
- bedding should be allocated to a named person.
- launder face flannels after each use.
- remove dirty and used linen from areas that are accessible to children and young people.
- carefully dispose of any soiling (faeces) found on clothing or linen into the toilet, for example from reusable nappies – note do not rinse soiled clothing, including reusable nappies.
- wash all linen at the hottest temperatures specified on the fabric.
- keep fresh linen in a clean, dry area separate from used linen.

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If staff have uniforms or use cotton tabards, they should change them every day and wash them using normal washing detergent at the hottest temperature specified on the garment.

If clothing is contaminated with blood or bodily fluids:

- wear gloves and aprons when handling soiled linen or clothing.
- remove clothing as soon as possible and place in a named and sealed plastic bag or container.
- send clothing home with the child or young person with advice for the parent or carer on how to launder the contaminated clothing.
- wash any contaminated clothing separately in a washing machine, using a pre-wash cycle, on the hottest temperature that the clothes will tolerate.
- wash hands thoroughly after removing the gloves and aprons.

## **Safe management of blood and bodily fluids**

### **What you need to know**

Blood and bodily fluids can contain germs that cause infection. It is not always evident whether a person has an infection, and so precautions should always be taken.

### **What you need to do**

#### **Cleaning blood and bodily fluid spills**

Clean any spillages of blood, faeces, saliva, vomit, cough and nasal discharges immediately, wearing PPE.

Use gloves and an apron if you anticipate splashing and risk assess the need for facial and eye protection.

Clean using a product which combines detergent and disinfectant that is effective against both bacteria and viruses. Manufacturer's guidance should always be followed. Cleaning with detergent followed by the use of a disinfectant is also acceptable. It should be noted that some agents, such as NaDCC (Sodium Dichloroisocyanurate or Troclosene Sodium, a form of chlorine used for disinfection), cannot be used on urine.

Use disposable paper towels or cloths to clean up blood and bodily fluid spills. These should be disposed of immediately and safely after use.

A spillage kit supplied through your usual schools supply procurement method should be available for bodily fluids like blood, vomit and urine. This should be checked regularly to ensure it stays in date. Guidance is available here [Decontamination - HSE](#)

#### **Managing cuts, bites, nose bleeds and bodily fluid spills**

Take standard precautions when dealing with any cuts or abrasions that involve a break in the skin or bodily fluid spills.

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Be aware of the setting's health and safety policies and manage incidents such as cuts, bites, bleeds and spills accordingly.

These policies should include having nominated first aiders who are appropriately trained.

Use Standard Infection Prevention and Control (SIPC) precautions to reduce the risk of unknown (and known) disease transmission .Please see [NIPCM - Public Health Wales \(nhs.wales\)](https://www.nhs.uk/public-health/wales/)

These include:

- wearing gloves when in contact with blood, bodily fluids, non-intact skin, eyes, mouth, or nose (washing grazes, dressing wounds, cleaning up blood after an incident) and wearing a disposable plastic apron.
- carefully cleaning the wound under running water if possible or using a disposable container with water and wipes; carefully dab dry.
- covering all exposed cuts and grazes with waterproof plasters.
- keeping the [dressing clean by changing it as often as is necessary.](#)
- managing all [spillages of blood or body fluids.](#)

## Safe management of waste (including sharps)

### What you need to do

Under the waste management duty of care, settings must ensure that all waste produced is dealt with by [a licensed waste management company.](#)

Place any used PPE in a refuse bag and dispose of as normal domestic waste. PPE should not be put in a recycling bin or dropped as litter.

Settings that generate clinical waste should continue to follow usual waste policies.

Nappy waste can sometimes be produced in large quantities in places such as nurseries. Although considered non-hazardous it can sometimes be offensive and cause handling problems. Contact your local authority if you are a setting that produces significant amounts of used nappies (more than 7kg per collection period) to discuss appropriate disposal arrangements.

## Managing prevention of exposure to infection (including needlestick or sharps injuries, and bites)

### What you need to know

An exposure is an injury from a used [needle/ sharp](#) or a [bite](#) (animal or human) which breaks the skin, and/or exposure of blood and body fluids onto:

- broken skin
- the eyes, nose or mouth

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Human mouths are inhabited by a wide variety of organisms, some of which can be transmitted by bites. Human bites resulting in puncture or breaking of the skin are potential sources of exposure to blood borne infections, therefore, it is essential that they are managed promptly.

### **What you need to do**

If someone pricks or scratches themselves with a used hypodermic needle or has a bite which breaks the skin:

- dispose of the needle safely in a sharps container to avoid the same thing happening to someone else – please contact your local authority or school nurse for help with safe disposal of discarded needles.
- wash the wound thoroughly with soap and warm running water.
- cover the wound with a waterproof dressing.
- seek immediate medical attention or advice from your local accident and emergency department or occupational health provider.
- record it in the accident book and complete the accident form.

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## SECTION 3

# Supporting immunisation programmes

Immunisation means both receiving a vaccine and then becoming immune to a disease. A full dose of vaccination generally provides immunity similar to that provided by the natural infection, but without the risk of the disease or its complications. When children and young people receive all the vaccinations included in the [Routine immunisation schedule for Wales](#), this has a direct positive impact on their health and wellbeing, as well as their communities.

Achieving high levels of immunity against vaccine preventable diseases is vital to reduce the spread of infection and prevent outbreaks. High levels of immunity can result in herd immunity, whereby the protection from immunisation programmes extends to individuals who cannot be vaccinated for a number of reasons.

Evidence shows that delivering immunisations in schools reduces health disparities by making access to vaccines easier for all, for example parents don't need to take time off work to book immunisation appointments and children who are not registered with a GP are included.

The offer of the adolescent vaccines in school is an important opportunity to check that children and young people are up to date with all their routine immunisations and to ensure they are brought up to date as soon as possible.

### The role of education and childcare settings

Education and childcare settings have a vital role to play to support the routine immunisation programme through sharing of information with parents and caregivers at key points. Settings may wish to speak to their health visitor, school nurse or other setting specific health care worker about the support they can offer.

Universities and colleges are also encouraged to share information on vaccines such as measles, mumps and rubella (MMR) and meningococcal groups A, C, W, and Y (MenACWY) along with information on the signs and symptoms of invasive meningococcal disease to newly enrolled students, and links to GP registration and other relevant healthcare services. Further information can be found in the University vaccine communications toolkit (UKHSA) and Communicable Disease Contingency Plan for Universities and Colleges, both available from [Guidance for universities and residential colleges - Public Health Wales](#).

In Wales the routine vaccination programme for school aged children and young people is predominantly delivered in school settings by school nursing immunisation teams. All children and young people are eligible for the routine vaccination programmes irrespective of whether they attend a local authority school.

Provision is made for children and young people who are not in school or who are educated at home to receive vaccination when they are due (see Vaccines offered to

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school aged children and young people below). They may be vaccinated by the GP surgery, community immunisation team or at community-based sessions led by school nurse vaccination teams. Further information is available from [School age children and young people - Public Health Wales](#)

The success of school-based immunisation programmes depends on close working relationships between the schools, school nurses and immunisation teams.

