7 PROTECTING YOUR CHILD

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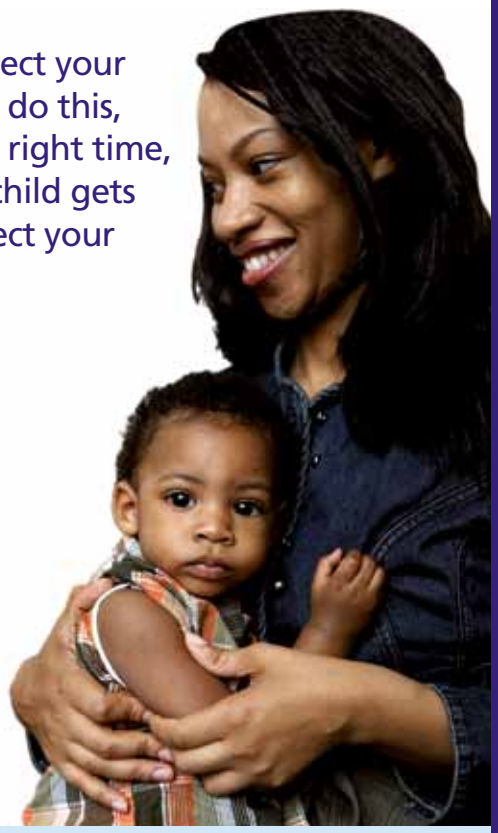
As a parent, you will want to do everything you can to protect your child from illness and injury. This chapter shows you how to do this, by ensuring your child gets important immunisations at the right time, recognising the early signs of illness and making sure your child gets the treatment they need. It also explains how you can protect your child from danger without restricting their development.



- All children are offered a programme of routine immunisations designed to protect them from potentially dangerous diseases.
- Non-routine immunisations are available for children with specific health needs, or if you are planning to take your child abroad.
- Most common childhood illnesses are easy to treat and have no lasting effects.
- You can help your child avoid accidents by teaching them some basic safety rules and setting a good example.
- Following the safety checklist will help make your home – and the wider world – a safer place for your child.
- Be sun smart – sunscreen, hats and sensible clothes will protect your child from burning and damaging their skin.

IMMUNISATIONS

By the age of about 13 months, it is recommended that your child has the following vaccines:

- DTaP/IPV/Hib
- PCV
- MenC, and
- MMR.

Why do we need immunisation?

Our immune system is a natural defence against disease. The immune system produces substances called antibodies which usually fight off infection and prevent disease. In some cases, though, our immune systems need a bit of help. Vaccines are given to strengthen your child's immune system to fight off diseases that could cause lasting damage to their health or even kill them.

Remember, it's never too late to have your child immunised. Even if your child has missed an immunisation and is well above the recommended age for the vaccine, it's probably still worth getting it done. Ask your GP, practice nurse or health visitor for advice and to arrange an appointment for you.

Routine immunisations

Your doctor's surgery or clinic will usually send you an appointment to take your baby for immunisation. If you think your child is due for an immunisation, but you have not received an appointment, contact your health visitor or GP.

Most surgeries and health centres run special immunisation or baby clinics. If you cannot get to the clinic, contact the surgery to make another appointment. All childhood immunisations are free. It's important that your baby has their immunisations at the right age, to keep the risk of disease and any side effects as low as possible.

The doctor or nurse will explain the immunisation process to you and answer any questions you have. The vaccine will be given by injection into your baby's thigh or upper arm. Babies have two injections at two, three and 13 months and three injections at four months.

For more information on immunisations, go to www.immunisation.nhs.uk

Immunisation and premature babies

Premature babies are at greater risk of infection. They should be immunised according to the recommended schedule from two months after birth, regardless of how premature they were.

When to immunise

Age	Immunise against
Two months	Diphtheria, tetanus, pertussis (whooping cough), polio, *Haemophilus influenzae* type b (Hib), pneumococcal infection – DTaP/IPV/Hib and PCV
Three months	Diphtheria, tetanus, pertussis, polio, *Haemophilus influenzae* type b (Hib), meningitis C (meningococcal group C) – DTaP/IPV/Hib and MenC
Four months	Diphtheria, tetanus, pertussis, polio, *Haemophilus influenzae* type b (Hib), meningitis C, pneumococcal infection – DTaP/IPV/Hib, MenC and PCV
Around 12 months	*Haemophilus influenzae* type b (Hib), meningitis C – Hib/MenC
Around 13 months	Measles, mumps, rubella (German measles), pneumococcal infection – MMR and PCV
Three years and four months	Diphtheria, tetanus, pertussis, polio, measles, mumps, rubella – DTaP/IPV or dTaP/IPV and MMR

DTaP/IPV/Hib

It is recommended that your baby has the DTaP/IPV/Hib vaccine at two months, three months and four months. The vaccine protects against the following diseases:

