



Llywodraeth Cymru  
Welsh Government

## Supporting the administration and management of childhood vaccination programmes delivered in schools

This document provides information and guidance to advise headteachers and school staff on action to support school nursing teams in the provision of vaccination services to school-aged children.

The list of vaccinations given in schools can be found [here](#).

### **Introduction**

The United Nations [Convention on the Rights of the Child | OHCHR](#) recognises a child's right to the enjoyment of the highest attainable standard of health.<sup>1</sup> Vaccination is one of the most important things we can do to promote good health and protect children and young people against illness. Vaccines help immune systems build resistance to specific infections, leading to reduced incidence and milder symptoms of disease, and less school time missed by children. Achieving high levels of immunity also protects families and the community by limiting the spread of viruses like flu and other preventable diseases in schools and other settings.

There is evidence to suggest that being fully vaccinated provides a degree of social mobility, as poverty and the associated ill-health and mortality from infectious diseases are no longer the determinants of one's life chances. Studies indicate vaccinated children are in better health and perform better at school<sup>2</sup>, with those immunised having the potential for improved life-expectancy<sup>3</sup>.

UNICEF, the UN organisation tasked with protecting the rights of children globally is clear that more needs to be done to ensure children have access to the benefits of vaccination.<sup>4</sup>

Vaccination equity is at the core of Wales's vaccination approach. Schools-based vaccination programmes allow everyone fair access and opportunity to take up the offer of vaccination, helping to level the playing field for disadvantaged groups.

### **The role of School Nursing teams**

School nursing services deliver the school-based vaccination programmes to all pupils in line with the school nursing framework for Wales and immunisation

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<sup>1</sup> Art 24 - States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services. Also Art 3 – Best interests of the child and Art 6 – Life, survival and development

<sup>2</sup> Nandi A, Shet A. (2020) Why vaccines matter: understanding the broader health, economic, and child development benefits of routine vaccination. *Human Vaccines & Immunotherapeutics*, 16(8), 1900–1904.

<sup>3</sup> Andre et al. (2008). Vaccination greatly reduces disease, disability, death and inequity worldwide. *Bull. World Health Organ.* 86, 140–146.

<sup>4</sup> [Vaccines to keep children safe - UNICEF UK](#)

standards<sup>5</sup>. To effectively deliver the range of school-based vaccination programmes throughout the academic year, they need to:

- Assess the immunisation status of every pupil at entry to primary and secondary school and offer information about how to obtain any outstanding vaccines.
- Arrange visits for nasal flu vaccination sessions, offered to all eligible pupils from reception to year 11 during the autumn school term.
- Arrange visits for targeted vaccination sessions for all children in years 8 and 9.
- Arrange catch up sessions for pupils who may have missed their scheduled vaccination when first offered.
- Once a date for vaccination sessions has been agreed, provide the school with information on the requirements for the session and any support needed.
- Arrange for a consent form and information pack to be sent to parents and carers ahead of any vaccination sessions.
- Where consent forms have not been returned, contact parents/carers or the pupil to discuss providing consent on the day.
- Ensure the school has access to up-to-date vaccination information prior to the vaccination session.
- Provide feedback to the school on the uptake of vaccination sessions.

School Nursing teams aim to keep disruption to a minimum and will only ask schools to do the things that vaccinators cannot do themselves.

Occasionally, School Nursing teams encounter issues with accessing data or contact details for primary and secondary school students or their parents, for the purposes of obtaining consent and/or administering school aged vaccinations.

### **The role of schools**

Schools are therefore asked to:

- work with School Nursing teams to agree the best approach for implementing and promoting vaccination programmes in schools.
- nominate a named contact with whom School Nursing teams can liaise and have in attendance on the day, to support the smooth running of vaccination sessions
- agree a date(s) for the vaccination session/s.
- work with School Nursing teams to create a timetable for each class to attend their session.
- provide an appropriate environment and space such as the school hall, for the vaccination sessions to be carried out safely and effectively.
- provide class lists with contact details to School Nursing teams and, where appropriate, for the purposes of obtaining consent or to facilitate a call between the healthcare professional and the parent.
- allow School Nursing teams permission to undertake an assessment of “Gillick” competency for young people, to be able to provide consent for themselves.

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<sup>5</sup> <https://www.gov.wales/sites/default/files/publications/2019-03/a-school-nursing-framework-for-wales-may-2017.pdf>

It would also be helpful if schools were to communicate with children, young people, parents and carers to support consent and uptake, including promoting and sharing information on the vaccination programmes on the school website, social media and through teacher/parent communication channels. Schools are asked to encourage parents, carers or staff, who may be concerned or require additional guidance, to speak to their school nurse, immunisation team or GP practice.

Parents, carers or a person with parental responsibility should be asked by schools to complete consent forms with a clear Yes or No response, and return forms promptly, highlighting that if the consent deadline is missed, School Nursing or vaccination teams may not have enough vaccines for everyone who would like one on the day.