The school-based setting supports the immunisation programme by hosting the immunisation session and helping them with aspects of the vaccination process, including:

- providing space and time in the timetable for vaccination.
- reminding staff, children, and young people about the date of the immunisation session(s).
- sharing digital resources, information leaflets and consent forms with parents or carers as appropriate.
- where requested providing a list of eligible children and young people and their parent or carer's contact details.
- offering a suitable venue for vaccination

Where vaccination visits have been most successful, the team and the setting or school nurse have worked in close partnership, respecting each other's different roles and responsibilities whilst working flexibly and planning together.

School Based Vaccinations - A Guide for Schools: Supporting the administration and management of childhood vaccination programmes delivered in schools, has been issued by Welsh Government and is aimed toward head teachers and school staff. The guidance and other resources to support school based vaccination programmes are available from [Information for schools section of the School Age children and young people page](#).

## **Contacting your immunisation team**

You can contact the school nurse immunisation team if you have any queries or questions regarding the session. If you do not already have contact details for the immunisation team, [your school nurse](#) will be able to advise you and offer further information. Alternatively, you can make contact with your local health board [Vaccine contacts](#).

**Information on vaccines offered to school aged children, and young people can be found here- [Routine immunisation schedules for Wales - Public Health Wales](#)**

\*In Cardiff and Vale UHB MenACWY and Td/IPV vaccines are offered in primary care via GP surgeries.

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Further information and links to resources for the **preschool age group** is available from [Information about vaccinations for babies and children aged 0 to 5 years - Public Health Wales](#) [vaccinations for early years settings with children prior to school age](#).

**Young people** who miss out on the adolescent immunisation sessions remain eligible in older years and should be encouraged to catch up as soon as possible through their school aged immunisation service or by contacting their GP. Further information is found here: [School age children and young people - Public Health Wales](#)

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## **School-based immunisation programmes: what happens.**

### **Before the immunisation session**

The school nursing immunisation teams work closely with education settings to ensure effective planning and delivery of the service.

### **What the immunisation team will do**

You will be contacted by the school nursing immunisation team to agree on suitable days for immunisation sessions. You should nominate someone in your setting to act as a link person, to liaise with the immunisation team. This will help with early engagement ahead of the visit and support planning, set-up, and smooth running on the day of the vaccination session.

Information will be provided for dissemination by the school to support parents/ carers and children and young people to make an informed decision on vaccination. . This may include digital or printed resources to support the consent process and will provide the necessary details on the vaccination session.

### **What you need to do**

Ensure parents and carers of children and young people who are eligible receive the required information in good time and with a clear deadline for response. The deadline for responses should be agreed with the school nursing immunisation team beforehand to allow the team time for follow up of queries and to allow for appropriate planning based on the numbers to attend.

Communicate with children, young people and parents or carers to support consent and uptake.

Encourage parents, carers or staff who may be concerned or require additional guidance to speak to their health visitor, school nurse, school nursing immunisation team or GP.

Encourage parents, carers or a person with parental responsibility to complete and return the consent form, highlighting that if the consent deadline is missed, the school nursing immunisation team may not have enough vaccines for everyone who would like one on the day.

Consider what space could be made available and provide as much information as possible to the school nursing immunisation team so that they can plan their visit and be prepared on the day. Ideally, this should be an easily accessible, large, ground floor room, well-ventilated space with hand washing facilities close by, to undertake the vaccinations.

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## On the day of the immunisation session

### What the school nursing immunisation team will do

The school nursing immunisation team will:

- set up the venue for the immunisation session.
- provide the immunisations to children and young people on the list provided.

By law, some young people may be mature enough to provide their own consent, so-called 'Gillick competent'. In the absence of consent from parent or carer, the health professional will assess if a child under the age of 16 can be considered sufficiently competent to understand the benefits and risks prior to receiving the vaccine. For more information about Gillick competence and Children and Young People, search Gillick here: [www.111.wales.nhs.uk](http://www.111.wales.nhs.uk)

[Welsh Government guidance](#) encourages schools to support use of clinical judgement by vaccinating staff for the assessment of Gillick Competency, to allow young people to consent for themselves, where appropriate. Any queries from parents relating to consent should be referred to the school nursing, immunisation team or health board.

The team will also remove and appropriately dispose of any sharp, hazardous or medical waste.

### What you need to do

Provide a designated member of staff to support the session on the day either being present at the session or is easily contactable by the school nursing immunisation team if required.

Ensure that the school nursing immunisation team can access the agreed space before the school day starts so they can set up.

Your school nursing immunisation team will agree with you beforehand what the school is requested to provide. This may include items such as access to a power supply with extension cables and anti-trip mats, separation screens, defibrillator, gym mats, tables and chairs.

Inform children and young people to wear loose-fitting short-sleeved tops on the day of vaccination to allow easy access to upper arm for injection.

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Identify, support and inform the school nursing immunisation team of children and young people who may find the procedure stressful.

If a young person wishes to be vaccinated and a consent form has not been returned, where appropriate, support the school nursing immunisation team in gaining the required consent.

Help to keep disruption and noise to a minimum.

Ensure a steady flow of children and young people throughout the school day.

Dispose of any household waste generated on the day (all clinical and sharps waste will be removed by the school nursing immunisation team).

Avoid any unscheduled fire drills and so on to be scheduled on the same day as vaccinations.

## **Staff immunisation**

It is important that all staff are up to date with their vaccinations. Staff may wish to speak to their GP or practice nurse for support or advice.

All staff should be encouraged to check their immunisation records and contact their GP practice if they are unsure if they are up to date or if they need to catch up.

## **MMR vaccination**

All staff should make sure that they have had 2 doses of the MMR vaccine.

The MMR vaccine is the safest and most effective way to protect yourself against measles, mumps and rubella, which are viral infections that can quickly spread and cause outbreaks.

Rubella caught in pregnancy can lead to miscarriage or cause very serious harm to the unborn baby and so all people who are considering a pregnancy should make sure they are up to date with their 2 doses of the MMR vaccine. The MMR vaccine is available for free on the NHS with no upper age limit.

Further information on MMR vaccination is available here: [Measles, Mumps and Rubella \(MMR\) - Public Health Wales](#)

## **Vaccines in Pregnancy**

Vaccination during pregnancy can help prevent disease or make illness less serious both during pregnancy and for the newborn baby. This is because the antibodies (natural

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substances the body produces to fight infection) are passed to the unborn baby, helping to protect them in their first few weeks of life. Resources and further information on what vaccines are offered during pregnancy is available from [Information about vaccinations in pregnancy - Public Health Wales](#)

## **Hepatitis B vaccine**

The hepatitis B vaccine is [recommended for staff](#) who are involved in the care of individuals with severe learning disability or challenging behaviour who live in institutional accommodation.

In such circumstances, it is the [responsibility of the employer](#) to conduct an occupational health risk assessment and pay for the vaccine if it is required.

## **Immunisation for outbreak response**

Occasionally clusters and outbreaks of vaccine preventable diseases such as measles, mumps, hepatitis A and meningococcal disease are linked to children and young people settings. Suspected outbreaks should be notified to your Public Health Wales health protection team (HPT) via AWARe promptly in line with advice on [managing outbreaks and incidents](#).

