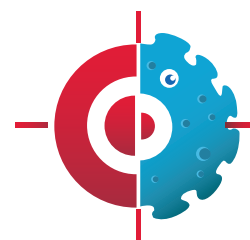


ECDC communication toolkit to support

# *Infection prevention in schools*

## *Focus: Gastrointestinal diseases*










Why, what and how?





## Tab

---

1	 <b>Toolkit: Overview</b>	5
2	 <b>Toolkit: Implementation handbook</b>	15
3	 <b>Toolkit: Logo</b>	51
4	 <b>Toolkit: Slogans</b>	55
5	 <b>Toolkit: List of key preventive measures</b>	59
6	 <b>Toolkit: Key messages</b>	69
7	 <b>Toolkit: Pictograms</b>	79
8	 <b>Toolkit: Powerpoint presentations</b>	87
9	 <b>Toolkit: Posters</b>	91

---



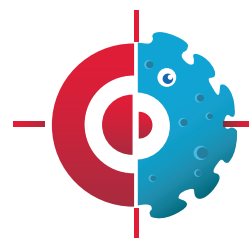


# *Infection prevention in schools*

## *Focus: Gastrointestinal diseases*



## *Toolkit: Overview*





## Introduction

The European Centre for Disease Prevention and Control (ECDC) has developed this communication toolkit to help national and regional health authorities, in EU/EEA countries, support educational authorities and school communities in preventing and controlling infectious diseases in primary school settings, with a focus on gastrointestinal diseases. This toolkit calls for a ‘whole school’ approach and can be used to support the development of specific action plans and related communication activities. It can also be used to help schools address compliance challenges associated with existing national regulations or guidelines or to identify ways to overcome some of the barriers to implementation of preventive measures.

The toolkit is a prototype<sup>1</sup> to be used in pilot interventions. It provides implementation guidance, evidence-based messages and visual communication materials to support healthier behaviours in the school community, in particular good hygiene. It helps health authorities to work with school authorities and communities to identify and engage in needed actions. The communication materials included in this toolkit are available for free use and can be adapted in different countries according to national and regional strategies and needs.

While the principles described and support materials included in this toolkit can be applied to various infectious diseases, **the focus of this toolkit is on enhancing whole school capacities to prevent gastrointestinal diseases with an emphasis on appropriate hygiene practices.** This toolkit was developed in support of the ECDC technical report on ‘Prevention of norovirus infection in schools and childcare facilities<sup>2</sup>’, which synthesizes current international guideline recommendations related to prevention and control of gastroenteritis outbreaks in these settings. The toolkit materials provide information on the main causes of gastrointestinal diseases, how these are transmitted and what actions different members of the school community can take to enhance their capacities to stay healthy and avoid the spread of disease and outbreaks.

- 
- <sup>1</sup> Prototyping is a system development method which is usually employed when it is difficult to obtain exact requirements from the end-user or when a new product or concept is being developed. When a prototype is shown to the user, he/she gets a proper clarity and ‘feel’ of the product and can suggest needed changes and modifications.
  - <sup>2</sup> ECDC technical report ‘Prevention of norovirus infection in schools and childcare facilities’ (<http://ecdc.europa.eu/en/publications/Publications/norovirus-prevention-infection-schools-childcare-facilities.pdf>).

## 1. *Why support whole school approaches to infection prevention?*

Schools are ideal settings to encourage hand washing and other good hygiene practices which can contribute to children and staff learning effective ways to prevent infections. Schools involve a large part of the population who are often in close proximity to one another and are settings where diseases can spread quickly. Effective communication in school settings can help to educate not only students and staff about good hygiene practices and other strategies, but also parents and other community members. Healthy behaviours learned in schools can contribute to future health and well-being.

Gastrointestinal diseases, for example, are common, very contagious and can be severe. They are a significant cause of school absenteeism (both students and teachers). An outbreak can lead to school closures and cause major disruptions for all members of the school community. Actively engaging the whole school community in identifying ways to comply with existing hygiene regulations and/or develop new strategies and action plans for disease prevention can build resilience. An implementation handbook provided with this toolkit details further how a ‘whole school’ approach shall be considered in order to engage with school communities to promote health.

## 2. *What is in the toolkit?*

This toolkit contains materials that can be used in support of whole school approaches to preventing infectious diseases in schools. An implementation handbook introduces key considerations on how health authorities can engage with school communities in order to raise awareness, inform about and encourage the implementation of key preventive measures for disease prevention. A set of communication materials is also provided, in order to help make specific communication activities on good hygiene practices for gastrointestinal disease prevention easier, more effective and affordable. The materials target different audiences, as all those involved in the school community can benefit from learning health generating behaviours and skills and have a role to play in either encouraging, supporting or implementing preventive measures. This includes not only teachers and pupils, but also the school authorities, the staff (e.g. cleaning and canteen staff, school nurses), parents and caregivers, as well as related stakeholders such as national and regional health and school authorities, and the local community.

## 2.1 Toolkit components

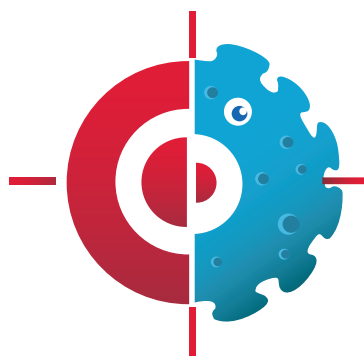
The toolkit includes an implementation handbook, a logo for communication activities, slogans, a list of key preventive measures, key messages, pictograms, prototype posters and powerpoint presentations.

### **Implementation handbook**

This handbook provides guidance on why whole school approaches to the prevention and control of infectious diseases are important, how components of the toolkit can be used to support such approaches and how to evaluate the results.

### **Logo**

A logo has been developed to give materials a common visual identity. It can be used, if desired, on communication materials such as posters, leaflets, information sheets, etc.



### **Slogans**

'Short and catchy' messages are proposed that highlight key actions that different groups in the school can take in order to prevent the spread of gastrointestinal diseases. These slogans can be used in specific communication materials, such as a poster. A slogan can be used also in combination with other toolkit materials such as one or several pictogram(s). For school children an example of this could be:

*“Don't let tummy bugs keep you in bed”*



## List of key preventive measures

A comprehensive list with key preventive measures is included in the toolkit. These are evidence based and drawn from the ECDC technical report ‘Prevention of norovirus infection in schools and childcare facilities’. This list indicates different areas to be addressed to empower individuals and help them stay healthy and prevent infections, including:

- Knowledge about gastroenteritis
- Hand hygiene
- Isolation and exclusion of affected individuals
- Environmental cleaning and disinfection
- Catering standards
- Dealing with outbreaks

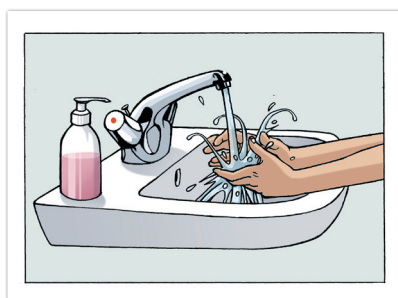
The list functions as a ‘checklist’ for schools to ensure that key preventive measures are in place. The list also indicates which priority audiences should be addressed and what information regarding specific measures could be most helpful for these.

## Key messages

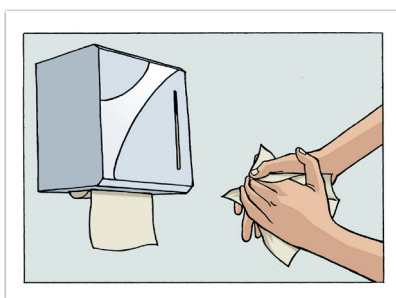
Building on these measures, a set of key messages is provided for key target audiences: school and health authorities, teachers and parents, children, and school staff. These key messages can be used when developing specific communication materials such as educational activities for pupils, leaflets, factsheets, etc.

## Set of pictograms

The pictograms (see examples below) illustrate in an easily understandable way ten key preventive measures to avoid the spread of gastrointestinal diseases. Images are accompanied by a short text summarising the key actions. Communicators can select some or all of the images in order to develop specific communication materials, such as memory games for pupils, posters, leaflets, etc., depending on which audiences they wish to address. Below three examples of the pictograms are provided:



Wash hands with  
liquid soap and water



Dry hands well with  
disposable paper towels



Frequently contacted surfaces  
should be cleaned often

## Powerpoint Presentations

Two presentations are provided, addressing: **a) School and health authorities** and **b) Parents and teachers**.

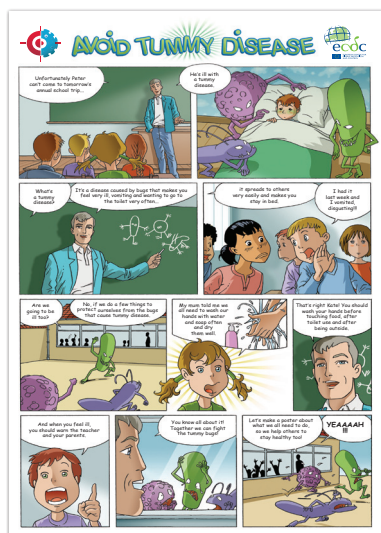
The aim of the presentations is to inform about and empower specific audiences on gastrointestinal diseases, how these are transmitted and how they can be prevented. The slides can be used for educational purposes, for example during meetings in the schools with relevant audiences. The speaker's note provided with the slides offer additional information to support the presenter during the delivery of the information.

## Posters - Prototypes

The posters can be used as provided or can also serve as inspiration for schools/teachers/students developing their own communication materials, as they show how messages on key preventive measures can be conveyed to specific target audiences in a creative way, combining images and texts.

**Two prototypes of posters are included:**

- Poster for children (primary school)
- Poster for adults (teachers and parents)



The poster for children includes a message at the end encouraging the school class to develop their own posters to communicate on prevention. Posters could be displayed in the school environment, but also in other places where children or parents are present (e.g. local community associations, local health clinics, etc.)

## 3. How to use the toolkit

### 3.1 The implementation handbook

The implementation handbook introduces five key steps that public health authorities can follow in supporting educational authorities and school communities in the planning, implementation and evaluation of whole school approaches to gastrointestinal disease prevention and control (see Figure 1).

**Figure 1: Key steps for a whole-school approach to infection prevention and control programme**



### 3.2 Other toolkit components

The toolkit's selection of communication materials can be put together in ways suitable to the schools' specific needs (see Figure 2). While the materials are informed by the best available evidence and present consistent and clear messages and action measures for different target groups, the template materials may need to be updated in the future as new evidence becomes available.

Messages and communication materials developed for this toolkit have taken into consideration results of formative research (see the handbook for results of focus groups) performed by ECDC in order to explore parents' and teachers' knowledge and information needs for prevention of gastrointestinal disease (norovirus in particular). To ensure maximum outreach and resonance with the target audiences, schools are encouraged to consider the following activities:

- doing formative research to assess specific knowledge, attitudes and information needs of their intended audiences;
- adapting the materials to ensure they effectively address the needs, cultural characteristics and behaviours of the defined audiences;



- translating materials into the official national language (and other languages of minority groups) where necessary;
- pre-testing of adapted materials prior to wider dissemination, in order to ensure that the messages/visuals appeal to the selected priority audiences; and,
- including in the adapted materials details on where audiences can seek more information (e.g. a relevant website, or contact phone numbers), as well as additional information deemed relevant for national or local populations.

Figure 2: Toolkit components

### Template posters



### Slogans

**For specific audiences:**

- Avoid illness and absenteeism – Prevent gastroenteritis
- Good hygiene at school and at home keeps gastroenteritis away
- Don't let it spread! Take the right measures to prevent gastroenteritis
- We can all prevent gastroenteritis by applying good hygiene practices

**For children:**

- Don't let tummy bugs keep you in bed!
- Don't let tummy bugs get you!

### Key messages

**Main message:**  
To prevent gastroenteritis from spreading in schools and nurseries, all stakeholders need to engage in preventive measures, of which good hygiene is fundamental

**Support messages to address:**

- WHAT are gastrointestinal diseases?
- WHY is prevention important?
- HOW to prevent them?

Select your tools and put them together!

### Powerpoint presentations



### Sets of pictograms



### Logo



### Checklist of key preventive measures



### 3.3 Using the toolkit components

The templates provided in the toolkit can be used in their original form if desired, but all the template files can be easily translated and adapted for specific health communication activities.

The toolkit also contains all the graphics and the text-content as separate files, so that parts of these files can be inserted into materials being developed. The logo, individual graphics, colours and some fonts are provided separately for easy application. Each graphic file is provided in jpg and PDF flattened format for easy reproduction, as well as in Adobe InDesign and Adobe Illustrator for professional use. Fonts used include Comic Sans, Helvetica Neue Light Condensed and Avenir Medium. Some fonts might have to be adapted to fit to various alphabets and specific characters. Normally, these fonts are part of any word processing system. The font used in this ECDC Gastrointestinal Diseases Toolkit document is Meta Pro.

### 3.4 Copyrights

This toolkit material has been created under a contract. ECDC is the copyright owner of the material created under contract, unless otherwise specifically indicated. In accordance with the copyright policy of the Centre, free use of the material for non-commercial purposes is allowed without need of prior authorization and as long as ECDC logo or reference is included. Please be aware that certain parts of the material are licensed under conditions to the ECDC and, therefore, the licensed material shall not be used outside the specific purpose of the campaign. If a private entity is involved in any way in organizing, sponsoring or supporting by any other means the campaign, please be aware that use of the material is allowed as long as the purpose of the event is non-commercial.

**For more information contact:**

European Centre for Disease Prevention and Control (ECDC)

Public Health Capacity and Communication Unit

SE-171 83 Stockholm, Sweden

Tel: +46 85 86 01 000

Email: [info@ecdc.europa.eu](mailto:info@ecdc.europa.eu)

Website: [www.ecdc.europa.eu](http://www.ecdc.europa.eu)

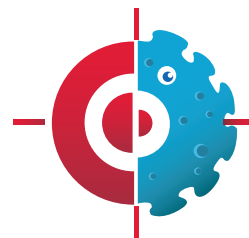
ECDC communication toolkit to support

# *Infection prevention in schools*

## *Focus: Gastrointestinal diseases*



## *Toolkit: Implementation handbook*





# ECDC communication toolkit to support infection prevention in schools

## Focus: Gastrointestinal diseases

### Toolkit: Implementation handbook<sup>1</sup>

## Contents

<b>Preface</b>	18
<b>1. A whole school approach to disease prevention</b>	19
1.1 What are gastrointestinal diseases?	19
1.2 Why is gastrointestinal disease prevention important for schools?	19
1.3 Why should pupils learn about diseases prevention in school settings?	19
1.4 Key considerations when addressing school communities	20
<b>2. Key steps for a whole-school approach to build capacity for prevention of gastrointestinal diseases</b>	22
2.1 Steps for successful implementation	23
<b>STEP 1: Engage</b>	23
Identify the project team	23
Identify potential stakeholders	23
Identify the target groups - receivers of the programme	24
<b>STEP 2: Assess &amp; define objectives</b>	25
Assessment	25
Defining objectives	28
<b>STEP 3: Developing an action plan</b>	31
Responsibilities of the project team	31
Define programme activities	32
Create an activity action plan	34
Create a timeline	35
<b>STEP 4: Take action</b>	36
Dissemination	36
Putting measures into action - the example of implementing a communication campaign in schools	37
<b>STEP 5: Evaluate</b>	40
Types of evaluation	40
Quantitative and qualitative methods:	41
<b>Annexes:</b>	43
<b>Annex 1:</b> Tools to be used during a communications programme	43
<b>Annex 2:</b> Communication during school outbreaks	45
<b>Annex 3:</b> Further readings	49

<sup>1</sup> This handbook builds on a document developed under the supervision, technical guidance and expertise of the European Centre for Disease Prevention and Control (ECDC) Public Health Capacity and Communication Unit by Burson-Marsteller. It was reviewed and edited following a consultation with an expert school health promotion advisory group convened by ECDC and World Health Communication Associates (WHCA) for this purpose

## Preface

This handbook aims to help national and regional health authorities<sup>2</sup> support education authorities and school communities in promoting health, in particular in the area of good hygiene for infection prevention in primary schools, with a focus on gastrointestinal diseases. This handbook was developed by the European Centre for Disease Prevention and Control (ECDC) and is part of a communication toolkit that supports the practical implementation of international guideline recommendations on prevention of gastrointestinal disease outbreaks in school settings, synthesised in an ECDC technical report<sup>3</sup>.

The handbook is presented as a prototype<sup>4</sup> to be used in pilot interventions. It highlights key considerations on how health authorities can engage with educational authorities and school communities in order to raise awareness, inform about and encourage the implementation of key preventive measures for disease prevention. It introduces and rationalises the use of a ‘whole school’ approach to promoting health. It also provides information on how to effectively use the components of this ECDC toolkit in support of this process. The specific toolkit materials (such as lists of key messages, prototype posters and powerpoint presentations, etc.) have been developed for primary school audiences in order to aid in the development of communication activities in those settings.

During the pilot interventions, users are encouraged to further complement the information provided in this handbook with locally appropriate guidance, materials and examples, taking into account their own experiences in hygiene promotion and school health promotion activities. Where appropriate these materials can also be used to assist schools in complying with national and local school hygiene standards.

