St Mary's College Early Years Department
Bright Sparks Nursery

Illness, Injury and First Aid
Policy & Procedures

Sickness & Illness

At Bright Sparks nursery, we promote the good health of all children attending including oral health by:

- Asking parents to keep children at home if they are unwell. If a child is unwell, it is in their best interest to be in a home environment rather than at nursery with their peers.
- Asking staff and other visitors not to attend the setting if they are unwell
- Helping children to keep healthy by providing balanced and nutritious snacks, meals and drinks
- Minimising infection through our rigorous cleaning and hand washing processes **(see infection control policy)** Ensuring children have regular access to the outdoors and having good ventilation inside
- Sharing information with parents about the importance of the vaccination programme for young children to help protect them and the wider society from communicable diseases
- Sharing information from the Department of Health that all children aged 6 months – 5 years should take a daily vitamin
- Having areas for rest and sleep, where required and sharing information about the importance of sleep and how many hours young children should be having.

Our procedures
In order to take appropriate action of children who become ill and to minimise the spread of infection we implement the following procedures:

- If a child becomes ill during the nursery day, we contact their parent(s) and ask them to pick up their child as soon as possible. During this time we care for the child in a quiet, calm area with their key person (wearing PPE), wherever possible
- We follow the guidance published by Public Health England (Health Protection in Schools and other childcare facilities) and advice from our local health protection unit

on exclusion times for specific illnesses, e.g. sickness and diarrhoea, measles and chicken pox, to protect other children in the nursery[1]

- Should a child have an infectious disease, such as sickness and diarrhoea, they must not return to nursery until they have been clear for at least 48 hours
- We inform all parents if there is a contagious infection identified in the nursery, to enable them to spot the early signs of this illness. We thoroughly clean and sterilise all equipment and resources that may have come into contact with a contagious child to reduce the spread of infection
- We notify Ofsted as soon as is reasonably practical, but in any event within 14 days of the incident of any food poisoning affecting two or more children cared for on the premises.
- We ask parents to keep children on antibiotics at home for the first 48 hours of the course (unless this is part of an ongoing care plan to treat individual medical conditions e.g. asthma and the child is not unwell) This is because it is important that children are not subjected to the rigours of the nursery day, which requires socialising with other children and being part of a group setting, when they have first become ill and require a course of antibiotics
- We have the right to refuse admission to a child who is unwell. This decision will be taken by the manager on duty and is non-negotiable
- We make information about head lice readily available and all parents are requested to regularly check their children's hair. If a parent finds that their child has head lice, we would be grateful if they could inform the nursery so that other parents can be alerted to check their child's hair.

Meningitis procedure

If a parent informs the nursery that their child has meningitis, the nursery manager will contact the Local Area Infection Control (IC) Nurse. The IC Nurse will give guidance and support in each individual case. If parents do not inform the nursery, we may be contacted directly by the IC Nurse and the appropriate support given. We will follow all guidance given and notify any of the appropriate authorities including Ofsted where necessary.

Allergic Reactions procedure

- In the case of an allergic reaction that the nursery is aware of then a health plan for the child in particular will be in place and the procedures listed in the plan will be adhered to.
- In the case of an allergic reaction that has not been recorded by the parents, emergency procedures will be followed. In the case of breathing difficulties, advice will be taken from the emergency services.
- Piriton is kept on site for use in the case of an "unknown" allergic reaction. Parent permission slips request signature for the use of this in the case of an unexplained reaction. Administration of this, despite parental permission, will only be given once parents have been contacted. If parents CANNOT be contacted then emergency procedures will be followed and advice will be taken from the emergency services. Piriton can be administered on their advice.

[1] https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities

- Allergic reactions include allergies to nuts, peanuts, crustaceans, celery, eggs, fish, lupin, molluscs, mustard, wheat (cereals containing gluten), sesame seeds, soya, sulphur dioxide, dairy products – milk, butter, gluten and certain fruits.

We will follow the transporting children to hospital procedure in any cases where children may need hospital treatment.
The nursery manager/staff member must:

- Inform a member of the management team immediately
- Call 999 for an ambulance immediately if the illness is severe. DO NOT attempt to transport the unwell child in your own vehicle
- Follow the instructions from the 999 call handler
- Whilst waiting for the ambulance, a member of staff must contact the parent(s) and arrange to meet them at the hospital
- Redeploy staff if necessary to ensure there is adequate staff deployment to care for the remaining children. This may mean temporarily grouping the children together
- Arrange for the most appropriate member of staff to accompany the child taking with them any relevant information such as registration forms, relevant medication sheets, medication and the child's comforter
- Remain calm at all times. Children who witness an incident may well be affected by it and may need lots of cuddles and reassurance. Staff may also require additional support following the accident.

