

FIRST AID, HEALTH, ILLNESS AND MEDICINE POLICY (Whole School Policy including EYFS)

1. PARENTS' PROVISION OF MEDICAL INFORMATION ABOUT THEIR CHILDREN

The School requests that all parents/carers complete and sign the medical information and permission forms at the start of each year: these detail any medical condition of their child as well as normal childhood diseases. This information enables appropriate members of staff to seek emergency medical advice or treatment for their child in the event of a major accident, incident or illness occurring at school. Medical records are kept securely locked in the filing cabinet in the First Aid Room and on the school's main computer administration system.

2. FIRST AID ROOM

The Nurse is based in the First Aid Room. There is a bed, a wash-hand basin, a lockable First Aid cupboard, a refrigerator and an adjoining toilet. A list of confidential medical notes is kept by the Nurse. There is an intercom between the First Aid Room and the School Office.

3. PRACTICAL ARRANGEMENTS AT THE POINT OF NEED

If a child falls or is physically hurt in any way in school and has to be given first aid, the member of staff who coped with the problem should fill in the accident book which is kept in the First Aid room. If the injury appears to be serious the child should be referred to the School Nurse or other qualified First Aider to assess the situation so that the correct action can be taken.

If the child is unwell, the child should be sent to see the Nurse. Depending on the age of the child and the nature of the complaint, the member of staff will judge whether the pupil needs to be accompanied to see the Nurse. If the Nurse is not in her room, the child should go to the School Office.

The Nurse or First Aider will decide on the course of action and whether parents need to be contacted. The School reserves the right to send a child home if he/she is a risk to the health and safety of others.

In the Early Years Department if children are taken unwell, they are cared for in the classroom or in a nearby quiet area while their parents are contacted to come and collect them. Calpol may be administered while they wait if permission has been given.

We also request that children who have sickness or diarrhoea remain at home for at least 24 hours after their last bout of sickness to prevent the spread of infection.

All staff should take precautions to avoid infection and must follow basic hygiene procedures and take appropriate precautions when coming into contact with bodily fluids.

4. GUIDANCE ON WHEN TO CALL AN AMBULANCE

If a child needs hospital treatment for a medical emergency such as a serious asthmatic attack or an accident causing physical injury an ambulance must be sought immediately.

The Nurse, office staff, or the most senior teacher present should dial 999. Only one member of staff or the child's parent need accompany the child in an ambulance. Whenever possible, the child's medical details should accompany him or her.

Who accompanies pupils to hospital:

There should always be two adults in the car when a child is taken to hospital; these adults could include the Nurse, any teacher or office staff, one of whom must be able to stay with the child until the parents arrive. We try to ensure that a parent either comes with us or meets the child at the hospital. Whenever possible, the child's medical details should accompany her.

Who informs parents:

Nurse, or member of SLT whenever practically possible.

5. RECORDING OF ACCIDENTS (INCLUDING REFERENCE TO RIDDOR)

There are three levels of accidents:

- Major (needs to be reported to HSE - Health & Safety Executive under RIDDOR (Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 1995) - telephone number: 0845 300 99 23)
- Serious
- Minor

a) MAJOR ACCIDENTS

These are the following:

- If anyone leaves the premises to go to hospital
- fracture other than to fingers, thumbs or toes
- amputation
- dislocation of the shoulder, hip, knee or spine
- loss of sight (temporary or permanent)
- chemical or hot metal burn to the eye or any penetrating injury to the eye
- injury resulting from an electric shock or electrical burn leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours

- any other injury leading to hypothermia, heat-induced illness or unconsciousness; or requiring resuscitation; or requiring admittance to hospital for more than 24 hours
- unconsciousness caused by asphyxia or exposure to a harmful substance or biological agent
- acute illness requiring medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin
- acute illness requiring medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material

Action required:

- Nurse to decide on course of action, which would normally involve the child being accompanied to hospital
- Fill in Major/Serious Accident Form
- Log incident in the Accident Book in the Nurse's Office
- Inform Headmaster, Deputy Head or Head of Pre-Prep and Bursar without delay
- Bursar to telephone or email HSE (Health and Safety Executive) without delay
- Inform parents
- Within 10 days, Bursar must follow this up with a completed accident report form (F2508)
- "Over 3-day injury": if an injury keeps a member of staff out of school for more than 3 days, the HSE must also be informed
- If necessary, the school's Health and Safety consultant will be called upon for advice. Guidance from the Health and Safety Executive Education Sheet Number 1 'Reporting School Accidents' will be sought when a situation arises.

b) SERIOUS ACCIDENTS/INCIDENTS

These are accidents that do not have to be reported to HSE but are serious. An accident is defined as 'serious' if it is seen as sufficiently important for parents of the child to be notified. Listed below are accidents that are automatically 'serious':

- broken, fractured or chipped finger, thumb or toe (or if one of these is suspected);
- a burn;
- severe bleeding (including severe nosebleed);
- fainting or falling unconscious (includes epileptic fit);
- deep cut/wound;
- severe asthma attack;
- dislocated joint;
- any hard knock or bang on the head;
- anaphylactic shock;
- any damage to the face;

- a tooth being knocked out or chipped.