- **Diphtheria.** This a serious disease that usually begins with a sore throat and can quickly cause breathing problems. It can damage the heart and nervous system. Severe cases can be fatal.
- **Tetanus.** Tetanus affects the nervous system, leading to muscle spasms, breathing problems and, in severe cases, death. It is caused when germs in soil and manure get into the body through open cuts or burns. Tetanus cannot be passed from person to person.
- **Pertussis (whooping cough).** Whooping cough can cause long bouts of coughing and choking which can make it hard to breathe. It can last for up to three months. Babies under one year are most at risk. At this age, the disease is very serious and can be fatal. It is not usually serious in older children.
- **Polio.** Polio is a virus that attacks the nervous system and can permanently paralyse the muscles. If it affects the chest muscles or the brain, polio can kill.
- **Haemophilus influenzae type b (Hib).** Hib is an infection caused by *Haemophilus influenzae* type b bacteria. It can lead to a number of major illnesses, including blood poisoning (septicaemia), pneumonia and meningitis, serious bone and joint infection and a serious form of croup. The Hib vaccine only protects your baby against the type of meningitis caused by the *Haemophilus influenzae* type b bacteria, not against any other type of meningitis. Illnesses caused by Hib can kill if they are not treated quickly.

After the immunisation, your baby may experience the following side effects, but these will usually be mild:

- It's quite normal for your baby to be a bit miserable for up to 48 hours after the injection.
- Your baby could develop a mild fever (see page 118).
- You might notice a small lump where your baby had the injection. This may last for a few weeks but will slowly disappear.

If you think your baby has had any other reaction to the DTaP/IPV/Hib vaccine, talk to your GP, practice nurse or health visitor.

PCV

It is recommended that your baby has pneumococcal conjugate vaccine (PCV) at two months and four months, and again at 13 months. This vaccine protects your child against one of the commonest causes of meningitis, and also against other conditions such as severe ear infections (otitis media) and pneumonia caused by pneumococcal bacteria.

Side effects may include a mild fever. Your baby could also have some swelling and redness at the site of the injection.

MenC

It is recommended that your baby has meningococcal vaccine (MenC) at three months, four months and again at 12 months. The vaccine protects your child against meningitis and septicaemia (blood poisoning) caused by meningococcal group C bacteria. It does not protect against meningitis caused by other bacteria, such as meningococcal group B bacteria, or by viruses (see page 127).

Babies who have the vaccine may become irritable, and about 1 in 20 could get a mild fever.

Hib/MenC

It is recommended that your baby should be immunised with their booster dose of Hib/MenC vaccine at 12 months. This booster dose provides longer-term protection against two causes of meningitis and septicaemia.

defend your child against disease

MMR

It is recommended that your baby has their first dose of the MMR vaccine at around 13 months and their second at three years and four months, although it can be given earlier. Since its introduction in the UK in 1988, MMR has almost wiped out the following three diseases among children:

- **Measles.** Measles is caused by a very infectious virus. Children are usually very unwell with a high fever and rash. Children often have to spend about five days in bed and could be off school for 10 days. Adults are likely to be ill for longer. Around 1 in 15 children will be affected by complications, which can include chest infections, fits, encephalitis (swelling of the brain) and brain damage. In very serious cases, measles can kill. Measles is one of the most infectious diseases known. A cough or a sneeze can spread the measles virus over a wide area. Because it's so infectious, the chances are your child will get measles if they are not immunised.
- **Mumps.** Mumps is caused by a virus which can lead to fever, headache and painful and uncomfortable swelling of the glands that produce saliva on the side of the face and under the jaw. It can result in permanent deafness, viral meningitis (swelling of the lining of the brain) and encephalitis. Rarely, it causes painful swelling of the testes in boys and ovaries in girls. Mumps lasts about seven to 10 days. It is spread in the same way as measles.
- **Rubella.** Rubella, or German measles, is caused by a virus. It causes a short-lived rash and swollen glands. In children, it's usually mild and can go unnoticed, but in unborn babies rubella can be very serious, damaging their sight, hearing, heart and brain. Rubella infection in the first three months of pregnancy causes damage to the unborn baby in nine out of 10 cases. This condition is called congenital rubella syndrome (CRS). In many of the cases, pregnant women catch rubella from their own, or their friends', children.

The three different viruses in the vaccine act at different times. The first dose may cause the following side effects:

- Six to 10 days after the immunisation, as the measles part of the vaccine starts to work, about 1 in 10 children may develop a fever. Some also develop a measles-like rash and go off their food. For advice on treating a fever, see page 119.
- Rarely, children may get mumps-like symptoms (fever and swollen glands) about three weeks after their immunisation as the mumps part of the vaccine starts to work.
- Very rarely, children may get a rash of small bruise-like spots in the six weeks after the immunisation. This is usually caused by the measles or rubella parts of the vaccine. If you see spots like these, take your child to the doctor to be checked. He or she will tell you how to deal with the problem and protect your child in the future.
- Fewer than one child in a million develops encephalitis (swelling of the brain) after the MMR vaccine, and there is very little evidence that it is caused by the vaccine.

MMR, autism and allergies

Some years back, a number of newspaper stories appeared suggesting a possible link between MMR and autism. Some parents opted to delay their children's MMR immunisation or not to have it at all, leading to outbreaks of measles. There is no credible scientific evidence for the link, and a large amount of evidence exists showing that there is no link. MMR is the best way to protect your child against measles, mumps and rubella. It's also safe to give to children with a severe allergy (an anaphylactic reaction) to egg. If you have any concerns, talk to your doctor, practice nurse or health visitor.