Although the focus is on prevention of gastrointestinal diseases, the suggested approaches and preventive measures indicated throughout the toolkit, which emphasise good hygiene practices, can also serve for the prevention of other diseases.

The communication toolkit and this implementation handbook have benefited from an expert review and critique by school health promotion specialists<sup>5</sup>. This handbook as well as related information and toolkit materials are available on the ECDC website at [www.ecdc.europa.eu](http://www.ecdc.europa.eu).

---

<sup>2</sup> The materials can also support non-governmental organisations involved in health education, health promotion and disease prevention in schools.

<sup>3</sup> ECDC technical report ‘Prevention of norovirus infection in schools and childcare facilities’ (<http://ecdc.europa.eu/en/publications/Publications/norovirus-prevention-infection-schools-childcare-facilities.pdf>).

<sup>4</sup> Prototyping is a system development method which is usually employed when it is difficult to obtain exact requirements from the end-user or when a new product or concept is being developed. When a prototype is shown to the user, he/she gets a proper clarity and ‘feel’ of the product and can suggest needed changes and modifications

<sup>5</sup> Hèðinn Svarfdal Björnsson – Directorate of Health, Iceland  
Goof Buijs - Schools Health in Europe (SHE) Network, Netherlands  
Fran Osrecki - Ludwig Boltzmann Institute Health Promotion Research, Austria  
Christina Wiczorek - Ludwig Boltzmann Institute Health Promotion Research, Austria  
Jane Sixsmith - School of Health Sciences, University of Galway, Ireland  
Saoirse Nic Gabhainn - School of Health Sciences, University of Galway, Ireland  
Kädi Lepp - Foundation for School Health Care in Tallinn, Estonia

# 1. *A whole school approach to disease prevention*

## 1.1 *What are gastrointestinal diseases?*

Gastrointestinal diseases, also referred to as gastroenteritis, are common diseases which can be very contagious and severe. They are caused by many different infectious agents, including bacteria, parasites or viruses such as the norovirus. Gastroenteritis can affect people at any age, though the symptoms, depending on the causing agent, can be more severe in infants and the elderly. The most common symptoms of gastroenteritis are diarrhoea and vomiting and can also include fever, headache and abdominal pain. Some forms of gastroenteritis can be seasonal, for example norovirus, which can spread very quickly and shows a peak of infections usually in the winter season.

## 1.2 *Why is gastrointestinal disease prevention important for schools?*

Gastrointestinal disease prevention in schools is important, because:

- Members of the school community are at high risk of being infected due to their proximity and the confined spaces in classrooms and canteens which they share.
- Infection rates among children in preschool and school-age groups are often higher than in other ages due to lower pre-existing immunity and poorer hygiene practices. Ways pupils may become infected can include: consuming contaminated food or beverages in school canteens, touching contaminated surfaces or objects and then putting their hands in their mouths, sharing foods and eating-utensils with a fellow pupil who is ill.
- Gastrointestinal diseases are a significant cause of school absenteeism. School absenteeism has a disruptive impact on school activities which affects both pupils and teachers.
- An outbreak can lead to school closures and cause important disruptions for all members of the school community.

## 1.3 *Why should pupils learn about disease prevention in school settings?*

Schools are key venues for learning ‘healthy’ behaviours including those that can help prevent infectious diseases. There are many opportunities in school settings for children to learn good health practices such as washing their hands before meals and after toilet use. This can happen in the classroom and also in the context of other school activities. Teachers and peers can be good role models for children.

Measures of protection and prevention will likely be more effective in structured settings such as schools, which promote common regulations and compliance for all pupils. Healthy behaviours learned in schools

can contribute to future health and well-being. Schools can help to educate not only students and staff about good hygiene practices and other disease prevention strategies, but also parents and other community members. A collaborative effort between teachers, parents and other community members can ensure a coherent and sustainable learning process.

## 1.4 Key considerations when addressing school communities

The following section introduces health authorities to the relevance of a ‘whole school’ approach to health. It is based on the knowledge and experience developed by the Schools for Health in Europe (SHE) Network<sup>6</sup>. There is a need for health and education authorities to have a mutual understanding and respect for each others’ conceptual frameworks and associated language when working in partnership. Both have a common goal to provide opportunities for children to be more empowered about health and related issues as they go through school. Key considerations that health authorities shall keep in mind when addressing schools for disease prevention initiatives will be highlighted in this section.

The ‘whole school’ approach acknowledges that the whole school community is involved in the practice of health promotion and therefore health is built into all aspects of life at school for those who learn and work there. It recognises that there is a link between the school’s policies and practices in the following areas, which is acknowledged and understood by the whole community<sup>7</sup>:

- a participatory and action-oriented approach to health education in the curriculum;
- taking into account student’s own concept of health and well being;
- developing health school policies;
- developing the physical and social environment of the school;
- developing life competencies;
- making effective links with home and the community;
- making efficient use of health services.

<sup>6</sup> SHE is a network of national coordinators from 43 countries in the European region, which is focused on making school health promotion an integral part of policy development in the European Education and Health sectors. SHE is supported by three international organisations: the WHO Regional Office for Europe, the Council of Europe and the European Commission. More information is available at: <http://www.schoolsforhealth.eu>

<sup>7</sup> HEPS Tool for Schools – A guide for school policy development on healthy eating and physical activity, Simovska, V. et al. NIGZ, The Netherlands, 2010.



When addressing initiatives for infectious disease prevention, such as the measures outlined in the ECDC technical report ‘Prevention of norovirus infection in schools and childcare facilities’, public health authorities working together with the school sector could benefit from considering the following combination of activities in order to create a supportive environment<sup>8</sup>:

1. **Involvement of the whole school community:** decision-making and sustainable action in different areas require the collaborative involvement of school administrators, teachers, and students, as well as school staff (e.g. catering and cleaning), parents and other community members.
2. **Analyse existing policies and regulations related to health and disease prevention:** address obstacles to compliance, emphasising joint and individual responsibilities, taking into account the needs of students and staff.
3. **Understand the physical and psychosocial school environment:** address issues such as environmental factors that may render difficult the implementation of specific measures, as well as existing knowledge, attitudes and practices towards disease prevention.
4. **Skills-based health education:** develop health-related curricula (e.g. hygiene education) that emphasises life skills development and takes into account students’ knowledge, attitudes, and values, so that positive behaviors are more likely to be adopted and sustained.
5. **Strengthen links with other relevant school health and social services** as well as with other relevant community organisations and services.

Throughout the handbook, these considerations will be developed further when addressing specific strategies for engagement and collaboration with school communities. The handbook will provide examples of barriers that may exist, suggest steps for engaging with the school community in promoting good hygiene practices, and outline ways to develop specific communication activities to inform and motivate students and staff to stay healthy and prevent gastrointestinal disease outbreaks.

---

<sup>8</sup> This list of activities builds on approaches promoted by the SHE Network and International Union for Health Promotion and Education (IUHPE) see [http://www.iuhpe.org/index.html?page=516&lang=en#sh\\_guidelines](http://www.iuhpe.org/index.html?page=516&lang=en#sh_guidelines)

## 2. Key steps for a whole-school approach to build capacity for prevention of gastrointestinal diseases

When encouraging actions for prevention and control of infectious diseases, it is useful to follow a strategic process as outlined below. The handbook will build on these steps and give some practical examples to aid in effective implementation of actions.



1. **Engage** the various stakeholders with a whole school approach, taking into account the considerations described earlier. With management leadership establish a project team.
2. **Assess and define objectives.** Gather information on the current situation in the school community in regard to practices and factors that may be affecting compliance (for example, with existing hygiene regulations), as well as perceptions and behaviours of the school community related to gastrointestinal disease prevention. Define the objectives of the programme based on the insights gathered through the collection of information and analysis of the situation.
3. **Develop an action plan.** Building on your assessment, agree on an action plan with the whole school community. Identify target groups, i.e. the specific groups to be addressed and engaged in specified activities. Outline measures that need to be implemented to enhance the capacities of the school community to prevent gastrointestinal infections and to respond to outbreaks. Set priorities and agree on a timeframe, discussing responsibilities, resources and specific tasks, ensuring ongoing consultation and feedback in the process.
4. **Take action.** Implement the activities for enhancing capacities of the school community to prevent and control infectious diseases. Raise awareness, motivate and support needed behavioural changes. Disseminate information, develop communication activities with messages tailored to different audiences and select the most appropriate channels to reach them.
5. **Evaluate.** Monitor the implementation process and after the programme measures have been completed evaluate the results. What changes in current behaviours and practices were made? Which specific communication activities were particularly successful? What improvements are needed in the future?

## 2.1 Steps for successful implementation

### STEP 1: Engage

For the successful development of any actions, commitment and support of school management and head teachers is crucial. At the start of the programme, a project team should be established, ideally with representation of different members of the school community, and a team leader should be appointed.

As explained in the HEPS tool for schools<sup>9</sup>, any school policy can only be successful if it is supported by the school community. It is useful to understand how a project supports the school in its core business of teaching and learning and how a project contributes to the general well-being of the school community.

#### Identify the project team – the coordinators of the programme

The project team composition will depend on the context, and may differ depending if the programme is run at national, regional or local level. The composition should ideally reflect the principles highlighted in the whole school approach on involvement of the whole school community in decision-making in order to guarantee engagement and sustainable action.

Checklist – Engage – Examples of project team activities	
✓	Conduct a workshop at an early stage to identify current situation and the respective barriers, challenges and assets (e.g. by performing GAP or SWOT analysis)
✓	Organise regular meetings – weekly/monthly – to ensure effective progress, coordination of the work and follow-up of actions (e.g. minutes to track decisions and action points).
✓	Create mechanisms for sharing documentation (e.g. an online platform)
✓	Keep track of budget and available resources: How many financial resources does the project require? How many resources does the team have (both economic and time-wise)? Does the team need external assistance or capital e.g. to carry out specific measures?
✓	Decide the scale of programme: E.g., does the programme need to be tested in a pilot before making it a local, regional or national?
✓	Define the outcomes and mechanisms for evaluating results (see section on evaluation).

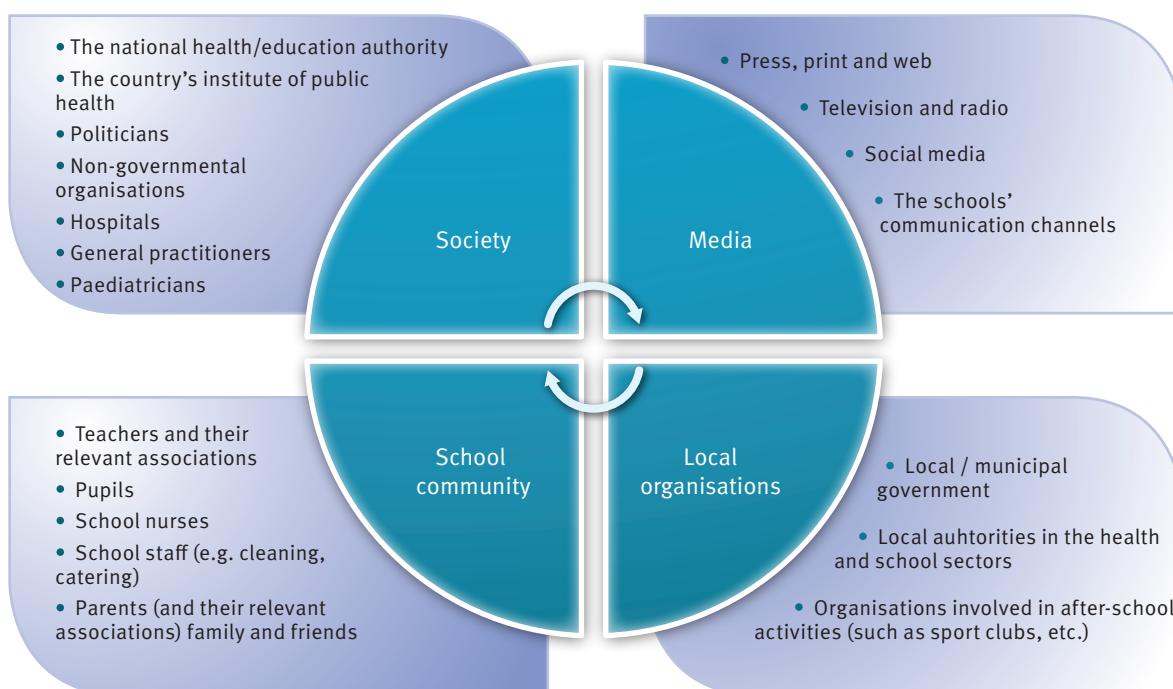
#### Identify potential stakeholders

A number of stakeholders and population groups are directly or indirectly involved in health promotion activities in schools. Therefore, their different levels of knowledge and involvement as well as differences in attitudes towards disease prevention need to be considered when developing health promotion activities.

<sup>9</sup> HEPS Tool for Schools – A guide for school policy development on healthy eating and physical activity, Simovska, V. et al. NIGZ, The Netherlands, 2010, p. 16.

When health authorities are working with the school sector, different stakeholders need to be considered, as described in the figure below. Some may be directly involved in or addressed by specific activities, while others can be partners in the initiatives, providing resources, or contributing with knowledge or by disseminating information.

### Examples of the different stakeholders:



### Identify the target groups - receivers of the programme

The entire school community is at risk for gastrointestinal disease and therefore should be involved at all levels, from planning and decision-making to implementation. Such engagement can help ensure sustainability of actions taken. When building consensus within the school community on disease prevention measures, it is recommended to assess who needs to be involved and at what stage.

- The stakeholders are a much wider group than the defined target groups, and may consist of both strategic partners or potential strategic partners or maybe potential critics of the programme, and include also the target groups.
- The target groups will be the ones whose actual knowledge, attitudes and behaviours will be addressed (for example parents, school children, teachers etc.).

Checklist – Engage – Identify stakeholders and target groups - Examples	
<b>Target groups – those whose actions impact outcomes directly</b>	
✓	School administration and staff – teachers, canteen employees, cleaning personnel
✓	Parents and family
✓	School students and their social environment
✓	Organisations involved in after-school activities (e.g. sports club)
<b>Stakeholders – potential partners in the initiatives</b>	
✓	Relevant national and local authorities in the areas of education and health
✓	Non-governmental organisations (NGOs)
✓	Local community

Parents and the school community have a key role to play in leading, supporting and reinforcing the concept of school health promotion. Parents and friends are school students' key influencers and play a major role in spreading information and creating awareness. Other stakeholders are local authorities, as well as national, regional and local nongovernmental organisations that take an interest in children, youth and health education.

## ***STEP 2: Assess & define objectives***

### **Assessment**

Before setting objectives and priorities for actions, it is recommended to assess the present situation by conducting formative research. What are the organisational, environmental and individual factors that influence knowledge, attitudes and behaviours of different stakeholders and the members of the school community?

- Environmental barriers could include, for example, lack of appropriate and/or sufficient number of handwashing facilities.
- Organisational barriers could refer to lack of routines for ensuring good hygiene practices.
- Individual factors could relate to people's attitudes, knowledge and practices towards prevention of gastrointestinal diseases. Examples could be misinformation as to who should be responsible for specific measures, or low risk perception regarding gastrointestinal diseases, etc.

Examples of approaches that can be used in conducting an assessment are provided below.

### GAP and SWOT analysis

Conducting a GAP analysis is a helpful way for identifying ways to reach a desired objective. The GAP analysis is a tool that helps to identify the gap between today’s situation and the desired situation – i.e. where do you want to be with the programme? – and to identify the most effective measures to close this gap. It can be helpful to assess discrepancies between requirements and what is actually in place, and identify where resources (in terms of time, money and people) are needed to reach a specific outcome.

The below table proposes an example of how a GAP analysis can be used for assessing perceptions within the school community in relation to prevention of gastrointestinal diseases.

GAP analysis - Perceptions				
Worst perception	Barriers	Today’s perception	Drivers	Ideal perception
Perception:	In detail:	Perception:	Features:	Perception:
<p>What is the worst thought stakeholders can have about the prevention of gastrointestinal disease in schools?</p> <p><b>E.g.: This programme is a waste of money. It will not have any effect.</b></p>	<p>What prevents us from obtaining the best perception?</p> <p><i>A good strategy will help us to overcome difficult barriers.</i></p> <p><b>E.g.: Scarce knowledge of the causes and symptoms of gastrointestinal diseases.</b></p>	<p>What do stakeholders think about the prevention of gastrointestinal disease in schools?</p> <p><b>E.g.: parents: This is a school responsibility – you fix it!</b></p>	<p>What maintains the current view but ensures that we don’t end up in the worst perception?</p> <p><i>Good drivers form the basis for strong messages</i></p> <p><b>E.g.: It is relatively easy to reduce gastrointestinal disease in schools – for example by washing hands before eating lunch.</b></p>	<p>What do we want stakeholders to think about the prevention of gastrointestinal disease in schools, in order for us to achieve our goals?</p> <p><b>E.g.: If we follow these concrete routines, gastrointestinal diseases will be effectively reduced.</b></p>

Another tool that can aid in the assessment of the situation and the decision making is a SWOT analysis<sup>10</sup>, which looks into the Strengths, Weaknesses, Opportunities and Threats. Different elements are assessed using those four components, and this allows for a discussion on the different issues and questions that need consideration when developing a programme.

