

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

## SHPN guide to using the external guidance

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## Contents

### Overview

- Intended audience
- What the guidance covers
- Common scenarios

### Infections: transmission and those at higher risk

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

### Preventing and controlling infections

- Hierarchy of controls (HoC)
- Risk assessment
- Standard infection control precautions (SICPs)
- Toileting and sanitation
- Keeping animals on site and contact with animals

### Supporting immunisation programmes

- Vaccination schedule in Scotland
- School-based immunisation in Scotland
- Staff immunisation
- Immunisation resources for education settings

### Managing specific infectious diseases: A to Z

- When should people stay away from a setting?
- Definition of 'exclusion'
- When illness is reported
- Encouraging compliance
- Further information

## Responding to outbreaks and incidents

Recording absence

When to contact your health protection team

How to contact your health protection team

What will my health protection team do when I contact them?

## Specific settings and populations: additional health protection considerations

General guidance

Travel guidance

Outdoor learning, forest schools and educational visits

Dental guidance for nursery and schools

## Posters for display in settings

Staff areas and offices

Handwashing areas

Where personal protective equipment is used

## Guidance development methods

Guidance development process

Equality impact assessment (EIA)

[View the external guidance](#)

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# Overview

This guidance is a practical guide for all staff or volunteers working in settings for children and young people in Scotland.

It is adapted from UKHSA 'Health protection in children and young people settings, including education'.

This guidance should provide you with all the information that you need to protect the health of everyone attending and working in in your setting.

Where the guidance is the same for Scotland and England, such as 'managing specific infectious diseases: A to Z', the guidance will direct you to use the UKHSA guidance.

Where there is additional guidance for Scotland, this is set out.

This guidance has been approved for use in Scotland by the Scottish Health Protection Network (SHPN).

It was developed using agreed methods including engagement and consultation with staff working in these settings.

To print this guidance view a printable version of the whole publication and select 'print this page'. Please check you are using the most recent version of the guidance as printed versions cannot be updated.

# Intended audience

The information is intended for use by staff and volunteers in children and young people settings (for example teachers, managers, teaching assistants, and cleaners) in these settings.

1. registered day care of children's services who provide care to children under primary school age, including:
  - nurseries
  - playgroups
  - family centres
  - crèches
  - fully outdoor services for children aged 5 and under
2. childminders and assistants
3. providers of Care Inspectorate registered school-age childcare services in all sectors:
  - local authority
  - private and third sectors, including:
    - breakfast clubs
    - after-school care
    - holiday care
    - childminder services

4. all local authorities and schools (primary, secondary, special, school hostels or residential) under their management and all external organisations involved in delivering services in schools – for example, contracted facilities management services – including grant-aided schools and independent schools
5. colleges and community learning and development (CLD) settings that provide education for children and/or young people

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

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

## Know your local health protection team

Staff in these settings should know who their local NHS health protection team are, and how to contact them.

These NHS teams provide support and advice on all aspects of health protection in children and young people settings.

In-hours numbers should be used between 09:00 and 17:00.

Email is preferred for non-urgent queries.

It is better to phone HPTs than to email them to discuss suspected outbreaks or incidents.

## Further information

This guidance is not intended to be used as a tool for the diagnosis of infections.

Children and young people – or their parents or carers – seeking information about infections or diseases should refer to information on NHS inform. They should contact GP services if they are concerned.

## What the guidance covers

### In scope

The guidance provides advice on:

- what infections are, how they are transmitted and those at higher risk of infection
- preventing and controlling infections
- supporting immunisation programmes
- managing specific infectious diseases: A to Z
- responding to outbreaks and incidents
- specific settings and populations: additional health protection considerations

This guidance is primarily non-statutory, meaning it is not a legal requirement to implement the good practice recommendations made. It advises on best practice for health protection matters in these settings.

Where the guidance references a legal requirement, for example in relation to the Public Health etc. (Scotland) Act 2008 this is made clear.

The guidance does not replace or override any legislative or statutory requirements in settings including:

- health and safety at work legislation
- Care Inspectorate or Education Scotland requirements
- any other relevant legal and regulatory frameworks

## Guidance it replaces

This guidance updates and replaces previous Scottish Government guidance on COVID-19 in early learning and childcare services, schools, universities, colleges and community learning and development providers.

This guidance also updates and replaces previous SHPN guidance on 'Infection Prevention and Control in Day Childcare Settings' from 2018.

## Out of scope

This guidance is not intended to be used as a tool for the diagnosis of infections or for the self-management of infections or health protection issues.

## Common scenarios

You may want to go directly to the following sections if you are facing one of these common scenarios.

### An unwell child

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

Go to managing specific infectious diseases: A to Z.

### Reducing risk in your setting

I manage the setting and I want to plan how I can reduce the risk of an outbreak of infectious disease amongst the children.

Go to preventing and controlling infections.

### Suspected outbreak

The school office have had a number of calls from parents and carers of children in a primary 6 class with diarrhoea and vomiting, what should I do next?

Go to responding to outbreaks and incidents.

### Vaccination planning

We have the vaccination team coming in next month. How can we make the day run as smoothly as possible?

Go to supporting immunisation programmes.

## Infections: transmission and those at higher risk

Although we cannot stop all infectious diseases in children and young people settings, there are ways to reduce:

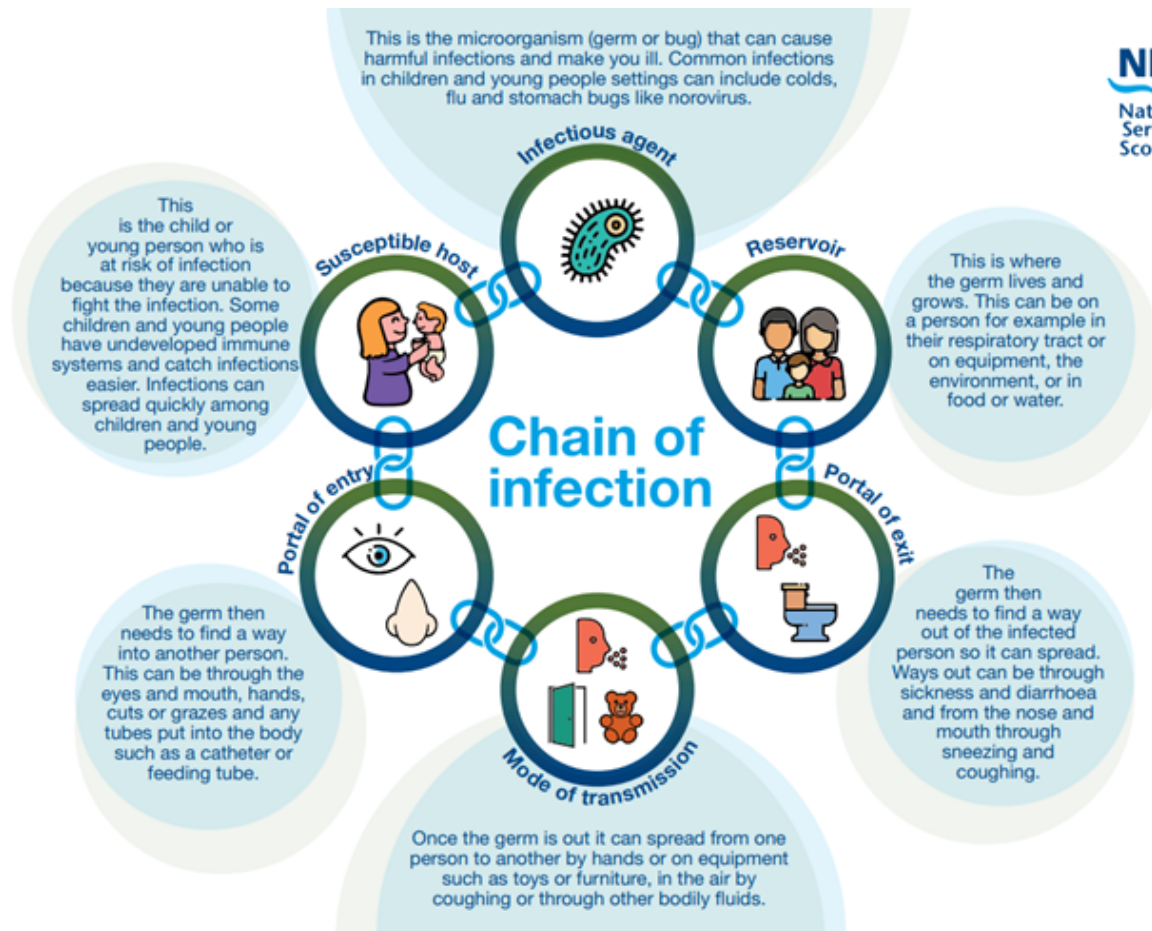
- how often we get sick
- how often we pass on infections to others
- serious diseases through good health protection and infection control

By following this guidance we can better protect the health of children, their families and staff who work in these settings.

## How infections spread

The chain of infection is used to describe how germs spread.

## The six step chain of infection



### + Full text version of the six-step chain of infection

The diagram flows in a clockwise direction and outlines the steps in the chain of infection.

#### Step 1: the infectious agent

This is the microorganism (germ or bug) that can cause harmful infections and make you ill.

Common infections in children and young people settings can include colds, flu and stomach bugs like norovirus.

#### Step 2: the reservoir

This is where the germ lives and grows.

This can be:

- on a person, for example in their respiratory tract
- on equipment
- in the environment
- in food or water

#### Step 3: the portal of exit

The germ then needs to find a way out of the infected person so it can spread.

Ways out can be through sickness and diarrhoea and from the nose and mouth through sneezing and coughing.

#### Step 4: the Mode of transmission

Once the germ is out it can spread from one person to another by hands or on equipment such as toys or furniture, in the air by coughing or through other bodily fluids.

#### Step 5: the portal of entry

The germ then needs to find a way into another person.

This can be through the eyes and mouth, hands, cuts or grazes and any tubes put into the body such as a catheter or feeding tube.

#### Step 6: the susceptible host

This is the child or young person who is at risk of infection because they are unable to fight the infection.

Some children and young people have underdeveloped immune systems and catch infections more easily. Infections can spread quickly among children and young people.

For germs to cause infection, all six steps in a chain are required.

Infection prevention and control (IPC) measures such as standard infection control precautions (SICPs), can be used to break the chain and prevent infection, for example through effective hand hygiene and environmental cleaning.

This guidance provides more information on breaking these chains of infection in the section on preventing and controlling infections.

Vaccination plays an important role in reducing the effects of infection. Every effort should be made to ensure those who are eligible are fully vaccinated.

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 getting an infection, or at risk of more severe illness or other consequences because of developing the infection.

This includes:

- people who are clinically vulnerable
- pregnant women

Health inequalities (unfair differences in our health) can also impact on health protection in children and young people settings.

## Clinically vulnerable individuals

Some medical conditions make people more vulnerable to infections.

People vulnerable to infection include those:

- being treated for cancer
- on high doses of steroids
- living with HIV infection or with any conditions which seriously reduce their immunity

People who have these medical conditions will have been advised by a medical professional managing their care that they have a weakened immune system.

It is important that:

- staff ask parents or carers whether their children have any specific health issues and record them appropriately and sensitively within the child's care plan or record
- employers are aware if staff have any vulnerabilities that should be documented and considered in workplace risk assessments

Necessary adjustments should be made, including in relation to reducing risks associated with infection, in line with:

- Scottish Government guidance on supporting children and young people with healthcare needs in schools

- relevant Health and Safety Executive vulnerable worker guidance

## Pregnancy and infectious disease

For all the latest information on health and pregnancy direct staff and students to Ready Steady Baby!

In Scotland if a pregnant woman develops a rash or spends time with someone who has one, particularly if they are in close contact – for example, works in the same classroom – with infections such as someone who has been diagnosed with measles, mumps, rubella, strep A, meningococcal disease, slapped cheek syndrome or chickenpox, they should tell their midwife, GP or obstetrician straight away.

Your NHS health protection team will be able to provide more information and will undertake more detailed contact tracing when required, for example, in the case of measles.

Further information on pregnancy and infectious disease in Scotland is available from:

- vaccines in pregnancy in Ready Steady Baby!
- how to prevent illness in pregnancy in Ready Steady Baby!
- protecting pregnant workers and new mothers (Health and Safety Executive)
- the employer's occupational health service, if there is one

## Breastfeeding

Breast milk has all the easily digestible nutrients in the right proportions for babies and contains antibodies and properties that prevent and protect against infections.

Settings should support their staff who choose to breastfeed.

Further information is available in Ready Steady Baby!.

## Health protection and health inequalities

Health inequalities are unjust and avoidable differences in people's health across the population and between specific population groups.

While undertaking health protection in children and young people settings we may unintentionally worsen health inequalities.

Requesting children, young people or staff to stay away from their usual place of care, work or learning to reduce the risk to others should always take into account the potential harms alongside the benefits of preventing infectious disease.

Harms can include:

- reduced educational or childcare opportunities
- carers' absence from work with consequent reduced income
- other family costs

Almost one in four children in Scotland live in poverty after housing costs. Absence from school or work can be particularly impactful for these children.

The Scottish Government have identified six priority groups at highest risk of child poverty.

These are:

- lone parent families
- minority ethnic families
- families with a disabled adult or child
- families with a younger mother (under 25)
- families with a child under one
- larger families (three or more children)

Children who live in poverty are more likely than those who do not live in poverty to:

- suffer acute infections
- be unvaccinated for common childhood illnesses
- be disabled or suffering long-term ill health, or live in a household with long-term ill health

- lack the opportunities for knowledge and means to reduce risk of illness and take longer to recover from illness

Their parents, carers and others in their households may also be less likely to be able to comply with public health advice, for example staying away from a workplace setting due to illness, because of financial pressures.