### **Legislation and guidance are in place to support the administration of vaccination programmes in Wales and to facilitate the sharing of pupil information for the purposes of vaccinations for school aged children.**

#### Statutory duties and delegations

- Section 1 of the National Health Service (Wales) Act 2006 (*'the 2006 Act'*) places a duty on the Welsh Ministers to continue the promotion of a comprehensive health service designed to secure improvement in the physical health of the people of Wales, and the prevention of illness.
- Section 2 of that Act empowers Welsh Ministers to do anything which is calculated to facilitate the discharge of that duty.
- Under section 3 of the 2006 Act, the Welsh Ministers have a statutory duty to provide throughout Wales healthcare services for the prevention of illness as they consider appropriate as part of the health service. This would include providing vaccination and immunisation services.
- Pursuant to the Local Health Board (Directed Functions) (Wales) Regulations 2009, the Welsh Ministers' functions under sections 1 to 3 of the 2006 Act have been delegated to Local Health Boards who are thus responsible for the provision of health services in Wales within their local authority areas, including vaccination and immunisation services.

#### Personal Data - Lawful basis for processing personal data (including confidential patient information)

There are lawful bases identified under the UK General Data Protection Regulation (UK GDPR) which pertain to activity undertaken by School Nursing teams which data controllers would be able to rely upon for processing personal data in relation to young people's vaccinations, which are as follows<sup>6</sup>:

- the exercise of official authority<sup>7</sup>;

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<sup>6</sup> <https://gdpr-info.eu/art-9-gdpr/>

<sup>7</sup> [UK GDPR Article 6\(1\)\(e\)](#) - processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority

- provision of healthcare<sup>8</sup>; and
- public interest in the area of public health<sup>9</sup>.

Art 9(2)(h) is subject to Art 9(3).<sup>10</sup>

The relevant basis in UK law is set out in DPA 2018, Schedule 1 condition 3.<sup>11</sup> In order to rely on this condition, the processing must be carried out either:

- by, or under the responsibility of, a health professional; or
- by someone else who in the circumstances owes a legal duty of confidentiality.

Nurses are governed by professional codes ([Nursing Code of Practice](#) plus a [Toolkit for School Nurses](#)) both of which refer to the importance of confidentiality, as an important factor in building trust between professionals and young people. In Wales, the School Nursing Standards<sup>12</sup> sit alongside these codes.

In addition, sections 1- 3 of the 2006 Act is a basis in law which will allow justification for processing young people's information for vaccinations.

However, as confidential patient information is required to be processed, a legal gateway that sets aside the **common law duty of confidentiality** (CLDC) is required in addition to the lawful bases detailed above.

Consent is not the lawful basis under the UK GDPR or the CLDC for processing children's personal data for the purpose of vaccinations.

The CLDC is set aside by The Health Service (Control of Patient Information) Regulations 2002 regulation 3, which states that in relation to communicable disease and other risks to public health, subject to paragraphs (2) and (3) and regulation 7, confidential patient information may be processed with a view to monitoring and managing the delivery, efficacy, and safety of immunisation programmes in accordance with paragraph (1)(d)(iii).

In addition, regulation 4 – Modifying the obligation of confidence, states that anything done by a person that is necessary for the purpose of processing confidential patient information in accordance with these Regulations shall be taken to be lawfully done despite any obligation of confidence owed by that person in respect of it

### Practical application of the legal principles

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<sup>8</sup> [UK GDPR Article 9\(2\)\(h\)](#) - processing is necessary for medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems

<sup>9</sup> [UK GDPR Article 9\(2\)\(i\)](#) - processing is necessary for reasons of public interest in the area of public health

<sup>10</sup> Personal data referred to in paragraph 1 may be processed for the purposes referred to in point (h) of paragraph 2 when those data are processed by or under the responsibility of a professional subject to the obligation of professional secrecy under Union or Member State law or rules established by national competent bodies or by another person also subject to an obligation of secrecy under Union or Member State law or rules established by national competent bodies.

<sup>11</sup> <https://www.legislation.gov.uk/ukpga/2018/12/schedule/1/paragraph/3/enacted>

<sup>12</sup> <https://phw.nhs.wales/topics/immunisation-and-vaccines/vaccines-professionals/>

**Compliance with the legislation described above negates schools having to obtain the prior consent of children or their parents or guardians to lawfully share personal data from school rolls with School Nursing teams.**

Schools' privacy notices provided to parents and pupils should set out the lawful bases for processing personal data and which other organisations process personal data and why. The sharing of contact details and medical information with the NHS, local authorities and other government bodies including public health agencies (related to the provision of vaccination services) should be covered in such privacy notices.

### **Application of the Gillick Competency Framework**

Where immunisations are routinely offered in the school setting, consent differs depending on the age and competence of the individual child or young person. For secondary school aged children, information leaflets should be available for the young person's own use and shared with their parents prior to the date that the vaccination is scheduled. Where someone aged 16- or 17-years consents to vaccination, a parent cannot override that consent.

Young people under the age of 16, who understand fully what is involved in the proposed procedure (referred to as 'Gillick competent') can also give consent, although ideally their parents will be involved. If a Gillick-competent child consents to treatment, a parent cannot override that consent. If the health professional giving the immunisation felt a child was not Gillick competent then the consent of someone with parental responsibility should be sought. If a person aged 16 or 17 years or a Gillick-competent child refuses treatment that refusal should be accepted.

Schools should allow School Nursing or vaccination teams to use their clinical judgement for the purposes of assessment of "Gillick" competency to allow children who are competent to consent for themselves.

If a parent wishes to complain that their child was vaccinated following an assessment of their Gillick competency, they should contact the relevant health board to discuss their concerns.