<sup>10</sup> Examples on how to use SWOT analysis are available in the internet. See for example: [http://www.mindtools.com/pages/article/newTMC\\_05.htm](http://www.mindtools.com/pages/article/newTMC_05.htm)

## Template – Assess – SWOT Analysis

<b>STRENGTHS</b>	<b>OPPORTUNITIES</b>
<b>WEAKNESSES</b>	<b>THREATS</b>

The tools for analysing existing challenges and opportunities can help to identify:

### Barriers, such as

- lack of information or misinformation amongst school staff, parents, etc.
- communications challenges between parents and school staff
- lack of adequate facilities to ensure appropriate hygiene
- lack of resources (financial and human resources) to implement changes
- not allowing adequate time for children to wash their hands before eating lunch
- lacking a plan to deal with gastrointestinal disease outbreaks
- lacking plans for training of staff about prevention
- non-compliance with hygiene measures

### Opportunities, such as

- building on previous health projects and initiatives for school health
- drawing experience from similar settings on other health promotion initiatives
- making use of the schools' web site or other already existing communications channels
- existing hygiene regulations
- following serious disease outbreaks that raise attention to the issue
- influential spokespersons who support the development of initiatives

These are examples of barriers and opportunities that will facilitate or prevent reaching the desired objective (e.g. building knowledge about the disease and how to take action to prevent outbreak in schools).

### *Assessing perceptions, attitudes and knowledge*

Surveys, discussions in focus groups, stakeholder discussions, in-depth and/or ‘intercept’ interviews (e.g. approaching people in the hallway), consensus processes (e.g. Delphi studies) can help you assess perceptions, attitudes and knowledge of teachers, pupils and of other members of the school community.

Focus groups consist of target group representatives (e.g. parents, teachers, etc.) and normally should not involve more than six people. They will answer questions in groups and/or in one-to-one interviews. The questions are strongly related to the objectives and aim at assessing knowledge, attitudes and perception of these audiences.

#### **Box 1 - Example of use of focus group to inform the toolkit’s development**

ECDC commissioned focus groups<sup>11</sup> to inform the development of the materials included in this toolkit. These focus groups included parents and teachers and were used to gain insights into their perceptions and behaviours related to school based interventions to prevent and control gastrointestinal diseases. The focus groups showed, for example, that parents and teachers are both keen to have preventive measures in place in school settings in order to prevent any disease outbreak which leads to sickness and absenteeism. The findings also revealed that many parents and teachers did not ‘worry’ so much about gastrointestinal diseases as they viewed them as ‘mild’ and ‘harmless’.

With regards to hand-washing and general hygiene most felt that this was as an optimal and easy way to prevent the spread of disease. A majority of respondents said such behaviours were encouraged at home and at school. Most of the parents actually rely on the school to ‘protect’ their children from diseases or at the very least inform them of any threats. On the other hand, some teachers raised issues regarding the lack of general hygiene of some children at home and said it could not be their sole responsibility to teach children about healthy habits and hygiene.

### **Defining objectives**

The main overall objective is to enhance the whole school community’s capacity to stay healthy and prevent infectious diseases (in particular gastrointestinal diseases). In order to conduct effective initiatives, a key activity is to precisely identify the health challenges and or capacity building issue that needs to be addressed as well as the desired programme outcome – **‘what do we want to achieve?’** In this case, the issue to address can be, for example, that members of the school community have been affected

<sup>11</sup> In October 2010, a qualitative research (focus groups) was conducted by ECDC in five selected EU countries (Sweden, Slovenia, the Netherlands, Greece and the United Kingdom) in order to identify the knowledge level on gastrointestinal diseases (and in particular on norovirus) among teachers and parents and to assess their information needs. In each country 2 focus groups were organised, one with 5 teachers and one with 5 parents.



by gastrointestinal disease outbreaks (e.g. norovirus). The desired outcome is to enhance capacities to prevent and control outbreaks by means of building knowledge about the disease and encouraging the implementation by all members of the school community of preventive measures in order to reduce the risk of infection.

Other examples include: assisting schools in the implementation of routine handwashing behaviours (e.g. before meals and after toilet use to combat high infection rates); supporting schools to identify ways to follow specific regulations if challenges in compliance have been identified; helping schools launch an information campaign to address low awareness of gastrointestinal disease threats.

When setting the objectives, these should fit within the ‘S.M.A.R.T’ framework:

#### **Box 2 – ‘S.M.A.R.T’ framework**

##### **Objectives should be:**

- **Specific** (straightforward: why, what, and how the action plan or programme will take place).
- **Measurable** (as the saying goes ‘if you can’t measure it, you can’t manage it’ – more on evaluation will be explained in a specific section in this document).
- **Attainable** (possible to be achieved in a specific environment, context and with available resources).
- **Realistic** (attainable with some effort), for example related to the ability to absorb health information by a specific group and to then apply it in the most efficient way.
- **Timely** (set a timeframe for the actions and for measuring results afterwards). Putting an end point on your goal gives you a clear target to work towards.

For identifying priority areas and setting objectives, a template which takes into account the elements of a whole school approach can be helpful. It allows organisers to identify available resources, strengths and gaps for each whole school approach component (see section 1.4) An example of such template is provided on the next page.

**Template – Assess – Setting objectives (example shared by SHE Network – personal communication)**

Answering the questions across the top for each of the elements of a whole-school approach will help to identify resources available, as well as strengths and gaps. Then, planners can outline clear and actionable objectives in the space provided (keeping in mind the current status in relation to gastrointestinal disease prevention and what health authorities are advising).

What is the public health context? Where are outbreaks occurring? How many people are getting sick? How is the disease spreading? Who are the people at risk? What do we know about current public health policy/guidance?			
(Empty space for context notes)			
Element of a whole-school approach	What do we currently have in place? What are some of the activities that we already do?	What resources are available (human, financial, technical, time, and material)?	What do we need? Which areas are strong/weak? What should be our priorities?
School policy			
Objectives:			
Physical and psychosocial school environment			
Objectives:			
Skills-based health education			
Objectives:			
School health and social services			
Objectives:			
Outreach to communities			
Objectives:			

**Checklist – Assess – Examples of further questions that can guide assessment and decision making**

- What are the existing national, regional and local regulations and guidelines for control of infectious diseases in schools, in particular gastrointestinal diseases, and how does the programme complement / support these?
- Are there any other programmes that can be used as a reference?
- Has anything been done in school settings in particular?
- When is it best to communicate about gastrointestinal disease (e.g. seasonality issues: when are outbreaks more common)?
- Which schools should be targeted? All schools in the country / region / locally?
- How many schools should be supplied with information during the programme period?
- How much school absenteeism due to gastroenteritis could be prevented?
- Are the necessary supplies available to prevent gastrointestinal disease (e.g. soap dispensers, sufficient hand-washing facilities, personal protective equipment such as gloves for cleaning staff, etc)?
- How can sustainability of a programme for disease prevention be ensured? Which follow-up mechanisms will be put in place and how can the programme be re-conducted if necessary?

***STEP 3: Developing an action plan***

Once the objectives have been defined, it is time to set up an action plan for the programme.

**Responsibilities of the project team**

The project team will ensure that the action plan is developed, implemented, well documented and followed-up. Who is responsible for implementing different aspects of the the action plan should be clearly identified. How this person will work with other relevant partners should be assessed. Mechanisms for gathering and providing feedback from and to other school community representatives need to be ensured.

## Define programme activities

Set the programme parameters

The programme activities depend on the following three parameters:

1. Budget – The available financial resources and assessment of costs of activities, as this impacts decisions on initiatives that can be pursued.
2. Objectives – Developed as per description in step 2, they will define the desired outcomes of the programme.
3. Involvement of strategic partners – Assessment on: Who can give practical support to specific initiatives, who can contribute to dissemination/implementation, which organisations or groups can act as partners in the programme, who can contribute with financial and/or human resources?

For discussions (e.g. during workshops with the project team) on the type of activities to be considered, some of the questions to be addressed are suggested below:

Checklis – Develop – Examples of question to help define activities	
Area -Target group	Activity planning
School structures and curriculum	<ul style="list-style-type: none"> <li>✓ How do the activities fit into the existing school curricula?</li> <li>✓ How are the activities consistent with the national health and science education standards in the school curriculum and (how) do they address these?</li> <li>✓ In which areas of the curricula can skills and knowledge be integrated?</li> <li>✓ How do the planned initiatives fit into the school structure and its available resources?</li> <li>✓ Is there time to implement them or is it causing an overload that will lead to non-compliance?</li> <li>✓ What are the possible opportunities and barriers for the implementation and how can these be addressed?</li> <li>✓ What can be done to ensure compliance?</li> <li>✓ How can the school environment be improved to facilitate adherence to preventive measures?</li> <li>✓ What can be done to address physical barriers?</li> <li>✓ What can be done to ensure sustainability?</li> <li>✓ How can we collaborate with other schools in our area?</li> </ul>
Children	<ul style="list-style-type: none"> <li>✓ How and when should children be involved in developing the activities?</li> <li>✓ How can children be involved in a way that engages and motivates them?</li> </ul>

<p><b>Parents</b></p>	<ul style="list-style-type: none"> <li>✓ How can parents be involved in a way that engages and motivates them?</li> <li>✓ What is the most efficient way and type of activities to reach out to parents?</li> <li>✓ How to ensure efficient collaboration between parents and the school?</li> </ul>
<p><b>School staff and teachers</b></p>	<ul style="list-style-type: none"> <li>✓ How can school staff be involved in a way that engages and motivates them?</li> <li>✓ What is the most efficient way to include information spreading into the curriculum as well as in parent-teacher meetings?</li> <li>✓ What is the most efficient way for teachers and staff to collaborate with parents?</li> <li>✓ How should the school staff respond to disease outbreaks and how to best collaborate with parents?</li> </ul>

During a workshop, a number of ideas can be generated. Once concluded, evaluate the workshop outcomes with regards to the previously defined parameters. What activities should be pursued? Are there activities that need to be dropped?

#### *Develop the programme of activities*

Depending on the programme's resources and objectives, activities could entail:

- Official announcements of the programme – dissemination and information activities (see Step 4: Take action).
- Organising training sessions for teachers and other staff.
- Developing a concrete plan for dealing with outbreaks.
- Revise and strengthen routines for adequate hygiene, for example by ensuring hand-washing routines via:
  - Educating children on proper technique;
  - providing children with adequate time for hand washing prior to eating;
  - making sure that soap dispensers have soap, etc.
- Developing a specific communication campaign, taking into account that activities shall be integrated into everyday school practices (see Step 4: Take action).

This toolkit includes a checklist of key preventive measures that indicates the different areas where activities need to be in place for the prevention of gastrointestinal diseases in school settings (see Toolkit: List of key preventive measures). It can serve as a useful instrument for assessing the type of activities that should be initiated or strengthened, and the activities that are already in place. This checklist is based on the ECDC technical report which synthesises current international guideline recommendations on prevention of gastrointestinal disease outbreaks in school settings<sup>12</sup>. Below is a summary of the areas that this checklist covers.

<sup>12</sup> ECDC technical report 'Prevention of norovirus infection in schools and childcare facilities' (<http://ecdc.europa.eu/en/publications/Publications/norovirus-prevention-infection-schools-childcare-facilities.pdf>).

Checklist – Develop – Key preventive measures - areas
✓ Spread knowledge about gastroenteritis
✓ Emphasise the principles of correct hand hygiene as a key measure to prevent transmission
✓ Establish clear procedures on isolation and exclusion of affected individuals.
✓ Ensure adequate environmental cleaning and disinfection procedures and educate and train school staff on these
✓ Ensure appropriate food hygiene and catering standards
✓ Ensure that schools have the necessary resources and information to prevent and manage outbreaks

*Prioritise activities and assign responsibilities*

After having defined the most relevant activities and the different target groups to be adressed, one needs to prioritise the activities based on available resources and budgets. Other available resources, such as school staff responsible for carrying-out these activities, might also be involved in the work. Use a task check list to follow up.

**Create an activity action plan**

To ensure that the programme activities’ objectives are met, the project team needs to develop a detailed action plan. It might be helpful to create a prioritised and chronological activity guide which consists of outlining programme objectives, defining the target groups, delegating responsibility and determining the timing.

Activity	Objective	Target group	Responsibility	Timing

## Create a timeline

When planning the programme, a detailed timeline will provide an important overview that will guide the project team during the entire process, from planning and preparation, onwards to the launch. Sustainability over time needs consideration, with a plan to incorporate routines and practices that persist in time. Below is an outline of a suggested timeline.



For specific communication activities, involving the launch of a campaign at school level, the timeline could entail the following concrete actions:

### Box 3 - Example of a timeline for communication support activities

#### May-August: Planning phase

When planning the implementation of a communications programme for prevention of gastrointestinal diseases, it is important that the project team takes into consideration the timing of the launch of specific activities. Timing is crucial, for example, when it comes to the information campaign part of the overall infection prevention and control strategy.

As mentioned earlier, data suggest that infections such as the norovirus peak during the winter. This is one good argument for planning the launch of actions in autumn in order to prepare for and prevent outbreaks during the winter season. Another good argument for launching an initiative in autumn is the beginning of a new school year which brings with it staff planning, parent-teacher meetings and allows for the possibility to include activities into the curriculum from the beginning of the school year.

#### September: Preparation

The project team needs to define and decide on the most effective activities to be implemented locally.

#### October: Launch

The launch period could last for approximately two weeks in order to keep up an intense activity level in several communication channels at the same time. Continuity is important. Plan long term activities to keep up the awareness and support the key preventive measures. An intensive campaign period, followed by a longer period with lower intensity, increases the chances for setting the agenda and achieving campaign objectives.

#### November / onwards: Reinforcement and follow up

After the intense launch period, follow up with activities (e.g. keeping up with regular awareness raising activities, following up on implementation of specific preventive measures).

## STEP 4: Take action

Implementing the action plan requires careful oversight and the on-going commitment of those involved in the school. It is the responsibility of the projet leader to oversee the implementation of the plan and to make sure that the activities are carried out as intended and that resources remain available.

### Dissemination

Once the action plan is approved and ready to be implemented, it can be beneficial to formally launch the programme using different communication channels to ensure commitment and interest of the different stakeholders.

Which channels to prioritise will essentially depend on the campaign budget, target groups and specific activities. Also the possible role of and cooperation with strategic partners needs to be considered. Making use of more than one channel is helpful in order to increase programme effects and reach the previously defined target groups.

The following table lists a range of examples for programme communication channels:

Checklist – Take Action – Examples of communication channels for dissemination of information about the programme	
Communications channel	Characteristics and examples on how to use the channels
<b>Media relations</b>	If the programme has the sufficient time and resources, media relations will help reach the programme goal of publicity and dissemination of information about disease prevention on a larger scale. The most efficient and active part of media work lies in proactive media relations, where schools and/or educational and health authorities promote current issues to the relevant local media. In such cases, the school, in cooperation with the project group, develops public relations issues that are pitched to the media for further consideration. In this phase, a number of other measures may be considered, such as the development of feature articles and letters to the editor. Depending on the scale of the programme, it may also be appropriate to engage in media relations activity on a national level to ensure national media attention.
<b>Programme website</b>	Depending on the scale of the programme, a website can be a key channel as it provides the opportunity to gather all information in one place. On the website target groups can retrieve, share and create information and ideas. The site may contain images, activity exercises and tips about how to prevent gastrointestinal disease. The website may also serve as an important source of information where brochures and other materials developed by the participating organisations, as well as template materials from this ECDC toolkit, can be downloaded.



<b>Social media</b>	Depending on the scale of the programme, social media use will facilitate information spreading. By creating a positive word of mouth in the digital world one can spread information in an informal way that can appeal to parents, students and other members of the school community. Social media is about identification and influence, digital opinion formation and the gain of loyalty through appropriate digital initiatives. Digital and social media reinforce other communications activities and generate traffic to websites or campaign pages. Social media channels may include Facebook, Twitter and blogs. Making use of social media is both time and cost efficient.
<b>Information material</b>	Information about gastrointestinal diseases, hand hygiene etc. may be distributed through a variety materials, such as brochures, leaflets, posters, magazines and electronic newsletters. The materials will have to be adapted according to the target group.  The prototype communication materials included in the ECDC toolkit may serve as bank of ideas or be adapted for local use.
<b>Events</b>	Depending on its scale, the programme launch may be marked with an event, such as a school seminar, a press meeting or an awareness day with activities for children and parents. Seminars, meetings and panel discussions may also be held at a different stage during the dissemination campaign, assuring a constant flow of information and keeping awareness levels high.
<b>Advertising</b>	Depending on the programme scale and budget, advertising such as commercials, newspaper ads, short films or animated films may help to spread campaign messages.

### Putting measures into action - the example of implementing a communication campaign in schools

As part of the specific actions that could be developed in schools, the following section will propose a series of considerations for further developing and launching a communication campaign to raise awareness on preventive measures and to empower the school community to stay healthy and avoid the spread of gastrointestinal diseases.

This ECDC communication toolkit for prevention of gastrointestinal diseases in schools provides a series of prototype materials that can be used to inform a specific communication campaign. The materials, as described in the overview guide, can be used as bank of resources and ideas to be adapted for local, regional or national initiatives based on specific strategies and needs.

