St Paul's Way Trust and Foundation School
First Aid Policy

Title:	**First Aid Policy**
Source:	**St Paul's Way Trust and Foundation School**
Document Owner:	**Director of Learning (AEN) and Deputy Headteacher Foundation School**
Review & Update By:	**Director of Learning (AEN) and Deputy Headteacher Foundation School**
Approval Committee:	**School Committee**
Date Approved:	**October 2021**
Date of Publication:	**October 2021**
Date of Next Review:	**October 2022**
Required on Website:	**Yes**

Document Control

Date	Version	Comments
04.05.2020	1	Completed draft sent for feedback

Contents

Document Control

Date	Version	Comments
04.05.2020	1	Completed draft sent for feedback

Policy Aims and Ethos

The aims of our first aid policy are to:

- Ensure the health and safety of all staff, pupils and visitors
- Ensure that staff and governors are aware of their responsibilities with regards to health and safety
- Provide a framework for responding to an incident and recording and reporting the outcomes.

This First Aid Policy is linked to the:

- Health and Safety Policy
- Risk Assessment Policy
- Medical Needs Policy

Links to Legislation and Guidance Documents

This policy is based on the Statutory Framework for the Early Years Foundation Stage, advice from the Department for Education on first aid in schools and health and safety in schools, and the following legislation:

- The Health and Safety (First Aid) Regulations 1981, which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- The Management of Health and Safety at Work Regulations 1992, which require employers to make an assessment of the risks to the health and safety of their employees
- The Management of Health and Safety at Work Regulations 1999, which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- Social Security (Claims and Payments) Regulations 1979, which set out rules on the retention of accident records
- The Education (Independent School Standards) Regulations 2014, which require that suitable space is provided to cater for the medical and therapy needs of pupils

Roles and Responsibilities

Appointed Person(s) and First Aiders

The school's appointed persons are Siobhan Fehim in the Foundation School and John Bradley/Imelda Tracey in the Trust School They are responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- Ensuring that an ambulance or other professional medical help is summoned when appropriate.

Document Control

Date	Version	Comments
04.05.2020	1	Completed draft sent for feedback

First aiders are trained and qualified to carry out the role (see section 7) and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- Sending pupils home to recover, where necessary
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident (see the template in appendix 2)
- Keeping their contact details up to date.

Our school's appointed persons and first aiders are listed in appendix 1. Their names will also be displayed prominently around the school.

The Governing Board

The governing board has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the Executive Headteacher/Headteacher and staff members.

The Executive Headteacher/Headteacher

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

- Ensuring that an appropriate number of appointed persons and/or 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 and know who the first aiders are
- 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 to the HSE when necessary (see section 6).

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 (see appendix 2) for all incidents they attend to where a first aider/appointed person is not called
- Informing the Executive Headteacher/Headteacher or their manager of any specific health conditions or first aid needs.

Document Control

Date	Version	Comments
04.05.2020	1	Completed draft sent for feedback

First Aid Procedures
In-School Procedures

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives
- The first aider will also decide whether the injured person should be moved or placed in a recovery position
- If the first aider judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents
- If emergency services are called, the Director of Learning / Assistant Headteacher for the phase or the Student Welfare Co-ordinator will ensure that parents are contacted immediately
- The first aider/relevant member of staff will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury.

Off-Site Procedures
When taking pupils off the school premises, staff will ensure they always have the following:

- A school mobile phone and that the school has an appropriate contact number for the lead member of staff
- A portable first aid kit
- Information about the specific medical needs of pupils
- Parents' contact details.

Risk assessments will be completed by the class teacher prior to any educational visit that necessitates taking pupils off school premises.

In the Early Years Foundation Stage there will always be at least one first aider with a current paediatric first aid certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

In KS1 and2, there will always be at least one first aider on school trips and visits. In KS 3, 4 and 5 it is recommended that there will be at least one first aider on school trips and visits. Where this is not possible first aid measures will be addressed in the risk assessment.