Financial pressures may also make it more difficult for parents and carers to take their children to vaccination appointments due to, for example, lower rates of car ownership, challenges with public transport or challenges with time away from work.

The households in which they live are also more likely to be over-crowded, further exacerbating the risk of infection and transmission to others.

Beyond poverty, inequality may arise from differences in:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race (including colour, nationality, ethnic and national origin)
- religion or belief
- sex
- sexual orientation

## Recognising and mitigating inequality

Accounting for differences between people when applying health protection measures is a legal obligation under the Public Sector Equality Duty (2011). Measures must be balanced in relation to the rights of children.

Each situation would be considered on a case by case basis but some examples of how staff in children and young people settings can recognise and mitigate inequality arising from health protection measures are outlined here.

### Raise any concerns

Ensure HPTs are made aware if there are any concerns about safeguarding, wellbeing or other concerns in relation to children being excluded or asked to stay away from a setting due to an infection.

Use existing guidance on Getting it right for every child (GIRFEC) to guide your decision-making.

### Make translations available

Work with HPTs to ensure relevant translation of any communications around infectious diseases being sent home to parents/carers are available in suitable languages.

This includes easy-read versions to account for differing levels of literacy.

### Provide remote learning options

Ensure that children who are asked to stay away from school for any period of time due to an infection risk are not disadvantaged by considering what appropriate learning opportunities can be made available.

### Encourage the reporting of illness

Consider other ways in which families can be supported and encouraged to report illness in their family and keep unwell children away from the setting without being penalised.

## Preventing and controlling infections

The purpose of this chapter is to provide staff, visitors and volunteers working in children and young people settings with practical infection prevention and control (IPC) advice and resources to help them apply this guidance in Scotland.

Local health protection teams (HPTs) can be contacted for support and advice on all aspects of health protection in children and young people settings.

The UKHSA guidance provides general advice for staff on the prevention and control of infections which is relevant to Scotland.

However, for some components, there are important differences in approach in Scotland and different resources to help support the application of guidance. These are set out here.

## Hierarchy of controls (HoC)

### What you need to know

The Hierarchy of Controls (HoC) is a system of categorising actions used to help prevent the spread of infection. It details the most to least effective infection and prevention control measures.

It details the most to least effective controls.

The HoC principles can be broadly interpreted for children and young people settings and include:

- reducing hazards
- changing practice
- making the setting as safe as possible
- changing how we organise and work in these settings
- use of personal protective equipment (PPE)

Find out more about the hierarchy of controls (HoC).

### What you need to do

Here are some examples of how to apply the HoC principles in children and young people settings.

These examples do not cover every situation where you might need to use HoC principles.

#### Reducing hazards

Recognising and reporting signs of infection and staying at home whilst you are symptomatic is advised as this will prevent infections spreading to others in your setting.

#### Changing practice

When faced with a particular risk, such as an outbreak, we may need to change what we all do.

This might include:

- reducing communal activities
- cleaning the environment more frequently

The local HPT can be contacted for advice and support in outbreak situations.

#### Making the setting as safe as possible

The children and young people setting should be made as safe as possible.

You can reduce opportunities for germs to survive by ensuring fixtures, fittings and equipment are in good repair and can be easily cleaned.

Settings should be kept well-ventilated.

Letting fresh air into indoor spaces will help dilute air that contains viral particles and reduce the spread of many infections.

#### Changing how we organise and work in these settings

Changing the way we organise and work in children and young people settings can also help reduce risk.

This might include reducing the number of people in a space at any one time and the use of administrative controls. This is especially important during outbreaks.

Administrative controls include:

- local risk assessments
- staff training
- providing clear signage and instructions for example infection prevention posters

## Personal protective equipment (PPE)

PPE is the last level of control in the hierarchy, used when all other controls have not reduced the risks sufficiently.

To be effective, PPE needs to be used correctly which means putting it on and removing it correctly and safely.

## Risk assessment

Infection prevention and control in children and young people settings involves:

- carrying out local risk assessments
- putting reasonable measures in place to manage any risks identified

Risk assessments should be reviewed and updated regularly.

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.

More information on health and safety at work – including risk assessments and templates – are available on the Health and Safety Executive website.

## Reducing infection risk

Infection risk can be reduced through the introduction of proactive and preventative measures including the following.

### Awareness

Increasing awareness of Standard Infection Control Precautions (SICPs) for all.

### Up-to-date documentation

Ensuring risk assessments are documented, reviewed and up to date.

### Attendance

Ensuring people with symptoms of an infectious disease do not attend the setting while unwell.

### Communication

Providing regular communications and reminders to all around:

- the signs and symptoms of infection
- reminder to stay home if feeling unwell or have a fever
- how to reduce the risk of spread

### Planning

Forward planning when arranging activities – for example farm park visits or taking part in animal handling – ensuring supervision with hand hygiene where required.

### Seek advice

Contacting the local health protection team for advice on infection prevention and control issues, for example a suspected outbreak of infection

## Standard infection control precautions (SICPs)

The ARHAI Scotland Transmission Based Precautions (TBPs) literature review is currently ongoing. This information may be subject to change.

### 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 (gastroenteritis)
- respiratory infections

Staff should follow local guidance and policies relating to uniform or dress code, including fingernail length and the wearing of artificial nails or polish, both of which may prevent effective hand hygiene and pose a safety hazard.

#### What you need to do

Ensure everyone has access to liquid soap, warm water, and paper towels.

Bar soap should not be used.

When there is no easy access to soap and water, a hand rub (alcohol or non-alcohol based) can be used if hands are not visibly dirty. It is important to note that hand rubs are not effective against all germs that cause gastroenteritis, such as norovirus.

It may be necessary to supervise the use of alcohol hand gel with young people and always with children. Manufacturer's instructions should be followed.

There may be occasions where permanent hand hygiene fixtures such as sinks are out of use. Local decision and risk assessment will be required to ensure that staff continue to have access to appropriate facilities. This may include the temporary use of mobile units. Manufacturer or provider instructions for use should be followed.

Advise everyone to clean their hands:

- when arriving to work
- after using the toilet
- before eating or handling food
- after playtime
- after touching animals

Regular hand hygiene throughout the day, particularly when shared equipment/toys are in use, will help prevent the spread of infection.

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

To make sure hands are cleaned properly with soap and water, the steps in the World Health Organisation (WHO) poster 'How hands should be washed' should be followed.

This poster is also provided in the posters for display in settings section and should be printed off and displayed to ensure that all staff, children and young people are aware of and practice this hand hygiene method when required.