Accidents & First Aid

At Bright Sparks Nursery the safety of all children is paramount and we have measures in place to help to protect children. However, sometimes accidents do unavoidably happen.

We follow this policy and procedure to ensure all parties are supported and cared for when accidents or incidents happen[2]; and that the circumstances of the accident or incident are reviewed with a view to minimising any future risks.

Accidents

When an accident or incident occurs, we ensure:

- The child is comforted and reassured first
- The extent of the injury is assessed and if necessary, a call is made for medical support/ambulance
- First aid procedures are carried out where necessary, by a trained paediatric first aider

[2] An accident is an unfortunate event or occurrence that happens unexpectedly and unintentionally, typically resulting in an injury, for example tripping over and hurting your knee.
An Incident is an event or occurrence that is related to another person, typically resulting in an injury, for example being pushed over and hurting your knee.

- The person responsible for reporting accidents, incidents or near misses is the member of staff who saw the incident or was first to find the child where there are no witnesses.
- The accident or incident is recorded on an Accident template through our iConnect system and it is reported to the nursery manager. Other staff who have witnessed the accident may also countersign the form and, in more serious cases, provide a statement. This should be done as soon as the accident is dealt with, whilst the details are still clearly remembered. This format also records first aid treatment administered.
- Parents are sent the Accident/Incident Report and informed of any first aid treatment given. They are asked to acknowledge it the same day, or as soon as reasonably practicable after. Parents may be notified by telephone also.
- The nursery manager reviews the accident/incident forms at least monthly for patterns, e.g. one child having a repeated number of accidents, a particular area in the nursery or a particular time of the day when most accidents happen. Any patterns are investigated by the nursery manager and all necessary steps to reduce risks are put in place
- The Health and Safety officer reports any serious accidents/incidents to the registered person for investigation for further action to be taken (i.e. a full risk assessment or report under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR))
- In the event of a serious accident, injury to, or death of any child whilst in our care Ofsted will be notified. Notification must be made as soon as is reasonably practical but in any event within 14 days of the incident occurring.
- The LADO of the local safeguarding children board will be notified of any serious accident or injury to, or the death of any child whilst in our care and we will act on any advice provided.
- The Accident File is kept for at least 21 years and three months
- Where medical attention is required, a senior member of staff will notify the parent(s) as soon as possible whilst caring for the child appropriately
- The nursery manager/registered provider will report any accidents of a serious nature to Ofsted and the local authority children's social care team (as the local child protection agency), where necessary. Where relevant such accidents will also be reported to the local authority environmental health department or the Health and Safety Executive and their advice followed. Notification must be made as soon as is reasonably practical, but in any event within 14 days of the incident occurring.
- Accident/ injury procedures are explained to parents on their initial visit to the Nursery or on registration.

Location of accident files: iConnect report
Contact Details: Alice Haigh/ Jill Williamson to access reports

Head injuries
If a child has a head injury in the setting then we will follow the following procedure:

- Comfort, calm and reassure the child
- Assess the child's condition to ascertain if a hospital or ambulance is required. We will follow our procedure for this if this is required (see below)

- In the event of a bump to the head or a scratch received from another child (which has marked the child) the parents will be notified by telephone. A qualified member of staff will monitor a child who has received an injury to the head closely and first aid will be administered.
- If the skin is not broken we will administer a cold compress for short periods of time, repeated until the parent arrives to collect their child
- If the skin is broken then we will follow our first aid training and stem the bleeding
- Call the parent and make them aware of the injury and if they need to collect their child
- Complete the accident form
- Keep the child in a calm and quiet area whilst awaiting collection, where applicable
- We will continue to monitor the child and follow the advice on the NHS website as per all head injuries https://www.nhs.uk/conditions/minor-head-injury/
- For major head injuries we will follow our paediatric first aid training.

Transporting children to hospital procedure
The nursery manager/staff member must:

- Call for an ambulance immediately if the injury is severe. We will not attempt to transport the injured child in our own vehicles
- Whilst waiting for the ambulance, contact the parents/carers and arrange to meet them at the hospital
- Arrange for the most appropriate member of staff to accompany the child taking with them any relevant information such as registration forms, relevant medication sheets, medication and the child's comforter
- Redeploy staff if necessary to ensure there is adequate staff deployment to care for the remaining children. This may mean temporarily grouping the children together
- Inform a member of the management team immediately
- Remain calm at all times. Children who witness an incident may well be affected by it and may need lots of cuddles and reassurance. Staff may also require additional support following the accident.

