



UK Health  
Security  
Agency



Leicester, Leicestershire  
and Rutland

# Health Protection in Children and Young People's Settings

## A guide for carers

July 2024

The UK Health Security Agency provide information for children and young people settings, including education and residential homes, on managing cases of infectious diseases.

This quick reference resource has been put together to support carers of young people from abroad seeking safety in England on behalf of the East Midlands Council's Strategic Migration Partnership.

The information has been collated by health leads for Looked After Children and consulted with colleagues from Public Health and the UK Health Security Agency.

Due to the ever-evolving nature of health care, this resource provides links to key areas of websites, where the information will be updated nationally by the UK Health Security Agency.

**It is therefore not recommended that this resource is printed.**

A poster can be accessed [here](#) and printed off with a QR code to access the resources contained within this document for carers to have easily available to them.

# Suggested Actions for Care Providers

## **1. Ensure the young person is registered with a local GP**

GP practices must permanently register all Looked After Children, including UASC, and cannot refuse to register if they are in their local area.

You do not require an NHS number to register with a GP.

If you have difficulty registering a young person, please contact your local Designated Nurse for Looked After Children, based in your areas Integrated Care Board.

## **2. Support the young person to attend their Initial Health Assessment (IHA)**

The IHA will be requested by the originating Local Authority social worker for the young person to the originating area health team. This will then be passed on to the host area health team if placed in a different area.

IHA's are undertaken by a doctor and will use an interpreter, organised by the Local Authority, if required.

The appointment will be used to understand the health history of the young person, any risks or health-related events on their journey to the UK, and outstanding health needs. A health care plan will be produced which identifies all the health needs of the young person, and how these will be addressed. A copy of the health care plan goes to the social worker and to the GP. The health team will make any onward referrals required for health support, for example, blood-borne virus testing (for infectious diseases), Child and Adolescent Mental Health Services (CAMHS), catch up vaccination schedules.

## **3. Ensure the young person is taken/ supported to attend any clinical appointments**

Appointment letters will be sent from the clinical setting to the address of the young person. Please support the young person to understand what the appointment is for and what the letter states.

It is also helpful if you contact the department detailed on the letter to advise if an interpreter is required so that this can be arranged in advance of the appointment. If you are unable to attend, please ensure the clinical department is informed so they can reallocate a new appointment time to the young person.

## **4. Support the young person to access vaccinations**

Vaccinations are the key to support public health in the UK, offering protection against infectious diseases, improving quality of life and ensuring our population remains healthy. Through vaccinations, many infectious diseases have been eliminated or controlled.

Many of our young people will not have had access to vaccines previously, and will need to be supported to understand the benefits and commence on an accelerated programme to ensure they have full vaccinations as soon as possible.

## **5. Display this poster in your home so everyone knows how to manage outbreaks of infections and how to access resources if needed:**

[Poster: Managing cases of infectious diseases in all education and childcare settings](#)

# Frequently Asked Questions

Below you will find some responses to the most frequently asked questions. You can also ask your local Looked After Children's health team for advice and support or your local Health Protection Team (see questions 1 and 2).

## 1. Who do I speak to if I am worried a young person in my care may have an infectious disease, or I want to check their symptoms?

You can contact your local Health Protection Team at any time to ask advice on how a young person is presenting.

It is helpful if you can give details of:

- Where the young person has travelled from
- What the symptoms are that they are experiencing (e.g. cough, sweating at night, not eating much, vomiting, itching, a rash etc)
- When the symptoms started
- Who does the young person share accommodation with (young people and carers)
- How long the young person has been in the UK.

This will help the call handler to understand the possible issues and direct you and them to the right services.

## 2. How do I contact my local Health Protection Team?

The UKHSA have regional teams who provide a 24hour support line for any queries relating to concerns about health protection, infectious diseases, and management of potential outbreaks.

You can find your local Health Protection Team by clicking the link below and entering the postcode of the setting you are referring to.

:

[Find your local HPT contact details](#)

## 3. What is an outbreak?

An outbreak is 2 or more of any presentation. If cases are increasing in your provision, this should be notified to your local Health Protection Team.

## 4. How do I manage an outbreak of an infectious disease in my area?

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

- ensuring all eligible groups are enabled and supported to take up the offer of [immunisation programmes](#) including coronavirus (COVID-19) and flu
- 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

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

#### **5. I have just been informed a young person has an infectious disease. Does anyone need to isolate?**

This link [Exclusion table](#) provides guidance indicating 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.

This is a useful resource for knowing when a young person may need to be isolated and not moved between settings, and implications for others in the setting.

You can also seek advice from the GP, the local Health Protection Team or your Looked After Children's Nursing team.

#### **6. How do I know what vaccinations a young person I care for needs to have?**

You can click on the link below to access a flowchart to guide you in the vaccination programme required for each individual:

[Vaccination of individuals with uncertain or incomplete immunisation status \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

You can also access advice through the Initial Health Assessment, your local Looked After Children's Health Team, or the young person's GP

#### **7. I have been told a young person has scabies. What do I need to do?**

Scabies requires a warm and close contact to transmit and appears as tracking (red areas moving along an area) usually in warm places on the body such as underarms, webspaces between fingers and along the neck

One person with scabies in a household can be treated as a single case through an over-the-counter lotion from a pharmacy.

If a second case is diagnosed, all those in close contact should be treated, including carers and staff members.

Once treatment is complete, the scabies should completely resolve. See the GP if treatment has not been successful.

Limit close contact where possible whilst someone is being treated for scabies (avoid hugging or sharing a bed).

Wash all bedding and clothing separately on a one-off wash at 60 degrees and deep Hoover all areas of living space including sofas, flooring etc.