This list is not exhaustive.

In all 'serious' accidents, the Headmaster and Deputy or Head of Pre-Prep and Bursar need to be informed without delay. In addition

- parents must be informed as soon as possible (certainly within one hour).
- major/serious accident form needs to be filled in and accident procedure followed.
- accident must be recorded into Accident Book in Nurse's office.

c) **MINOR ACCIDENTS/INCIDENTS**

Notices of staff with First Aid responsibilities/and or appropriate training are displayed in each department around the school.

An accident is defined as 'minor' when the child is able to be treated by the School Nurse or a qualified First-Aider. Listed below are accidents that could be termed 'minor':

- being sick;
- small cut/abrasion;
- minor bump or bruise (usually resulting from a fall or running into someone or something);
- minor nosebleed.

This list is not exhaustive.

Action: Dealt with by School Nurse or First Aider. The School Nurse or office staff need to put the details of any child seen into the Accident Book.

All accidents that occur within school are reported in the Accident Book B1510 in accordance with the Health and Safety Legislation

- **How details are to be recorded:**
Major or serious accidents on the Major/Serious Accident Report Form. A copy of the original completed form will be kept in the First Aid Room in a designated file. The Bursar keeps the original of each completed sheet in a designated file. Minor accidents where children are sent to the Nurse are recorded in First Aid Book in First Aid Room, even if seen by office staff.
- **Who carries out any investigation:**
Bursar

Treatment

Treatment in the first instance may be carried out by the member of staff present when the accident occurs. Thereafter, the School Nurse (or qualified First Aider if the Nurse is unavailable) will take charge of the situation.

6. COMMUNICATION WITH PARENTS

Parents are contacted where relevant if an accident has occurred to their child. If it is necessary for a child to go to hospital, the child will be accompanied by a member of staff unless the child's parents can carry this out.

If a child is unwell, it may be appropriate for the school to administer a mild analgesic but permission is sought from a parent before this is done.

In the event of a head injury occurring at school, a note is sent to parents advising them what has happened to ensure that they monitor the situation and seek medical assistance if appropriate.

Ideally, if a child is not well, the parents are contacted and the child goes home until they are well again. If this course of action is not possible, the child will be kept at school, in the sick room, until the end of the day.

7. NAMES OF THOSE QUALIFIED IN FIRST AID (INCLUDING PAEDIATRIC FIRST AID)

Most members of staff have had basic First Aid training and there is a number of staff who are qualified First Aiders and Paediatric First Aiders. **The Bursar has an up to date list of qualified First Aiders and copies of their certificates. Please also see Appendix 2 for the names of those qualified in first aid (please note we require that qualifications must be updated every three years).** There will always be at least one qualified First Aider on site at times when children are present. There will always be a Paediatric First Aider on site at times when Early Years children are present (including before and after school) and there will always be at least one Paediatric First Aider on each Early Years trip or outing, and a nominated First Aider on all trips. There will also be a teacher with a good working knowledge of First Aid on all trips. On residential trips, there is a fully-trained First Aider.

The Paediatric First Aid Certificate gained by staff adheres to the Early Years Foundation Stage ISI requirements. The Certificate makes clear that the course taken covers First Aid for children, referring explicitly to 'Paediatric First Aid'. The course duration is for twelve hours and the First Aid training is appropriate to the Early Years Foundation Stage.

8. FIRST AID KITS

First Aid kits are provided in each department and year groups and are available for Sports Staff to take to the games fields (see appendix 2 for a list of the locations of First Aid kits). A check list is kept with each kit and should be checked

and replenished on a regular basis by a member of staff from each department or year group. In addition, the Nurse will check them once a term. Staff can request extra items when they need them. Replacement items can also be obtained from the First Aid Room. A First Aid box will be taken on all off site visits or outings. This is the responsibility of the trip leader or designated First Aider. See appendix for list of first aid box contents.

