Llywodraeth Cymru
Welsh Government

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

This document provides information and guidance to advise schools 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 (UNCRC)** recognises a child's right to the enjoyment of the highest attainable standard of health[1]. 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, measles 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[2], with those immunised having the potential for improved life-expectancy[3].

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.[4]

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.

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[1] 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

[2] 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.

[3] Andre et al. (2008). Vaccination greatly reduces disease, disability, death and inequity worldwide. Bull. World Health Organ. 86, 140–146.

[4] Vaccines to keep children safe - UNICEF UK

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 standards[5]. To effectively deliver the range of school-based vaccination programmes throughout the academic year, they need to:

- Ensure the school has access to up-to-date vaccination information prior to the vaccination session.
- 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 annually from reception to year 11 during the autumn school term.
- Arrange visits for targeted adolescent 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.
- Arrange for a consent form and information pack to be sent to parents and carers ahead of any vaccination sessions.
- Once a date for vaccination sessions has been agreed, provide the school with information on the requirements for the session and any support needed.
- Where consent forms have not been returned, contact parents/carers or the pupil to discuss providing consent on the day.
- 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.
- agree a date(s) for the vaccination session/s.
- 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
- sharing digital and paper consent forms with parents or carers
- provide up to date class lists with contact details to School Nursing teams to be able to plan for expected numbers, and for the purposes of obtaining consent or to facilitate a call between the healthcare professional and the parent or carer, when needed

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

- 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.
- recognise and support the role of School Nursing teams in undertaking assessments of Gillick competency, enabling young people who demonstrate sufficient understanding and maturity to provide their own consent.

If the response rate for vaccination consent forms is low, School Nurses can spend a lot of time contacting parents or carers to obtain consent, which impacts on the time available to deliver vaccines. The risk also exists that there will be children and young people whose parents or carers are in favour of vaccination, who are not accounted for. To mitigate this risk, schools are asked to encourage parents or carers 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 teams may not have enough vaccines for everyone who would like one on the day.

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. There are Public Health Wales toolkits for this purpose available from **Public Health Wales Asset Library Log In.** Resources are also available to order and download for free from **Health information resources - Public Health Wales**. 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.

Sharing and processing of data

As outlined above, information sharing is necessary to identify eligible pupils, contact parents or carers to follow up non-responses where appropriate, and maintain accurate vaccination records.

Legislation and guidance are in place to allow the sharing of data by schools and the processing of data by School Nurses in the administration of vaccination programmes in Wales.

Lawful Basis for Sharing Personal Data

The General Data Protection Regulation (GDPR) and Data Protection Act 2018 provide a framework to ensure that personal information is shared appropriately.

There must be a lawful basis for sharing personal data. Guidance on this is provided below. Using the right lawful basis means schools can share the information needed, with an appropriate authority or individual, in line with their role in contributing to public health protection and safeguarding the wellbeing of pupils.

The Information Commissioner's Office (ICO) offers **guidance** for organisations that handle children's personal information on how the lawful bases apply. For school vaccination programmes, the most appropriate lawful bases will usually be:

Performance of a Public Task

Article 6(1)(e) UK GDPR: Processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller. Public health and education functions fall within this category.

For special category data, an additional condition is needed, such as:

- provision of health or social care;
- management of health systems; or
- public interest in public health.

Section 8 of the Data Protection Act 2018 (DPA): says that the public task basis will cover processing necessary for statutory functions.

ICO guidance states *"Necessary' means that the processing must be a targeted and proportionate way of achieving your purpose, (and there is) no less intrusive way to achieve the same result."*

Determining whether the processing is necessary will be a task for schools when considering whether the lawful basis can be established.

In applying the guidance from the ICO, the performance of a task carried out in the public interest in this instance would be facilitating a vaccination programme by sharing personal data such as class lists, consisting of pupil names, and parent or carer contact details with School Nursing teams. The school would be helping address a public health concern.

School governing bodies are likely to have a lawful basis to share pupil data for school vaccination programmes under the "public task" basis in Article 6(1)(e) UK GDPR, particularly where sharing supports public health and pupil wellbeing.

Section 175 of the Education Act 2002 (the 2002 Act)

Section 175 of the 2002 Act states that school governing bodies have a duty to make arrangements for ensuring that their education functions[6] relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children who are pupils at the school. **Section 21 of the 2002 Act** provides that the governing body of a maintained school shall, in discharging their functions relating to the conduct of the school, safeguard and promote the welfare of pupils at the school. Welfare encompasses the physical well-being of the child.