First Aid Equipment
A typical first aid kit in our school will include the following:

- A leaflet with general first aid advice
- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape

Document Control

Date	Version	Comments
04.05.2020	1	Completed draft sent for feedback

- Safety pins
- Disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- Scissors
- Cold compresses
- Burns dressings.

No medication is kept in first aid kits. First aid kits are stored in: The medical room and in classrooms.

Record-Keeping and Reporting

First Aid and Medical Tracker

- An accident form will be completed by the first aider on the same day or as soon as possible after an incident resulting in an injury for both students and staff
- As much detail as possible should be supplied when reporting an accident
- Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

Reporting to the HSE

The AHT for Inclusion, DHT in the Trust school, will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The AHT for Inclusion, DHT in the Trust School, will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.
Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries, which are:
    - Fractures, other than to fingers, thumbs and toes
    - Amputations
    - Any injury likely to lead to permanent loss of sight or reduction in sight
    - Any crush injury to the head or torso causing damage to the brain or internal organs
    - Serious burns (including scalding)
    - Any scalping requiring hospital treatment
    - Any loss of consciousness caused by head injury or asphyxia
    - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)
- Where an accident leads to someone being taken to hospital
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
    - The collapse or failure of load-bearing parts of lifts and lifting equipment

Document Control

Date	Version	Comments
04.05.2020	1	Completed draft sent for feedback

- The accidental release of a biological agent likely to cause severe human illness
- The accidental release or escape of any substance that may cause a serious injury or damage to health
- An electrical short circuit or overload causing a fire or explosion.

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

Notifying Parents

The first aider will inform parents of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable if a parent has requested to be informed. In the secondary school parents will be notified by the Student Welfare Co-ordinator. All parents will be contacted if their child has a head injury.

Reporting to Ofsted and Child Protection Agencies

The AHT/DOL for Inclusion will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

The AHT for Inclusion will also notify MASH of any serious accident or injury to, or the death of, a pupil while in the school's care.

Training

All school staff are expected to undertake first aid training. All first aiders must have completed a training course, and must hold a valid certificate of competence to show this. The school will keep a register of all trained first aiders, what training they have received and when this is valid until (see appendix 2). Staff are expected to renew their first aid training when it is no longer valid.

At all times in the Early Years Foundation Stage, at least 1 staff member will have a current paediatric first aid (PFA) certificate which meets the requirements set out in the Early Years Foundation Stage statutory framework and is updated at least every 3 years.

Approval signature:

Signature of (enter position e.g. Chair) _____

Print name _____

Date _____

Document Control

Date	Version	Comments
04.05.2020	1	Completed draft sent for feedback

Appendix 1: list of appointed person(s) for first aid and/or trained first aiders

Trust School

Staff member's name	Role	Contact details
Imelda Tracey	Student Welfare Co-ordinator	Ext 1128
John Bradley	Director of Learning - AEN	Ext 1605
Brandin Seager	HLTA	Ext 1507
Mellisa Carroll	HLTA	Ext 1323
Parmbir Dhillon	Subject Leader DSB	Ext 1323
Ethan Keating	LSA	Ext 1507
Bodrul Hoque	YTL	Ext 1310
Kathleen Waterhouse	YTL	Ext 1116
Sonia Marquis	SAC	Ext 1310
Shafia Khanom	SAC	Ext 1124
Daisy Francis	SAC	Ext 1317
Maisha Hoque	SOE Admin	Ext 1320
Nathaniel Darling	Geography Teacher	Ext 1314
Kawtar El Ouiraini	CEIAG Manager	Ext 1126
Dionne Mottley	Safeguarding Officer	Ext 1138