The HPT will conduct a risk assessment and as part of the control measures may consider offering vaccination to all persons in the setting. This will require the setting to support with clear and prompt communication with parents/carers and rapid coordination of arrangements.

## **Immunisation resources for education settings**

A wide range of digital and printable immunisation resources that can be used by educational settings to promote vaccinations are available on the [School age children and young people webpages](#) and the [Public Health Wales Asset Library](#). Schools are encouraged to share these with parents or carers at appropriate opportunities such as at school entry, reminders at the beginning of each academic year, or prior to vaccination sessions taking place. Higher education settings are also encouraged to share relevant resources with their students at the beginning and when necessary throughout the academic year.

Copies of printed publications, including leaflets and posters to support the immunisation programmes can also be ordered from [Health Information Resources](#).

We also recommend introducing the concept of immunisation to children and young people, educating them on how vaccinations work and why they are such a critical intervention to preventing certain infections. Free lesson plans have been developed through the [Home \(e-bug.eu\)](#).

The World Health Organisation has also developed a digital game-based education platform called Immune Patrol. Targeted towards pupils 10-12 years of age, this bilingual resource offers interactive games and supportive resources and lesson plans for teachers, for pupils to learn about vaccines and the immune system. Further

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information on Immune Patrol and how to get involved is available from [School age children and young people - Public Health Wales](#)

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## SECTION 4

# Managing outbreaks and incidents

### Advice for all outbreaks

Many infectious diseases can be managed by reinforcing the measures recommended in [Preventing and controlling infections](#) and by:

- encouraging all people who are unwell not to attend the setting or remain separate from others, wherever possible – further guidance on **exclusion periods** is available for specific infectious diseases in the PHW document of the same name.
- ensuring all eligible groups are enabled and supported to take up the offer of [immunisation programmes](#) including coronavirus (COVID-19) and influenza.
- ensuring occupied spaces are well ventilated and let fresh air in.
- reinforcing good hygiene practices such as frequent [cleaning](#) and [hand hygiene](#).
- requesting that parents, carers or students inform the setting of a diagnosis of any infectious disease prior to returning to the care or educational setting.

During an outbreak or incident, when there are either several cases, or indications of more serious disease, additional measures may be required. These could include:

- considering communications to raise awareness among parents or carers and students (ensuring this is accessible for those who speak other languages or with lower levels of literacy).
- reinforcing key messages amongst children and young people, including the importance of hand and respiratory hygiene measures using materials such as the [e-bug resources](#).
- discussing with health visitors (childcare settings), school nurses (all schools) or student health services (higher education settings) about the support they can offer, particularly where a child or young person may face barriers to accessing health care.

### When people should stay away from the setting

People who are showing [the symptoms of an infectious disease](#) or have been diagnosed by a health professional or a diagnostic test should be advised to stay away from their setting for the minimum period recommended, if required, and until well enough.

See **PHW Exclusion guidance-** [Guidance for childcare, preschool and educational settings - Public Health Wales](#) for specific infectious diseases to find out if, and how long, people should be advised to stay away.

It is recognised that in residential settings, exclusion may not be possible and may require separate placement of the individual within the setting. Where separate placement is required but is not possible, the setting should seek advice from the Public Health Wales health protection team (HPT) via AWARE([AWARE/ Health Protection Team](#) -

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[Public Health Wales \(nhs.wales\)](https://nhs.uk) ) . This period will depend on the infection the person has and is outlined in the **PHW Exclusion guidance**.

Individuals who are close contacts of people who are unwell with an infectious disease, or an infection do not usually need to be excluded from the setting. However, if this is required, your HPT/ LA team will advise you on the specific precautions to be taken in response to managing a case or outbreak. They will contact you if this is required.

In most cases, parents and carers will agree that a child who is unwell and has symptoms of an infectious illness, such as a fever should not attend the setting, given the potential risk to others.

If a parent or carer insists on a child with symptoms attending the setting, where they have a confirmed or suspected case of an infectious illness, you can take the decision to refuse the child if, in your reasonable judgement, it is necessary to protect other children and staff from possible infection. For some infections, individuals may be advised to remain away from a setting for a longer period. This will be advised by your HPT or Local Authority EHO.

This section refers to public health exclusions to indicate the time period an individual should not attend a setting to reduce the risk of transmission during the infectious stage. This is different to 'exclusion' as used in an educational sense.

Education is extremely important for a child or young person's health, and wellbeing and high-quality face-to-face education is always preferable. Where required, children and young people should have access to remote education as soon as reasonably practicable, though in proportion to the length of absence and disruption to their learning. You can find out more information in the Department for Education's (DfE) guidance on [Providing remote education: guidance for schools](#).

Exclusion may cause challenges for parents or carers, due to the unexpected time off. Where possible and required, signpost parents or carers to services to access further support.

If a child or young person is already known to be vulnerable to neglect, abuse, or exploitation, and exclusion may increase this vulnerability, notify the appropriate agencies or individuals involved in safeguarding the child or young person.

## **What to expect from contacting your HPT**

If you need to contact the PHW HPT (AWARe) - [AWARe/ Health Protection Team - Public Health Wales \(nhs.wales\)](#) , they will conduct a risk assessment of the situation based on the information provided, and the type of infection.

The risk assessment will then inform the need for any further actions.

They will ask you to share information to help them assess the size and nature of the outbreak or incident and advise on any recommended actions.

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Information will include:

- the type of setting, for example nursery or special school
- total numbers affected (children, young people and staff)
- total numbers attending (children, young people and staff)
- any food handlers affected
- the number of classes, rooms, year groups affected (including nursery if applicable)
- the symptoms experienced
- the date when symptoms started, including a brief overview of the sequence of numbers of new cases since the outbreak started
- any indications of severe disease such as overnight admissions to hospital
- if there were any events or trips in the week prior to the start of the outbreak
- if known, whether any tests or clinical assessments have taken place
- vaccination uptake (for example for MMR and other infections)
- if there are any individuals within the affected group at higher risk from severe disease

Your PHW HPT (AWARe) will advise on whether any actions are recommended.

These may include:

- reinforcement of baseline infection prevention and control measures
- communication to parents, carers and students
- exceptionally, temporary advice to reduce mixing among a targeted group
- exceptionally, the temporary use of face coverings in communal areas

They may consider holding an Incident Management Team (IMT) meeting, which would bring together local stakeholders and the appropriate local authority. If, in exceptional circumstances and as a last resort, limiting the number of people attending the setting is considered necessary for public health reasons, this should be discussed at an IMT meeting before being implemented.

## When to contact the HPT

There are some situations where you may need to contact the PHW Health Protection Team (AWARe).

**Advice on when and when not to contact the HPT is included in the PHW Exclusion guidance for each disease - [Guidance for childcare, preschool and educational settings - Public Health Wales](#)**

Contact the PHW HPT (AWARe service) for advice if you are concerned and/or have seen:

- a higher than previously experienced and/or rapidly increasing number of absences due to the same infection
- evidence of severe disease due to an infection, for example if an individual is admitted to hospital.