AUTOMATED EXTERNAL DEFIBRILLATOR (AED)

Early access defibrillation has been recognized as a significant factor in the survival from incidents of sudden cardiac arrest.

The AED is situated in the Nurse's Room on top of the lotions cupboard and all staff have been informed of its location.

AED Team members will receive instruction and maintain certification in CPR and receive a 4 hour training program in the use of an AED presented by a certified training organisation. After initial training, each team member will receive annual training to review the response guidelines, use of AED and receipt of current updates on protocols.

A visual check is made daily as to state of readiness by the School Nurse or office staff in her absence. A check and sign book is located with the AED.

9. MEDICINES

Pupils who are on medication are required to hand their medicine to the School Nurse for it to be administered as appropriate.

The school requires parents to write to the school requesting that the school administers the medicine as directed, or to complete and sign the medicine request form. If a request is not received in writing, the school staff will not administer the medicine.

The only exception to this is for pupils who are asthma sufferers who are permitted to administer their own medication as instructed by their doctor. Full details of all medication administered at school, along with all Administering Medication Forms, are recorded and stored in the Medication Record Book or File.

If for any reason a child refuses to take their medication, staff will not attempt to force them to do so against their wishes. If such a situation occurs, the Nurse will notify the child's parents/carers and the incident will be recorded in the Medication Record Book or File.

All medicines should be clearly marked with owner's name, contents and dosage and kept locked in the Medicine cupboard in the First Aid room, or in the locked cupboard in the Pre-Nursery, Nursery, Reception and Pre-Prep office. There is a fridge in the First Aid Room for safe storage of some medicines.

If there is any change in the type of medication - whether regarding dosage or other changes to the information given on the Administering Medication Form - a new form must be completed.

The Medication Record Book details what has been given to whom and when.

10. PROCEDURE FOR ADMINISTERING MEDICINES

When issuing medication the following procedures should be followed:

1. The reason for giving the medication should be established.
2. Check the consent to give medication form has been signed by parent or guardian.
3. Check whether the pupil is allergic to any medication.
4. Check whether or not the pupil has been given any other medication recently, and if so, what (e.g. check maximum paracetamol doses).
5. Check whether or not the pupil has taken the medication before and, if so, whether any problems occurred.
6. Check the expiry or 'use by' date on the medication package or container.
7. The pupil should take the medication under the supervision of the person issuing it.

11. PAIN RELIEVERS

The Manor obtains letters of approval from parents before issuing analgesics to pupils.

Pain relief may be given at school if required. To prevent overuse by any one individual, a written record is kept, giving name of pupil, time, dose and reason for administering tablets. Staff should always inquire of the child whether any side effects or allergic reaction has been experienced and whether the child has had any earlier and if so at what time, before administering the drug.

The medicine recommended for such problems as period pains or migraines are:-

Paracetamol Tablets (500g) or Calpol
Nurofen for children

In cases where a child is in obvious distress and the parent cannot be reached, Calpol or Nurofen or some other form of paracetamol can be given but only after consulting the school office. **No child should be sent to the office for paracetamol without a written note of explanation from a member of staff.**

The medicine must be kept securely under lock and key and dispensed with care since over dosage is dangerous. The suggested dosage is as follows:-

Children 6-12 years: Calpol 6 Plus - one to two 5 ml spoonfuls 6 hourly (up to 4 doses in 24 hours)

Children 1-6 years: Calpol Infant suspension - one to two 5 ml spoonfuls 6 hourly (up to 4 doses in 24 hours)

Paracetamol and Nurofen for children must not be kept in First Aid boxes.

On no account should aspirin or preparations which contain aspirin be given to pupils.

12. SUN PROTECTION

- **Reception - Year 6**

In hot weather parents of children from Year 1 to Year 6 are encouraged to provide sunscreen for their children and apply it before children come to school. Extra sunscreen may be sent to school with the child's name on it to allow for further applications of cream during the day.

When deemed necessary, staff may apply sunscreen to children who cannot do so for themselves, where prior permission has been given by the parents.

Children will be encouraged to wear hats in sunny weather and play in shaded areas.

- **Early Years**

In the summer months, children will spend more time playing outside before 11am and after 3pm, and less time outside over lunchtime.

We actively encourage all children to wear a suitable hat (preferably legionnaire style) when playing outside in the summer months when it is hot and sunny.

There are a supply of nursery hats to give to children who forget their own.

Parents are asked to put sunscreen on their child in the morning and we will top them up as necessary during the day. With parents' permission we will use a school sunscreen with a minimum factor of 15 but parents may supply their own named bottle of sunscreen if they would prefer.