Document Control

Date	Version	Comments
04.05.2020	1	Completed draft sent for feedback

Foundation School

Staff member's name	Role	Contact details
Zerin Alom	LSA	foundationadmin@spwt.net
Farhana Begum	LSA	foundationadmin@spwt.net
Anna Burslem	LSA	foundationadmin@spwt.net
Sarah Myers	SD Trainee Teacher	foundationadmin@spwt.net
Nasrin Sumi	LSA	foundationadmin@spwt.net
Crystal Williams	LSA	foundationadmin@spwt.net
Shazia Begum	LSA	foundationadmin@spwt.net
Rahena Khanum	LSA	foundationadmin@spwt.net
Nadia Ahad	LSA	foundationadmin@spwt.net
Tharana Ajmin	LSA	foundationadmin@spwt.net
Patrice Cotter	LSA	foundationadmin@spwt.net
Sangeeta Niak	LSA	foundationadmin@spwt.net
Amy Fisher	Pastoral Coordinator	foundationadmin@spwt.net
Nisat Afruz	Administration Assisstant	foundationadmin@spwt.net
Nazia Begum	MDA	foundationadmin@spwt.net
Sazia Begum	MDA	foundationadmin@spwt.net

Document Control

Date	Version	Comments
04.05.2020	1	Completed draft sent for feedback

Appendix 2: First Aid Training Log

Trust School

Name/type of training	Staff who attended (individual staff members or groups)	Date attended	Date for training to be updated (where applicable)
First Aid	Imelda Tracey	November 2019	November 2022
	Mellisa Carroll	December 2018	December 2021
	Parmbir Dhillon	December 2018	December 2021
	Bodrul Hoque	November 2019	November 2022
	Shafia Khanam	November 2019	November 2022
	Daisy Francis	November 2019	November 2022
	Nathaniel Darling	December 2018	December 2021
	Kawtar El Ouiraini	December 2018	December 2021
	John Bradley	November 2020	November 2023
	Sonia Marquis	November 2020	November 2023
	Kathleen Waterhouse	November 2020	November 2023
	Brandon Seager	November 2020	November 2023
	Ethan Keating	November 2020	November 2023
	Maisha Hoque	November 2020	November 2023
	Sarah Thomas	November 2020	November 2023