### Implementation of a communication campaign

The following section proposes a series of considerations for further developing and implementing a communication campaign in schools (using as a basis the toolkit materials provided in annexes).

#### Key messages

Each target group (see step 2: Assess) requires the development of specific key messages.

Key messages need to promote health by addressing behavioural change and motivate the priority target group to adapt, improve or change behaviour. When developing programme messages, keep in mind a few general rules:

- Messages should try to promote solutions and not only highlight problems.
- Empowering messages (e.g. proposing means of actions) are more effective for building sustainable competencies/sustained behaviour change
- Base messages on facts, not assumptions.
- Messages must be relevant and important to the target groups.

Checklist – Take action – Suggestions for customised message development (some examples)	
Target group	Message
<b>Children</b>	<ul style="list-style-type: none"> <li>✓ Wash your hands before eating</li> <li>✓ Follow the advice of your teachers and parents to avoid tummy disease</li> <li>✓ Remember to wash your hands after using the toilet</li> <li>✓ Staying healthy is easy if you wash your hands regularly</li> </ul>
<b>Parents</b>	<ul style="list-style-type: none"> <li>✓ Show your children how to properly wash their hands and explain why this is important</li> <li>✓ Practise hygienic routines at home from an early age</li> <li>✓ Communicate with school staff and share your concerns in order to prevent outbreaks</li> <li>✓ Teaching hygiene routines will help your child develop life competencies/ promotes the well-being of your child</li> </ul>
<b>Teachers / School staff</b>	<ul style="list-style-type: none"> <li>✓ Make sure children follow the school's hygiene routines</li> <li>✓ Proper hygiene routines are easy to implement</li> <li>✓ Teaching hygiene competencies will facilitate your work</li> <li>✓ Take particular care when assisting the youngest children in washing their hands</li> <li>✓ Communicate with parents and share your concerns in order to prevent outbreaks</li> </ul>
<b>School authorities</b>	<ul style="list-style-type: none"> <li>✓ It is important that you address the issue at your school since prevention reduces absenteeism of children and staff</li> </ul>

A component of this toolkit is a set of key messages addressing different target audiences within the school community (see Toolkit: Key messages). This material can be helpful in further developing specific messages.

### *Setting up focus groups*

Using again the focus groups method (see step 2: Assess & define objectives) can help secure the implementation of well-targeted communication messages. Focus group testing can have two objectives:

- 1) Verify that the messages are appealing and have the desired effect.
- 2) Externally assure the quality of the messages developed. A good communication activity has clear messages that will catch the target groups' attention.

### *Communication activities in schools*

The following checklist serves of an example on how communication activities to raise awareness and disseminate information in schools may be set up:

Checklist – Take Action – Communication activities in schools	
✓	Provide parents with information during parent-teacher meetings (e.g. using the PowerPoint presentations included in the ECDC toolkit).
✓	Involve the children in educational activities (e.g. children creating their own posters for a campaign).
✓	Distribute leaflets, brochures and emails with information to the entire staff.
✓	Inform cleaning staff about appropriate surface disinfection methods and the use of adequate personal protective equipment (e.g. via specific meetings).
✓	Educate children on proper hand-washing technique.
✓	Other activities might consist in handing out information sheets that parents have to sign, sending out information emails or include parents in their child's activities through homework etc.

A broader selection of suggested activities and tools is presented in annex 1.

Communication during outbreak situations (e.g. an outbreak of norovirus) poses specific challenges for health authorities and the school community. The ECDC technical report on prevention of gastrointestinal diseases in schools addresses measures during outbreak situations, and in order to aid schools in the process of planning communication activities for outbreak situations, a dedicated section with key considerations is provided in the annex 2.

## STEP 5: Evaluate

Evaluation is an important component of any programme. Within the broad concept of evaluation, the following section will highlight some key principles and approaches, including aspects related to programme monitoring in order to assess if activities are being performed as planned, and mentioning some of the tools, benchmarks and indicators that will allow to assess the effectiveness of a programme. An evaluation will help to determine what has been achieved and what can be improved in future activities. The evaluation will be based on the objectives set for the programme.

The Schools for Health in Europe (SHE) Network has information on existing monitoring and assessment tools (see at: [www.schoolsforhealth.eu](http://www.schoolsforhealth.eu)). The publication ‘Health-promoting schools: a resource for developing indicators’<sup>13</sup> provides a list of stages in the process of planning and evaluating a project, within the context of health promoting schools, that can serve as an example:

1. Determine the reasons for the evaluation.
2. Specify the objectives of the action.
3. Describe the process of the intervention/action and the elements of the programme: inputs, outputs/outcomes.
4. Determine data needed for the evaluation and methods to obtain these data.
5. Select an evaluation design/template.
6. Collect data.
7. Analyse the data (discuss achievements in relation to the objectives of the action, discuss effectiveness of actions).
8. Write down the conclusions in an evaluation report.
9. Use the conclusions as a basis for decisions.

### Types of evaluation

Some of the main principles and approaches for programme evaluation are discussed below. The specificities of each programme will determine the most suitable approach and evaluation design. In general, evaluation activities should be incorporated throughout the planning, development and implementation phases of a programme, and can involve formative, process and outcome evaluation.

---

<sup>13</sup> Health-promoting schools: a resource for developing indicators. Barnekow, V. et al. European Network of Health Promoting Schools. 2006, p. 56 (table adapted from van den Broucke, S. Managing complexity: from complexity to clarity in evaluating health promoting school projects). Available at: <http://www.nepes.eu/files/Report%20Health%20Promoting%20Schools.pdf>

- a) **Formative evaluation**, which has already been addressed earlier in the document (see Step 2), refers to gaining understanding of the pre-existing attitudes and behaviours of specific groups and how they perceive for example communication messages and materials. Such evaluations can provide good baseline data for post intervention comparisons.
- b) **Process evaluation** will focus on the implementation, to assess if the programme has occurred as planned. Issues to look at are, for example: Were the programme activities accomplished? Were the defined target audiences reached? How many schools implemented a specific programme? How useful was the programme? Which external factors had an influence on the implementation? What was the cost of the programme? How many activities (e.g. meetings or training sessions) took place? For this, keeping adequate programme records (e.g. minutes, timelines, plans) is important, in order to assess how well the project team has worked together and how well plans were implemented.
- c) **Outcome evaluation** (also sometimes referred to as impact evaluation), will measure changes, using a methodology to attribute any observed changes to a specific programme that has been implemented. Changes in this context can refer to attitudes and beliefs, behaviours, policies or procedures, disease incidence. For this, the development of feasible, achievable and measurable indicators is needed. An evaluation study design should include the mechanisms to assess the programme's outcomes.

## Quantitative and qualitative methods

### *Measuring perceptions and attitudes:*

- ✓ For measuring perceptions and attitudes, a survey can help to understand the current level of awareness about the issue. Surveys can be conducted amongst school staff and parents or through a short session/discussion in class with school students. Consider conducting a survey at the beginning and another after the programme has been implemented, in order to evaluate to what level you have managed to raise awareness on disease prevention.

### *Capacity development results*

- ✓ Increased awareness of the diseases in children and staff.
- ✓ Increased handwashing by children and staff.

*Disease related results*

- ✓ Incidence of the diseases in children and staff.
- ✓ Number of absences and absence duration for children and staff.
- ✓ Time frame within which a disease outbreak spread and when it stopped.
- ✓ A control group study can serve to test if a programme has been effective. One can for example compare two school districts: One where the intervention was implemented and one where this was not done. It can then be compared, after a specified timeframe, in the area where the programme took place if there were fewer cases of gastrointestinal disease.

*Communication activities' effectiveness*

- ✓ Number of completed activities?
- ✓ Uptake of the key messages (were these understandable and effective?).
- ✓ Was there lack of information? Misunderstandings?
- ✓ Were the communication activities useful to parents and staff?
- ✓ The feasibility: Was it difficult to implement the communication activities? What were the obstacles?
- ✓ Health communication program recognition.
- ✓ Reputational impact for the organising authority and the school(s).
- ✓ Direct feedback received from parents and teachers.

*Communication campaign related results*

- ✓ Media coverage:
  - number and type of media inquiries about the issues raised by the project,
  - qualitative analysis of media coverage (i.e. positive/neutral/negative).
- ✓ Blogs mentioning or tagging the communication activities.
- ✓ Number of internet searches on keywords.
- ✓ Number of unique visitors of a dedicated website.
- ✓ Number of downloads from the dedicated website.
- ✓ Number of participants to online groups or online discussions.
- ✓ Number of participants at related events and information sessions.

It is important to note that while deliverables are relevant, changing attitudes and behaviours is a long-term process which should be conducted consistently and regularly, focusing on sustainable results. Therefore, the development of indicators should take into account a long-term perspective.

## Annexes

### **Annex 1: Tools to be used during a communications programme**

Health education can be more effective when it uses interactive methods. A skills-based approach and participatory learning, e.g. games, role play, discussions, theatre, etc., are considered effective tools. A series of ideas on possible communication tools came out from the discussions during the focus groups on gastroenteritis awareness undertaken by ECDC and are listed below.

Parents and teachers in each of the 5 countries had numerous ideas; some ideas were shared because they remembered them from their personal experience and the impact they had, and others were new ideas that they thought were interesting to try. Below some of the tools and activities that could be considered are listed:

**A theme day:** one day of the month or year dedicated to learn about prevention of gastrointestinal diseases.

---

**An information or animation film:** children can understand messages better through visuals, for example to explain the link between washing their hands with prevention of diseases.

---

**News edition** meant especially for children. An example mentioned came from the Netherlands: A news programme for young audiences that is watched by children at school and was regarded as very educational. Perhaps materials on gastroenteritis prevention measures could be added in national newspapers.

---

**A small magnet memo board,** the school can provide these to children to take home. This memo board will have questions such as: Did you wash your hands after going to the toilet? Did you wash your hands before eating? This can be placed at home on their freezer and they can tick off the boxes in a playful way.

---

**Visuals created by children:** they will get excited by designing their own health campaign.

---

**External speakers** to present at the school, such as a doctor explaining the causes of gastroenteritis and preventive measures.

---

**Anything visual and practical:** for example an interactive game for the children.

---

**Letter from the school** to parents, for example. It should have the key information, be short and clear, and offer a link to a website for people who would like more information.

---

**Educational session** to inform parents, for instance at lunch or after school.

---

**Posters and leaflets:** Several of the UK participants in the focus group study conducted in 2010 mentioned

that they would like to see something similar to the stroke campaign in the UK, which was very widespread on TV and radio. The British stroke campaign uses the easy to remember acronym F.A.S.T. (Face, Arm, Speech, Time) to explain the steps to recognise and report a stroke<sup>14</sup>. It urges to act quickly so as to prevent permanent damages by using telling images and short explanations that stick to peoples' mind.

---

**Adverts** during children's programmes on TV.

---

**Quick Briefings** at key moments, such as before a school play when both parents and children are present, to make them aware of the disease.

---

**Catchy slogans.** These can be the base of a campaign (and again, it can be a good idea to get students involved).

---

**Educational computer games.**

---

**People well recognised within the community** that could talk about the issues with the children.

---

**Routines in the day-to-day work** such as making sure everyone washes their hands before going to the canteen for lunch.

---

**Drawing competition.**

---

**A puppet show** by a **physician** or a **nurse**.

---

**Creative picture books:** For example as one participant said in the 2010 ECDC focus group when recalling a campaign to promote correct tooth brushing: 'My children learned to brush their teeth through a 3D picture book whereby the teeth jump out of it when opening it'.

---

**Singing a song:** for example some children of the participants had learned to wash hands longer while singing a song and it helped them to remember how.

---

**Role plays/theatrical method.**

---

**Encourage students to get involved:** let them make a banner that can be displayed at the entrance of the school, so that students, staff and parents are reminded every day that the campaign is taking place (they could also be encouraged to come up with the slogan as mentioned above).

---

Use the **school's electronic screen/display board**.

---

<sup>14</sup> NHS. Stroke act F.A.S.T. Available from: <http://www.nhs.uk/actfast/Pages/stroke.aspx> Last accessed: 5 April 2011.



## Annex 2: Communication during school outbreaks

The following section proposes a series of key considerations and suggested actions to aid schools in outbreak communication. Once an outbreak occurs people may react and understand information in different ways. This is why having all the materials prepared and tested is helpful in order to communicate effectively. Trust gained in the first few weeks following an outbreak is a valuable capital hence the following issues would need to be addressed immediately.

- ✓ **Recognize you have a crisis.**
- ✓ **Find the cause quickly:** To do this the school, in collaboration with the health authorities, should gather as much information as possible to confirm and characterize an outbreak in their premises. In order to do this, the following questions can be considered, taken as example from a checklist developed by the Department of Health in Minnesota, USA<sup>15</sup>. Schools can use this checklist to guide collection of initial information to facilitate the process (see Box 4):

### Box 4 – Example of log sheet for collecting outbreak investigation information

- ✓ Names or numbers of children who are ill with vomiting or diarrhoea. Provide this information by grade and classroom (e.g. for each grade and classroom, fill out a log sheet or provide number ill vs. number well).
  - ✓ Symptoms for each ill individual such as how many have experienced vomiting, how many have experienced diarrhoea (and those with bloody diarrhoea). Note how many have fever, including the highest temperature recorded for each individual with fever.
  - ✓ Duration of illness and range of duration, e.g. shortest to longest and the starting date.
  - ✓ Note who has seen a doctor or health care provider. If some have, include contact information for the doctor(s), and test results, if known.
  - ✓ Food service staff should also be considered (also use log sheets for collecting this initial information).
  - ✓ School lunch menu (breakfast and lunch) for the 2 weeks prior to the first illness.
  - ✓ Total number of children enrolled and staff employed at the school – this will help evaluate the spread of the infection.
  - ✓ List of extracurricular activities such as sports teams, clubs, or special events that were held during the 2 weeks prior to the first illnesses.
- ✓ Depending on the magnitude of the problem, considerations on school closure will need to be made by the relevant authorities.

When one looks at how companies or authorities successfully managed crisis, three parameters stand out: good preparation and precise execution of the chosen plan and above all swift identification of the source of the threat. In the case of gastroenteritis it depends on laboratory test results and the time needed to

<sup>15</sup> Department of Health Minnesota. Checklist for Schools when Outbreaks of Gastroenteritis are Suspected. 2011. Available from: <http://www.health.state.mn.us/divs/idepc/dtopics/foodborne/outbreak/facility/checklist.html> Last accessed: 5 April 2011.

identify the source of the outbreak, however while waiting for results certain measures can already be put into place. The first one is to clearly **communicate that investigations are ongoing to identify the source of the outbreak**. This may be helpful to avoid panic in the school.

- ✓ **Communicate to staff, students.** A series of measures will need to be implemented, and these need to be clearly communicated (including also to parents) in order to ensure compliance. Measures could include<sup>16</sup> :
  - Inform students and staff who are ill with gastrointestinal symptoms not to come to school.
  - Restrict sharing of food brought from students' and staff's homes.
  - Restrict students sharing food items such as snacks in classrooms or elsewhere. Instead, the teacher should hand out items to be shared after washing his/her hands.
  - Stop using self-service food bars (i.e. don't let children serve themselves in any manner which might promote direct hand contact with shared foods).
  - Food staff should not handle food if they have recently (in the last few weeks) been ill with any gastrointestinal symptoms until they can be interviewed or further evaluated by public health professionals.
  - Redouble efforts to ensure hand washing:
    - Educate children on proper technique;
    - promote hand washing prior to every snack and meal;
    - provide children adequate time for hand washing prior to eating;
    - make sure that soap dispensers have soap.

Communications with staff will need to be conducted by the school to ensure implementation of the recommendations listed above. Some schools however may prefer to work with local public health authorities in sending outbreak communication to parents.

Local and state public health officials can help craft the communication messages; letters from the school to parents should be reviewed by local and state public health officials to ensure accuracy and completeness of the message.

---

<sup>16</sup> Department of Health Minnesota. Checklist for Schools when Outbreaks of Gastroenteritis are Suspected. 2011. Available from: <http://www.health.state.mn.us/divs/idepc/dtopics/foodborne/outbreak/facility/checklist.html> Last accessed: 5 April 2011.

✓ **Communicate to parents**

Parents should be informed of the importance of immediately reporting to the teacher if their child experiences acute gastroenteritis and that they should not bring their children to school if they are sick. In some cases there may be little that can be done to prevent the initial introduction of the disease causing agent, since an infected person may transmit the disease even before showing symptoms, or may never become symptomatic. Again, communications with parents may need to be conducted by either the school or local administration (depending on the scope of the problem), and should include assistance from local and national public health officials as appropriate. The content of such communications can be extremely variable, depending on the situation.

Suggestions to address this include: Establishing a call number to be available for parents of recently ill children so they call the local health authority or provide a website link where they can access more information. During the initial stages of the investigation, the agent causing the outbreak is often unknown. However, regardless of the agent, the prevention measures outlined above should be stressed in communications to school staff and parents. When the agent is identified, local or national public health officials can provide fact sheets and/or other information about the agent and preventive measures to the school. A letter to the attentions of parents can also be an effective way of providing them with health information that will reassure them, whilst giving them guidance on what they should do next. It also tells them about the collaboration between the school and health authorities.