Remember that, if a child catches measles, the chance of developing encephalitis is much greater (between 1 in 200 and 1 in 5,000).

Side effects after the second dose are less common and usually milder.

Non-routine immunisations

The following immunisations will only be given to babies and children whose background or lifestyle puts them at particular risk of specific diseases:

- **Tuberculosis (BCG)**
  Given at birth only to babies who are likely to come into contact with tuberculosis.
- **Hepatitis B (Hep B)**
  Given at birth to babies whose mothers are hepatitis B positive.

BCG

The BCG vaccine protects against tuberculosis (TB), and is offered to those babies who are more likely than most to come into contact with someone with TB or whose parents or grandparents come from countries with a high incidence of TB. In some areas, this will mean all babies are offered the vaccine, while in others it will be offered only to some babies. Often, you will be offered the BCG vaccine while you and your baby are still in hospital, but it can also be given later.

TB is an infection that usually affects the lungs but can also affect other parts of the body such as the lymph glands, bones, joints and kidneys. It can also cause a serious form of meningitis. Most cases can be cured with treatment.

After the immunisation, a small blister or sore may appear where the injection is given. It's best to leave this uncovered. It will heal gradually and may leave a small scar. If you are worried or think the sore has become infected, see your doctor.

Hepatitis B

The hepatitis B vaccine is given to babies whose mothers are hepatitis B positive or have acute hepatitis B infection in pregnancy. Hepatitis B will be picked up by blood tests during pregnancy.

Hepatitis is an infection of the liver caused by viruses. Hepatitis B vaccine only protects against the B type of the virus, which is passed through infected blood from mothers to their babies. There is a risk that the baby could then become a carrier and develop serious liver disease later in life.

The side effects of the hepatitis B vaccine are usually quite mild. There could be some redness and soreness where the injection is given. This lasts for a few days.

Travelling abroad

If your child is going abroad, their routine immunisations need to be up to date. They may also need extra immunisations. Contact your doctor or a travel clinic well in advance for up-to-date information.

Courses of most travel vaccines can be given over a four-week period, but you will need to allow more time if your child also needs a primary (first) course of the DTaP/IPV/Hib vaccine (see page 101).

If you don't have that much time before you leave, it's still worth going to a clinic.

For more information, pick up a copy of the Department of Health leaflet *Health advice for travellers* from the post office, call the Department of Health Publications Orderline on 0300 123 1002 between 8am and 6pm and ask for leaflet T7, or go to www.orderline.dh.gov.uk. You can also get further information from the Department of Health website at www.dh.gov.uk

immunise your child

More information

Immunisation

For more information, go to www.immunisations.nhs.uk

FAQs

Q. How do vaccines work?

A. Vaccines contain a small part of the bacterium or virus that causes a disease, or tiny amounts of the chemicals that the bacterium or virus produces. Vaccines work by encouraging the body's immune system to make antibodies (substances that fight off infection and disease) and memory cells. If your child comes into contact with an infection they have been immunised against, the memory cells will recognise it and be ready to protect them.

Q. If diseases like polio and diphtheria have almost disappeared in the UK, why do we need to immunise against them?

A. In the UK, these diseases are kept at bay by high immunisation rates. Around the world, more than 15 million people a year die from infectious diseases. Over half are children under the age of five.

Immunisation doesn't just protect your child, it also helps to protect your family and the whole community, especially those children who, for medical reasons, cannot be immunised.

Q. How do we know that vaccines are safe?

A. Before they can be licensed, all medicines (including vaccines) are thoroughly tested to check their safety and effectiveness. After they have been licensed, the safety of vaccines continues to be monitored. Any rare side effects that are discovered can then be investigated further. All medicines can cause side effects, but vaccines are among the very safest. Research from around the world shows that immunisation is the safest way to protect your child's health.

Q. Will having an injection upset my baby?

A. Your baby may cry and be upset for a few minutes, but they will usually settle down after a cuddle.

Q. Will there be any side effects?

A. Side effects are less common than people think, and they are usually mild. Some babies will have some redness or swelling in the place where they had the injection, but this will soon go away. Others might feel a bit irritable or unwell, or have a slight temperature. See page 102 for more information about the possible side effects of routine immunisations.

Q. Is it safe to take my baby swimming around the time of an immunisation?

A. Yes. You can take your baby swimming at any time before and after their immunisation.

Q. Are immunisations safe for babies with allergies?

A. Yes. Immunisations are safe for babies with asthma, eczema, hayfever and allergies. If you have any questions, speak to your GP, practice nurse or health visitor.

Q. Are some babies allergic to vaccines?

A. Very rarely, children can have an allergic reaction soon after immunisation. This will usually be a rash or itching affecting part or all of their body. The GP or nurse giving the vaccine will know how to treat this. It is not a reason to avoid having further immunisations.

Even more rarely, children may have a severe anaphylactic reaction within a few minutes of the immunisation, leading to breathing difficulties and, in some cases, collapse. A recent study has shown that only one anaphylactic reaction is reported in about a million immunisations. The people who give immunisations are trained to deal with anaphylactic reactions and, as long as they are treated quickly, children make a complete recovery.