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- more than one infection circulating in the same group of people, for example chicken pox, influenza and/or scarlet fever.
  - an outbreak or case of a more serious or unusual illness such as but not limited to:
    - [E.coli](#) 0157 or E. coli infection
    - [food poisoning](#)
    - [hepatitis](#)
    - [measles](#), [mumps](#), [rubella](#) (rubella is also called German measles)(Individual cases)
    - [meningococcal meningitis or septicaemia](#)
    - [scarlet fever](#) (if an outbreak or co-circulating chicken pox)
    - [tuberculosis](#) (TB)(Individual cases)
    - [typhoid](#)
    - [whooping cough](#) (also called pertussis)

If you do need to contact your HPT, you should prepare information in advance to help them to support you.

## Confidentiality

It is important to note that health protection teams (HPTs) are bound to manage personal case details in strict confidence and information will only be shared with other health and social care professionals on a need-to-know basis. Therefore, information given to settings from the team for distribution during an outbreak will never name cases or give out any personal details.

Organisations where cases are identified are also bound to manage personal case details in strict confidence.

Read further information on the [Personal Information Charter](#) which can be found on GOV.UK.

It is acknowledged that all settings have a baseline level of absences and that it is not always possible to know what individuals are ill with but that a setting may be able to identify where there is a noticeable change in absences over a few days or successive weeks, for example, 'a rapidly increasing number' may look like a doubling of absences across the setting or in a year group in a short space of time.

Being admitted to hospital is generally an indication of severe illness where this requires at least an overnight stay (note: where you are informed that assessment and discharge from a hospital ward have occurred on the same day, this is not the same as being admitted and does not indicate a more severe illness).

Any decision for settings to temporarily limit attendance for business continuity reasons, such as staff shortages, is for the setting management and local authority. Any communication to parents, carers, staff and students should make clear that this decision has not been made on public health grounds.

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## Safeguarding

Everyone who works with children and young people has a responsibility for keeping them safe. It is important to keep them in focus when making decisions about their lives and working in partnership with them and their families. No single practitioner can have a full picture of a child or young person's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.

When recommending exclusion on public health grounds, settings together with their HPT, education settings should consider any adverse effects or hidden harms the child may be exposed to by imposing isolation, for example domestic abuse within the home setting or neglect due to parental substance misuse.

Staff should be proactive in sharing information as early as possible to help identify, assess, and respond to risks or concerns about the safety and welfare of children. This may include a multi-agency meeting with the local authority safeguarding teams.

## Referral

Anyone who has concerns about a child or young person's welfare should make a referral to local authority children's social care and should do so immediately if there is a concern that the child is suffering significant harm or is likely to do so. Staff who make a referral should always follow up their concerns if they are not satisfied with the response.

If staff have concerns that a child or young person may be a potential victim of modern slavery or human trafficking, then a referral should be made to the National Referral Mechanism as soon as possible.

See [further information on safeguarding](#).

## What you need to do

All staff should know what to do if a child or young person tells them they are being abused, exploited, or neglected. Staff should know how to manage the requirement to maintain an appropriate level of confidentiality.

If a child with an infectious disease that requires exclusion has a child protection plan, ensure that the identified agencies are contacted. In the meantime, consider placement of the affected child within the setting and consult your HPT.

Ensure all staff are familiar with the setting's own organisational safeguarding policies and procedures.

Ensure all staff have received the appropriate level of safeguarding training.

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All staff should be aware of the process for making referrals to [Local Authority Safeguarding Teams](#).

Any decision for settings to temporarily limit attendance for business continuity reasons, such as staff shortages, is for the setting management and local authority. Any communication to parents, carers, staff, and students should make clear that this decision has not been made on public health grounds. [↵](#)

1. It is acknowledged that all settings have a baseline level of absences and that it is not always possible to know what people are ill with but that a setting may be able to identify where there is a noticeable change in absences over a few days or successive weeks, for example, 'a rapidly increasing number' may look like a doubling of absences across the setting or in a year group in a short space of time. [↵](#)
2. Being admitted to hospital is generally an indication of severe illness where this requires at least an overnight stay. Note, where you are informed that assessment and discharge from a hospital ward have occurred on the same day, this is not the same as being admitted and does not indicate a more severe illness. [↵](#)

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## SECTION 5

### Managing specific infectious diseases: A to Z

Please refer to the bilingual PHW Exclusion guidance found at : **AWARe/HPT internet site under childcare and educational settings** [Guidance for childcare, preschool and educational settings - Public Health Wales \(nhs.wales\)](#)

## SECTION 6

### Specific settings and populations: additional health protection considerations

#### Early years or pre-school children (ages 0 to 5)

This section provides additional considerations for early years and pre-school settings. It should be used in conjunction with other sections of Health Protection in Children and Young People Settings, including Education.

People in early years and child-minding settings should follow the advice set out in the main body of the guidance, for example:

- [preventing and controlling infections](#)
- [management of specific diseases](#)
- [managing outbreaks and incidents](#)
- [supporting immunisation programmes](#)

Hand and respiratory hygiene remain extremely important for this age group. Pre-school children need to understand why it is important to wash their hands and be taught how to wash, rinse and dry their hands correctly. [Early years lesson plans](#) on hand and respiratory hygiene are available. Adults should support children to follow the hand washing advice in the main guidance.

Some additional setting specific advice is provided that is particularly relevant to settings primarily attended by pre-school age children, such as nurseries and child minders.

#### Preventing and controlling infections

##### What you need to know

The early years environment can present additional cleaning challenges due to poor hand and respiratory hygiene of pre-school children, frequently touched surfaces, and the more common and frequent use or sharing of interactive items, toys and soft furnishings.

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There are many areas in early years settings with a high risk of germs being present, for example toilets, nappy changing areas, food areas and kitchens. These germs can be transferred to people via objects such as toys and equipment, for example, once a toy has been touched with unclean hands.

In early years settings, parents or carers may have provided labelled milk, including breast milk, for storage and use at the setting. Just like other foods, milk can become contaminated with germs.

## **What you need to do**

In addition to general [cleaning](#) guidance:

- ensure all toys carry a BS, BSI or CE mark and where possible buy toys and equipment that can be easily cleaned
- store toys in a clean container
- do not let children take toys into toilet areas
- store reusable equipment that has been cleaned but is not in use separately from used equipment and away from where equipment cleaning takes place

In addition to general food hygiene guidance, when preparing and storing [formula milk](#) foods for babies:

- follow the manufacturers' instructions for making formula milk
- use freshly boiled water that you have allowed to cool
- if possible, where dried formula for reconstitution has been supplied, make up each feed before using it; alternatively, encourage parents or carers to provide readymade formula bought in tetra packs

In addition to general food hygiene guidance, when preparing and storing [breast milk](#) foods for babies:

- all breast milk should be labelled with the child's name and date of expression
- use milk within 24 hours of it being expressed
- breast milk can be stored in the body of the fridge between 1°C and 4°C before use (not in the door where pasteurised drinking milk is often stored, as the temperature can vary considerably when opened)

When disposing of unused milk, you should:

- dispose of the remaining milk portion left after a feed
- rinse and wash bottles, teats, plastic spoons and other utensils thoroughly and return to parent or carer at the end of the day where appropriate.

