



STREATLEY PRIMARY SCHOOL

First Aid Policy

Document Control Information

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2	Nov 2020	Reviewed
3	Mar 2022	Formatted and reviewed. Section 5.1 - added text sent home. Section 8 - changed to include staff not just pupils and added a RA to be completed. Section 11- changed intimate care to separate procedures with regard to toileting and injury. Updated appendix 1.
4	Oct 2022	Reviewed and updates / changes made to; Appendix 1, 5.0, 9.1
5	Nov 2023	Reviewed and updated 1.0 point 3, 5.1 point 7 & Appendix 1
6	Mar 2025	Revised responsibility to FGB sign off. Updated Staff on First Aid list
7		

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1.0 Aims

Streatley CE Primary School is committed to caring for, and protecting, the health, safety and welfare of its pupils, staff and visitors. We confirm our adherence to the following standards at all times:

- To make practical arrangements for the provision of First Aid on our premises, during off-site sport and on school trips/visits.
- To ensure that trained First Aid staff renew, update or extend their HSE approved qualifications at least every three years.
- To have a minimum of 4 pediatrics and 1 First Aid at Work trained First Aider. See Appendix 1 for our current first aider list.
- To ensure that a trained first aider accompanies every off-site visit and activity.
- To record accidents and illnesses appropriately, reporting to parents and the Health & Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (1995). (RIDDOR)
- To provide accessible first aid kits at various locations on site, along with a portable kit for trips, excursions and sport.
- To record and make arrangements for pupils and staff with specific medical conditions.
- To deal with the disposal of bodily fluids and other medical waste accordingly, providing facilities for the hygienic and safe practice of first aid.
- To contact the medical emergency services if they are needed, informing next of kin immediately in such a situation.
- To communicate clearly to pupils and staff where they can find medical assistance if a person is ill or an accident has occurred.
- To communicate clearly to parents or guardians if a child has sustained a bump to the head at school, however minor, and to communicate in writing in relation to every instance of accident or first aid or the administration of medicine for pupils.

2.0 Roles and responsibilities

West Berkshire Council has ultimate responsibility for health and safety matters in the school, but delegates responsibility for the strategic management of such matters to the school's governing board.

The governing board delegates operational matters and day-to-day tasks to the Headteacher and staff members.

2.1 Headteacher

The Headteacher is responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of trained first aid personnel are present in the school at all times.
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role.
- Ensuring all staff are aware of first aid procedures.

- Ensuring appropriate risk assessments are completed and appropriate measures are put in place.
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place.
- Ensuring that adequate space is available for catering to the medical needs of pupils.
- Reporting specified incidents on Crest or to the HSE when necessary.

2.2 Staff

School staff are responsible for:

- Ensuring they follow first aid procedures.
- Ensuring they know who the first aiders in school are.
- Completing accident reports for all incidents they attend to where a first aider is not called.
- Informing the Headteacher of any specific health conditions or first aid needs.

2.3 Appointed Person

The responsibilities of the appointed person is split between the Headteacher and Office staff who will be responsible for:

- Ensuring that all staff and pupils are familiar with the school's first aid and medical procedures - included in the new staff induction completed by office staff.
- Ensuring that all staff are familiar with measure to provide appropriate care for pupils with particular medical needs (e.g. Diabetic needs, Epi-pens, inhalers).
- Ensuring any medication requiring refrigeration will be kept in the first aid fridge.
- Ensuring that a list is maintained and available to staff of all pupils with particular medical needs and appropriate measures needed to care for them.
- Monitoring and re-stocking supplies and ensure that first aid kits are replenished termly.
- Ensuring that the school has an adequate number of appropriately trained First Aiders.
- Co-ordinating First Aiders and arrange for training to be renewed as necessary.
- Maintaining adequate facilities.
- Ensuring that correct provision is made for pupils with special medical requirements both in school and on off-site visits.
- On a monthly basis, review First Aid records to identify any trends or patterns and report to the Health and Safety committee
- Fulfilling the school's commitment to report to RIDDOR, as described below
- Liaising with managers of external facilities, such as the local sports facilities, to ensure appropriate first aid provision.
- Contacting emergency medical services as required.
- Maintaining an up-to-date knowledge and understanding of guidance and advice from appropriate agencies

2.4 First Aiders

Trained first aiders are responsible for:

- Providing appropriate care for pupils or staff who are ill or sustain an injury.
- Recording all accidents in the accident log book (to be found in the first aid room).
- Recording any injury to the head, however minor, ensuring that a text from the office is sent to parents/guardians and a copy of the accident log book is sent home with the child.
- Informing parents/guardians in the event of any accident or administration of first aid involving a pupil by sending home a copy of the accident log book.
- Ensuring arrangements are made via the office with parents/guardians to collect children and take them home if they are deemed too unwell to continue the school day.
- Inform the appointed person of all incidents where first aid has been administered.