Anaphylactic shock is a very serious condition and needs urgent medical attention.

Q. Is there any reason why my baby should not be immunised?

A. There are very few reasons why babies cannot be immunised. Vaccines should not be given to babies who have had a confirmed allergic reaction to a previous dose of that specific vaccine or to something in the vaccine. In general, children who are 'immuno-suppressed' should not be given live vaccines. This includes children who are being treated for a serious condition (like an organ transplant or cancer) or who have a condition that affects their immune system, such as severe primary immunodeficiency. If this applies to your child, always tell your GP, practice nurse or health visitor before the immunisation. They will need to get specialist advice on using live vaccines such as MMR and BCG.

Q. What if my baby is ill on the day of the appointment?

A. If your baby has a minor illness without a fever, such as a cold, they should have their immunisations as normal. If your baby is ill with a fever, put off the immunisation until they are better. It's a good idea to book a replacement appointment straight away so the immunisation is not delayed by more than a week.

COMMON CHILDHOOD ILLNESSES

This section provides details about some common childhood illnesses. In each case, it gives:

- the incubation period (the time between catching an illness and actually becoming unwell)
- the infectious period (the time when your child can pass on the illness to someone else)
- a list of common symptoms to help you recognise the illness, and
- advice on what to do.

Chickenpox

Incubation period: 10–23 days.

Infectious period: From four days before the rash appears to five days after.

Symptoms: Starts with feeling unwell, a rash and maybe a slight temperature. Spots are red and become fluid-filled blisters within a day or so and eventually dry into scabs which drop off. Spots appear first on the chest and back and then spread. Spots will not leave scars unless badly infected.

What to do: You don't need to go to your GP or to A&E unless you are not sure whether it's chickenpox, or your child is very unwell and/or distressed. Give them plenty to drink. Paracetamol or ibuprofen will relieve discomfort and fever. Baths, loose comfortable clothes and calamine lotion can all ease the itchiness. Try to stop your child scratching or picking at their spots, as this will increase the risk of scarring. It's hard for children to do this, so give them lots of praise and encouragement. Distractions, like TV, are good for taking their mind off it. Let the school or nursery know in case other children are at risk.

relieve discomfort and fever

Chickenpox and pregnancy

Keep your child away from anyone who is, or who is trying to get, pregnant. If your child was with anyone pregnant just before they became unwell, let the woman know about the chickenpox. In women who have not previously had chickenpox, catching it in pregnancy can cause miscarriage or the baby may be born with chickenpox.

Measles

Incubation period: seven to 12 days.

Infectious period: From a few days before the rash appears until four days after.

Symptoms: Begins like a bad cold and cough with sore, watery eyes. Child becomes gradually more unwell, with a temperature. Rash appears after third or fourth day. Spots are red and slightly raised; they may be blotchy, but not itchy. Begins behind the ears, and spreads to the face and neck and then the rest of the body. Children can become very unwell, with a cough and high temperature. The illness usually lasts about a week. Measles is much more serious than chickenpox, German measles or mumps, and is best prevented (by the MMR immunisation). Serious complications include pneumonia and death.

What to do: Your child will be quite unwell, so make sure they get lots of rest and plenty to drink. Warm drinks will ease the cough, and paracetamol or ibuprofen will ease discomfort and fever. You could also put Vaseline around their lips to protect their skin. If their eyelids are crusty, wash it away with warm water. If your child is having trouble breathing, is coughing a lot or seems drowsy, see your GP urgently.

Mumps

Incubation period: 14–25 days.

Infectious period: From a few days before starting to feel unwell until the swelling goes down.

Symptoms: At first, your child may be slightly unwell with a bit of fever, and may complain of pain around the ear or feeling uncomfortable when chewing. Swelling then starts on the side of the face, in front of the ear and under the chin. Swelling often starts on one side, followed (though not always) by the other. Your child's face will be back to normal size in about a week. It's rare for mumps to affect boys' testes (balls). This happens rather more often in adult men with mumps. If you think your child's testes are swollen or painful see your GP.

What to do: Your child may not feel especially ill and may not want to be in bed.

Paracetamol or ibuprofen will ease pain in the swollen glands. Check the package for the correct dosage. Give plenty to drink, but not fruit juices as they make the saliva flow, which can hurt and make your child's pain worse. There is no need to see your GP unless your child has stomach ache and is being sick, or develops a rash of small red/purple spots or bruises.

Parvovirus B19 (also known as fifth disease or slapped cheek disease)

Incubation period: Anywhere between one and 20 days.

Infectious period: For a few days until the rash appears.

Symptoms: Begins with a fever and nasal discharge. A bright red rash, like the mark left by a slap, appears on the cheeks. Over the next two to four days, a lacy type of rash spreads to the trunk and limbs. Although it is most common in children, the disease can occur in adults. In the majority of cases it has no serious consequences. Children with blood disorders such as spherocytosis or sickle cell disease may become more anaemic and should seek medical care. Rarely, in pregnant women who are not immune to the disease, it may affect the baby in the uterus.