Free resources to support hand hygiene education for ages 3 to 16 are available from:

- 'Wash your hands of them' children's pack, National Infection Prevention and Control Manual (NIPCM)
- e-bug.eu
- NHS 'how to wash your hands'

## Respiratory and cough hygiene

### What you need to know

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

Some common infections in children and young people that spread by the respiratory route include:

- rhinovirus (the common cold)
- COVID-19
- respiratory syncytial virus (RSV)
- influenza
- group A streptococcus (the cause of scarlet fever and 'strep throat')
- parvovirus B19 (slapped cheek syndrome)
- chickenpox
- hand, foot and mouth disease

### Face coverings

There is no recommendation to use face coverings in children or young people settings in Scotland.

However, anyone who wishes to continue to wear a face covering should be supported to do so.

Careful attention should be given to individuals with additional support needs when implementing this measure.

The use of face coverings may have an impact on babies and young children, especially those with additional support needs.

The ability to see a person's face clearly contributes to babies and young children's communication and understanding.

This is particularly the case for:

- children with hearing loss
- children who are learning English or another language
- those who rely on visual cues to enable them to be included in learning

Some children may need additional support and reassurance around the reasons for adults wearing face coverings, and the wellbeing and needs of children should remain a priority.

Face coverings are not the same as face masks being used as PPE. PPE is only used following an individual risk assessment, as set out in the next section.

### What you need to do

Encourage all individuals – particularly those with signs and symptoms of a respiratory infection – to follow respiratory and cough hygiene specifically, to:

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

Staff should help all children and young people who need assistance with respiratory hygiene and ensure they are provided with tissues, a waste bin and hand hygiene facilities.

Staff, children, and young people should be reminded why respiratory hygiene is important to minimise the spread of infection.

Support resources for ages 3 to 16 and are available at [e-bug.eu](https://e-bug.eu).

## Personal protective equipment (PPE)

### What you need to know

PPE can protect individuals from contamination with blood or bodily fluids, which may contain germs that spread infection.

Before doing any procedure or activity staff should always risk assess any likely exposure to blood and/or bodily fluids and in line with risk assessments. If PPE, is required, individuals, should ensure that it provides adequate protection against the risks associated with the procedure or task being undertaken.

Risk assessments should consider the risk and impact of infection occurring and may need to be adaptable if conducted in an 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 a risk assessment may be required is for an aerosol generating procedure (AGP). See below for further information.

### What you need to do

It is the responsibility of the organisation to ensure that risk assessments are undertaken as/when required as part of safe working practices.

If there is a risk of splashing or contamination with blood or bodily fluids during an activity, wear single-use (disposable) gloves and a single use plastic apron. Gloves should be made of latex, nitrile or neoprene.

Wear a fluid-repellent surgical facemask and eye protection if there is a risk of splashing with blood or body fluids to the face.

### For aerosol-generating procedures (AGPs)

Certain clinical procedures are rarely undertaken in the settings covered by this guidance.

An AGP is a medical procedure that can result in the release of airborne particles (aerosols) from the respiratory tract.

The AGP list differs slightly in Scotland than in England.

[View the AGP list for Scotland.](#)

AGPs from this list which may occur within children and young people settings can include:

- tracheotomy or tracheostomy procedures (e.g. open suction or removal)
- non-invasive ventilation (NIV):
  - bi-level positive airway pressure ventilation (BiPAP)
  - continuous positive airway pressure ventilation (CPAP)
- respiratory tract suctioning beyond the oro-pharynx (the base of the tongue)
- manual ventilation

Training should be in place to support staff to wear eye and face protection, apron, and gloves to protect against the splashing or spraying of blood and bodily fluids from AGPs.

Before undertaking any care, task or procedure staff should assess any likely exposure and ensure PPE is worn that provides adequate protection against the risks associated with the procedure or task being undertaken.

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 RSV or COVID-19), use additional airborne PPE including a fit-tested filtering facepiece 3 (FFP3) respirator.

[See this poster for information.](#)

Residential settings should plan for AGPs in a child with a suspected infection using the advice provided in this guidance. Typically, in non-residential settings, children showing signs of an infection should return home for further care, including AGP. Further advice from the local HPT can support a risk assessment in this situation.

It is a Health and Safety Executive (HSE) requirement that staff who need to wear an FFP3 respirator must be fit tested. It is the employer's responsibility to have this in place.

FFP3 respirators should not be worn by staff who are not trained in their use or who have not been fit tested.

All FFP3 respirators must be:

- fit tested (by a competent fit test operator) on all staff who may be required to wear a respirator to ensure an adequate seal/fit according to the manufacturers' guidance
- fit checked (according to the manufacturers' guidance) every time a respirator is donned to ensure an adequate seal has been achieved
- single-use (disposable) and fluid resistant
- compatible with other facial protection used such as protective eyewear so that this does not interfere with the seal of the respiratory protection. Regular corrective spectacles are not considered adequate eye protection
- put on before entry to the room where the AGP will be carried out and removed in a safe area once outside the room
- changed after each use

Signs that a change in respirator is required include:

- breathing becomes difficult
- the respirator is wet or moist
- the respirator is damaged
- the respirator is obviously contaminated with bodily fluids such as respiratory secretions

Further information regarding fitting and fit checking of respirators can be found from the Health and Safety Executive.

Settings should designate a room for undertaking AGPs. Designated rooms should be of adequate size and any non-essential equipment or furniture should be removed to allow for ease of cleaning. The room should have a door that can be closed and window that can be opened for ventilation.

Where it is not possible to designate a room, ensure all other staff, volunteers, children and young people are at least 2 metres distance away with a window(s) open for ventilation.

Clear signage should be used that indicates the timing of the last AGP.

Time is required after an AGP is performed to allow the aerosols still circulating to be removed/diluted. This is referred to as the post AGP fallow time (PAGPFT) and is a function of the room ventilation.

Where possible, allow one-hour PAGPFT with a window open before accessing the room without PPE, cleaning the room, or using the room again for an AGP.

Follow local policies or contact your local health protection team for support and advice.

## Safe management of the environment

### What you need to know

Settings and equipment should be kept clean to reduce the risk of germs spreading.

Cleaning and disinfection are important in all settings, particularly when food preparation is taking place.

Cleaning with detergent and water is generally sufficient in order to remove most germs that can cause infection.

In the event of an outbreak of infection in your setting, your local health protection team should be contacted for support and advice regarding cleaning regimes and any additional products required.

Do not refill spray containers for cleaning products. This is because the tube and pump elements cannot be effectively cleaned and dried which may lead to bacterial growth and therefore, a risk of contamination.

### What you need to do

Regularly clean and disinfect all areas or surfaces in contact with food, dirt, or bodily fluids.

Cleaning schedules should clearly:

- describe the cleaning methods
- describe the areas and items to be cleaned
- describe the frequency of cleaning
- state who has responsibility for cleaning

Toys and equipment should be safe for use, easily cleaned and well maintained to reduce the risk of germs spreading.