- ✓ **Discuss routine infection control measures with everyone** such as hand washing, use of hand sanitizer, and use of gloves for all canteen staff. Inform cleaning staff about appropriate surface disinfection methods and the use of adequate personal protective equipment.
- ✓ **Communicate timely using language that is understood by the audience** – also on the uncertainties or on things you don't know yet but are checking.

Respond immediately to the outbreak and ensure that simple and clear messages are transmitted. Preparing holding statements is important, and these can be used immediately. Anticipate information gaps and be prepared to fill them. Recommendations from experts in risk communication highlight that messages should not over-reassure, should acknowledge uncertainty and offer people things to do.<sup>17</sup> Establishing trust and credibility are two of the cornerstones of effective risk communications.<sup>18</sup>

<sup>17</sup> Sandman, P., Lanard J. Risk communication recommendations for infectious disease outbreaks. Available at: <http://www.psandman.com/articles/who-srac.htm> Last accessed: 5 April 2013.

<sup>18</sup> ASTHO. Communication in risk situations, responding to the communication challenges posed by bioterrorism and emerging infectious diseases. 2002: 4. Available from: [http://www.urmia.org/library/docs/risk\\_comm\\_workbook.pdf](http://www.urmia.org/library/docs/risk_comm_workbook.pdf). Last accessed: 5 April 2011.

- ✓ **Express empathy** and state that you are committed to resolving the situation. If there are still unknowns then one should inform people that a process is in place to get the answers. The consequences should be explained: Why you are asking people to do something, for example 'Keep your child at home if he is vomiting or has diarrhoea'. How it benefits them or others, for example 'This helps to prevent the spread of germs'. What might happen if they don't do it, for example 'You could make others sick by spreading germs or your child could get sick if they come into contact with those affected'.
- ✓ **Indicate one expert spokesperson** (and a back up) who has the right level of knowledge and authority to convey the correct information and immediately address concerns and conflicting information. In most cases this would be the head of the school or nursery, or a local authority from the school or health sector.
- ✓ **Working with the media.** Make sure to have and build up a good relationship with the media by feeding them regular and accurate information, thus ensuring that the school is quickly consulted in case of an outbreak. Remember that during a crisis, the public usually wants to know: Is my family safe? What can I do to protect me and my family? What is the treatment/cure (or why isn't there one)? Are there drugs that can prevent or treat this disease/illness? And how can I stay healthy? But the media usually wants information on issues such as<sup>19</sup>: What has happened? Who is responsible? Who is at fault? What is being done? Why did it happen? Why wasn't it prevented? In short, the media will seek information on: Who? What? When? Where? Why? How? To maximize your impact, prepare and practice delivering your key messages.<sup>20</sup>

<sup>19</sup> WHO, 7 steps to effective media communication during public health emergencies. Available at: <http://www.who.int/csr/resources/publications/WHO%20MEDIA%20HANDBOOK%20WALL%20CHART.pdf>. Last accessed: 5 April 2013.

<sup>20</sup> ASTHO. Communication in risk situations, responding to the communication challenges posed by bioterrorism and emerging infectious diseases. 2002: 4. Available from: [http://www.urmia.org/library/docs/risk\\_comm\\_workbook.pdf](http://www.urmia.org/library/docs/risk_comm_workbook.pdf). Last accessed: 5 April 2011.

## Annex 3: Further readings

- The Schools for Health in Europe (SHE) Network aims to support organisations and professionals to further develop and sustain school health promotion in each country by providing the European platform for school health promotion <http://www.schoolsforhealth.eu>
- The World Health Organisation's (WHO) website provides useful resources on school health promotion and youth health promotion: [http://www.who.int/topics/school\\_health\\_promotion/en/](http://www.who.int/topics/school_health_promotion/en/) and [http://www.who.int/school\\_youth\\_health/en/](http://www.who.int/school_youth_health/en/).
- European Commission website: EC initiatives in the area of Public Health [http://ec.europa.eu/health/index\\_en.htm](http://ec.europa.eu/health/index_en.htm) and more specifically for promoting healthy behaviours and life styles [http://ec.europa.eu/health/nutrition\\_physical\\_activity/policy/index\\_en.htm](http://ec.europa.eu/health/nutrition_physical_activity/policy/index_en.htm).
- European food framework is a pan-European project aimed at improving the health of young people throughout Europe: <http://www.europeanfoodframework.eu/>.
- The International School Health Network (ISHN) is a network of practitioners, researchers and government officials as well as regional and other networks, international agencies and organizations concerned with health, safety, development, equity, social development, sustainability and other forms of human development <http://www.internationalschoolhealth.org/>.
- 'E-bug' is a website providing resources for teachers and pupils on diseases and disease prevention <http://www.e-bug.eu/>.
- ECDC technical report on 'Prevention of norovirus infection in schools and childcare facilities' <http://ecdc.europa.eu/en/publications/Publications/norovirus-prevention-infection-schools-childcare-facilities.pdf>
- ECDC website: Food- and Waterborne Disease Programme <http://ecdc.europa.eu/en/activities/diseaseprogrammes/fwd/Pages/index.aspx> and information on norovirus: [http://ecdc.europa.eu/en/healthtopics/norovirus\\_infection/pages/index.aspx](http://ecdc.europa.eu/en/healthtopics/norovirus_infection/pages/index.aspx)



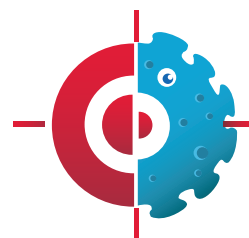
ECDC communication toolkit to support

# *Infection prevention in schools*

## *Focus: Gastrointestinal diseases*



*Toolkit: Logo*

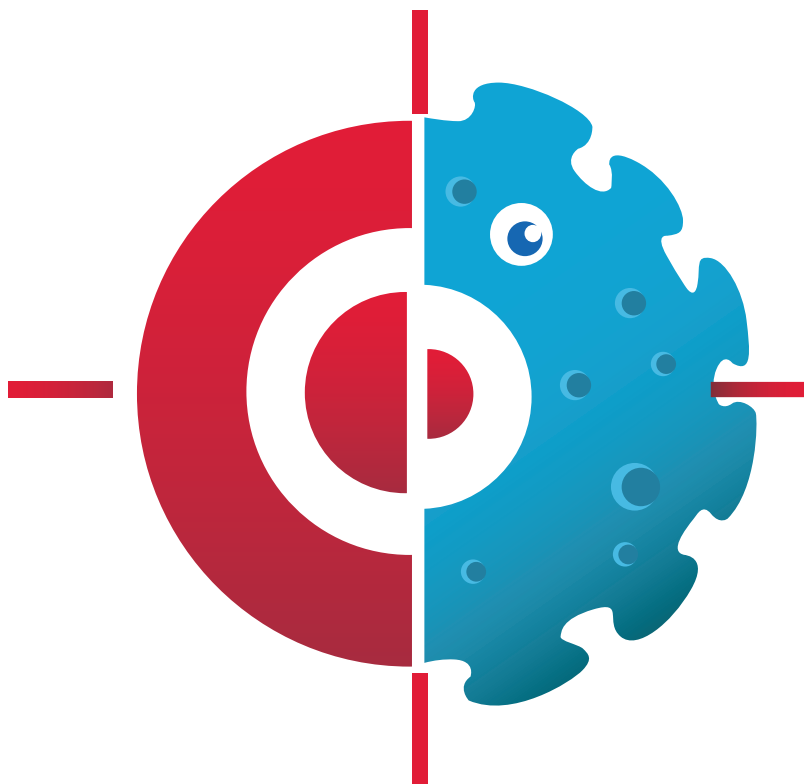






## ECDC communication toolkit to support infection prevention in schools

### Focus: Gastrointestinal diseases



#### How to adapt the materials?

Our materials can be adapted according to your language, cultural specificities and campaign focus.

The files are available from:

[http://ecdc.europa.eu/en/press/communication\\_toolkit/Pages/communication\\_toolkit.aspx](http://ecdc.europa.eu/en/press/communication_toolkit/Pages/communication_toolkit.aspx)

#### The files are provided in:

- **PDF flattened format** for easy reproduction: this format can be used to view the material and for printing purposes;
- **Illustrator format** for professional reproduction: this format can be used to modify the layout
- **JPEG format** for viewing on screen and online presentations



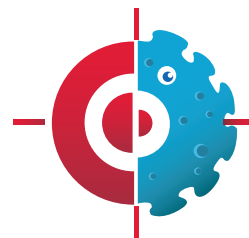
ECDC communication toolkit to support

# *Infection prevention in schools*

## *Focus: Gastrointestinal diseases*



## *Toolkit: Slogans*





## ECDC communication toolkit to support infection prevention in schools

### Focus: Gastrointestinal diseases

#### Toolkit: Slogans

**Note:** These suggestions of slogans were developed to support communication initiatives. They can be used and adapted as appropriate when developing communication materials in the context of campaigns to raise awareness and promote prevention of gastrointestinal diseases in school settings.

### School and Health Authorities

*“Avoid illness and absenteeism – Prevent gastroenteritis”*

### Parents and teachers

*“Good hygiene at school and at home keeps gastroenteritis away”*

### Children

*“Don’t let tummy bugs keep you in bed!”*

*“Don’t let tummy bugs get you!”*

### School staff

*“Don’t let it spread! Take the right measures to prevent gastroenteritis”*

### General – All audiences

*“We can all prevent gastroenteritis by applying good hygiene practices”*

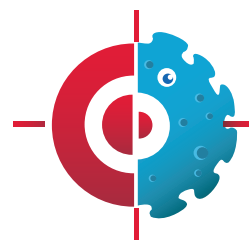


# *Infection prevention in schools*

## *Focus: Gastrointestinal diseases*



*Toolkit: List of key  
preventive  
measures*







## ECDC communication toolkit to support infection prevention in schools

### Focus: Gastrointestinal diseases

#### Toolkit: List of key preventive measures – Schools

- This list of key preventive measures is based on the ECDC technical report on ‘Prevention of Norovirus Infection in Schools and Childcare Facilities’<sup>1</sup>, a guideline adaptation and review developed to support public health practice and promote gastroenteritis infection prevention (in particular Norovirus) in schools and childcare settings.
- These key preventive measures are the basis of the key messages of the communication materials of the ECDC toolkit on gastrointestinal disease prevention in schools.
- Priority audiences to address when promoting these measures are indicated in the table below.

---

<sup>1</sup>

ECDC technical report ‘Prevention of norovirus infection in schools and childcare facilities’ (<http://ecdc.europa.eu/en/publications/Publications/norovirus-prevention-infection-schools-childcare-facilities.pdf>).

Key preventive measures	Priority audience addressed (who needs to know)				
	Health authorities	School authorities	Teachers and parents	Children	School staff
<b>KNOWLEDGE ABOUT GASTROENTERITIS</b>					
<p>Provide education to the school community on the modes of transmission of gastroenteritis, as well as signs and symptoms. Key information includes:</p> <ul style="list-style-type: none"> <li>• Modes of transmission: hand-to-mouth / person-to-person, aerosolised particles, foodborne.</li> <li>• Infants, children and vulnerable individuals can be at risk from dehydration and its complications.</li> <li>• High virulence and infectivity (i.e. for norovirus).</li> </ul>	X	X	X	X	X
<b>HAND HYGIENE</b>					
<p>Emphasise the principles of correct hand hygiene as a key measure to prevent transmission: Thorough hand washing and drying, because people may be carrying infective organisms on their hands, even when not unwell themselves.</p>	X	X	X	X	X
<p>Ensure availability of hand washing facilities in appropriate locations:</p> <ul style="list-style-type: none"> <li>• Provision of sinks with running water, liquid soap dispensers and disposable paper towels in all necessary areas (e.g. kitchen and food preparation areas, toilets, etc.).</li> <li>• Toilets and toilet seats should be visibly clean, with sufficient toilet roll and nearby hand washing facilities. Facilities should be inspected and cleaned at regular times.</li> </ul>	X	X			X

HAND HYGIENE					
<p>Educate when to wash hands:</p> <ul style="list-style-type: none"> <li>Wash hands after using the toilet, before and after touching/handling/preparing food (eating) and after having been outside / playing.</li> <li>Ensure hand washing practices – routines.</li> </ul>	X	X	X	X	X
	X	X	X	X	X
<p>Educate how to wash hands:</p> <ul style="list-style-type: none"> <li>Adequate duration: Proper hand-washing usually takes around 20-60 seconds.</li> <li>Liquid soap applied to all hand surfaces and drying hands completely using disposable towels.</li> <li>Refer to the WHO hand washing procedure as endorsed method (see <a href="http://whqlibdoc.who.int/publications/2009/9789241597906_eng.pdf">http://whqlibdoc.who.int/publications/2009/9789241597906_eng.pdf</a>, figure II.2, p. 156) – Running water (not hot) to wet hands, liquid soap applied from dispenser, sufficient to cover all hand surfaces, thorough rub over entire hand surface, rinse, disposable paper towel used to dry hands, elbow or paper towel to close tab.</li> <li>Alcohol-based hand gels / hand sanitizers should not be regarded as a substitute for washing with soap and water (they only have a role when hand washing facilities are not available; hand washing is always the required method if hands are visibly soiled).</li> <li>Demonstrate how to wash hands (teachers &amp; parents).</li> </ul>	X	X	X	X	X
	X	X	X	X	X
<p>Other occasions for hand washing for specific audiences are:</p> <ul style="list-style-type: none"> <li>After potty or nappy changing (e.g. in childcare facilities).</li> <li>After contact with contaminated surfaces such as rubbish bins, cleaning cloths.</li> </ul>					

Key preventive measures	Priority audience addressed (who needs to know)				
	Health authorities	School authorities	Teachers and parents	Children	School staff
It is advised that pre-school children are supervised on how (and when) to wash and dry their hands.			X		
Inform that using protective gloves does not replace the need for hand washing and drying (skin may become contaminated through tears, or when removing gloves). <ul style="list-style-type: none"> <li>Hands to be washed before applying and after removing PPE.<sup>2</sup></li> </ul>		X			X
<b>ISOLATION AND EXCLUSION OF AFFECTED INDIVIDUALS</b>					
Emphasise the need for immediate separation from the group/class and sending home of individuals – children and staff – with diarrhoea and vomiting until symptom free for 48 hours. This helps to minimise contact with persons during the most infectious periods of their illness.	X	X	X		X
Have clear written policies that state when to stay at home and communicate these to parents/ guardians to enhance compliance.		X	X		
Ensure appropriate parent notification.		X	X		
Have staff sick policies that do not compel staff to return to work too early.		X	X		X
<b>ENVIRONMENTAL CLEANING AND DISINFECTION</b>					
Educate and train cleaning staff on adequate cleaning and disinfection procedures.		X			X

<sup>2</sup> PPE: Personal protective equipment

ENVIRONMENTAL CLEANING AND DISINFECTION				
<p>Adequate cleaning and disinfection (general and during an outbreak) includes:</p> <ul style="list-style-type: none"> <li>• A documented schedule of when and where to clean (responsibilities / signatures / dated when performed).</li> <li>• Adequate provision of appropriate materials, e.g. detergent, cleaning equipment, gloves and other PPE, effective disinfectants.</li> <li>• Appropriate methods for cleaning (including separate equipment used for different areas and appropriate cleaning, drying and storing, or disposing of equipment after use). Use of gloves for cleaning.</li> <li>• Daily cleaning of toilets and bathroom fittings and frequently contacted surfaces, e.g. tables.</li> <li>• Use detergent and water for general environmental cleaning, thorough drying needed. Change cleaning utensils at regular intervals.</li> <li>• Provide information on how to manage spillage of body fluids, including use of PPE (single-use gloves and aprons for circumstances where the staff member is likely to come into contact with faeces or vomit –some guidelines also advise use of surgical filter masks on this occasions–, and also when cleaning or nappy changing or other contact with an ill child where hands or body are likely to be contaminated).</li> <li>• Proper cleaning is needed before disinfection.</li> <li>• Appropriate disinfectant use.</li> <li>• Lined pedal bins should be placed in specific areas (e.g. kitchens, bathrooms); the disposable bin-liner sealed and discarded at a regular schedule.</li> <li>• Terminal cleaning and disinfection after an outbreak (more details below).</li> </ul> <p>Staff and parents should be encouraged to raise concerns about the level of cleanliness when felt justified.</p>				✘
			✘	
			✘	✘
				✘

Key preventive measures	Priority audience addressed (who needs to know)				
	Health authorities	School authorities	Teachers and parents	Children	School staff
<b>FOOD HYGIENE / CATERING STANDARDS</b>					
Ensure and document appropriate food hygiene and catering standards, e.g. according to Hazard Analysis and Critical Points (HACCP) principles or other instructions given by local health protection authorities.	<b>X</b>	<b>X</b>			<b>X</b>
Educate all food handlers / catering staff on hand hygiene, correct food safety, storing, handling and preparation. In addition: <ul style="list-style-type: none"> <li>• Food handlers should not be involved in child toileting / nappy changing.</li> <li>• Access to food preparation areas shall be restricted to catering and kitchen staff.</li> </ul>	<b>X</b>	<b>X</b>			<b>X</b>
<b>DEALING WITH OUTBREAKS</b>					
Ensure that schools have the necessary resources and information to prevent and manage outbreaks, e.g. a documented outbreak response plan.	<b>X</b>	<b>X</b>			
Early recognition and notification of an outbreak to public health/ environmental authorities: Authorities should be notified when 2 or more cases of diarrhoea and/or vomiting occur at the school in a 24 hour period (refer to the ECDC technical report for more information on notification and assessment of a suspected outbreak). <ul style="list-style-type: none"> <li>• Have clear information on when to declare an outbreak.</li> <li>• Health protection team should be contacted to assess and investigate the situation. They should, if deemed appropriate, provide advice on infection control precautions and contact other organisations to coordinate specimen collection and diagnostic testing.</li> </ul>	<b>X</b>	<b>X</b>			