What to do: Paracetamol or ibuprofen will relieve discomfort and fever. Avoid contact with pregnant women or women planning to get pregnant. Pregnant women who come into contact with the infection or develop a rash should see their GP or midwife as soon as possible.

Rubella, or German measles

Incubation period: 15–20 days.

Infectious period: From one week before the rash first appears until at least five days after.

Symptoms: Can be difficult to diagnose with certainty. Starts like a mild cold. The rash appears in a day or two, first on the face, then spreading. Spots are flat. On a light skin, they are pale pink. Glands in the back of the neck may be swollen. Your child will not usually feel unwell.

What to do: Give plenty to drink, and keep your child away from anybody you know who is trying to get pregnant or is up to four months pregnant. If your child was with anyone pregnant before you knew about the illness, you will need to let the woman know. If an unimmunised pregnant woman catches German measles in the first four months of pregnancy, there is a risk of damage to her baby.

Pregnancy and German measles

Any pregnant woman who has had contact with German measles should see her GP. The GP can check whether or not she is immune and, if not, whether there is any sign of her developing the illness.

Whooping cough

Incubation period: Five to 21 days.

Infectious period: From the first signs of the illness until about six weeks after coughing first starts. If an antibiotic is given, the infectious period will continue for up to five days after starting treatment.

Symptoms: Begins like a cold and cough. The cough gradually gets worse. After about two weeks, extended bouts of coughing start. These are exhausting and make it difficult to breathe. Younger children (babies under six months) are much more seriously affected and can have breath-holding or blue attacks, even before the cough symptoms. Your child may choke and vomit. Sometimes, but not always, there will be a whooping noise as the child draws in breath after coughing. The coughing fits may not die down for several weeks and can continue for three months.

What to do: Whooping cough is best prevented, through immunisation. If your child has a cough that gets worse rather than better and starts to have longer fits of coughing more and more often, see your GP. It's important for the sake of other children to know whether or not it's whooping cough. Talk to your GP about how best to look after your child and avoid contact with babies, who are most at risk from serious complications.

More information

General baby and child safety

Talk to your health visitor or the staff at your local Children's Centre.

REDUCING THE RISK OF ACCIDENTS

Accidents are one of the leading causes of death among children aged between one and five years. Every year, about 500,000 children under five go to hospital because of an accident in the home.

Children need to explore and to learn about the things around them. You can help them to do this by making your home as safe as possible so they don't hurt themselves. It's not so easy to make the world outside your home a safe place, but by getting together with other parents you can make a difference, for example by putting pressure on your local council to:

- make road crossings safer
- provide essential home safety equipment such as smoke alarms, safety gates and fireguards
- provide safe and accessible play areas, and
- mend stairs and walkways and improve lighting.

Teaching children about safety

Children under three cannot always understand or remember safety advice so they need to have an adult nearby at all times. From the age of three, children can start learning how to do things safely but will sometimes forget, especially if they are excited or distracted. Even if they repeat your instructions back to you, they might not be able to understood them or be able to follow the instructions all the time.

Remember, children copy. If you or your family or their friends do risky things, they will think it is OK. It is worth emphasising to your child that if they feel uncomfortable and are being pressured to do something silly or dangerous, it's OK to say no, and encourage them to talk to you if this happens.

There are a few basic things you can teach even young children to help keep them safe:

- Teach your child their surname early on.
- Teach them their address as soon as they are old enough to remember it.
- Once they are old enough to understand danger, teach them about calling 999, especially if you are epileptic, diabetic, blind or have any other condition that means they may need to call for help. Young children may need to be taught what a '9' looks like.
- Teach them to stay where they are if they get lost (for example, when you are out shopping) and to tell another mummy who has other little girls and little boys. This is safer than telling them not to talk to adults at all and risking them wandering off.

Safety checklist

The following safety advice is provided by the Children Accident Prevention Trust (CAPT). It is divided into three sections:

- safety for all under-fives
- safety for babies before they can walk, and
- safety for under-fives who are able to walk.

This is because accidents tend to relate to what a child can do, rather than to their age alone, and all children develop at slightly different rates. Children have a knack of doing things – crawling, walking, climbing, opening a bottle, or whatever – before you expect it.

Children of different ages need different approaches. Very young babies are completely dependent on adults for all their needs. They have absolutely no control over their environment and what is happening to them, and need an adult to keep them safe. When they start to wriggle and then crawl, they can get themselves into trouble, and this is why you need to take some simple precautions. Toddlers are keen to explore their surroundings but don't understand what might hurt them. They may repeat warnings back to you so you think they understand, but it doesn't always mean that they do.

Exploring and playing are an essential part of learning, and children should not be 'wrapped in cotton wool'. Bumps and bruises are inevitable but you can do some simple things to make sure that your child doesn't get seriously injured.