First aid
The first aid boxes are located in: **Baby Room Kitchen / Basement Dining Room/ Staff Room/ Ground Floor Tots Toilets/ Upper Floor Playroom**

These are accessible at all times with appropriate content for use with children and also staff boxes.

The appointed person responsible for first aid checks the contents of the boxes termly and replaces items that have been used or are out of date.

The staff first aid boxes are kept in the same locations as the children's boxes.. This is kept out of reach of the children.

First aid boxes should only contain items permitted by the Health and Safety (First Aid) Regulations Act 1981, such as sterile dressings, bandages and eye pads. No other medical items, such as paracetamol should be kept in them.

The appointed person responsible for first aid and first aid training is Alice Haigh

All staff that work directly with children are trained in paediatric first aid and emergency first aid at work and this training is updated every three years.

When children are taken on an outing away from our nursery, we will always ensure that a first aid box is taken on all outings, along with any medication that needs to be administered in an emergency, including inhalers etc.

Food Safety and play
Children are supervised during mealtimes and food is adequately cut up to reduce the risk of choking. The use of food as a play material is discouraged. However, as we understand that learning experiences are provided through exploring different malleable materials the following may be used:

- Playdough
- Cornflour
- Dried pasta, rice and pulses.

These are risk assessed and presented differently to the way it would be presented for eating e.g. in trays,

Food items may also be incorporated into the role-play area to enrich the learning experiences for children, e.g. fruits and vegetables. Children will be fully supervised during these activities.
Food that could cause a choking hazard, including raw jelly is not used.

Personal protective equipment (PPE)
The nursery provides staff with PPE according to the need of the task or activity. Staff must wear PPE to protect themselves and the children during tasks that involve contact with bodily fluids. PPE is also provided for domestic tasks. Staff are consulted when choosing PPE to ensure all allergies and individual needs are supported and this is evaluated on an ongoing basis.

Dealing with blood
We may not be aware that any child attending the nursery has a condition that may be transmitted via blood. Any staff member dealing with blood must:

- Always take precautions when cleaning wounds as some conditions such as hepatitis or the HIV virus can be transmitted via blood.
- Wear disposable gloves and wipe up any blood spillage with disposable cloths, neat sterilising fluid or freshly diluted bleach (one part diluted with 10 parts water). Such solutions must be carefully disposed of immediately after use.

Needle punctures and sharps injury
We recognise that injuries from needles, broken glass and so on may result in blood-borne infections and that staff must take great care in the collection and disposal of this type of

material. For the safety and well-being of the employees, any staff member dealing with needles, broken glass etc. must treat them as contaminated waste. If a needle is found, the local authority must be contacted to deal with its disposal.

We treat our responsibilities and obligations in respect of health and safety as a priority and provide ongoing training to all members of staff that reflects best practice and is in line with current health and safety legislation.
Prevention of accidents is very important to the Early Years Department. Maintenance tasks and repairs will be reported to the Maintenance Department via the SharePoint. Staff will in the meantime make an appropriate response especially if a risk is identified. If the risk is deemed an emergency, then the Site Manager will be contacted by telephone immediately. Mobile numbers are in the phone directory situated in the office.
For the purposes of contractors and facilities management, children will be evacuated and moved to a temporary room when contractors are working in rooms. Contractors will be told to ensure all tools remain safely out of reach of children at all times. Failure to co-operate or dangerous practices by a contractor will be notified to the Head of Early Years with a view to enforcement of safety standards.

This policy is updated at least annually in consultation with staff and parents and/or after a serious accident or incident.

Relevant numbers

- Ofsted – 03001231231 – Our reference is EY485502.
- Public Health England – Infectious Diseases 020 8200 4400
- North West Area Contact Number- 0344 225 0562 (follow options. If it is a reportable illness then ensure you opt for health protection.)
- LADO (Local Authority Designated Officer) – Sefton LA – 0151 934 3783
- Social Care Team – 0151 934 4481/ 4013
- Health advice and information – NHS 111 Call 111
- Sefton Public Health – 0151 934 3308
- Sefton Environmental Health- 0845 140 0845

Guidance on infection control in schools and other childcare settings

HSC Public Health Agency

March 2017

Prevent the spread of infections by ensuring: routine immunisation, high standards of personal hygiene and practice, particularly handwashing, and maintaining a clean environment. Please contact the Public Health Agency **Health Protection Duty Room (Duty Room) on 0300 555 0119** or visit www.publichealth.hscni.net or www.gov.uk/government/organisations/Public-health-england if you would like any further advice or information, including the latest guidance. Children with rashes should be considered infectious and assessed by their doctor.