Further breast and bottle milk guidance can be found here: [NHS 111 Wales - Pregnancy Guide](#)

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## Supporting immunisation services

### What you need to know

The [routine childhood immunisation programme for Wales](#) has a direct positive impact on the health and wellbeing of children as well as communities. Children aged 0 to 5 require a number of critical vaccinations to give the best protection against a number of infectious diseases.

The schedule of immunisations is included in the [Green Book](#). It is important to note that while vaccines should be given on time to provide protection against serious infections as early in life as possible, it is possible to catch up if an individual has missed a vaccine.

The immunisations provided to 0 to 5 years olds take place in GP surgeries or child health clinics, and not in educational settings. The only exception to this is the flu vaccine, which is provided through the schools-based immunisation programme to children from reception age, and in some areas, the flu vaccine may also be offered in nursery settings.

As children in the early years may not yet be old enough to have received all their immunisations, it is important that staff are protected by being up to date with the routine immunisation schedule, including 2 doses of the MMR vaccine. This is covered in the [immunisation guidance](#).

### What you need to do

Ensure questions about the child's vaccination status are included during the registration procedure. Resources and templates to support this are included in the "Pre-school immunisation resource pack", available from [Vaccine resources for health and social care professionals](#). Encourage parents and carers to ensure their child is up to date with their immunisations. If concerned, encourage them to seek additional guidance from the health visitor or their GP. For more information, you may wish to point them towards [School age children and young people - Public Health Wales](#) which includes tips for parents or carers.

Allow individuals to take time off to receive immunisations.

Encourage staff to check their immunisation records and contact their GP practice if they are unsure or need to catch up. Where possible, provide time for staff to attend routine immunisation appointments.

### Actions in the event of an outbreak or incident

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## What you need to know

Children and staff in early years settings are likely to have a higher level of close contact which will impact on the spread of infections.

Very few people with respiratory infections become seriously unwell. This is also true for people with long-term conditions. However, some children under 2, especially those born prematurely or with a heart condition, can be more seriously unwell from respiratory syncytial virus (RSV).

## What you need to do

Reinforce basic infection prevention and control measures, recognising the increased risk individuals due to the higher level of close contact.

For respiratory infections, note that these are common among people in winter months and so, those who have mild symptoms such as a runny nose, sore throat, or mild cough but are otherwise well, should be allowed to remain in the setting.

Follow the guidance above on managing outbreaks and incidents on managing specific infectious diseases guidance including the exclusion guidance. Information is included to help you decide if your local health protection team (HPT) needs to be informed. If they do, ensure that you make them aware of the ages of children in the setting, as younger babies and children may be at increased risk.

## Further resources on actions in the event of an outbreak or incident

E-learning course on preventing and managing infections in childcare and pre-school settings available from [FutureLearn](#).

[Interactive lesson plans for ages 3 to 5 on hand, respiratory and oral hygiene.](#)

[Early learning, childcare and out of school care services: design guidance](#), including minimum standards for toilets, handwashing facilities and kitchen or food preparation.

## Special educational needs, additional support needs and disabilities

This section provides additional considerations for settings working with people with special educational needs (SEN), additional support needs (ASN) or disabilities (SEND).

It is important to note that special educational needs are not the same as clinical vulnerability. Most people with SEN, ASN or disabilities will not require any additional health protection measures. Where an individual does have clinical vulnerabilities in a SEND setting, staff should seek advice from the individual's clinical team.

However, there are some considerations that can be specific to some SEND settings in order to minimise the risk of transmission of infection.

Close personal care such as lifting and manual handling support may be more common in special educational needs settings. Extensive guidance is available from the Health

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and Safety Executive (HSE) on [Supporting children and young people with disabilities, special educational needs, and additional support needs](#).

Where personal protective equipment (PPE) is indicated, full access to the required PPE and delivery and recording of appropriate training are required. This is covered in the [preventing and controlling infections](#) section of the general guidance.

## Preventing and controlling infections

### What you need to know

The SEND environment can present additional cleaning challenges due to the very frequently touched surfaces, and the more common use of interactive items, and soft furnishings.

There are many areas in settings with a high risk of germs being present, for example toilets, nappy changing areas, food areas and kitchens. These germs can be transferred to people via objects such as equipment, for example, once lifting equipment has been touched with unclean hands.

### What you need to do

All play, learning and lifting equipment must be safe for use and well maintained to reduce the risk of spreading harmful germs.

Where possible buy play and lifting equipment that can be easily cleaned.

Do not let individuals take learning equipment into toilet areas.

Equipment must be cleaned:

- between uses.
- after any bodily fluid contamination
- at regular intervals as part of an equipment cleaning schedule
- before and after servicing and repair

Reusable equipment that has been cleaned but is not in use should be stored separately from used equipment and away from where equipment cleaning takes place.

## Supporting immunisation services

### What you need to know

It is extremely important for people with SEN, ASN and disabilities to still follow the [Routine immunisation schedules for Wales - Public Health Wales](#) unless advised otherwise by their clinical team. Some individuals may also be eligible for additional vaccines as a result of their learning disability or underlying health condition. Immunisation remains a critical intervention to protect them from certain diseases.

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Some people with SEND may find vaccination sessions particularly stressful, but this should not prevent immunisation from taking place. A video and easy read resources are available to support delivery of vaccination programmes to those with additional learning needs. The resources which include information on the reasonable adjustments that might be required, are available from [Immunisation and Vaccines - Public Health Wales](#) webpage, and easy read versions of the vaccination information leaflets are available from [Vaccination information in accessible formats - Public Health Wales](#)

Staff who are providing close personal care may face increased transmission risks. Therefore, it is important for them to be up to date with the routine immunisation schedule. It is also recommended that staff who are involved in the care of individuals with a severe learning disability should [receive the hepatitis B vaccine](#), if recommended through an occupational health risk assessment.

Further information is provided in the [Supporting immunisation programmes](#) section.

### **What you need to do**

Encourage parents and carers to ensure their child or young person is up to date with their immunisations. If concerned, encourage them to seek additional guidance from the health visitor, school nurse, learning disability nurse or their GP. Students of higher education should be encouraged to seek additional guidance from their student health services.

For more information, you may wish to point them towards [Routine immunisation schedules for Wales - Public Health Wales](#) and if appropriate, [communications tools for people with learning disabilities](#).

Allow individuals to take time off to receive immunisations.

Encourage staff to check their immunisation records and contact their GP practice if they are unsure or need to catch up. Where possible, provide time for staff to attend routine immunisation appointments.

If you have staff working with people with a severe learning disability, conduct an occupational risk assessment and, if required, pay for the hepatitis B vaccine. This is the [responsibility of the employer](#).

## **Actions in the event of an outbreak or incident**

### **What you need to know**

Close personal care naturally requires close contact between children, young people and staff and increases transmission risks where infections are present.

When managing a specific infectious disease, refer to the guidance on exclusions. Given the importance of therapy services for some individuals with SEND, it is important that

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exclusion due to the individual having a specific disease is only carried out where recommended and for the minimum time suggested.