DEALING WITH OUTBREAKS					
<p>During an outbreak the responsible staff in the school should:</p> <ul style="list-style-type: none"> <li>• Focus on infection control and documentation of outbreak characteristics and measures.</li> <li>• Ensure that all staff understands standard infection control precautions and how to apply them.</li> <li>• Document the trainings/occasions when information on infection control procedures and advice have been given.</li> <li>• Document the outbreak characteristics and organise systematic collection on data (e.g. symptoms, children and staff affected – date of first symptoms, last attendance, when parents were contacted to collect child).</li> <li>• Retain food samples according to HACCP plan or agreement with local health protection authorities for further investigation.</li> <li>• Common dining areas should be closed during an outbreak, but if this is not possible, all areas should be sanitised daily after the end of activities.</li> </ul>					
<p>Implement key infection control measures:</p> <ul style="list-style-type: none"> <li>• Exclusion of affected individuals from groups and classes.</li> <li>• Emphasize importance of hand hygiene.</li> <li>• Environmental cleaning and disinfection – Frequently touched environmental surfaces to be cleaned and disinfected more frequently than the daily cleaning routines (this includes e.g. door handles).</li> </ul>					

Key preventive measures	Priority audience addressed (who needs to know)				
	Health authorities	School authorities	Teachers and parents	Children	School staff
<b>DEALING WITH OUTBREAKS</b>					
<p>Based on own decision or recommendation by the health protection team, terminal cleaning and disinfection before the outbreak is declared to be over (e.g. 72 hours after last diarrhoea and vomiting in environment, following an outbreak).</p> <ul style="list-style-type: none"> <li>Closure of the school may be required to allow for this (decision to be taken in coordination between the facility and the public health/environmental authority).</li> </ul> <p>Communicate the end of the outbreak to all institutional staff and those involved in the investigation.</p> <p>Post event review and remediation planning:</p> <ul style="list-style-type: none"> <li>Education and training for staff on the key methods for managing and preventing future outbreaks.</li> </ul>	X	X			X
	X	X			
	X	X	X		X



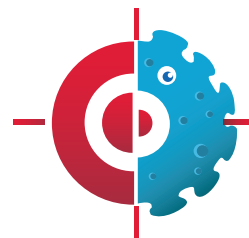
ECDC communication toolkit to support

# *Infection prevention in schools*

## *Focus: Gastrointestinal diseases*



## *Toolkit: Key messages*





## ECDC communication toolkit to support infection prevention in schools

### Focus: Gastrointestinal diseases

#### Toolkit: Key messages

**Note:** This list provides a variety of messages indicating what gastroenteritis is, why prevention is important and the key preventive measures. It serves as background for developing specific key messages targeting different audiences (school and health authorities, teachers and parents, children, school staff – canteen, cleaning staff), depending on the concrete focus of communication initiatives. The messages can be used and adapted as appropriate for developing communication materials. Where appropriate, it is indicated in brackets to which particular audience the message can be addressed.

#### TOP-LINE KEY MESSAGE

To prevent gastroenteritis from spreading in schools and nurseries, all stakeholders need to engage in preventive measures, of which good hygiene is fundamental.

### SUPPORT MESSAGES: WHAT IS GASTROENTERITIS

- **Gastroenteritis<sup>1</sup> is an inflammatory reaction in the intestinal tract caused by a wide variety of viruses, bacteria or parasites.** Germs can spread by one or more of the following routes:
  - food, water;
  - hand to mouth (faecal-oral);
  - person to person (directly or indirectly, e.g. person–contaminated food–person);
  - airborne (through small droplets spread through vomit).
- **Gastroenteritis should be taken seriously.**
- Gastroenteritis' most common symptoms include usually diarrhoea and/or vomiting. Other symptoms may include nausea, stomach cramps, headaches, moderately high fever of 38-39<sup>o</sup>. **Complications include dehydration: particularly dangerous for infants and babies.**
- **Gastroenteritis may be highly contagious<sup>2</sup>** and for example viruses can survive on surfaces for up to several weeks. It is therefore prone to spread easily in confined spaces such as schools.

<sup>1</sup> When preparing messages for specific audiences, terms like 'diarrhoea and vomiting', or tummy bugs (UK) – in the case of messages addressing children – etc. may be more appropriate than the word 'gastroenteritis'.

<sup>2</sup> Depending on target audience, another way of explaining the term may need to be used, e.g. 'very easy to catch'.

## SUPPORT MESSAGES: WHY PREVENTION IS IMPORTANT

- **Gastroenteritis is easily preventable**, in order to save lives and avoid the spread of disease. Preventive measures are usually inexpensive.
  - Public health officials have a key role to play in preventing gastroenteritis in schools and nurseries by developing guidance and informing all stakeholders on appropriate disease prevention measures. **(Health authorities)**
  - Education authorities have an important role to play in order to ensure that preventive measures are taken into account by the school community and that information is conveyed in case of an outbreak. **(School authorities)**
  - Preventive measures are more likely to produce results when teachers and parents are also actively involved in promoting the health of the children. In turn, the child's family can also benefit from the health information provided at school. **(Teachers / Parents)**
- **Whether people show gastroenteritis symptoms or not, they can be potential carriers** of the disease and can spread infection without knowing it. It is therefore important that everyone regularly follows preventive hygiene measures.
- **Gastroenteritis spreads particularly quickly in confined places such as schools.** Children suffer particularly because they are more prone to complications such as dehydration than adults, and young children specifically because their immune system is more immature.
- **It affects parents and teachers:** It puts strains on the parents who worry about their children being ill and have to find solutions for taking care of them, as well as on teachers who cannot follow their teaching programme due to half empty classes. Gastroenteritis also increases absenteeism in the workplace.
- **Burden:** On top of the human and social burden, gastroenteritis also has an economic burden due to absenteeism it causes. Institutions may even be legally liable for not following existing laws and regulations (where applicable depending on the context) on aiding in the control of diseases and protecting children and staff from illness.

## SUPPORT MESSAGES: HOW TO PREVENT IT

- **Effective health promotion programmes in schools are a cost-effective investment in disease prevention for countries.** **(Health authorities / School authorities)**
- **It is important that everyone follows preventive hygiene measures** (e.g. hand washing, appropriate disinfection of contaminated surfaces, use of gloves by canteen workers and correct food handling, use of light masks and gloves for people cleaning up vomit and other contaminated areas, staying home if infected, etc.).
  - Information should be available for the school communities on the modes of transmission of gastroenteritis, as well as signs and symptoms. **(Health authorities / School authorities)**

- **Hand hygiene is key:** It is important that everyone is taught and follows the correct hand washing technique, including warm running water, liquid soap<sup>3</sup> and drying hands well with disposable paper towels.
  - Hands should be washed before and after touching/handling/preparing food (eating), after toilet use, after having been outside, after contact with contaminated surfaces (e.g. rubbish bins, cleaning cloths).
  - Pre-school children should be supervised when washing and drying their hands.
  - Schools should inform staff that using protective gloves does not replace the need for hand washing and drying (skin may become contaminated through tears, or when removing gloves). Hands should be washed before applying and after removing personal protective equipment.
- **Schools need to have adequate supplies of appropriate materials to secure hygienic environments (Health authorities / School authorities)** – e.g. provision of sinks with running water, liquid soap and disposable paper towels in all necessary areas (e.g. kitchen and food preparation areas, toilets), detergents, virus-inactivating disinfectants, gloves, light masks, etc.
- Information should be given to schools on adequate cleaning and disinfection procedures, as well as adequate food hygiene and catering standards. The compliance with standards should be monitored.

### ***Adequate cleaning and disinfection***

- Education and training of school staff on adequate cleaning and disinfection procedures is important, including a schedule of when and where to clean – signatures/dates when performed, detergent and water for general environmental cleaning, allowing for thorough drying, appropriate disinfectant use, detergent cleaning of soiled areas prior to disinfection, sealed disposable waste bags in separate areas, e.g. kitchens, bathrooms).
- Information should also be given on how to manage spillage of body fluids. Personal protective equipment (e.g. disposable gloves and apron) should be used by people cleaning up vomit and other body fluids.
- Parents, teachers and staff should be encouraged to raise concerns about the level of cleanliness in the school setting.

### ***Food hygiene and catering standards***

- All food handlers/catering staff should be trained in and follow the recommendations on appropriate food hygiene and catering standards. This includes correct food safety, storing, handling and preparation.
- Food handlers should not be involved in child toileting.
- Access to food preparation areas shall be restricted to kitchen staff.

---

<sup>3</sup> A more specific message for some target audiences can include the information that alcohol-based hand gels shall not be seen as a substitute for washing with soap and water.

## Isolation and exclusion

- **Information should be given to schools on appropriate isolation and exclusion criteria** for children and staff who are affected with gastrointestinal disease. **(Health authorities)**
- **Any child or staff member who has diarrhoea and/or vomiting, stomach pain or generally feels unwell or appears to be unwell should be isolated and sent home.**
- If ill, one should rest, drink plenty of liquids, stay home, and inform the school/working place.
- **Infected people should stay at home** preferably for at least 2 days (48 hours) after the end of symptoms, and according to national recommendations<sup>4</sup>.
- Schools should have a clear policy stating the exclusion criteria and communicate it to parents/guardians and staff to enhance compliance.
  - Appropriate parent notification when a child gets ill shall be ensured, in order to contact parents on time so they can bring their ill child home.
  - Adequate sick staff policies should be in place in order not to compel staff to return to work too early when affected with gastrointestinal disease.

## Outbreaks

- **National/local public health guidelines on prevention and management of gastroenteritis outbreaks, where applicable, should be followed.**
- Schools should have the necessary resources and information to prevent and manage outbreaks, e.g. an outbreak response plan.
- Schools should have clear information on when to declare an outbreak, processes in place for notifying an outbreak and how to collaborate with outbreak investigation.
  - Public health / environmental authorities should be notified if there are 2 or more cases of diarrhoea and/or vomiting in a 24 hour period that are connected in time, place and person.
- Education and training for staff on the key methods for managing and preventing future outbreaks should be provided, including rehearsing outbreak situations.
- *In case of an outbreak* the importance of hand hygiene should be further emphasised.

---

<sup>4</sup> For example, food handlers are generally recommended to stay home until 48-hours symptom free.

## SOME FACTS AND STATISTICS

### Gastroenteritis in general

- **Acute gastroenteritis is one of the most common diseases in children, particularly in the first 3 years of life**, and the second leading cause of morbidity and mortality worldwide. (*Journal of Pediatric Gastroenterology and Nutrition*, 46:S81–S184 # 2008)
- In most EU countries acute gastroenteritis is usually a mild disease, but it is still associated with a **large number of hospital admissions and a not negligible number of deaths**.
- **Rotavirus** is the most frequent agent of acute gastroenteritis. (*Journal of Pediatric Gastroenterology and Nutrition*, 46:S81–S184 # 2008, S84)

### Food-borne diseases outbreaks in the EU<sup>5</sup>

- **5,550 food-borne outbreaks were reported in the European Union in 2009** (including both possible and verified outbreaks), causing nearly **49,000 people to be ill**.
- **Of these ill people, over 4,000 needed to be hospitalised and 46 died**.
- In 85% of the verified outbreaks (977 in total) the setting was specified, and included:
  - Households (36.4 % of the outbreaks and with 18.7% of human cases) followed by restaurants/cafés (20.6 % of outbreaks / 17.5% of cases) and **schools and kindergartens (5.5 % of outbreaks / 14.8% of cases)**.

### Additional facts on importance of hygiene<sup>6</sup>

- Overall, despite significant investment at all levels, food-related, waterborne, and other non-food-related infectious intestinal diseases remain at unacceptably high levels, even in developed countries.
- Since milder cases of gastrointestinal illness (GI) often go unreported, this means that the overall GI infection burden, particularly that which is not food-borne, is unknown; the most informative data on the overall burden of infectious GI illness (both food-borne and non-food-borne) in the community comes from various community-based studies, which have been carried out in Europe and the USA.
- For infectious intestinal diseases the link between poor hygiene and spread of disease is well established and is supported by a wealth of epidemiological as well as microbiological and other data.
- Studies have shown the strong causal relationship between hand hygiene and gastrointestinal disease risk.
- Complications: Clusters of *Campylobacter* infections are known to arise in family households, and complications (Guillain Barré syndrome) which require ongoing treatment are a real concern. Foodborne illness has been estimated to result in chronic sequelae in 2–3% of cases. A report from the European Commission cited evidence of chronic disease, such as reactive arthritis, following 5% of *Salmonella* cases, with 5% also of *E. coli* O157 cases progressing to the serious and often fatal complication of uraemic syndrome.

<sup>5</sup> EFSA-ECDC: EU Summary Report on Trends and Sources of Zoonoses; EFSA Journal 2011; 9(3): 2090

<sup>6</sup> Bloomfield SF, Exner M, Fara GM, et al (2009). The global burden of hygiene-related diseases in relation to the home and community. An IFH expert review; published on [www.ifh-homehygiene.org](http://www.ifh-homehygiene.org)





## ECDC communication toolkit to support infection prevention in schools

### Focus: Gastrointestinal diseases

#### Toolkit: Key messages

#### Messages targeted at children

**Note:** This list of suggested messages – indicating what gastroenteritis is, why prevention is important and which are the key preventive measures – serves as background for developing specific key messages targeting children. The messages can be used and adapted as appropriate for developing communication materials.

##### TOP-LINE KEY MESSAGE

Tummy bugs can be kept away from schools if children follow the advice of their teachers and parents. Good hygiene is very important.

### **SUPPORT MESSAGES: WHAT IS TUMMY (STOMACH) DISEASE**

- **Tummy (stomach) disease is caused by bugs that are very small, so they cannot be seen.** You can catch the bugs in 4 different ways:
  - From contaminated food or water.
  - From putting dirty hands into your mouth. For example if hands are not washed properly after using the toilet or after having played outside.
  - Person to person (for example a person who has tummy disease touches food and this food is then taken by another person).
  - Through the air (through small droplets spread when someone vomits).
- The most common symptoms of tummy disease include usually diarrhoea and/or vomiting. Other symptoms may include nausea, stomach cramps, headaches, fever. Complications include dehydration, which can happen when a person loses a lot of water and salts because of, for example, diarrhoea and vomiting.