Toys and equipment should be cleaned:

- regularly as part of a cleaning schedule
- if visibly contaminated
- between use (where possible)
- before or after any servicing or repair

Soft toys should be regularly cleaned following manufacturers' instructions. It is recommended that all soft toys in the setting are machine washable. Soft toys that are not machine washable should be hand washed using general-purpose detergent and hand-hot water, rinsed and dried.

Plans should be developed for situations where additional cleaning will be required (for example in the event of an outbreak) and how the setting might carry this out without delay.

Staff should be aware of their environmental cleaning schedules and individual responsibilities.

Where applicable, ensure staff are appropriately trained in the use of cleaning products and have access to the appropriate personal protective equipment (PPE) and cleaning equipment. If cleaning is being undertaken using a detergent solution only, vinyl gloves are appropriate for use. Where cleaning requires the use of a chemical disinfectant product, gloves should be made of latex, nitrile or neoprene.

Cleaning equipment used should be disposable or, if reusable, disinfected after each use. Keep all cleaning equipment well maintained, for example check and change vacuum cleaner filters regularly.

Do not refill spray containers for cleaning products as there is a risk of contamination.

Store cleaning solutions in accordance with Control of Substances of Hazardous to Health (COSHH).

## 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 dilutes air that contains infectious particles. It is recognised that good ventilation supports learning through fewer sick days off from work or school and improves concentration and sleep.

HSE provides guidance on ventilation in the workplace that is relevant to children and young people settings: Ventilation in the workplace.

School settings as a minimum should ensure that ventilation and temperatures are in line with the School Premises Regulations, e.g. avoid leading to cold discomfort.

All workplaces should refer to the Workplace (Health, Safety and Welfare) Regulations 1992 requirements.

As part of the COVID-19 pandemic response, the Scottish Government provided funding to support local authorities to equip education and childcare settings with carbon dioxide (CO<sub>2</sub>) monitors to help them assess how well-ventilated their spaces were.

CO<sub>2</sub> monitors tell us how well-ventilated a room is, but they do not tell us the overall risk of infection.

Many of these monitors will still be in place in learning, teaching and play spaces in Scotland. Where a monitor is not available this can be raised with the owner of the setting or the local authority.

Childminders and those in other children and young people settings were not provided with monitors but should aim to ventilate their setting following the advice below.

## What you need to do

Prioritise natural ventilation by opening windows and doors to let fresh air in unless it is unsafe to do so, for example, do not keep fire doors open, or where there is any danger of children leaving the setting unnoticed. Try and open higher-level windows to improve airflow without creating draughts, especially in colder weather.

During the colder months, you may consider opening windows more when the room is unoccupied e.g. in between sessions or lessons. This is known as a purge ventilation.

Those settings with access to CO2 monitors can continue to use them as a tool to assess and manage ventilation, sitting alongside other protective measures, such as cleaning, vaccination, hand washing and staying home when unwell.

General guidelines on how levels of CO2 can be used and potential actions to increase ventilation are set out in the HSE guidance on using CO2 monitors. Each setting should review the options and determine how best to make changes to improve ventilation in their setting.

HSE recommend that CO2 levels consistently higher than 1500ppm in an occupied room indicate poor ventilation. Reaching the maximum level should not be the point at which action is taken. Settings should aim to maximise ventilation before they reach this point and maintain lower levels of CO2.

Consistently improving CO2 levels will benefit the health of staff, young people and children.

Remember however that CO2 measurements are only a broad guide to ventilation rather than demonstrating 'safe levels'.

## Safe management of linen and soft furnishings

### What you need to know

The UKHSA guidance on the safe management of linen and soft furnishings provides general advice for staff on the management of linen and soft furnishings in children and young people settings that is relevant to Scotland.

Childminders working from their own homes should ensure they utilise safe practices in relation to linen management where food preparation also takes place (i.e., domestic kitchen).

## 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.

Sharps waste (such as insulin needles) must be disposed of into an approved sharps waste bin. Bins should be stored safely and securely to prevent injury.

Childminders should contact their local primary care health team to discuss arrangements.

### In areas where food is handled or prepared

Follow food hygiene standards from Food Standards Scotland (FFS).

Educate children and young people on their role in improving food hygiene. Resources for ages 3 to 16 and are available at [e-bug.eu](http://e-bug.eu) and Food Standards Scotland.

Further information can be found at:

- Scottish Government 'Duty of care: code of practice for managing controlled waste'
- Waste carriers and brokers (Scottish Environmental Protection Agency (SEPA))
- Information for childminders who provide food as part of their service (FSS)

## Safe management of blood and bodily fluid

### What you need to know

Blood and bodily fluids may contain germs that cause infection. It is not always known whether a person has an infection or not, sometimes there are no symptoms. Therefore precautions should always be taken.

### What you need to do

Clean any blood or bodily fluid spillages immediately.

Wear single-use (disposable) gloves and an apron when cleaning any blood or bodily fluid spillages.

A fluid-repellent surgical facemask and eye protection should be worn if there is a risk of splashing with blood or body fluids to the face.

Use disposable paper towels or cloths to clean up blood and bodily fluid spills first.

These should be disposed of immediately and safely after use.

Clean using a product that combines detergent and disinfectant.

The manufacturer's guidance for the preparation of any solution should always be followed.

Cleaning with detergent followed by a disinfectant is also acceptable.

Chlorine-based disinfectants **should not** be poured directly onto urine spills as this can release chlorine gas.

Soak up urine spills first with disposable paper towels before using a disinfectant solution.

A spillage kit should be available and used for bodily fluids like blood, vomit, and urine.

Further information on the safe management of blood and body fluid spills is available from the Health and Safety Executive:

- cleaning up body fluids
- What are blood borne viruses?
- management of blood and body fluid spillages poster

## Managing an exposure

This includes needlestick or sharps injuries, cuts, bites, nose bleeds and bodily fluid spills.

### What you need to know

An exposure is an injury from a used needle or a bite which breaks the skin, and/or exposure of blood and body fluids onto:

- broken skin
- the eyes, nose or mouth

Injuries of this type including human bites that puncture the skin, are a potential source of exposure to blood borne infections and should be managed promptly and in accordance with guidance and/or local policies.

### What you need to do

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

Local policies should include details of designated first aiders who are appropriately trained.

**If an exposure, injury or bite occurs follow these steps.**

1. Perform first aid to the exposed area immediately, based on the location of the exposure, injury, or bite.

- If skin or tissue affected:
  - encourage the area to bleed
  - do not suck on the damaged skin or tissue
  - wash or irrigate with warm running water and non-antimicrobial (plain) soap
  - if running water is unavailable, use pre-packaged solutions, for example, sterile water or saline for irrigation
- If eyes or mouth affected:
  - rinse or irrigate copiously with water
  - use eye/mouth washout kits, if available
  - if contact lenses are worn, remove then irrigate
- 2. Once first aid is carried out:
  - report and document the incident as per local procedures
  - ensure that any corrective actions or interventions are taken
  - ensure that the item that caused the injury is disposed of safely
  - assess if further medical assessment is needed

Use the SICPs to reduce the risk of unknown (and known) infection transmission.