### **What you need to do**

Reinforce basic [infection prevention and control measures](#), recognising the increased risk of individuals due to the higher level of close contact.

If you are concerned about an individual with clinical vulnerability due to an outbreak, seek advice from that individual's clinical team.

Follow the managing outbreaks and incidents and managing specific infectious diseases guidance including the **PHW Exclusion guidance available from [Guidance for childcare, preschool and educational settings](#)**. Information is included to help you decide if your local health protection team (HPT) needs to be informed. If they do, ensure that you make them aware of any people within the affected group who are at higher risk from severe disease.

### **Further resources**

Guidance is available from HSE on [Supporting pupils with disabilities, special educational needs, and additional support needs](#).

Guidance is available from the Department for Education (DfE) on [Supporting pupils at school with medical conditions](#).

Guidance is available from DfE on [Ensuring a good education for children who cannot attend school because of health needs](#).

### **Residential settings**

Residential settings are settings where a group of people live together and have commonly shared areas including kitchens, bathrooms or sleeping arrangements. This section provides additional guidance to settings who provide residential care to children and young people and includes settings such as boarding schools, halls of residence, and children's homes.

We recognise that there are further differences for residential children's homes and secure settings. Therefore, this should be taken in conjunction with other sector-specific policy and guidance. The guidance is also applicable to residential educational trips and visits.

In settings where education and living arrangements are provided together, a wider range of potential health protection issues should be planned for. What is specific to these settings is the increased risk of any infection spreading quickly through this confined and close network of people, and also the increased risk of transmission of more serious disease due to the closeness of contact.

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Those responsible for managing these settings should familiarise themselves with this guidance and prepare plans for managing cases and clusters of common illnesses including diarrhoea and vomiting, respiratory infection and meningococcal disease.

Boarding schools in particular can bring together groups of children and young people from international countries, increasing the risk of infectious diseases less common to the UK than in other countries. Boarding schools and their medical staff should stay alert to the possibility of unusual presentations.

## Infection prevention and control

### What you need to do

Ensure appropriate parental consent, or assessment of a child or young person's competence to consent, for public health measures should be documented well before they are required. These can include vaccination, prophylaxis or isolation or exclusion from activities. More detail is available from [Children and young people: consent to treatment \(NHS\)](#).

Provide additional advice on the increased risk of shared towels, toothbrushes, razors and other higher risk vectors to people living in a residential setting.

Pillows and mattresses should have a protective cover, and these should be checked regularly. For settings with young people who are sexually active, consider the risk of sexually transmitted infections and include approaches to reduce the risk of transmission. Contact your [local sexual health clinic for resources](#).

## Supporting immunisation services

### What you need to do

Ensure appropriate information is available to support children and young people and/or where appropriate parents or carers to provide informed consent for routine immunisation.

Support residents to keep up to date with their vaccinations in line with the [routine immunisation schedule for Wales](#).

Vaccination records should be stored for each resident, and arrangement made for any missing vaccinations to be offered to residents or staff where appropriate.

Time away from work or school should be made available to attend vaccination appointments.

Where staff are providing care for individuals with severe learning disabilities or challenging behaviour within the setting, conduct an occupational risk assessment to identify whether staff require the hepatitis B vaccine. In such circumstances, it is the [responsibility of the employer](#) to conduct an occupational health risk assessment and pay for the vaccine if it is required.

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## Action in the event of an outbreak or incident

### What you need to do

Follow the actions in [managing outbreaks and incidents](#) section to determine whether the PHW HPT (AWARe service) needs to be informed.

Due to shared living arrangements, it is more likely that residential settings may be asked to identify household contacts during investigation of, for example, meningococcal disease.

A household contact is usually defined as those living and/or sleeping in the same household, for example individuals in the same dormitory or those sharing a kitchen or bathroom. Individuals may also be asked to identify close contacts, such as boyfriends or girlfriends.

If isolation is advised, it can be more challenging for residential settings and may require careful risk assessment in order to maintain appropriate staffing levels.

Health protection teams (HPTs) can support case by case risk assessments of how to achieve separation (cohorting) of cases, contacts and others. This includes staff as well as residents.

Communication during outbreaks or incidents is vital in residential settings and a communications plan should be prepared. This may require tailored communications to individuals, parents/ carers, and staff, and you may need to seek advice from the HPT regarding who is appropriate to communicate, warn, and inform in certain circumstances.

### Further resources

[DfE Boarding schools National minimum standards \( 2022\).](#)

[DfE Residential special schools: national minimum standards.](#)

## Additional guidance is available on specific disease management in closed settings:

### [Suspected acute viral respiratory infections: managing outbreaks in schools](#)

- Advice on what to expect when dealing with a cluster of meningococcal cases is found in [Guidance on the prevention and management of Meningococcal meningitis and septicaemia in higher education institutions](#).

## **OTHER ISSUES AND SCENERIOS-**

### **Travel health**

At some point during their studies, many students will travel abroad. This section has been compiled using advice from the [National Travel Health Network and Centre](#) (NaTHNaC) and highlights key issues to consider when planning travel.

Some GP practices and pharmacists will provide travel health advice and will usually administer any vaccines that are necessary. Any queries that your local practice cannot answer may be directed to a specialist travel clinic.

More details can be found from:

- [Travel Health Pro](#), which provides general travel advice, from NaTHNaC
- [Foreign and Commonwealth Office](#), which provides some health information for individual countries

Any ongoing health conditions should be discussed with their GP as specific advice may be needed to help manage these while overseas.

Regulations about whether medications can be taken overseas depend on the destination. Individuals travelling abroad should check with that country's embassy or another reliable source.

Individuals should also be advised to consider an appropriate travel insurance (for their travel needs).

### **Travel Immunisation**

A number of vaccine preventable diseases are common in foreign countries. Many of these diseases, such as hepatitis A, typhoid fever, rabies and some types of meningitis are potentially serious and are not part of the [routine childhood immunisation schedule for Wales](#). It is therefore important that students are advised to have all the recommended vaccines for their destination.

Some vaccinations are a mandatory requirement for entering a country. For example, pilgrims to the Hajj must have certain vaccines, including MenACWY, in order to obtain the required visa. Other countries have their own requirements for specific immunisations.

Travellers should see their GP or a specialist travel clinic at least 6 weeks before the departure date. It is helpful to take information about all destinations and any records of personal immunisation history to the appointment. Travel Health Pro has further information on <https://travelhealthpro.org.uk/countries>.

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## Sexual health and contraception while travelling

Unprotected sexual intercourse (sex without a condom) can lead to STIs. Examples include (but are not limited to) HIV, hepatitis B, chlamydia trachomatis and gonorrhoea.

In the UK, it is possible to access urgent treatment following unprotected sex with a partner who might be infected with HIV. This is called post-exposure prophylaxis. Please note, that this service is not available universally in other countries.

Individuals travelling abroad should take necessary precautions to protect themselves. If they think they might be sexually active, while abroad, then barrier protection (use of condom) is a must. In addition to having access to condoms, they should also consider carrying contraceptives with them, as these are difficult to obtain while abroad. Similarly, not all countries have easy access to the morning-after pill and individuals travelling abroad should be advised to consider their personal contraceptive needs during travel and discuss them with their GP or a [local sexual health clinic prior to travel](#).