3.0 Risk assessment of first aid needs

The school will review the First Aid Risk Assessment annually which is kept in the Risk Assessment File in the school office.

4.0 Location of first aid facilities

The first aid room is located outside the school office at reception for first aid treatment and for pupils or staff to rest/recover if feeling unwell. This includes; first aid supplies, a water supply and sink, a nearby toilet and hygiene supplies such as gloves and paper towels.

A portable first aid kit must be obtained from the first aid room for school visits or off-site activities.

5.0 First aid procedures

- A member of staff or pupil witnessing an accident, injury or illness should immediately contact a named trained first aider (see Appendix 1) and list on Health & Safety notice board outside the school office.
- Any pupil or member of staff sustaining an injury whilst at school should be seen by a first aider who will provide immediate first aid and summon additional help as needed.
- The pupil or member of staff should not be left unattended.
- The first aider will organise an injured pupil's transfer to the first aid room if possible and appropriate and to hospital in the case of an emergency.
- Parents should be informed as necessary by telephone by the first aider or school office. This will be followed up in writing and a record kept at school.
- A written record of all accidents and injuries is maintained in the accident book.

5.1 Contacting parents

Parents should be informed by telephone as soon as possible after an emergency or following a serious/significant injury including:

- Head injury
- Suspected sprain or fracture
- Following a fall from height
- Dental injury
- Anaphylaxis & following the administration of an Epi-pen
- Epileptic seizure
- Severe hypoglycemia for pupils, staff or visitors with diabetes
- Severe asthma attack
- Difficulty breathing
- Bleeding injury (uncontrolled)
- Loss of consciousness
- If the pupil is generally unwell

A member of staff will accompany the pupil until a parent arrives. Parents can be informed of smaller incidents at the end of the school day by the form teacher or receive a text if it relates to a head injury when a child remains well enough to stay in school.

5.2 Contacting the Emergency Services

An ambulance should be called for any condition listed above or for any injury that requires emergency treatment. Any pupil taken to hospital by ambulance must be accompanied by a member of staff until a parent arrives. All cases of a pupil becoming unconsciousness (not including a faint) or following the administration of an Epi-pen, must be taken to hospital.

All staff offsite should have access to a mobile phone.

6.0 Accident reporting

The accident book must be completed for any accident or injury occurring at school, and off site. This includes any accident involving staff or visitors. The accident book will be monitored by the appointed person as certain injuries require reporting (RIDDOR requirements). Information on how to make a RIDDOR report is available here:

[How to make a RIDDOR report, HSE](#)

<http://www.hse.gov.uk/riddor/report.htm>

7.0 First Aid equipment and materials

The appointed person is responsible for stocking and checking the first aid kits termly. Staff are asked to notify the appointed person when supplies have been used in order that they can be restocked. See Appendix 2 for example stock list.

7.1 First Aid for offsite activities

The trip organiser must ensure that at least one adult accompanying the trip has an appropriate first aid qualification and undertake a risk assessment. A First Aid kit for offsite activities must be collected from the first aid room. This must be returned for replenishing on return. Any accidents/injuries must be reported to the appointed person and to parents and documented in the accident book in accordance with this policy. RIDDOR guidelines for reporting accidents must be adhered to. For any major accident or injury the appropriate health & safety procedure must be followed.

All staff offsite should have access to a mobile phone.

8.0 Pupils/staff using crutches or having limited mobility

The school must be informed of the nature of injury and the anticipated duration of immobility. For pupils, parents must inform the school of any particular difficulties. The class teacher will arrange for a 'class partner' to carry books, open doors etc.

Information about the condition will be discussed in staff meetings to enable staff to be fully aware of the individual's needs. Arrangements will be made for the individual to arrive/leave early to allow for a safe transfer around school.