Rashes and skin infections	Recommended period to be kept away from school, nursery or childminders	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox*	Until all vesicles have crusted over	See: Vulnerable children and female staff – pregnancy
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Four days from onset of rash (as per "Green Book")	Preventable by immunisation (MMR x 2 doses). See: Female staff – pregnancy
Hand, foot and mouth	None	Contact the Duty Room if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x 2). See: Vulnerable children and female staff – pregnancy
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever*	Child can return 24 hours after commencing appropriate antibiotic treatment	Antibiotic treatment recommended for the affected child. If more than one child has scarlet fever contact PHA Duty Room for further advice
Slapped cheek (fifth disease or parvovirus B19)	None once rash has developed	See: Vulnerable children and female staff – pregnancy
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact the Duty Room. SEE: Vulnerable Children and Female Staff – Pregnancy
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

Diarrhoea and vomiting illness	Recommended period to be kept away from school, nursery or childminders	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
E.coli O157 VTEC*	Should be excluded for 48 hours from the last episode of diarrhoea	Further exclusion is required for young children under five and those who have difficulty in adhering to hygiene practices
Typhoid* [and paratyphoid*] (enteric fever)	Further exclusion may be required for some children until they are no longer excreting	Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts of cases who may require microbiological clearance
Shigella* (dysentery)		Please consult the Duty Room for further advice
Cryptosporidiosis*	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

Respiratory infections	Recommended period to be kept away from school, nursery or childminders	Comments
Flu (influenza)	Until recovered	See: Vulnerable children
Tuberculosis*	Always consult the Duty Room	Requires prolonged close contact for spread
Whooping cough* (pertussis)	48 hours from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. The Duty Room will organise any contact tracing necessary

Other infections	Recommended period to be kept away from school, nursery or childminders	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult the Duty Room
Diphtheria *	Exclusion is essential. Always consult with the Duty Room	Family contacts must be excluded until cleared to return by the Duty Room. Preventable by vaccination. The Duty Room will organise any contact tracing necessary
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	The duty room will advise on any vaccination or other control measure that are needed for close contacts of a single case of hepatitis A and for suspected outbreaks.
Hepatitis B*, C, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills. SEE: Good Hygiene Practice
Meningococcal meningitis*/ septicaemia*	Until recovered	Some forms of meningococcal disease are preventable by vaccination (see immunisation schedule). There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close contacts. The Duty Room will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. The Duty Room will give advice on any action needed
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact the Duty Room
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x 2 doses)
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic

* **denotes a notifiable disease.** It is a statutory requirement that doctors report a notifiable disease to the Director of Public Health via the Duty Room.

Outbreaks: If a school, nursery or childminder suspects an outbreak of infectious disease, they should inform the Duty Room.

Good hygiene practice

Handwashing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting, and respiratory disease. The recommended method is the use of liquid soap, warm water and paper towels. Always wash hands after using the toilet, before eating or handling food, and after handling animals. Cover all cuts and abrasions with waterproof dressings.

Coughing and sneezing easily spread infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash hands after using or disposing of tissues. Spitting should be discouraged.

Personal protective equipment (PPE). Disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons must be worn where there is a risk of splashing or contamination with blood/body fluids (for example, nappy or pad changing). Goggles should also be available for use if there is a risk of splashing to the face. Correct PPE should be used when handling cleaning chemicals.

Cleaning of the environment, including toys and equipment, should be frequent, thorough and follow national guidance. For example, use colour-coded equipment, follow Control of Substances Hazardous to Health (COSHH) regulations and correct decontamination of cleaning equipment. Monitor cleaning contracts and ensure cleaners are appropriately trained with access to PPE.

Cleaning of blood and body fluid spillages. All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills.

Laundry should be dealt with in a separate dedicated facility. Soiled linen should be washed separately at the hottest wash the fabric will tolerate. Wear PPE when handling soiled linen. Children's soiled clothing should be bagged to go home, never rinsed by hand.

Clinical waste. Always segregate domestic and clinical waste, in accordance with local policy. Used nappies/pads, gloves, aprons and soiled dressings should be stored in correct clinical waste bags in foot-operated bins. All clinical waste must be removed by a registered waste contractor. All clinical waste bags should be less than two-thirds full and stored in a dedicated, secure area while awaiting collection.

