

Bury C. of E. Primary School

Attendance Policy



Policy Approved	July 2021
Next Review Date	July 2023

Aims

- To emphasise the importance of, and secure from pupils, maximum attendance at school to enable them to take full advantage of their educational opportunities;
- To make explicit to all relevant parties the school's expectations over attendance levels;
- To promote a consistent approach across the school to all matters relating to attendance;
- To clarify the roles and responsibilities of all parties with respect to attendance;
- To communicate to all relevant parties (teachers, parents, pupils) the legal position with respect to attendance and the categories of absence which are deemed "authorised";
- To stress the need for home and school to work in close partnership to achieve high attendance.

Introduction

Regular attendance at school is vital. Without it the learning process becomes fragmented and unsatisfactory; therefore absence means missed learning. It is also a legal requirement that pupils of compulsory school age receive full-time education and this, with the exception of those educated at home or elsewhere, means regular attendance at school. Irregular attendance leads to pupils missing important lessons and therefore not fulfilling their true potential; it also places children at risk and may result in their being drawn into patterns of anti-social or criminal behaviour.

Attendance is a national priority and, like all schools, Bury C of E Primary has to submit data electronically (both in an aggregated form and on an individual pupil basis) every term. It is a key indicator of an effective school and, as such, will be scrutinised by OFSTED. National data clearly shows a correlation between high attendance and progress.

The National Perspective

The Department for Education states that 'Central to raising standards in education and ensuring all pupils can fulfil their potential is an assumption so widely understood that it is insufficiently stated – pupils need to attend school regularly to benefit from their education. Missing out on lessons leaves children vulnerable to falling behind. Children with poor attendance tend to achieve less'.

The government expects schools to:

- promote good attendance and reduce absence, including persistent absence
- Ensure every pupil has access to a full time education to which they are entitled
- Act early to address patterns of absence.

The government expect parents to perform their legal duty by ensuring their children of compulsory school age, who are registered at school to attend regularly and for all pupils to be punctual.

The Law relating to attendance:

Section 7 of the Education Act 1996 states that 'the parent of every child of compulsory school age shall cause him / her to receive efficient full time education suitable:-

(a) to age, ability and aptitude and

(b) to any special educational needs he / she may have

Either by regular attendance at school or otherwise'

The Law relating to safeguarding

Section 175 of the Education Act 2002 places a duty on local authorities and governing bodies to have regard to guidance issued by the Secretary of State with regard to safeguarding and promoting the welfare of children and students under the age of 18.

Understanding types of absence:

Every half-day absence from school has to be classified by the school (not by parents/carers) as either **AUTHORISED** or **UNAUTHORISED**. This is why information about the cause of any absence is always required, preferably in writing.

Authorised Absences

Authorised absences include those where:

- (i) A child is ill or receiving medical attention;
- (ii) The day is set aside for religious observance - notified in advance;
- (iii) Absence due to family circumstances (e.g. bereavement).
- (iv) Leave of Absence for Exceptional Circumstances – agreed by the Headteacher (see appendix 1)
- (v) Approved Sporting Activity

We expect absences to be kept to a minimum: routine medical and dental appointments should be arranged **out of school hours wherever possible** and always evidenced with an appointment card or letter.

Unauthorised Absences

Unauthorised absences are those where:

- No explanation is provided by parent (s)/carers by 9.30am on the day of the absence;
- an explanation is received before 9.30am on the day of the absence but does not fall into one of the categories of authorised absence above.

The following activities are examples of what would be classified as **unauthorised**:

- holiday
- minding the house;
- caring for relatives;
- awaiting repair people;
- shopping;
- a birthday or family celebration.

The guidance from the County Council and the Department for Education makes it clear that only **exceptional** occasions should be classified as authorised.

Homework in the form of missed lessons will not be provided for unauthorised absence.

The Government's guidelines make it plain that, in the final analysis, it is the **school** that judges whether an absence is authorised or not.

Leave of Absence

The **Education (Pupil Registration) (England) Regulations 2006**. Amendments to the 2006 regulations make clear that head teachers may not grant any leave of absence during term time unless there are exceptional circumstances. Where this is the case, head teachers should determine the number of school days a child is granted leave.

Taking leave of absence without exceptional/unavoidable circumstance in term time will affect your child's schooling as much as any other absence and we expect parents to help us by not taking children away in school time.