These include:

- wearing single-use (disposable) 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 single-use (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 a waterproof dressing or plaster
- keeping the dressing or plaster clean by changing it as often as is necessary
- managing all spillages of blood or body fluids

## 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 (like continence pads, 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.

The UKHSA guidance provides general advice for staff on nappy changing, potty use and management of continence aids within children and young people settings that is relevant to Scotland.

There is also Care Inspectorate guidance on nappy changing for early learning and childcare settings (excluding childminders). This aims to reduce the potential for infection in both children and staff.

### What you need to do

Regularly inspect toilet and nappy changing areas to ensure they are visibly clean.

Ensure hand washing and waste facilities are readily available.

In line with risk assessments, wear PPE to protect against body fluid contamination where required.

Toilet brushes for cleaning should be risk assessed for use, storage and changed regularly.

Where required, assist children and young people to use the toilet. Remember to assist the child or young person with washing their hands then wash your own.

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

Menstrual products, including tampons and pads are available free of charge in Scotland under Period Products (Free Provision) (Scotland) Act 2021. Councils and education providers must also make these products available for free to anyone who needs them.

Further information is available from the following external website resources:

- free period product information ([mygov.scot](http://mygov.scot))
- period information (NHS inform)
- choosing period products and disposing of them (NHS inform)
- nappy changing for early learning and childcare settings – excluding childminders (Care Inspectorate)

## Keeping animals on site and contact with animals

### What you need to know

The UKHSA guidance provides advice on reducing the risk of infection, where settings choose to include pets and other animals to enhance the learning environment or provide respite or support for people.

Anyone touching an animal or their bedding should wash their hands, in particular before eating.

Activities such as farm visits, outdoor learning and contact with animals can pose an additional risk of infection and risk assessment before visiting is advisable.

### What you need to do

All settings with animals on site, as visitors or more permanently, should review and follow the UKHSA guidance.

Individual settings should ensure that appropriate measures are taken to reduce this risk and consideration is given to people who may be at a greater risk of developing a severe infection.

Further information and guidance are available from:

- Scottish Framework for Safe Practice in Off-site Visits – Going Out There
- Scottish Advisory Panel for Outdoor Education
- Access to Farms website
- Access to Farms Code of Practice: teacher's guide
- Preventing or controlling ill health from animal contact at visitor attractions or open farms
- Out to Play – creating outdoor play experiences for children: practical guidance

## Supporting immunisation programmes

The UKHSA guidance on supporting immunisation programmes provides:

- a summary of the importance of immunisation
- the role all children and young people settings can play in promoting uptake
- advice on staff immunisations

There are some important differences in approach in Scotland which are set out here.

They include the vaccination schedule and how vaccines are delivered in partnership with children and young people settings in Scotland, particularly in schools.

## Vaccination schedule in Scotland

See NHS inform for full details of the vaccination schedule in Scotland.

## School-based immunisation in Scotland

Local NHS health board vaccination teams are responsible for the delivery of vaccinations in schools in Scotland.

### Before the immunisation session

Health board vaccination teams should work closely with your setting to ensure effective planning and delivery of the service.

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

### What the vaccination team will do

The vaccination team will contact your setting to agree on suitable days for visits.

You should nominate someone in your setting to act as a link person for the vaccination team. This will help with early engagement ahead of the visit and support planning and set-up for the day of the visit.

The team will also provide the setting with a consent pack to send to parents and carers.

This contains:

- an invitation letter
- an informed consent leaflet
- a consent form to sign

Education packs to support teachers and staff to respond to questions or concerns will also be provided.

### What you need to do

#### Invite

Send the invitation to parents and carers of children and young people who are eligible, in good time and with a clear deadline for response.

Deadlines will be advised by the health board vaccination team.

#### Communicate

Communicate with children, young people and parents or carers to support return of consent forms.

This should include communication when consent packs are sent home and reminder communications, as well as actively assessing returns and following up where returns are low.

This is crucial to ensuring good uptake and smooth running of immunisation sessions on the day.

#### Encourage

Encourage parents, carers or staff who may be concerned or require additional guidance to refer to NHS inform or speak to a healthcare professional.

#### Plan

Consider what space could be made available and provide as much information as possible for the vaccination team so that they can plan their visit and be prepared on the day. Ideally, this should be a large, well-ventilated space – generally a sports hall or similar.

## On the day of the immunisation session

### What the vaccination team will do

They will:

- set up the venue for the immunisation session
- check consent – if a young person wishes to be vaccinated and a consent form has not been returned, the vaccination team will work with the school to contact the parent/carer to seek verbal consent if necessary
- provide the immunisations to children and young people on the list provided
- remove any sharp, hazardous or medical waste

By law, some young people may be mature enough to provide their own consent.

The health professional will assess if a child under the age of 16 can be considered competent to understand the benefits and risks.

Read more about young people, immunisations and consent on NHS inform.

## What you need to do

### Ensure access

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

Provide, if possible, access to:

- a power supply with extension cables and anti-trip mats
- separation screens
- defibrillator
- gym mats
- tables and chairs

Provide easy wi-fi access for the vaccination team.

### Clothing

Encourage children and young people to wear loose-fitting short-sleeved tops on the day of vaccination.

### Support

Identify and support children and young people who may find the procedure stressful, in partnership with the vaccination team.

Support the vaccination team by providing parent/carer details to check consent as necessary.

### Seek verbal consent

If a young person wishes to be vaccinated and a consent form has not been returned, every effort should be made to contact the parent/carer to seek verbal consent.

This is recommended but is not always necessary.

### Environment

Help to keep disruption and noise to a minimum.

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

Avoid scheduling fire drills or other additional activities on the same day as vaccinations.

### Non-clinical waste

Remove any non-clinical waste generated on the day. The vaccination team will deal with the clinical waste.

# Staff immunisation

It is important that all staff are up to date with their vaccinations. Staff may wish to speak with a health professional for support or advice.

All staff should be encouraged to check their immunisation records and contact their local NHS health board if they are unsure if they are up to date.

## 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 local health protection team.

The HPT will conduct a risk assessment and, as part of the control measures, may consider offering vaccination to recommended persons in the setting.

This would require the setting to support with clear and prompt communication with parents or carers and rapid coordination of arrangements.

See when to contact your local HPT.

## Immunisation resources for education settings

A wide range of immunisation resources for education settings are available.

Schools are encouraged to share these with students, parents and carers at appropriate opportunities such as at school entry and provide reminders at the beginning of each academic year.

The recommended childhood immunisations can vary between countries outwith the UK. Encourage the parents and carers of children born outside of the UK to check they are up to date with the recommended immunisations in Scotland.