Safety for all under-fives

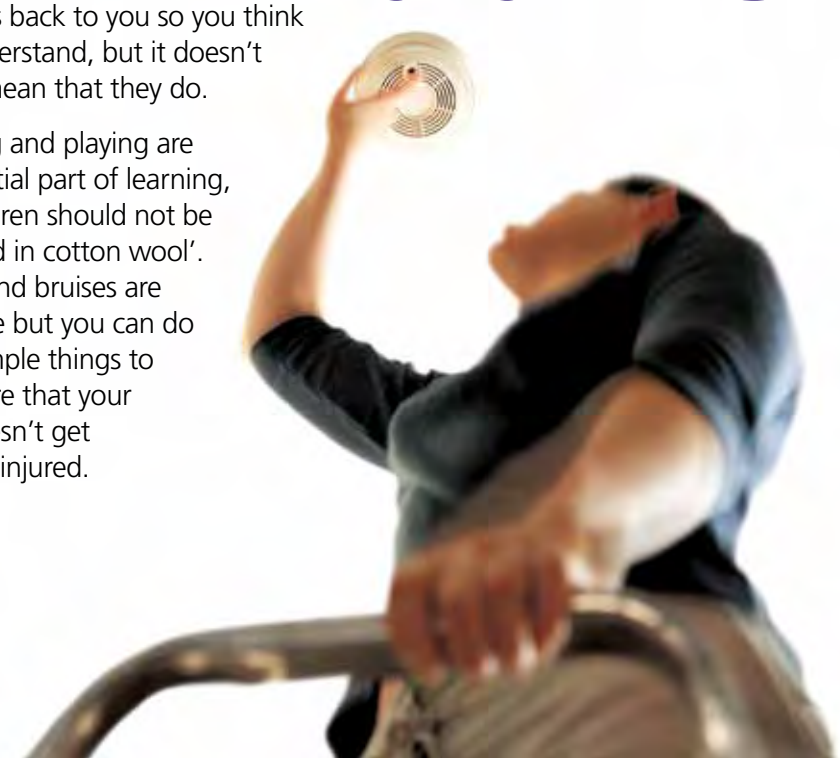
House fires

If your home catches fire, you and your child could breathe in poisonous smoke. It's especially dangerous if the fire breaks out at night while you are all asleep.

- Fit smoke alarms on every level of your home. Test the batteries every week.
- Change the batteries every year or, even better, get alarms that have 10-year batteries, are wired into the mains or plug into light sockets.
- At night, switch off electrical items wherever possible before going to bed and close all doors to contain any fire. Make sure that you always put cigarettes right out.
- Practise how you will escape if there is a fire, so you know what to do if the alarm goes off.

Your local fire and rescue service can give you the right advice for your own home and may be able to provide and fit smoke alarms free of charge.

fit alarms



Fire safety

All fire and rescue services have community fire safety teams. You can find your local fire and rescue service, and get advice about home safety risk assessments and fire safety generally from the government's 'Fire kills' website (www.campaigns.direct.gov.uk/firekills/). You can also phone your local fire and rescue service and ask for 'community fire safety'.

In the car

By law, all under-fives must always ride in proper baby or child car seats when travelling by car – even on short local journeys. The road safety officer at your local council will be able to give you detailed advice. Call your town or county hall (see the phone book) or read the Department for Transport advice at www.dft.gov.uk/think/

- Always use a baby or child car seat that is right for your child's height and weight.
- When buying a seat, try it in your car before buying it. A badly fitting seat can make a big difference to the protection it provides in a crash.
- Make sure the seat is fitted properly in the car and your baby or toddler is securely strapped in.
- It's illegal – and very dangerous – to carry a baby in a rear-facing baby seat in a front seat with an active airbag. While it's not illegal, it's not ideal for toddlers in forward-facing seats either. Use the back seat for all under-fives if you can.

- Don't buy a second-hand baby or child seat from a car boot sale or small ad – it may have been damaged in a crash, may not have all its parts (including the instructions), may not be the safest and most user-friendly model, and may not fit your car properly.
- Never leave your baby or toddler alone in the car. It can get very hot in summer. Also, they may play with window and door switches and the cigarette lighter. It's especially dangerous if you have left the keys in the ignition.

Bathwater scalds

These can be very serious injuries, needing prolonged treatment and care, and can even kill a child. Toddlers may play with the hot tap, scalding themselves and any other children who are sharing the bath with them.

- Never leave an under-five alone in the bath, even for a moment.
- Fit a thermostatic mixing valve to your bath hot tap to control the temperature at which the water comes out, to stop your child being badly scalded.
- Put cold water into the bath first, then add the hot water. Always test the temperature of the water before you put your baby or toddler in the bath. Use your elbow – the water should not feel either hot or cold.

Burns and scalds

- Fit fireguards to all fires and heaters and use a sparkguard too if you have a coal or wood fire. Guards can prevent under-fives falling or reaching into fires.
- Don't leave hot drinks in easy reach of little hands – babies and toddlers may grab at cups and mugs on low tables or the floor and pull the contents over themselves.

Strangulation

- Make sure any cot toys have very short ribbons and remove them when your baby goes to sleep.
- Never hang things like bags with cords or strings over the cot.
- Cut or tie-up curtain or blind cords well out of your baby's or toddler's reach.