## Insect bite avoidance

Insect bites can transmit infections to humans. The type of infection varies according to the type of insect and the country where the exposure occurs. Examples include (but are not limited to) malaria, dengue fever, yellow fever (all transmitted by mosquito bites) and Lyme disease (transmitted by tick bites).

These can have serious or even life-threatening complications.

## Country specific information

The risk of diseases in different countries can be checked on the [NaTHNaC](#) and [Foreign and Commonwealth Office](#) websites. The NaTHNaC website or your local travel clinic will be able to provide personal advice on what precautions to take.

## Avoiding insect bites

It is important to find out about the local risk of insect-borne diseases before visiting a country and if possible, avoid visiting particularly infested areas (especially from dusk till dawn). Wear loose clothing with long-sleeves and long trousers during the times when mosquitoes are most active, usually from dusk till dawn. If in a tick infested area, it is especially important to wear covered shoes, long trousers, and socks. The socks should be tucked into the trousers to prevent ticks crawling up the leg.

## Bed nets

When visiting areas infested with mosquitoes, sleeping under a bed net can help to reduce the risk of mosquito bites. The most effective type of net is treated with an insecticide. These nets often need to be retreated every 6 months and should also be checked for holes which can allow mosquitoes to pass through.

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## **Insect repellents**

Repellents containing diethyltoluamide (DEET) are recommended for use on exposed areas of skin. As with all topical medications, care should be taken to avoid eyes, lips and broken skin. Repellents should be reapplied after swimming or heavy sweating.

## **Malaria prophylaxis**

Malaria is a serious infection that causes large numbers of deaths and serious illness in some countries. It is a parasitic infection transmitted to humans through the bite of infected mosquitoes.

Everyone needs malaria prophylaxis if they are travelling to an 'at-risk' area. Even if the traveller has lived before in the country, any protection they might have developed while there disappears quickly. Some malaria prophylaxes must be started 2 weeks before travel, so it is important to seek travel advice early. Check [foreign travel advice](#) and the [NaTHNaC](#) website for the risk of diseases in different countries. The NaTHNaC website or your local travel clinic will be able to provide personal advice on what precautions to take.

## **Food, water and travellers' diarrhoea**

In some countries, drinking from the local water supply may lead to transmission of water-borne diseases such as cholera, hepatitis A and travellers' diarrhoea. Additionally, certain foods may be contaminated with infectious organisms. These illnesses can be debilitating and often include symptoms of diarrhoea and vomiting.

If there are any concerns about the safety of the local water supply, it is advisable to drink bottled water. Additionally, avoid drinks with ice made from tap water.

Food should be eaten freshly prepared and still hot. Do not eat unwashed fruit, salad, or vegetables or undercooked fish and shellfish.

Try to avoid food exposed to insects such as flies as these may transmit infections. Exercise caution regarding ice cream sold at small kiosks where refrigeration may be inconsistent.

If symptoms of diarrhoea and vomiting develop, then medical advice should be sought locally in the first instance.

Avoid dehydration by drinking plenty of fluids while symptomatic (ideally bottled water instead of carbonated drinks or fruit juices).

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Further information on [food and water hygiene](#) is available from Travel Health Pro.

## Sun protection

Sunlight includes both ultraviolet A (UVA) and ultraviolet B (UVB) radiation, which can both contribute to sunburn, skin ageing and the development of skin cancer.

Excessive exposure to sunlight can also cause eye problems, including inflammation of the surface of the eye and, in the long term, cataracts.

Excessive exposure can be avoided by:

- staying in shaded areas, especially during the hours with greatest sunlight (between 10am and 3pm)
- wearing clothes to protect skin and sunglasses to protect eyes
- wearing a hat
- using sunscreens that protect against UVA and UVB radiation and reapplying regularly

Further information on [sunscreen and sun safety](#) is available from NHS Wales.

## Outdoor learning, including forest schools and educational visits

This section presents additional considerations for settings who are taking children and young people off site, including to farms and zoos, or providing education in outdoor environments, such as forest schools.

Education and childcare settings can benefit hugely from trips and outdoor learning activities. Educational time spent learning outdoors provides clear public health benefits. Some additional specific considerations for infection prevention and control can minimise the risk to health from infectious disease during these activities.

Activities such as farm and countryside visits, or bringing animals into education and childcare settings, can expose children, young people and adults to a range of potentially harmful germs including E. coli O157. All animal droppings should be considered infectious. Healthy animals often show no signs of carrying germs, which are part of the normal environment at farms, stables, zoos and so on.

Any educational visits off site should be subject to risk assessments as normal and reflect any public health advice or in-country advice for an international destination.

General [guidance on educational visits](#) is available from DfE and is supported by specialist advice from the [Outdoor Education Advisory Panel \(OEAP\)](#). Further advice is available in DfE's [Keeping children safe in out of school settings: code of practice](#).

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The OEAP provides guidance including actions to manage the risk of disease during a [variety of visits](#). This guidance is also relevant if animals are brought into the setting.

For international educational visits, you should refer to the [Foreign, Commonwealth and Development Office travel advice](#) and the guidance on international travel before booking and travelling to make sure that the group meets any entry and in country requirements especially in relation to vaccinations. Additional information can be obtained from [TravelHealthPro](#).

## Water-based activities

### What you need to know

There is a risk of infection associated with any water-based activity on rivers, canals and freshwater docks, and also with the collection of specimens from ditches, streams and ponds.

Further details on health considerations and actions to take before, during and after the activity can be found in the [OEAP guidance](#).

### What you need to do

Ensure parents and carers know that if their child or young person becomes ill following participation in outdoor or water-based activities, the treating doctor should be made aware of the child or young person's participation in these activities.

Do not allow [babies or children to swim](#) in public swimming pools or participate in school swimming lessons until 2 weeks after diarrhoea and vomiting has stopped.

## Farms and zoos

### What you need to know

There are a number of diseases that can be passed on to children, young people and staff from infected farm animals such as Shiga Toxin-producing Escherichia Coli (STEC) (including E. coli 0157), campylobacter, salmonella and cryptosporidium. These can cause serious illness, particularly in young children. People can become infected through direct contact with animals, contact with an environment containing animal faeces or consuming contaminated food or drink.

Hands must be washed after contact with animals and when leaving the site. Many of these harmful germs need to be swallowed before they cause infection. Individuals that do not wash their hands thoroughly may swallow the germs when sucking their fingers or biting their nails.

Individuals can also be infected despite not actually touching the animals. For example, E. coli 0157 has been found on shoes and pushchairs after agricultural shows. Care should be taken when removing shoes or handling pushchairs to avoid contact with any potentially contaminated substances. Other sources of risk include manure, fields

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previously used for grazing, and dung on rural roads and paths (E. coli O157 can survive for some months in the environment).

Further guidance on [Preventing or controlling ill health from animal contact at visitor attractions or open farms](#) is available from Health and Safety Executive (HSE) and see PHW guidance on Open farm visits [Open farm visitors reminded to take safety precautions when visiting farms. - Public Health Wales](#).