### 8. How do I manage a case of meningitis?

Additional information from the UK Health Security Agency can be found here: [Meningitis](#).

All close contacts will be offered a single dose of antibiotics, and the subject will be asked to share details of those close contacts (in direct physical contact) with the subject.

### 9. A young person has been diagnosed with Hepatitis B – what does this mean for others living in the same accommodation and their confidentiality?

Hepatitis B is transmitted through blood. Therefore sharing razors and toothbrushes and self-tattooing should be prohibited at all times. It is not passed on through the air or coughing.

The UK HSA will ask for consent from the person with Hep B (the “index case”) for their consent to share the information with other residents and carers so that they can take appropriate precautions. Experience has shown that it is very rare that an index case will not provide consent in such cases.

Further information can be found by clicking on this link: [Hepatitis B](#)

### 10. What is the difference between Latent and Pulmonary Tuberculosis (TB)?

People with latent TB have the TB bacteria but do not have the disease. They are not infectious. It is usually found when reviewing someone who has been a contact of a pulmonary TB sufferer.

Pulmonary TB is infectious and is usually diagnosed through the GP. Patients often present with breathlessness, night sweats, losing weight and lack of energy. The GP will refer to the TB nurses and the patient will commence on a course of treatment.

**It is really important that the full course of treatment is completed (a minimum of 12 weeks) even if the patient is feeling better before completing the course.**

TB tracing nurses will contact the residence of the patient, to find out

- How long the patient has been resident in the property
- What the living situation is
- If x rays are required for others in contact with the index case, and if others have any symptoms such as sleeping or eating problems,

All arrivals at Port will have TB testing as part of Border checks (this will include their temperature being recorded and a chest x-ray).

Additional information can be found using this link: [Tuberculosis \(TB\)](#)

### **11. How do I treat worms?**

Worms can present in a person as having itching around their bottom and changes in their normal eating patterns (may be off their food or can be eating a lot more).

Ensure no beds are shared and good hand hygiene, nails are kept short and clean, no jewellery and good domestic hygiene including not sharing hand towels in the bathrooms.

Wash all underwear and bedding at 60degrees or more

The pharmacist or GP can provide treatment.

Additional information can be found using this link: [Threadworm](#)

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

## Quick Links to the UK Health Security Agency Guidance: Health protection in children and young people settings, including education

The following lists are links to the key areas of information within the above guidance from the UKHSA. Due to the ever-evolving nature of health care, this resource provides links to key areas of websites, where the information will be updated nationally by the UK Health Security Agency. It is therefore not recommended that information within these links or the resource is printed.

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

1. [Infections in children and young people settings](#)
2. [How infections spread](#)
3. [Groups at higher risk from infection](#)
4. [Management of an infectious individual](#)
5. [References](#)

### Preventing and controlling infections

1. [Hand hygiene](#)
2. [Respiratory and cough hygiene](#)
3. [Cleaning](#)
4. [Toileting and sanitation](#)
5. [Personal protective equipment](#)
6. [Safe management of the environment](#)
7. [Safe management of linen and soft furnishings](#)
8. [Safe management of blood and bodily fluids](#)
9. [Safe management of waste \(including sharps\)](#)
10. [Managing prevention of exposure to infection \(including needlestick or sharps injuries, and bites\)](#)

### Managing outbreaks and incidents

1. [Advice for all outbreaks](#)
2. [When people should stay away from the setting](#)
3. [What to expect from contacting your HPT](#)
4. [When to contact the HPT](#)

### Additional Guidance for Infectious Disease Notification associated with asylum seeker accommodation for diphtheria, flu and covid 19:

[Diphtheria - NHS \(www.nhs.uk\)](#)

[Flu - NHS \(www.nhs.uk\)](#)

[COVID-19 - NHS \(www.nhs.uk\)](#)

## Managing specific infectious diseases: A to Z

1. Athlete's foot (Tinea pedis)
2. Chickenpox (varicella) and shingles
3. Chlamydia
4. Cold sores
5. Conjunctivitis
6. Cryptosporidiosis
7. Diarrhoea and vomiting (gastroenteritis)
8. E. coli STEC (Shiga Toxin-producing E. coli)
9. Food poisoning
10. Genital herpes
11. Giardiasis
12. Glandular fever
13. Gonorrhoea
14. Group A Streptococcus (GAS)
15. Hand, foot and mouth disease
16. Head lice
17. Hepatitis A
18. Hepatitis B
19. Hepatitis C
20. HIV
21. Human papillomavirus (HPV) and genital warts
22. Impetigo
23. Influenza
24. Invasive Group A Streptococcus (iGAS)
25. Measles
26. Meningitis
27. Meningococcal meningitis and septicaemia (sepsis)
28. MRSA (Methicillin-resistant Staphylococcus aureus)
29. Mpox (monkeypox)
30. Mumps
31. Norovirus
32. Panton-Valentine Leukocidin Staphylococcus aureus (PVL-SA)
33. Respiratory infections, including coronavirus (COVID-19)
34. Ringworm
35. Rotavirus
36. Rubella (German measles)
37. Scabies
38. Scarlet fever
39. Slapped cheek syndrome (parvovirus B19)
40. Syphilis
41. Threadworm
42. Tuberculosis (TB)
43. Typhoid and paratyphoid fever
44. Whooping cough (pertussis)



## Specific settings and populations: additional health protection considerations

1. Early years or pre-school children (ages 0 to 5)
2. Special educational needs, additional support needs and disabilities
3. Residential settings
4. Travel health
5. Outdoor learning, including forest schools and educational visits

## Children and young people settings: tools and resources

1. Exclusion table
2. Posters
3. Diarrhoea and vomiting outbreak: action checklist
4. Meningitis or septicaemia: action checklist
5. Useful links

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