Higher education settings are also encouraged to share relevant resources with their students at the beginning of the academic year.

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.

## Recommended resources

The following resources are recommended for use in Scotland:

- What to expect after immunisation: young people
- Vaccines for young people resources
- Vaccines for young people consent resources
- Childhood immunisation resources
- What to expect after immunisation for babies and young children up to 5 years old
- HPV vaccine resources
- Protect your child against serious diseases
- Vaccines in pregnancy
- Flu education pack
- MMR vaccine stakeholder toolkit
- Childhood flu vaccine stakeholder toolkit
- Vaccines for students stakeholder toolkits

## Managing specific infectious diseases: A to Z

### When should people stay away from a setting?

People who are showing symptoms of an infectious disease or have been diagnosed by a health professional should be advised to stay away from any children or young people setting for the minimum period recommended (if required) and until well enough.

The need for any exclusion, and the period of exclusion for Scotland is as set out in the UKHSA guidance section on managing specific infectious diseases: A to Z.

When an individual seeks medical help with a condition considered to be infectious, they should be informed by the healthcare professional – such as a GP or nurse – if they are required to stay away from the setting for a period of time, and when they should return.

For example, this could be a specific number of days or until a defined point in time, for example until a rash is gone.

This is referred to as an 'exclusion'.

Sometimes no minimum period to stay away is given. People can return to work, school and other activities once they no longer have a high temperature and feel well enough to do so. People who have mild symptoms, e.g. runny nose, sniffles or a mild sore throat do not have to stay away if they feel well and do not have a fever.

People with diarrhoea and/or vomiting should be excluded until 48 hours after symptoms have stopped and they are well enough to return. More detail is available in the managing specific infectious diseases: A to Z.

HPTs may wish to deviate locally from the approach set out in this national guidance, for example during outbreak situations they may advise longer exclusion periods or testing of symptomatic people.

If local amendments are in place HPTs will notify the relevant children and young people settings in their board area.

## Definition of 'exclusion'

The managing specific infectious diseases: A to Z uses the term 'exclusion' to define the length of time an individual should be advised to not attend a setting to reduce the risk of transmission of infection to others.

This is noted as different from 'exclusion' in an educational sense, for example in Scotland exclusion under the regulation 4 of the Schools General (Scotland) Regulations 1975.

In Scotland, it is important to note that UKHSA's use of 'exclusion' is also different from legal exclusion – or restriction – whereby an 'exclusion' or 'restriction' order under the Public Health etc. (Scotland) Act 2008 is issued. This can be used to place a legal requirement on individuals (or their parent or carer) to ensure that they adhere to the instructions of the HPT.

These powers are used in cases of more serious infectious diseases and only under the direction of the HPT, who will advise any excluded individuals and inform the setting for how long they will be excluded.

## When illness is reported

If a parent, carer, child or young person reports directly to you that they have been diagnosed – or suffered the symptoms of – an infectious disease, you should refer to the managing specific infectious diseases: A to Z to understand how long they should stay away for, and let them know.

This advice is applicable to Scotland.

If the advice in this guidance differs from that they have received from the medical professional, you should contact your local health protection team.

If the child or young person lives in a residential setting – for example, a residential school – then it is recognised that exclusion may not be possible and may require separate placement of the individual within the setting.

The local HPT should be contacted to discuss this.

## Encouraging compliance

Staff in children and young people setting have a role in ensuring this advice is understood and followed.

To encourage people to follow these exclusion periods; staff, parents or carers should be prompted to provide a reason for absence when reporting them.

For example, if a child has had diarrhoea and/or vomiting they should be asked to stay away until 48 hours have passed after diarrhoea and/or vomiting symptoms have stopped, and they are well enough to return.

Where someone is not complying with a request to stay away from a setting despite exclusion being recommended in the guidance the HPT should be contacted for support.

See managing specific infectious diseases: A to Z for more details.

## Further information

For the most important infections, the UKHSA guidance on managing specific infectious diseases: A to Z sets out:

- the common symptoms
- the recommended period during which the person should stay away from the setting ('exclusion')
- any other actions
- when to contact your NHS health protection team

Advice on assessing high temperature is available on fever in children on NHS inform.

People who are close contacts of people who are unwell with an infection do not usually need to be asked to stay away from the setting.

However, if this is required, your HPT will advise you on the specific precautions to be taken in response to managing a case or outbreak. They will contact you and the individuals affected if this is required.

If you have any queries, or have any difficulties with individuals not adhering to this advice, contact your local health protection team.

## Responding to outbreaks and incidents

This guidance is for staff in children and young people settings to support with:

- identifying when you should contact your local health protection team (HPT)
- how to contact them
- what to expect from the HPT

## Recording absence

All settings with a responsibility for children and young people in Scotland should have in place a robust system of recording attendance.

This is essential to identify any increase in absence that may be associated with an infectious disease.

This system should record:

- dates of absence
- usual class or location of the absent person
- reasons for absence

The reason for absence should be detailed enough to identify any common causes or symptoms.

Confidentiality within the setting should always be maintained unless there is agreement to share specific information.

The HPT can clarify further with the person or parent if such information is not to be made available to the school or other setting.

It is also important to note that sharing personal identifiable information with the local HPT has a legal basis under the Data Protection Act.

The information should be reviewed daily to identify any cause for concern quickly.

## When to contact your health protection team

Staff in children and young people settings in Scotland should contact their HPT in the following situations.

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<b>Unusual levels of absence</b>	<p>An unusual level of absence or rapidly increasing number of absences, for any reason.</p> <p>What is unusual should be determined by the staff in the setting based on what is a normal level of absence.</p>
<b>A cluster of the same infection</b>	<p>Reports of two or more cases of the same infection. This is known as a cluster.</p> <p>For example, two parents from different families reporting their children have been told they have whooping cough.</p> <p>It is particularly important to contact the HPT if you identify <b>two or more infections circulating at the same time in the same group of people</b>, for example, chicken pox and scarlet fever in the same primary class.</p>
<b>A single case of more severe disease</b>	<p>A single case of more severe disease (for example, needing a visit or overnight stay in hospital) due to an infection in someone who works or normally attends your setting.</p>

## If staff have questions

Staff should look up diseases or infections reported in the managing specific infectious diseases: A to Z.

Staff working in children and young people settings should also contact their local health protection team if they have concerns or questions about infectious diseases.

Early involvement of the HPT is essential and staff should not try to manage suspected outbreaks without the support of their HPT.

HPTs may wish to use their professional judgement to deviate locally from the approach set out in this national guidance, for example during outbreak situations. If local amendments are in place HPTs will notify the relevant children and young people settings in their board area.

It is recommended that HPTs should document any actions they have taken that differs from the advice in the guidance.

## How to contact your health protection team

All staff in children and young people settings should know who the local NHS health protection team are, and how to contact them.