### **What you need to do**

All staff and adults on the trip should refer to and follow the [Access to Farms Code of Practice](#) before, during and after the visit.

Prepare for the trip by:

- identifying petting zoos and country parks which have suitable facilities for children and young people to wash their hands (washing with soap and water is always best), ideally those that conform to the [Industry Code of Practice](#)
- identifying whether the adults attending the trip need more resources or training to help them manage the risks
- reminding children and young people of the rules and precautions to take upon arrival

During the trip, wash hands thoroughly with soap and water immediately, and supervise younger children to ensure hands are washed effectively at key moments that can break the chain of infection, such as:

- after direct contact with animals
- after touching fences, gates, cages, soil, tools and animal bedding, as these can be contaminated with germs
- before eating or drinking
- when leaving sites with animals
- after removing shoes or wellington boots
- after touching shoes, pushchairs and so on that have been used on a site with animals

Hand sanitiser should not be used as a substitute for handwashing with soap and water.

During the trip, ensure children, young people and staff follow the following precautions:

- avoid contact with animals which appear to be ill
- avoid contact with manure and dung
- only eating or drinking in designated eating areas which are separate from the animal areas, and only after washing your hands first
- only eating food brought with them or food for human consumption bought on the premises
- not touching or eating any food that has fallen to the floor or any food for animal consumption

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- avoid kissing animals, only touching animals with their hands and washing immediately afterwards.
  - avoid putting hands in their mouth during the visit, until they have washed their hands thoroughly

After the trip, staff supervising young children should:

- clean the group's shoes, pushchairs and so on, to avoid contaminating cars, toys, nursery floors, or other surfaces, washing hands afterwards
- change outdoor shoes before entering environments where children are crawling
- Ensure everyone's hands are washed with Soap and water

In order to protect their own health and that of their unborn child, those who are, or may be, pregnant should be advised to [avoid close contact with livestock animals that are giving birth](#).

The above guidance also applies if animals are brought into the education or childcare setting. You should check beforehand that animals have been healthy. You should not allow animals that have recently been ill into your setting.

## Forest schools

### What you need to know

Sanitation facilities are required to ensure people can access outdoor learning provision while minimising the risk to health from infectious diseases.

### What you need to do

Where no running water is available, provide sufficient mobile handwashing stations, with liquid soap, running water, and disposable towels. The use of the same bowl or basin of water for multiple people to wash their hands should not be used. Hand sanitiser should not be used as a replacement for handwashing with soap and running water.

When planning toilet provision, above all, it is important to protect the privacy and dignity of individuals. Where possible, use conventional standard flush toilets. If these are not available and there are no public toilets nearby, consider alternatives such as compost toilets, chemical and portable toilets and wild toileting.

Additional infection prevention and control measures include the following.

### Fixed compost toilets

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Fixed compost toilets will only work if you have systems in place to manage the waste processing from start to finish. Check whether secondary processing of accumulated solids is required and where this would be sited, including how the final compost is stored and used.

Ensure neither children nor visitors can access human waste compost during any stage.

PPE must be worn by whoever works with the compost and risk assessments must be carried out.

## **Portable toilets**

It is important to consider who disposes the contents, when and how, ensuring they have the necessary PPE, and neither children nor visitors can come into contact with the human waste.

## **Wild toileting**

This is not advisable as the main provision, but it may be necessary from time to time. Make sure you have an agreed approach based upon the advice of the landowner and environmental health officer.

## **Action in the event of an outbreak or incident**

Cases and outbreaks should be dealt with in line with usual practices.

Follow the actions in [managing outbreaks and incidents](#) section to determine whether the PHW HPT needs to be informed, with additional attention paid to potential environmental exposures in the outdoor setting, particularly where a number of cases are reported in the same class or group.

If the HPT does need to be informed, ensure that you make them aware of any recent trips, visits or exposure in the week prior to the outbreak.

Some allergic reactions, for example sneezing and rashes could be misinterpreted as an infectious illness and there must be an awareness of both to ensure correct management.

## **Resources**

[Health and safety on educational visits](#)

[OEAP national guidance](#)

[Access to Farms website](#)

[Access to Farms Code of Practice: teacher's guide](#)

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[Preventing or controlling ill health from animal contact at visitor attractions or open farms](#)

[Keeping children safe in out-of-school settings: code of practice](#)

[EBug Lesson KS2: Animal and farm hygiene](#)

[Scottish Framework for Safe Practice in Off-site Visits – Going Out There](#)

[My world outdoors](#)

[Out to Play – creating outdoor play experiences for children: practical guidance](#)

[Scottish Advisory Panel for Outdoor Education](#)

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## SECTION 7

# Children and young people settings: tools and resources

**Please refer to the PHW internet page for other** resources including guidance on how long to keep your child off school which can be found here [Guidance for childcare, preschool and educational settings - Public Health Wales \(nhs.wales\)](#)

**PHW have also other tools (see below) available for use which can be found here**

[Guidance for childcare, preschool and educational settings - Public Health Wales](#) and [Guidance for universities and residential colleges - Public Health Wales](#)

- Examples of Checklist of Measures to be undertaken during an outbreak
- Examples of Cleaning schedules
- Examples of Outbreak record form
- Infection Prevention and Control Quality Improvement (Audit) Tool for Childcare and Education settings

[Information for schools](#) – links to further information and briefing documents for headteachers and school staff on all school aged vaccination programmes.

### Other tools and helpful links

#### Meningitis or septicaemia: action checklist

The setting should contact the health protection team (HPT) with details of the individual. The HPT will contact microbiology and the medical team to obtain further information. The health protection team will then follow up with the setting to discuss any further action required.

If the diagnosis is likely to be meningococcal disease, the HPT will discuss the:

- composition of a letter of reassurance to parents, guardians or students to raise awareness of signs and symptoms.
- rationale for antibiotic prophylaxis for close household contacts and why children and young people who are contacts from educational settings are unlikely to receive prophylaxis.

Take care not to breach the confidentiality of the person and their illness.

#### For all cases of children, young people or staff members with suspected meningitis or septicaemia

The HPT will:

- assess the need for an incident team.

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- discuss the need for antibiotics within the setting and if required to a defined close contact group within the establishment (for example dormitory contacts, classroom contacts, children or young people who share common social activities and/or close friends).
  - discuss the composition of a letter of reassurance to parents, carers or students to raise awareness of signs and symptoms.
  - lead on any media messages or involvement.

the HPT may liaise with:

- microbiology
- GPs
- local Director of Public Health and their team within the Health Board

If staff or students have a general question about meningitis, or septicaemia or require support, there are 2 charities available (Monday to Friday, 9am to 5pm):

- [Meningitis Now](https://www.meningitisnow.org/): 0808 80 10 388, [helpline@meningitisnow.org](mailto:helpline@meningitisnow.org)
- [Meningitis Research Foundation](https://www.meningitisresearchfoundation.org/): 080 8800 3344

## **Useful links**

[Farm visits](#)

[Health and Safety Executive](#)

[The Meningitis Research Foundation](#)

[The Meningitis Trust](#)

[National immunisation schedule](#)

[NHS choices](#)

[Notifications of infectious diseases](#)

[Waste disposal](#)

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