### **SUPPORT MESSAGES: WHY PREVENTION IS IMPORTANT**

- **Tummy disease is easily preventable.**
- **Whether children show tummy disease symptoms or not, they can carry bugs that cause the disease** and spread them without knowing it. It is therefore important that everyone follows the advice of the teachers and parents on how to prevent catching the bugs.
- **Tummy bugs are very easy to catch in places where many people come together such as schools.**

## **SUPPORT MESSAGES: HOW TO PREVENT IT**

- **It is important that everyone follows good hygiene** (e.g. hand washing with soap and water before touching food or eating, after toilet use and after having been playing outside; staying home if ill, etc).
- **Hand hygiene is key:** It is important that everyone is taught and follows the correct hand washing procedures in school: Washing hands with warm running water, liquid soap and drying them well with disposable paper towels.
- If feeling ill, it is important to warn teachers and parents and follow their advice.
- **Children with tummy disease should stay at home and follow their parents' or caregivers' advice as to when they can return to school.**

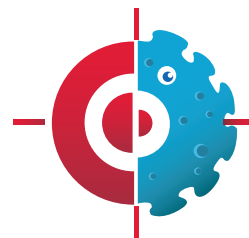
ECDC communication toolkit to support

# *Infection prevention in schools*

## *Focus: Gastrointestinal diseases*



*Toolkit: Pictograms*





## ECDC communication toolkit to support infection prevention in schools

### Focus: Gastrointestinal diseases

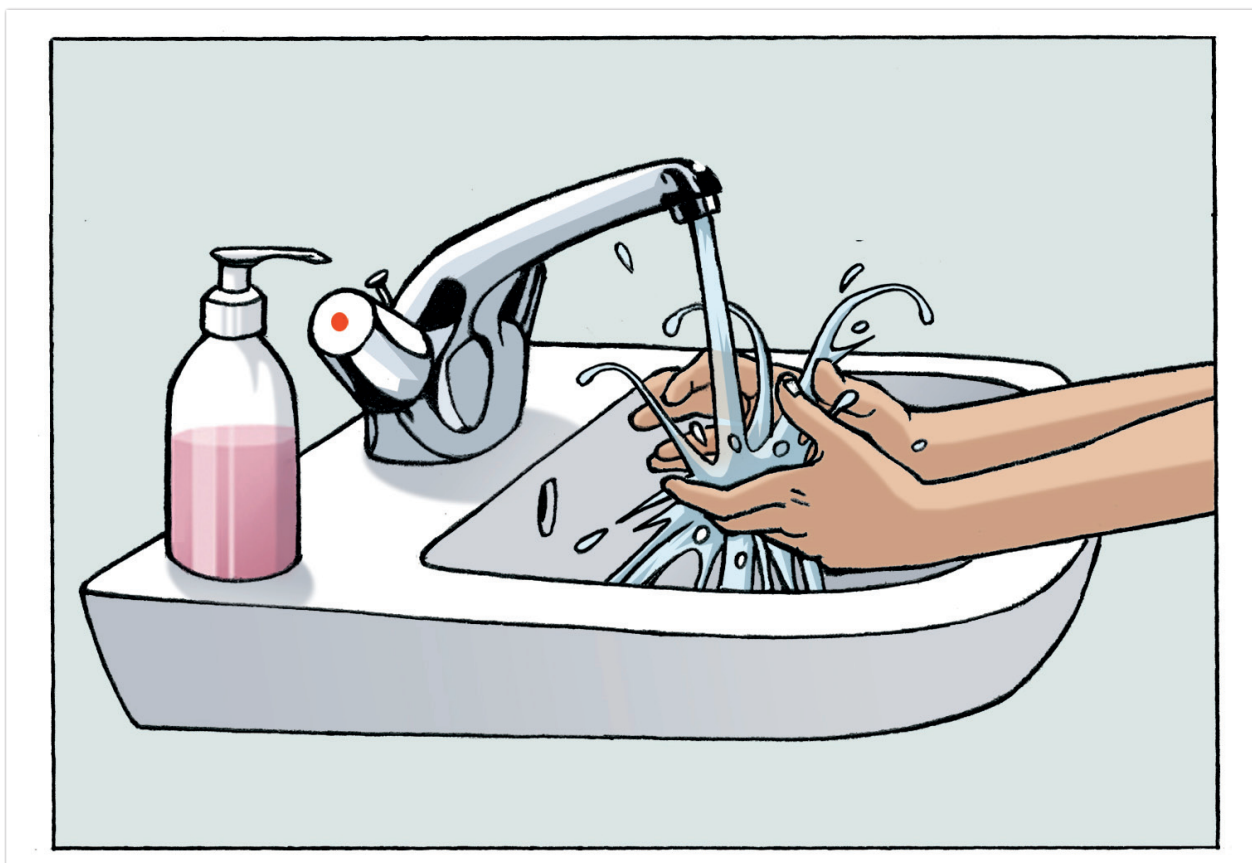
#### Toolkit: Pictograms

The files are available from:

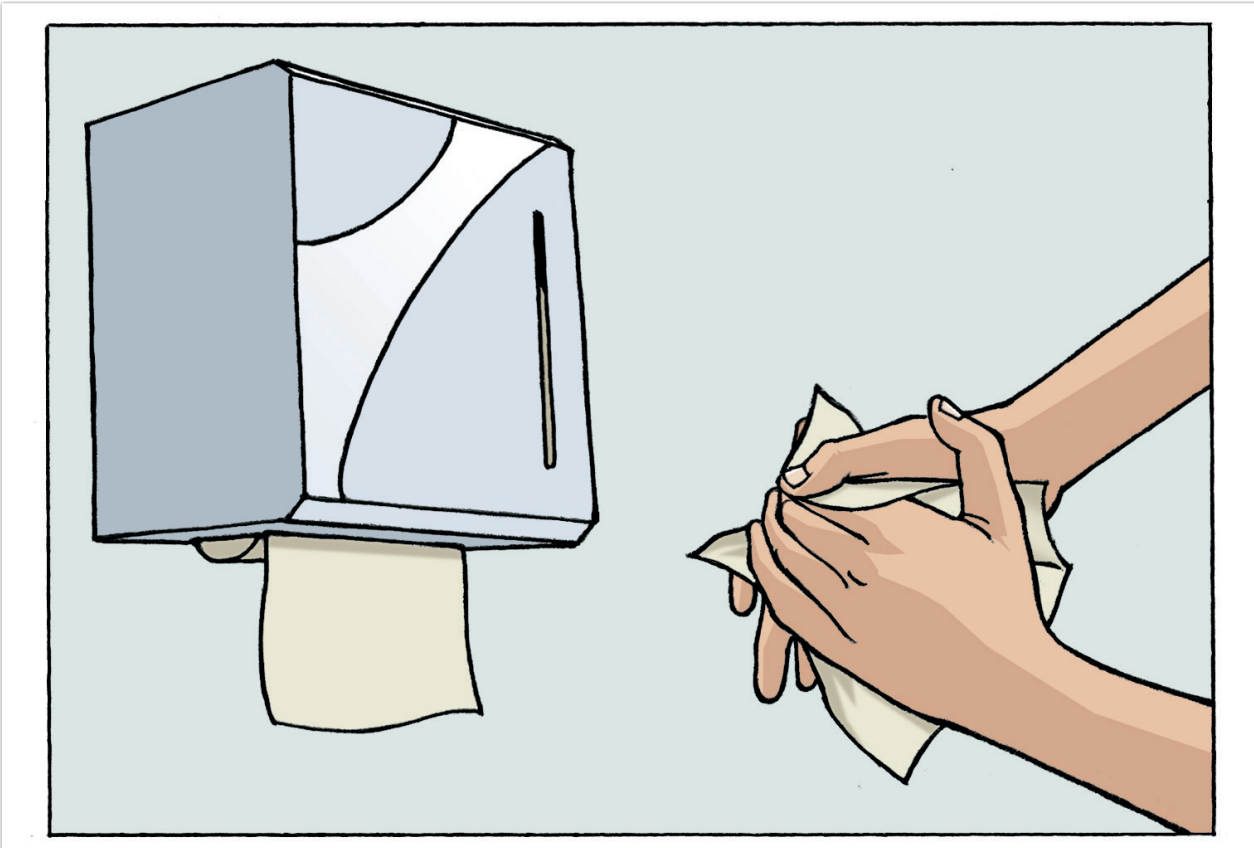
[http://ecdc.europa.eu/en/press/communication\\_toolkit/Pages/communication\\_toolkit.aspx](http://ecdc.europa.eu/en/press/communication_toolkit/Pages/communication_toolkit.aspx)

The files are provided in:

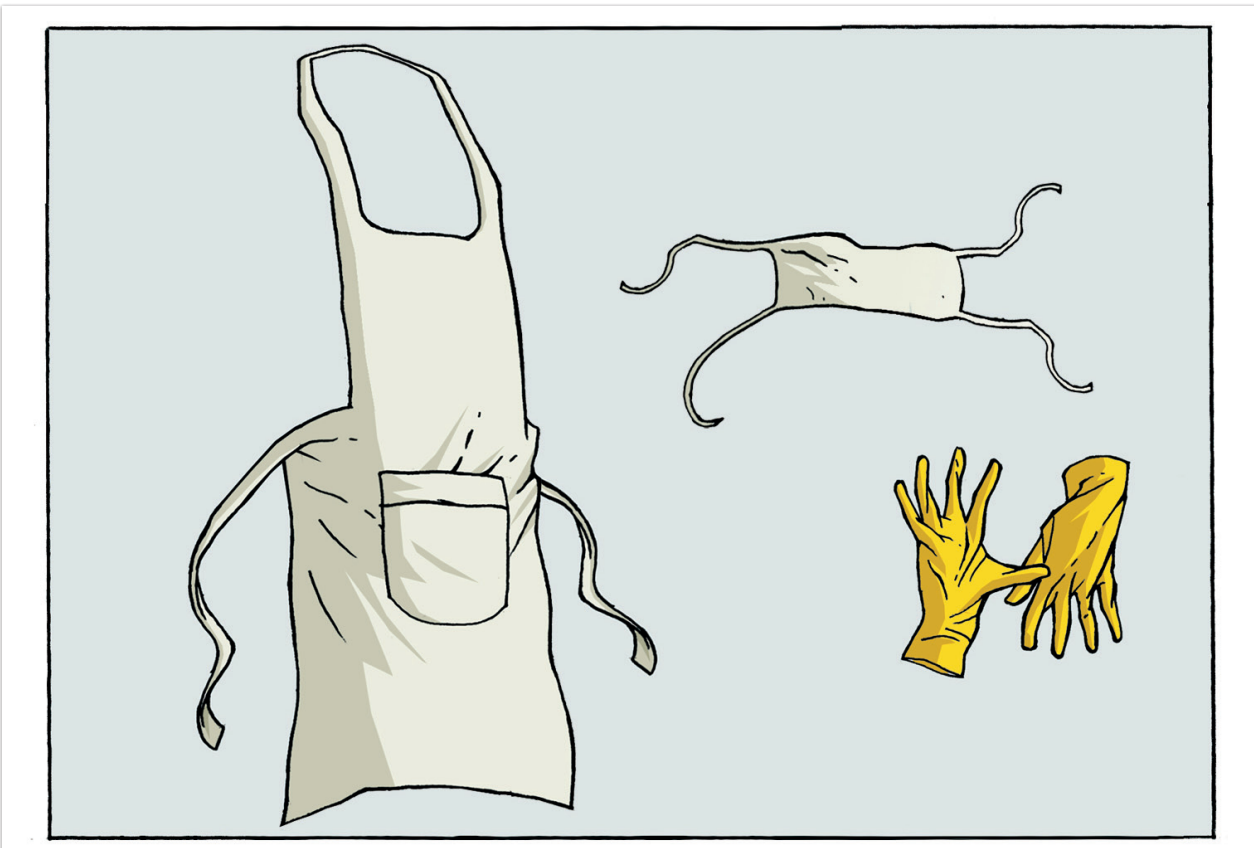
- **JPEG format Low resolution** for viewing on screen and online presentations
- **JPEG format High resolution** for professional reproduction



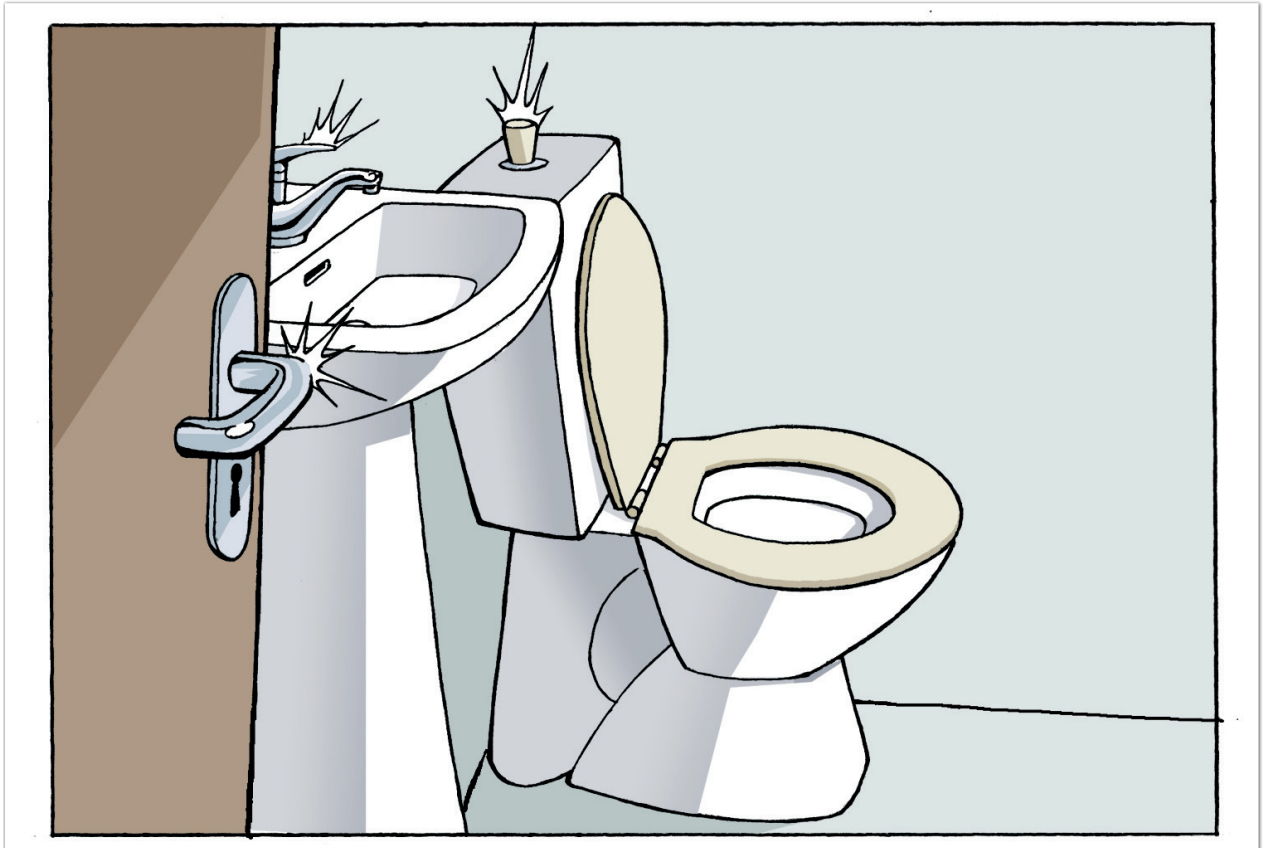
1) Wash hands with liquid soap and water.



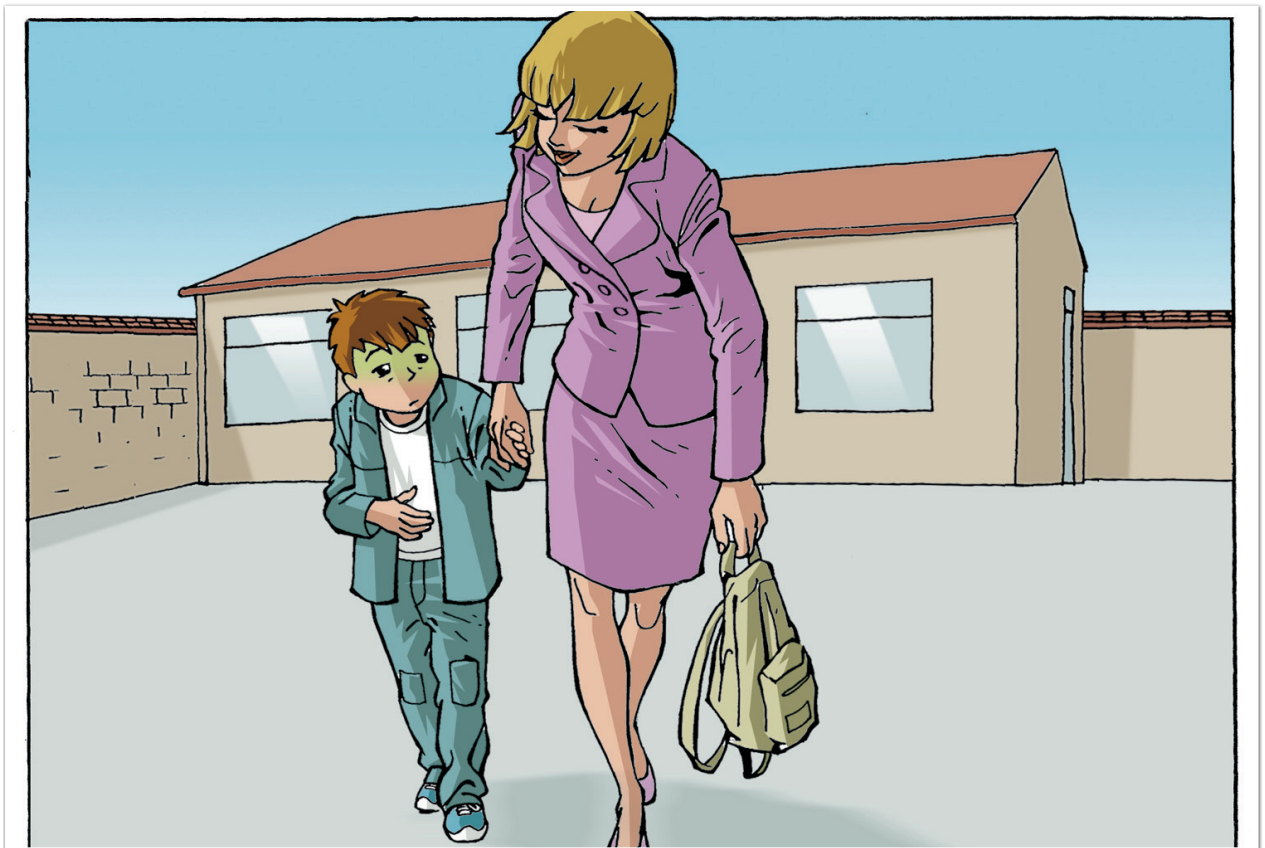
2) Dry hands well with disposable paper towels.



3) Staff should use personal protective equipment when coming into contact with spillages, body fluids.