Poisonings

- Fit carbon monoxide alarms wherever there is a flame-burning appliance (such as a gas boiler) or open fire. Carbon monoxide is poisonous, but you cannot see it, smell it or taste it. Also, make sure that your appliances are serviced regularly and that ventilation outlets in your home are not blocked.
- Remember that child-resistant devices, such as bottle tops, strips of tablets and cigarette lighters, are not child-proof. Some children can operate these products, so store medicines, household chemicals (including cleaning products) and lighters out of sight and out of reach, or locked away safely.

Safety for babies before they can walk

At this stage of development, babies are completely dependent on you for their safety. Here is what you can do to keep them safe.

Falls

Babies soon learn to wriggle and kick, and it's not long before they can roll over, which means that they can roll off things. Once they learn to crawl, some babies may try to climb on to things, which increases the risk of falling. Here are some things you can do:

- Change your baby's nappy on the floor.
- Don't leave your baby unattended on a bed, sofa or changing table – even for a second – as they could roll off.
- Don't put your baby in a bouncing cradle or baby car seat on a table or kitchen worktop – their wriggling could tip it over the edge.
- Use the handrail when carrying your baby up and down stairs in case you trip.
- Watch where you are putting your feet while carrying your baby – it's easy to trip over something like a toy.
- Use a five-point harness to secure your baby in a high chair.

Housing safety

If you live in rented accommodation, and are worried that your housing might be unsafe for you and your child, contact your housing association or your landlord.

When your baby can crawl

- Fit safety gates to stop them climbing stairs and falling down them. Close them properly after you go through the gate.
- If the gaps between banisters or balcony railings are more than 6.5cm (2.5 inches) wide, cover them with boards or safety netting. Small babies may be able to squeeze their bodies through, but not their heads.
- Make sure low furniture is kept away from windows and that windows are fitted with locks or safety catches to restrict the opening to less than 6.5cm (2.5 inches) to stop babies climbing out. However, make sure adults know where the keys are kept in case of fire.
- Try not to use a baby walker, as more accidents and injuries happen in baby walkers than in any other form of baby equipment.

- Remove cot toys and cot bumpers as a baby can use them to climb on and may fall out of the cot.

Burns and scalds

A baby's skin is much thinner than an adult's and will burn much more easily. This means taking extra care at bath time. Also, remember that babies will grab at brightly coloured objects, like mugs.

- After warming milk, shake the bottle well and test the temperature of the milk by placing a few drops on the inside of your wrist before feeding. It should feel lukewarm, not hot.
- If you are having a hot drink, put it down when you are holding your baby. A wriggly baby can cause you to spill the drink on them if you are holding both at the same time.

Choking and suffocation

Babies can choke very easily, even on their milk. They will also put small objects that can choke them in their mouths, even when they are quite young.

- If you give your baby a bottle, always hold the bottle and your baby during feeding.
- Keep small things like buttons, coins and small parts from toys out of reach.
- Once your baby has started on solid food, always cut it up. Babies can choke on something as small as a grape.

think safe

More information

Consumer product safety

For advice on product safety, including issues to do with unsafe products, contact Consumer Direct on 08454 04 05 06 or go to www.consumerdirect.gov.uk

- Don't use pillows or duvets with babies under one as they can suffocate if their face gets smothered. They will not be able to push the duvet away.

Strangulation

- Don't tie a dummy to your baby's clothes as the tie or ribbon could strangle them.

Drowning

Babies can drown in as little as 5cm (2 inches) of water and drowning is silent – you will not necessarily hear any noise or struggle.

- Stay with your baby all the time they are in the bath – never leave them even for a moment, even if there is an older brother or sister in the bath with them.
- If you use a bath seat, remember that it's not a safety device. You will still need to stay with your baby all the time.

Poisoning

From about six months, babies will start to put things in their mouths.

- Keep all medicines locked away or high up out of reach and sight.
- Keep cleaning products high up out of reach or, if this is not possible, fit safety catches to low cupboard doors. Try to choose cleaning products that contain a bittering agent. This makes them taste nasty, so children are less likely to swallow them.
- Make sure bottle tops and lids are always firmly closed when not in use.

Safety for under-fives who can walk

At this stage of development, children can climb and do simple things like open containers. They will also put things in their mouth to explore taste and texture. This is all perfectly normal, but it can lead to injuries if you don't take care.

Out and about

- There will come a time when you need to start using a forward-facing child car seat. But you should carry on using your rear-facing seat for as long as you can as these provide better protection in a crash.
- When taking your toddler out of the car or putting them in, do it from the pavement side of the vehicle.
- Use a five-point harness to secure your child in a pushchair.

- Use a harness and reins when out walking, or hold your child's hand tightly. It only takes a few seconds for them to run into the road.
- Set a good example when crossing the road by choosing a safe place and talk to your child about what you are doing.
- Under-fives are too young to be allowed to play in the street. Find a safe place for them to play outside, such as the garden or a playground.

Falls

When babies start to walk, they can be unsteady on their feet but can move very quickly. They tend to trip and try to climb.

- Until your baby is at least two years old, carry on using safety gates to stop them climbing stairs and falling down them. Close them properly each time you go through the gate.
- Teach your child how to climb stairs but never let them go up and down on their own. Even four-year-olds may need some help.
- Don't use the top bunk of a bunk bed for under-fives – they can easily fall out.
- Make sure low furniture is kept away from windows and that windows are fitted with locks or safety catches. Make sure adults know where the keys are kept in case of fire.
- Carry on using a five-point harness when your child is in their high chair.