Sharps, eg needles, should be discarded straight into a sharps bin conforming to BS 7320 and UN 3291 standards. Sharps bins must be kept off the floor (preferably wall-mounted) and out of reach of children.

Sharps injuries and bites

If skin is broken as a result of a used needle injury or bite, encourage the wound to bleed/wash thoroughly using soap and water. Contact GP or occupational health or go to A&E immediately. Ensure local policy is in place for staff to follow. Contact the Duty Room for advice, if unsure.

Animals

Animals may carry infections, so wash hands after handling animals. Health and Safety Executive for Northern Ireland (HSENI) guidelines for protecting the health and safety of children should be followed.

Animals in school (permanent or visiting). Ensure animals' living quarters are kept clean and away from food areas. Waste should be disposed of regularly, and litter boxes not accessible to children. Children should not play with animals unsupervised. Hand-hygiene should be supervised after contact with animals and the area where visiting animals have been kept should be thoroughly cleaned after use. Veterinary advice should be sought on animal welfare and animal health issues and the suitability of the animal as a pet. Reptiles are not suitable as pets in schools and nurseries, as all species carry salmonella.

Visits to farms. For more information see https://www.hseni.gov.uk/publications/preventing-or-controlling-ill-health-animal-contact-visitor-attractions

Vulnerable children

Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers, on high doses of steroids and with conditions that seriously reduce immunity. Schools and nurseries and childminders will normally have been made aware of such children. These children are particularly vulnerable to chickenpox, measles and parvovirus B19 and, if exposed to either of these, the parent/carer should be informed promptly and further medical advice sought. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza. This guidance is designed to give general advice to schools and childcare settings. Some vulnerable children may need further precautions to be taken, which should be discussed with the parent or carer in conjunction with their medical team and school health.

Female staff* – pregnancy

If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated by a doctor who can contact the duty room for further advice. The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace.

- Chickenpox can affect the pregnancy if a woman has not already had the infection. Report exposure to midwife and GP at any stage of pregnancy. The GP and antenatal carer will arrange a blood test to check for immunity. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.
- German measles (rubella). If a pregnant woman comes into contact with german measles she should inform her GP and antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.
- Slapped cheek disease (fifth disease or parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.
- Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation.
- All female staff born after 1970 working with young children are advised to ensure they have had two doses of MMR vaccine.

*The above advice also applies to pregnant students.

Immunisations

Immunisation status should always be checked at school entry and at the time of any vaccination. Parents should be encouraged to have their child immunised and any immunisation missed or further catch-up doses organised through the child's GP.

For the most up-to-date immunisation advice and current schedule visit www.publichealth.hscni.net or the school health service can advise on the latest national immunisation schedule.

When to immunise	Diseases vaccine protects against	How it is given
2 months old	Diphtheria, tetanus, pertussis (whooping cough), polio and Hib	One injection
	Pneumococcal infection	One injection
	Rotavirus	Orally
	Meningococcal B infection	One injection
3 months old	Diphtheria, tetanus, pertussis, polio and Hib	One injection
	Rotavirus	Orally
4 months old	Diphtheria, tetanus, pertussis, polio and Hib	One injection
	Pneumococcal infection	One injection
	Meningococcal B infection	One injection
Just after the first birthday	Measles, mumps and rubella	One injection
	Pneumococcal infection	One injection
	Hib and meningococcal C infection	One injection
	Meningococcal B infection	One injection
Every year from 2 years old up to P7	Influenza	Nasal spray or injection
3 years and 4 months old	Diphtheria, tetanus, pertussis and polio	One injection
	Measles, mumps and rubella	One injection
Girls 12 to 13 years old	Cervical cancer caused by human papillomavirus types 16 and 18 and genital warts caused by types 6 and 11	Two injections over six months
14 to 18 years old	Tetanus, diphtheria and polio	One injection
	Meningococcal infection ACWY	One injection

This is the Immunisation Schedule as of July 2016. Children who present with certain risk factors may require additional immunisations. Always consult the most updated version of the "Green Book" for the latest immunisation schedule on www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book#the-green-book

From October 2017 children will receive hepatitis B vaccine at 2, 3, and 4 months of age in combination with the diphtheria, tetanus, pertussis, polio and Hib vaccine.

Staff immunisations. All staff should undergo a full occupational health check prior to employment; this includes ensuring they are up to date with immunisations, including two doses of MMR.

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Tel: 0300 555 0114.
www.publichealth.hscni.net
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