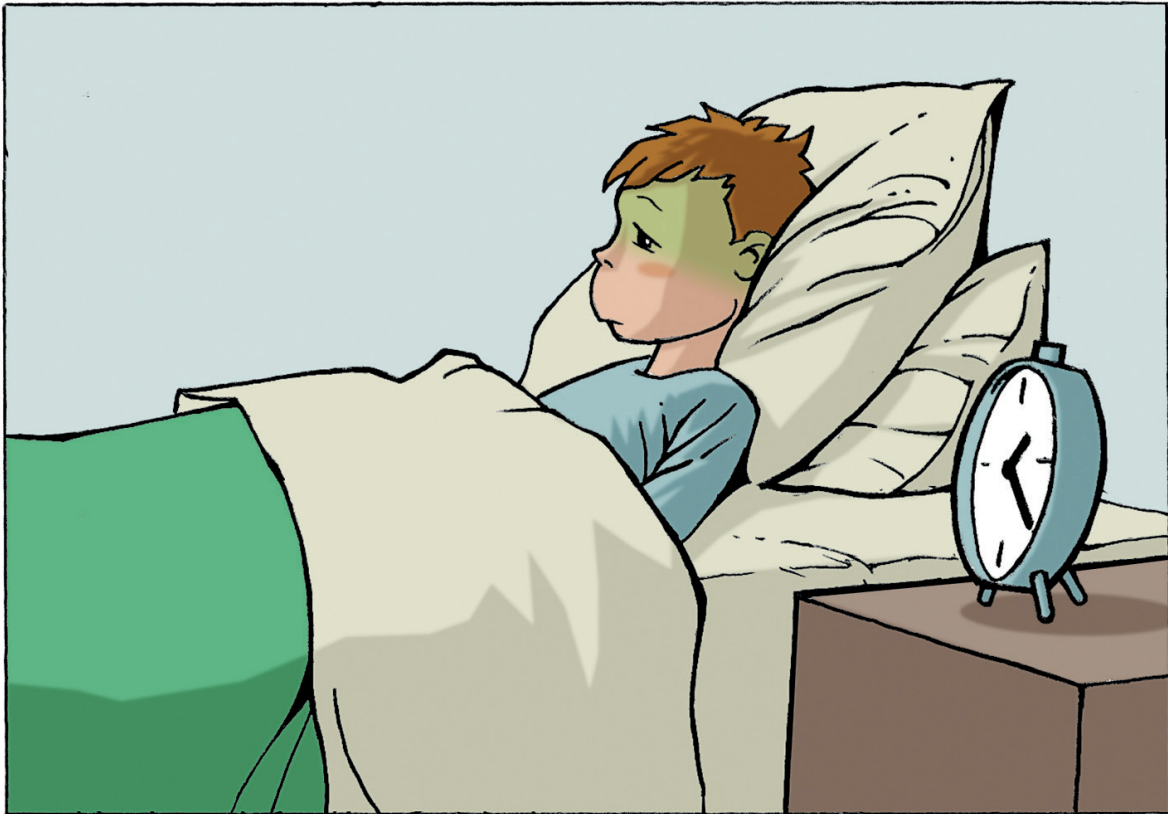


4) Frequently contacted surfaces should be cleaned often.

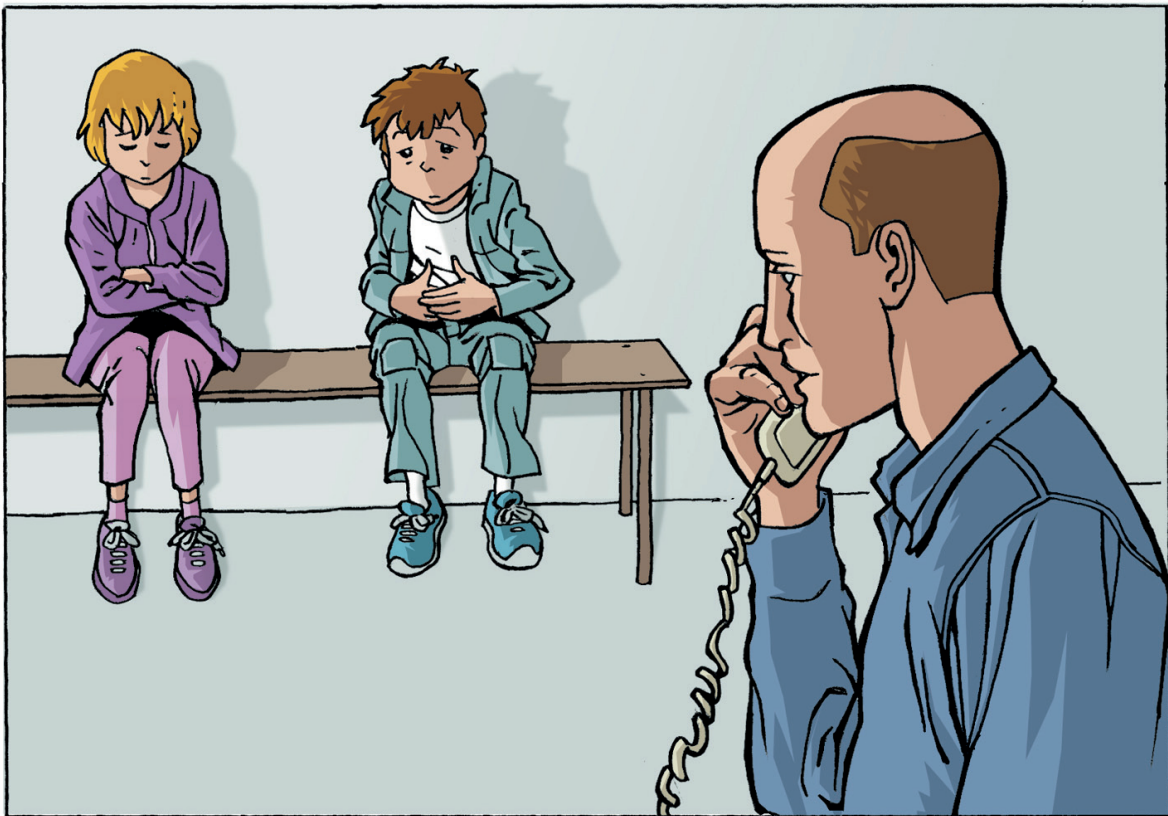


5) Any child or staff member with diarrhoea and/or vomiting should be sent home.



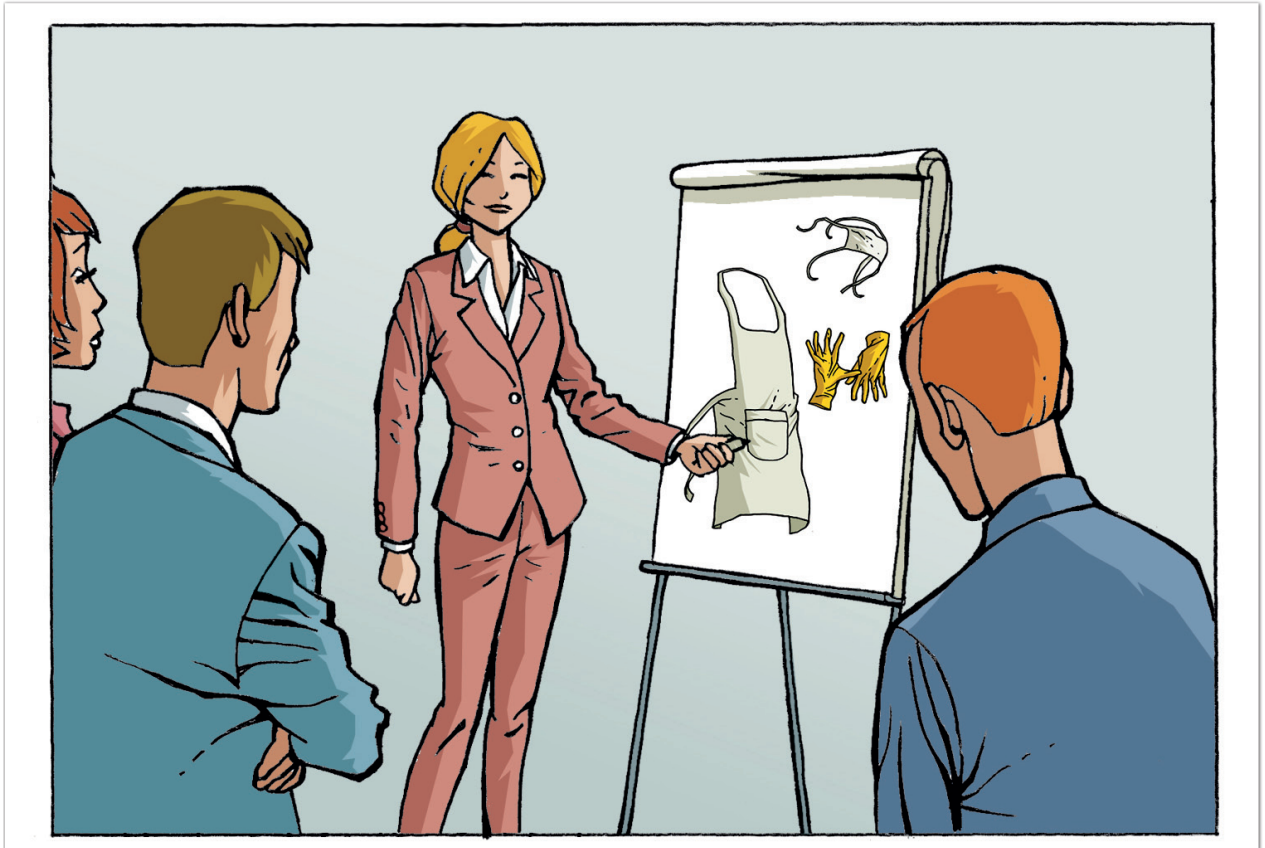


- 6) Any child or staff member with diarrhoea and/or vomiting should stay home until symptom free for 48 hours.



- 7) If 2 or more children or staff show symptoms of diarrhoea and/or vomiting the same day, contact the health authorities.

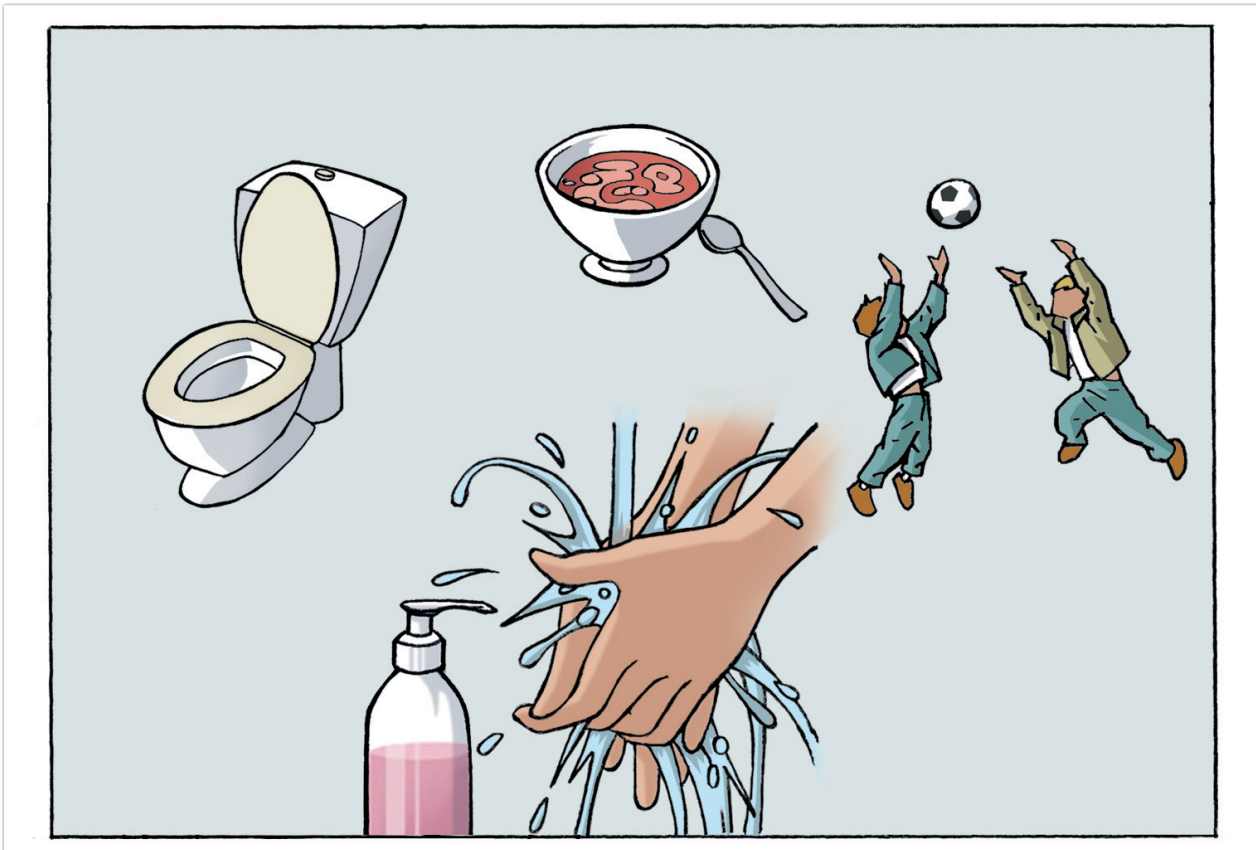




8) Train and educate staff on the importance of hygiene, food safety and what to do in case of an outbreak.



9) Clean and disinfect well the areas where vomiting has occurred.



10) Wash hands after toilet use, before handling food and after being outside.

ECDC communication toolkit to support

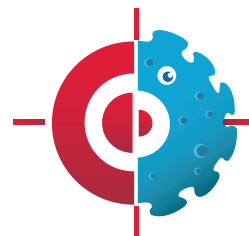
# *Infection prevention in schools*

## *Focus: Gastrointestinal diseases*



## *Toolkit: Powerpoint presentations*

Toolkit: Powerpoint presentations





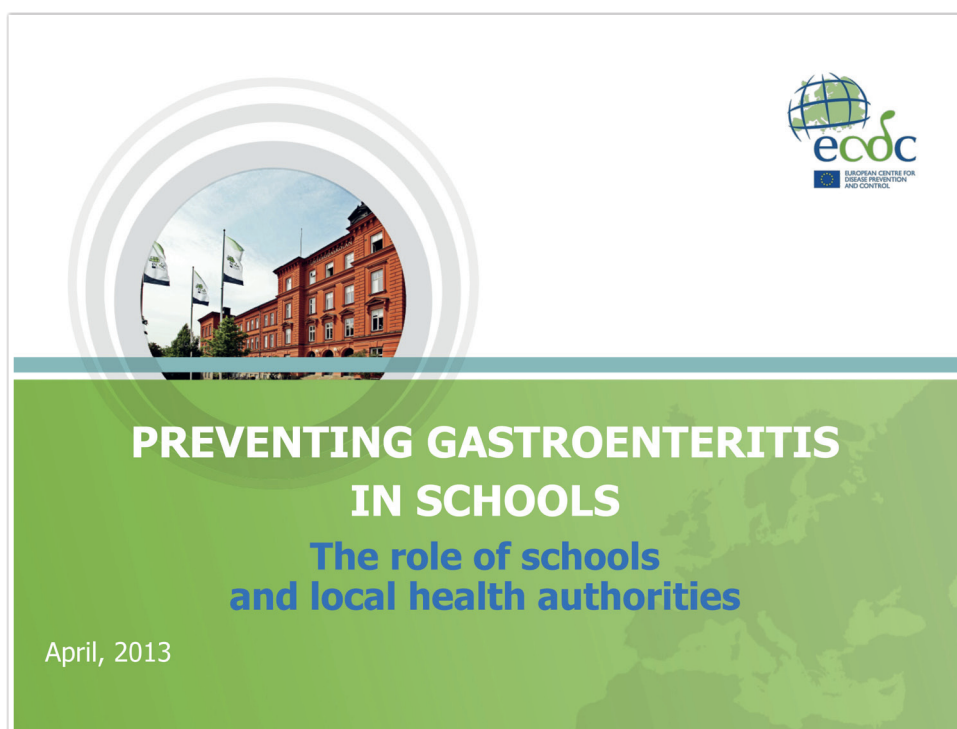
## ECDC communication toolkit to support infection prevention in schools

### Focus: Gastrointestinal diseases

### Toolkit: Powerpoint presentations

The files are available from:

[http://ecdc.europa.eu/en/press/communication\\_toolkit/Pages/communication\\_toolkit.aspx](http://ecdc.europa.eu/en/press/communication_toolkit/Pages/communication_toolkit.aspx)





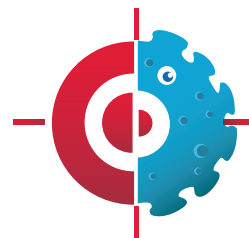
ECDC communication toolkit to support

# *Infection prevention in schools*

## *Focus: Gastrointestinal diseases*



## *Toolkit: Posters*







# ECDC communication toolkit to support infection prevention in schools


## Focus: Gastrointestinal diseases

### Toolkit: Posters

The files are available from:

<http://ecdc.europa.eu/en/press/communication-tools/Pages/communication-tools.aspx>





## Good hygiene at school and at home keeps gastroenteritis away

01



### Practice good hand hygiene


Wash hands with soap and water, and dry them well, before handling food or eating, after toilet use and after having been outside



### 02 Ensure food safety

Follow recommendations on food handling, storing and preparation

03



### Clean and disinfect properly

Frequently touched surfaces should be cleaned often and areas where vomiting has occurred should be disinfected as appropriate

04

### Stay at home if infected

Anyone with diarrhoea and/or vomiting should stay home