House fires, burns and scalds

Toddlers will play with anything they can reach, and they learn very quickly.

- Keep matches and lighters out of young children's sight and reach.
- Use a kettle with a short or curly flex to stop it hanging over the edge of the work surface where it could be grabbed.
- When cooking, use the rings at the back of the cooker and turn saucepan handles towards the back so they cannot be grabbed by little fingers.
- It's best to keep your toddler out of the kitchen, well away from kettles, saucepans and hot oven doors. You could put a safety gate across the doorway.
- Keep hot drinks well away from young children – a hot drink can still scald 20 minutes after it's been made.
- When you have finished using your iron or hair straighteners, put them out of reach while they cool down. Make sure your child cannot grab the flex while you are using them.

More information

Road safety

Contact the road safety officer at your local council. Phone the town or county hall and ask for 'road safety'. The Department for Transport website has advice on all aspects of road safety. Go to www.dft.gov.uk/think/

Choking and suffocation

At this stage, children will put everything and anything they can in their mouths. It's all part of learning, but even something as small as a grape can choke them.

- Cut large food up so it's small enough for little mouths, and don't give young children hard food like boiled sweets.
- Don't give peanuts to children under six months of age.
- Don't leave your children when they are eating, and encourage them to sit still, as running around while eating could make them choke.
- Keep small objects like coins, buttons or small parts from older children's toys away from toddlers.
- Keep plastic bags of all types out of reach and sight of young children so they cannot play with them and put them over their head.

Strangulation

Toddlers can strangle themselves playing with cords. They are also prone to getting their heads stuck when they squeeze their body through small gaps. This can be particularly dangerous if their feet are off the ground.

- Cut back or tie up curtain or blind cords so they are well out of your toddler's reach.
- Don't leave any type of rope or cord lying around, including dressing gown cords.
- Stop them from trying to squeeze through rails or banisters.
- Keep garden play equipment well away from washing lines.

Drowning

Toddlers can drown in quite shallow water, for example in baths or ponds. Remember, drowning is silent. You will not necessarily hear any noise or struggle.

- Never leave young children alone in the bath – even for a second.
- Empty the bath as soon as you have taken your child out.
- Fence off, fill in or securely cover your garden pond if you have one.
- Watch toddlers in paddling pools or playing near water. Empty paddling pools straight after use.
- Make sure your garden is secure so your child cannot get into neighbouring gardens where there may be ponds or other drowning hazards.

Poisoning

Toddlers like putting things in their mouths to see what they taste like. They will also find all sorts of ways to reach things they think look like sweets.

- Keep all medicines locked away or high up out of reach and sight.
- Keep cleaning products high up out of reach or, if that is not possible, fit safety catches to low cupboard doors. Try to choose cleaning products that contain a bittering agent. This makes them taste nasty, so children are less likely to swallow them.
- Make sure bottle tops and lids are always firmly closed when not in use.
- Check your garden for poisonous plants and teach children not to eat anything they pick outdoors until they have checked with an adult.

Cuts, bumps and bruises

Toddlers just don't understand about danger and while minor cuts, bumps and bruises are part of growing up, there are things you can do to protect them from serious accidents or injuries.

- Use safety glass in low glass doors and windows or cover panes with safety film.
- Keep scissors, knives and razors out of reach.
- You can get special devices that stop doors from closing properly. This helps to prevent your child's fingers being trapped in doors. But at night, you should remember to close doors to stop fire spreading.

- You can get corner protectors to protect your child's head from sharp corners on furniture.

For more information about safety, call the Child Accident Prevention Trust on 020 7608 3828 or go to www.capt.org.uk

More information

Information and advice on treating injuries

You can get health advice and information, including on treating injuries, from NHS Direct. Call 0845 4647 or go to NHS Choices at www.nhs.uk

SAFETY IN THE SUN

Exposing your child to too much sun may increase their risk of skin cancer later in life. The following tips will help you protect your child:

- Keep your child out of the sun between 11am and 3pm when the sun is at its highest and most dangerous.
- Keep babies under the age of six months out of direct sunlight, especially around midday.
- Encourage your child to play in the shade – for example under trees.
- Don't let your child run around all day in a swimsuit or without any clothes on.
- Cover your child up in loose cotton clothes such as an oversized T-shirt with sleeves.
- Cover exposed parts of your child's skin with a sunscreen, even on cloudy or overcast days. Use one with a sun protection factor (SPF) of 15 or above and which is effective against UVA and UVB. Don't forget their shoulders, nose, ears, cheeks and tops of feet. Re-apply often.

- Be especially careful to protect your child's shoulders and back of neck when playing, as these are the most common areas for sunburn.
- Get your child to wear a 'legionnaire's hat' or a floppy hat with a wide brim that shades the face and neck.
- Protect your child's eyes with sunglasses with an ultraviolet filter made to British Standard 2724.
- Use waterproof sunblock factor 15 or above if your child is swimming. Re-apply after towelling.