Remember that any savings you think you may make by taking a holiday in school time are offset by the cost to your child's education.

There is no automatic entitlement in law to time off in school time to go on holiday.

All applications for leave of absence must be made in advance. In making a decision about whether to authorise this leave the school will consider the circumstances of each application individually.

It is important that you understand that we may only authorise such absences in exceptional /unavoidable circumstances.

Any period of leave taken without the agreement of the school (with at least four weeks' notice) and/or different from that agreed by the school will be classed as unauthorised and may attract sanctions such as a Penalty Notice per parent/carer per child.

Home/School Partnership

Securing a high level of attendance requires the school and home to work closely together. To this end, we ask parents to:

- (i) do all they can to ensure their child arrives **on time**. The school day begins at 8.50 am. **Parents can be prosecuted if their child persistently arrives late.** We will monitor persistent late comers and action may be taken.
- (ii) notify the school on the first day if their child is unwell with details of the illness and an estimation of the likely length of absence;
- (iii) Get in touch at an early stage about any concerns they have about their child's motivation to attend school.

In return the school will:

- (i) Contact home on day 1 of absence if no explanation has been received from home;
- (ii) Contact home over any unexplained absences.
- (iii) Follow up promptly any concerns that parents pass on to us that may be affecting their child's attitude to, or feeling of wellbeing in, school;
- (iv) Regularly and consistently remind pupils of the importance of good attendance and punctuality through whole school assemblies;
- (v) Reward good or improving attendance and action any concerns promptly.

The Education Welfare Service

Our Education Welfare Officer (EWO) is a frequent visitor to our school. The school works very closely with the Education Welfare Officer regarding pupils who are giving cause for concern.

Rewards for Good Attendance

To promote good attendance and to emphasise its importance the school offers certificates to the class with the highest attendance every month. These are awarded in celebration assemblies.

Attendances and absences are included in the Annual Report issued in July and also discussed at the Parents' Evenings in the autumn and spring.

The Process of Recording & Monitoring Absences

- Electronic registers are taken at the beginning of the morning and afternoon sessions. Where the reason for an absence has not been provided, the absence will be recorded as 'N'.
- The school expects parents and carers to contact the school by 9.30am on the first day of absence to account for their child's absence; this does not need to be supported by a letter. Where an absence has not been explained by 9.30am the absence will be recorded as 'unauthorised'.
- The school office will contact parents (usually by phone) to determine the reason for the absence to be satisfied the child is accounted for although the absence will be recorded as unauthorised.
- Attendance will be reviewed regularly by the Senior Leadership Team.
- Where attendance or punctuality is established as a concern the Headteacher will send a letter and discuss the situation with the Education Welfare Officer.
- The Headteacher will meet with the Education Welfare Officer regularly to discuss such cases.
- 'Leave of Absence Forms' for exceptional circumstances will be considered by the Headteacher in line with this policy and, where appropriate, an interview arranged or the form returned advising parents of his/her decision.
- Where a child is transferring to another school, their attendance record will be shared with the new school.
- The Headteacher will report attendance trends to the governing body at least termly.

Registration Procedures

Each day children should be in their classrooms by 8.50 a.m. At 9am the classroom doors are closed by the class teacher/TA.

A register is completed by each class teacher on a daily basis at the beginning of the morning and afternoon sessions.

The class teacher will take the register promptly at 9am and by 9.10am.

The registers close at 9.10am and any children who arrive after this time will be marked as absent for that session, either with a 'U' if they arrive in school after this time or with an 'N' if they do not arrive at all. Expected absences would show as the appropriate code on the register print out.

If there is any doubt about the whereabouts of any child, including a child who is subject to a child protection plan, the class teacher should take immediate action by notifying the school office. As a result, the school will make swift arrangements to contact the parent or guardian, in order to check on the safety of the child.

The afternoon register is taken as soon as possible after lunch and any unexpected absences will be investigated by the school office.

Procedure for Admin Team

Parents are expected to telephone the school by 9.30am on the morning of the day of absence to inform the school that their child will be absent. They are asked to state a reason. These absences are recorded.

By 9:10am the registers will be returned to the school office and entered onto the school's information management system (Pupil Asset) to enable the School Administrator to begin calling parents to establish reasons for absence.