The school will complete an individual Risk Assessment for the person in question.

9.0 Emergency care plans and treatment boxes

The appointed person ensures that staff are made aware of any pupil with an emergency care plan. These care plans are kept in the first aid room and in the school office for use in an ambulance. A copy is also held with the nurse team.

Pupils with a serious medical condition will have an emergency care plan drawn up and agreed by the appointed person and parents. Emergency treatment wallets must always be taken if the pupil is out of school. The wallets are kept in the first aid room. All wallets must be returned after use.

9.1 Pupils with medical conditions

A list is available in each class, the school office, the kitchen and first aid room of all pupils who have a serious allergy or medical condition. If staff are told of any changes to the condition, please inform the appointed person.

10.0 Dealing with body fluids

In order to maintain protection from disease, all body fluids should be considered infected. To prevent contact with body fluids the following guidelines should be followed.

- When dealing with any body fluids wear disposable gloves.
- Wash hands thoroughly with soap and warm water after the incident.
- Keep any abrasions covered with a plaster.
- Spills of the following body fluids must be cleaned up immediately.

Bodily fluids include:

Blood, Faeces, Nasal and eye discharges, Saliva, Vomit

Paper towels should be used to soak up the excess, and then the area should be treated with a disinfectant solution. Never use a mop for cleaning up blood and body fluid spillages. All contaminated material should be double bagged and disposed of safely in the external waste bins.

11.0 Intimate care

Intimate care is any assistance that involves touching a child while carrying out a procedure that most children are able to do for themselves but some are unable to manage without help. This may involve help with eating, drinking, dressing, and matters of personal hygiene such as washing and toileting. In some instances, more specialised intimate assistance may be needed for children with physical or medical difficulties. In such cases an intimate care plan will be drawn up for each child requiring such assistance.

Staff dealing with any such duties should undertake their responsibilities in such a way that the rights, dignity and welfare of the children is protected. In the case of a child accidentally wetting or soiling themselves while on the premises. The following procedures will apply:

- Staff to wear disposable gloves and aprons while dealing with the incident
- Soiled nappies to be double wrapped, or placed in a hygienic disposal unit if the number produced each week exceeds that allowed by the Health and Safety Executive's limit
- Changing area to be cleaned after use
- Hot water and liquid soap available to wash hands as soon as the task is completed
- Hot air dryer or paper towels available for drying hands.

The same precautions will apply for nappy changing. All school staff receive Safeguarding training.

12.0 Infectious diseases

If a child is suspected of having an infectious disease advice should be sought from the appointed person who will follow the Health Protection Agency guidelines. See Appendix 3.

Appendix 1



Our First Aiders are

Paediatric First Aiders	Expiry date
Mrs Slade	Sep-25
Mrs Robertson	Sep-25
Miss Davies	Sep-25
Mrs MacDonald	Sep-25
Miss Rumble	Sep-25
Miss Hudson	Mar-25
Health & Safety at Work	Expiry date
Lesley Roberts	Jan-27

Appendix 2

First Aid Stock Check. Date / /				
	Item	In stock?	In Date?	Order
Plasters	Large rectangle			
	Standard Strip 72x19mm			
	Fingertip			
	Small strip 38x19mm			
	Steri-strips			
	Microporous tape			
	Large dressings			
	Ice Packs			
	Eureka Cleansing Wipes			
	Vomit Bags			
	Gloves			
	Eye bandage			
	Eye wash			
	Crepe bandage small			
	Crepe bandage large			
	Triangular bandage			
	Tweezers			
	Scissors			
	Safety pins			
	Cling film			
	Tissues			
	Baby wipes			
	Report book			

Appendix 3

Guidance on infection control in schools and other childcare settings



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
Stapped cheek (fifth disease or parvovirus B19)	None once rash has developed	See: Vulnerable children and female staff – pregnancy
Stingles	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*/ septicemia*	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 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.

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 (HSNI) 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, she 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.
- Stapped 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
Every year from 2 years old up to 7*	Pneumococcal Infection	One injection
	Hib and meningococcal C Infection	One injection
	Meningococcal B Infection	One injection
3 years and 4 months old	Influenza	Nasal spray or injection
	Diphtheria, tetanus, pertussis and polio	One injection
Girls 12 to 13 years old	Measles, mumps and rubella	One injection
	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 16 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

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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