The Welsh Government considers Section 175, when read together with section 21 of the Education Act 2002, **provides a lawful basis for sharing the personal data of pupils to offer those pupils a vaccine as part of a vaccination programme.**

[6] Any function conferred on the governing body under the Education Acts.

School teachers also **act in loco parentis** for pupils at the school. This is a long-standing common-law duty to act as a careful parent would in looking after pupils.

The Welsh Government considers that sharing pupil data to ensure the child/parent receive the offer of a vaccination would help protect the child's health and the health of other pupils. Both of which are wider public health concerns and so would be in accordance with the common law principle. Ultimately deciding on the legal basis has to be a matter for the school, but the Welsh Government strongly encourages schools to share this personal information. Schools will need to obtain their own independent legal advice.

Sharing information appropriately with NHS Wales School Nursing Teams does not mean that a vaccine will be given automatically. Instead, it will allow the School Nursing team to identify eligible individuals within the school and contact a parent or carer to discuss consent, if it has not already been received. Through supporting vaccination programmes in this way, schools would be helping to address a public health concern.

Privacy Notices and Data Protection Impact Assessments (DPIA)

Once established, and in line with the ICO guidance, any data sharing must be:

- Covered by the school's privacy notice.
- Supported by a DPIA.

Schools' privacy notices provided to parents and pupils should set out the lawful bases for processing personal data, 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. In terms of vaccination programmes, the privacy notice should specifically reference sharing information with NHS School Nursing or Immunisation Services where this occurs routinely as part of healthcare delivery. [7]

Schools should ensure that their privacy notices clearly explain:

- what personal information is collected;
- who it may be shared with;
- the purposes for which sharing takes place;
- the lawful basis relied upon;
- individuals' information rights; and
- how further information can be obtained.

The **Welsh Government's privacy notice for the statutory collections of pupil data is available**. Schools may wish to refer to this to support their own privacy notice requirements. **Examples** of school privacy notices covering the sharing of

[7] https://ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources/childrens-information/children-and-the-uk-gdpr/

information with the NHS and health authorities are also available for schools to refer to if needed. Further guidance is available from the **ICO**.

The Data Use and Access Act 2025 (DUAA) introduced new obligations when processing children's data. Controllers are required to take into account that children are less likely to understand the implications of the use of their data, less aware of their rights when it comes to their data and less able to exercise those rights. Schools should follow this guidance to ensure they meet those obligations.

Schools should review privacy notices regularly to ensure they remain accurate and compliant.

A **Data Protection Impact Assessments (DPIA)** is particularly recommended where children's data is involved, where information is shared systematically, or where data is transferred between organisations, there is a potential risk to individuals' rights and freedoms. The ICO encourage organisations to assess risks before sharing children's personal information.

The DPIA should consider:

- necessity and proportionality;
- information governance risks;
- security arrangements;
- retention periods;
- access controls; and
- mitigation measures.

Data Sharing Agreements

For sharing that happens on a regular basis, the ICO recommends having formal data sharing agreements in place. Common standards and templates for developing Information Sharing Protocols (ISPs) and Data Disclosure Agreements (DDAs) are available through the **Wales Accord on the Sharing of Personal Information (WASPI)** which has been designed as a tool to help organisations share personal information safely, effectively and lawfully. The consistent approach promoted by WASPI, and the good practice shared via the website, helps organisations to meet their data protection responsibilities.

We would encourage all schools to sign up to the Accord and make use of the templates and guidance available to support planned information sharing for public service delivery in Wales, like the administration and delivery of vaccination programmes.

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 or carers prior to the date that the vaccination is scheduled. Where someone aged 16- or 17-years consents to vaccination, a parent or carer cannot override that consent.

Young people under the age of 16, who have sufficient maturity and intelligence to allow them to understand fully what is involved in the proposed procedure (referred to as 'Gillick competent') can also give consent, although ideally their parents or carers will be involved, and if the young person is in agreement the parents or carers will be informed of any vaccination given. If a Gillick-competent child consents to treatment, a parent or carer 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. When assessing whether a child is Gillick competent the person needs to consider whether the child can:

- understand the nature and purpose of the request;
- understand the possible benefits, risks and consequences;
- remember and reflect on the information discussed;
- weigh up different options and viewpoints; and
- explain their views and reasons clearly.

School Nursing or vaccination teams will 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 or carer 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.