When established, the reasons provided for any absence will be recorded on the register print out and later on Pupil Asset. Any 'N' codes will be updated to show the appropriate code for the absence.

The most common absence codes (other than the late codes referred to above) are:

- C (Circumstances)

- G (Unauthorised Holiday)
- I (Illness/ recuperation from an operation)
- M (Medical/dental appointment)
- O(Unauthorised absence)
- V (School trip / visit)

Late Arrival

All children who arrive at school after the classroom doors have closed (9am) must report to the front office.

The late arrival will be recorded in the pupil signing in sheet and recorded on the register as 'L'.

All children who arrive at school after the close of registration at 9.10am must report to the front office. The late arrival will be recorded in the pupil signing in sheet and recorded on the register as 'U' unauthorised late.

It is essential that children arriving and leaving school with a parent / guardian during normal school hours are signed in or out from the school office. The signing in / out register in the office is used in the case of an emergency drill and as a record of arrival / absence.

General

Registers are legal documents. It is essential that school staff consistently apply the procedures outlined in this policy together with the codes for registration and that the correct codes are used to record absences from school.

Registers are checked by the Education Welfare Officer to ensure they are kept accurately by teachers and to assess the reasons and frequency of any absences below 90%.

The distinction between authorised and unauthorised absence should also be clear and consistent.

Any issues surrounding attendance / punctuality should be discussed with the parents/carers at one or both of the parent teacher consultations. In particular parents should be notified if attendance is below 95% or a pattern of frequent late arrival is emerging. Notification will take place in the following way:

- Attendance falling below 95% - letter and/or meeting to parents notifying them that their child's attendance has fallen below 95% and needs to improve.
- Attendance continuing to fall (after 4 – 6 weeks) – letter to parents requesting a meeting with a member of staff to discuss the attendance concern. Parents may be asked to provide medical proof before any further absences can be authorised.
- If attendance does not improve, the school will follow advice from the Education Welfare Officer. Parents may be asked to sign an attendance contract and the matter could be referred to Court resulting in prosecution.

Parents' Responsibilities

Children should be ready to enter the classroom from 8.50am but they must be in their classrooms by 9am. Some children have specific permission to enter the school premises before 8.50am (such as children attending sensory circuit).

Parents/Carers should make the school office aware of any reason for a child's late arrival (i.e. if they are likely to arrive after 9am) or absence as soon as possible but no later than 9.30am.

Where a parent/carer is escorting more than 1 child on to the school premises, it is important to remember that if it is necessary to speak with a Foundation Stage or Key Stage 1 class teacher, the older child/ren are allowed to enter their classrooms independently to ensure arrival on time.

This policy has been written in line with current Cambridgeshire County Council guidance.
Appendix 1 – Leave of Absence Form

Bury C of E Primary School - Leave of Absence Application Form

Child's Name and DOB:			
Class:			
Main Parent(s)/Carer(s)			
Surname:		Surname:	
First Name:		First Name:	
Telephone contact No's:			
Siblings / School (if different):			
Parent/Carer 2 (Please complete if parents live separately)			
Surname:		First Name:	
Address and Postcode:			
Telephone contact No's:			
Start date of absence:			
Date of return to school:			
Destination:			
Exceptional / unavoidable circumstance resulting in this request for absence, <u>WITH EVIDENCE</u>:			

I/We understand that if permission for this leave is not granted but the child is absent, or no authorisation is sought, this may result in a Penalty Notice fine ranging from £60 to £120 per parent per child. For more information on Penalty Notices please see the Cambridgeshire County Council's website page on school attendance, Penalty Notice Code of Conduct.

Please note that the school day is divided into two sessions i.e. a request for one day's leave will be recorded as two sessions.

(All parents/carers to sign where appropriate)

Signed:		Full Name:		Date:	
Signed:		Full Name:		Date:	

To be completed by the school:

Total number of days requested:	
Leave of absence AGREED / DECLINED for the following reason/s:	
Signed (Headteacher):	Date:

Guidance on infection control in schools and other childcare settings

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 symptoms 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, e.g. 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 CP 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 will 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
3 months old	Meningococcal B infection	One injection
	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
Every year from 2 years old up to 17	Influenza	Nasal spray or injection
	Meningococcal B infection	One 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
	Tetanus, diphtheria and polio	One injection
14 to 18 years old	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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