Document Control

Date	Version	Comments
04.05.2020	1	Completed draft sent for feedback

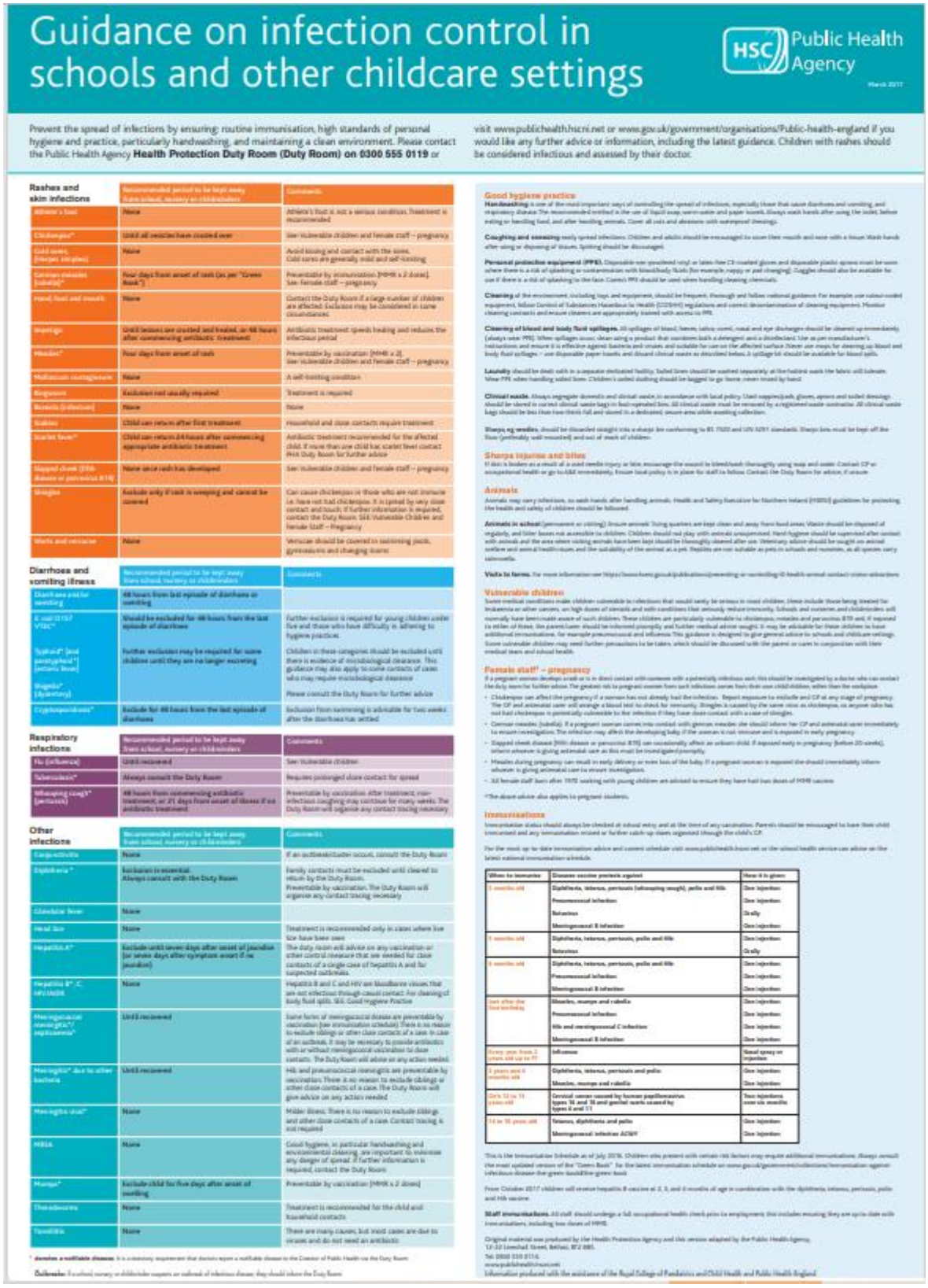
Foundation School

Name/type of training	Staff who attended (individual staff members or groups)	Date attended	Date for training to be updated (where applicable)
Paediatric First Aid	Zerin Alom	June 2018	June 2021
Paediatric First Aid	Farhana Begum	June 2018	June 2021
Paediatric First Aid	Anna Burslem	5th January 2021	5th January 2024
Paediatric First Aid	Amy Fisher	5th January 2021	5th January 2024
Paediatric First Aid	Tharana Ajmin	5th January 2021	5th January 2021
Paediatric First Aid	Patrice Cotter	5th January 2021	5th January 2021
Paediatric First Aid	Crystal Williams	5th January 2021	5th January 2021
Paediatric First Aid	Sangeeta Niak	June 2019	June 2022
First Aid	Sarah Myers	10th December 2019	10th December 2022
First Aid	Nasrin Sumi	10th December 2019	10th December 2022
First Aid	Shazia Begum	10th December 2019	10th December 2022
First Aid	Rahena Khanum	10th December 2019	10th December 2022
First Aid	Nadia Ahad	10th December 2019	10th December 2022
First Aid	Nisat Afruz	June 2018	June 2021
First Aid	Nazia Begum	10th December 2019	10th December 2022
First Aid	Sazia Begum	10th December 2019	10th December 2022

Document Control

Date	Version	Comments
04.05.2020	1	Completed draft sent for feedback

Appendix 3: Guidance on Infection Control



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.publichealthhscni.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 (infection)	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 form 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
Tonsilitis	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 control 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 (or foil-lined 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 promoting 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[1] – 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 infectious cases 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 issues suggested 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	Disease 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 11	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 or 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.

Original material was produced by the Health Protection Agency and this version adapted by the Public Health Agency.
12-22 Linenhall Street, Belfast, BT2 8BS.
Tel: 0300 555 0114.
www.publichealthhscni.net
Information produced with the assistance of the Royal College of Paediatrics and Child Health and Public Health England.

Document Control

Date	Version	Comments
04.05.2020	1	Completed draft sent for feedback