It is better to phone your local HPT than to email them to discuss suspected outbreaks or incidents.

Ideally, HPTs should be contacted during business hours – 9am to 5pm, Monday to Friday – but they may also be contacted out of hours if necessary.

## What will my health protection team do when I contact them?

Your HPT will work with you to:

- undertake a risk assessment
- plan what steps are required next

The responsibility for determining when an outbreak is underway will fall to the local HPT and they may use any outbreak definition they feel is appropriate, depending on the infection.

The HPT may hold a problem assessment group (PAG) or incident management team (IMT) and you may be asked to participate in these structured multi-agency meetings.

During an outbreak, there is a duty to both protect personal health information and also to share information with relevant agencies, if required.

The Data Protection Act can enable the sharing of personal health information when there is significant risk to the wider public under articles 6.1(e) and 9.2(i) of the GDPR.

The HPT will be able to explain what information they need, and their basis for requesting it from you during any incident.

More information can be found in the managing outbreaks and incidents section of the UKHSA guidance.

## Specific settings and populations: additional health protection considerations

For additional considerations and information on specific settings and populations, see the UKHSA guidance for specific settings and populations.

Sections are provided for:

- early years or pre-school children (ages 0 to 5)
- special educational needs
- additional support needs and disabilities
- residential settings
- travel health
- outdoor learning, including forest schools and educational visits

These settings should follow the general advice set out in this guidance but some additional specific resources related to these settings for Scotland are available.

## General guidance

Scottish Government guidance for:

- supporting children and young people with healthcare needs in schools
- early learning and childcare national induction resource – this is a national resource developed to support individuals in their induction to delivering early learning and childcare
  - childminding induction support programme is produced by the Scottish Childminding Association and is a national resource developed to support childminders through the registration process and beyond.
- policy for additional support for learning, which includes links to relevant guidance, including the 2017 statutory guidance to the Education (Additional Support for Learning) (Scotland) Act 2004

## Travel guidance

Advice on travel health is available in Fit for Travel.

This includes information on vaccinations required when staff, children and young people are travelling abroad.

## Outdoor learning, forest schools and educational visits

### Scottish Government

Scottish Government guidance 'Out to Play - creating outdoor play experiences for children: practical guidance', in particular:

- section 5.5 (handwashing)
- section 5.6 (toilets)

### Care Inspectorate

Care Inspectorate guidance My World Outdoors, in particular:

- Section 3.1 (Safe)

# Scottish Advisory Panel for Outdoor Education

Resources from the Scottish Advisory Panel for Outdoor Education, in particular 'Going Out There: Scottish framework for safe practice in off-site visits'.

## Dental guidance for nursery and schools

The Childsmile toothbrushing standards are recognised as best practice guidance for delivering a supervised toothbrushing programme.

It applies to all establishments offering Childsmile daily supervised toothbrushing, including independent nurseries, local authority nurseries and local authority schools.

Refer to toothbrushing in Education for more information.

## Posters for display in settings



The following posters have been produced to accompany the guidance.

It is recommended they are printed and displayed in appropriate places to promote the latest advice and guidance.



## Staff areas and offices

The following posters should be displayed in staff areas and offices within children and young people settings.

## Get up to date with the latest guidance on health protection

-  Infectious diseases in education and childcare: a practical guide for staff (A4 version) PDF | 800.3KB
-  Infectious diseases in education and childcare: a practical guide for staff (A3 version) PDF | 805.6KB


## How long should your child be off school?

-  Should I keep my child off school? (A4 version) PDF | 620.4KB
-  Should I keep my child off school? (A3 version) PDF | 623.0KB

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## Handwashing areas

The following poster should be displayed where hand washing takes place:

-  How to handwash

## Where personal protective equipment is used

The following posters should be displayed in settings where personal protective equipment is being used, in line with Section 3 of this guidance.

-  PPE when undertaking Aerosol Generating Procedures (AGPs) within children and young people settings, including education PDF | 601.5KB
-  Putting on and taking off personal protective equipment

# Guidance development methods

This SHPN guidance (SHPN addendum) is a practical guide for all staff or volunteers working in settings for children and young people in Scotland. It is adapted from UKHSA health protection in children and young people settings, including education.

## Guidance development process

### Method

This guidance was developed in line with the SHPN review of external guidance for acceptability of use in Scotland method.

### Guidance development group (GDG)

A multidisciplinary Guidance Development Group (GDG) was convened to produce this guidance.

The GDG had representation from:

- ARHAI Scotland
- Association for Directors of Education in Scotland
- Care Inspectorate
- Convention of Scottish Local Authorities (COSLA)
- teachers and head teachers
- ELC representative bodies
- NHS health protection teams
- Public Health Scotland
- professional associations
- school nurses
- Scottish Government
- trade unions representing teaching and support staff working in children and young people sector

### Evidence base

As set out in the SHPN method, an Appraisal of Guidelines for Research and Evaluation (AGREE2) assessment was undertaken by PHS. The purpose of this was to assess the quality of the UKHSA guidance and determine whether it would be suitable to adapt for use in Scotland. The AGREE2 assessment was informed by the content of UKHSA Guidance and through an interview with the authors of the UKHSA guidance.

To further develop this assessment, the recommendations for exclusion periods were compared to a European Centre for Disease Control (ECDC) systematic review on the incubation and infectiousness/shedding period of communicable diseases in children.

Based on the findings from this review it was agreed by the GDG that adaptation of the UKHSA guidance was acceptable and that a Scottish addendum would be required to support the use of the guidance in Scotland.

### Evidence to recommendation

An addendum was developed by the PHS/SHPN guidance team, with input from:

- ARHAI Scotland on infection, prevention and control
- PHS immunisations team on supporting immunisation programmes

The content was developed based on feedback from the GDG at the first meeting. It was further refined following a second GDG meeting and full review of the content.

Based on the evidence identified all recommendations are considered to be good practice recommendations, based primarily on expert opinion.

### Consultation

The UKHSA Guidance and the Scottish addendum were circulated for consultation with a wide range of stakeholders in the children and young people settings sector and with health protection professionals. The consultation took place in August 2023 and was open for four weeks.

The consultation responses were reviewed by the GDG and the addendum was updated.

## Approval and review

This guidance has been approved by the SHPN and PHS.

In line with the SHPN method the guidance will be reviewed at least every three years.

## Equality impact assessment (EIA)

An EIA was undertaken to consider any unintended or differential impact or risks arising from implementing the recommendations in the guidance.

It evaluated the variable impact of the guidance on different groups in society.

For example:

- children versus adults
- deprived versus wealthy
- by gender

Where variable impacts were identified, the GDG discussed and adapted the guidance to minimise impacts.

Read the equality and fairer duty impact assessment: health protection in children and young people settings.

## View the external guidance

This external guidance should be used together with the guide for use in Scotland provided on these pages.

[View UKHSA health protection in children and young people settings](#)

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## Version history

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