When deemed necessary, staff may apply sunscreen to children who cannot do it themselves, where prior permission has been given by parents.

Please also see our whole school 'Sun Protection Policy'.

13. ARRANGEMENTS FOR PUPILS WITH MEDICAL CONDITIONS

Asthma

School should be informed if child suffers from asthma, what can trigger an attack etc., what treatment is effective - written instructions i.e. health care plan. Children with asthma usually carry their own medication in the form of an aerosol inhaler or a nebulizer which can ease breathing difficulties. As a rule, if the inhaler is needed to relieve symptoms regularly or if attacks are sporadic and particularly severe the child should be allowed to carry the inhaler around at all times. Alternatively, the inhaler can be stored safely away and issued by staff as and when needed by the child. This method may be more appropriate for young pupils in first schools. All staff should be aware of where the child's inhaler is stored.

Anaphylaxis - serious allergic reaction (e.g. nuts, dairy products, eggs)

- a) The child **MUST** be made aware of their allergy.
- b) Other children in class **MUST** be made aware of the child's allergy and the danger of giving him/her the substance to which he/she is allergic.
- c) **TWO** willing members of staff should be trained in signs, symptoms and treatment of anaphylaxis.
- d) The guidance notes with the up-to-date photo should be available by the telephone in the School office- appropriate telephones in Pre-Prep/M.S/U.S - and the kitchen.
- e) Extra care is taken on trips and outings and if there is any doubt about food, the child affected should bring their own.

Diabetes

School should be informed if a child suffers from Diabetes. Staff will be aware of signs and symptoms of hypo/hyperglycaemia (high or low blood sugar) and the treatment of these variations. School Nurse will monitor pre-meal blood sugars readings, carbohydrate intake at lunch, and either administer post meal insulin or if the child is able to self inject, supervise the injection. If School Nurse is unavailable at least two other members of staff are competent to take over this role (CW, LP).

Blood glucose monitoring equipment, insulin and emergency "Hypo Box" containing glucose gel, sweets or biscuits are kept in the First Aid Room. Biscuits are always available in the classroom if needed. Children will also carry emergency rations such as biscuits in their school bags.

Guidance notes and up to date photographs are kept in the Kitchen, School Office, relevant classrooms, Extended Day file.

Epilepsy

The School Nurse must be informed if a child suffers from Epilepsy and staff will be aware of any current treatment or medication the child is being given.

Staff are given guidance on how to deal with a child having an epileptic fit.

Head Lice

Head lice are a regular and irritating problem. Children should not be excluded but parents/carers should be notified at the end of that day. Parents should be responsible for their child's health and hygiene and check weekly with detection combs. Head lice alerts also occur through notification from parents and teacher/assistant observation. Letters are sent home to the family of the infested child as well as to the whole form.

Infectious Diseases

Some infectious diseases are notifiable. (See list in First Aid room) Some, including skin diseases, demand an exclusion period. If staff are concerned about a child with a particular infection they should consult the School Nurse or the list in the First Aid Room. Please also see policy on pandemics (eg Swine Flu).

14. ALLERGIES

The school has a full Allergy Policy which is co-ordinated by the School Nurse. She ensures that the kitchen staff are aware of pupils who have allergies and the foods that they are not permitted to have. The School Nurse also ensures that the procedure to be adopted in the event of anaphylactic shock, where a pupil is susceptible, is clearly understood and that the location and operation of Epipens is also understood by school staff.

15. HYGIENE PROCEDURE FOR SPILLAGE OF BODY FLUIDS

- In the First Aid Room there is a supply of gloves, plastic aprons, disposable wipes, antiseptic hand wash, absorbent granules, yellow bags for the disposal of infected waste, and a foot pedal bin.
- Spills of body fluid including blood, urine, faeces, vomit, saliva, nasal and eye discharge must be cleared up immediately. Please inform the Site Manager
- Disposable gloves and plastic apron should be worn and discarded into the yellow bag when used.

- Mops should be washed in cleaning equipment sink (not kitchen sink), rinsed in disinfecting solution and dried.

15. WASTE DISPOSAL

The quantity of medical waste (swabs etc) from the school is very small. It is therefore acceptable for this waste to be bagged and disposed of with the normal waste.

Please also see our 'Disposal of Bodily Waste Procedure', which includes reference to the Early Years.

APPENDIX 1

Contents of school first aid kits

- Gloves
- Safety pins
- Scissors
- Gauze
- Alcohol free wipes
- Assorted plasters
- Dressing pad
- Triangular bandage
- Normal saline steripods
- Medium dressing
- Large dressing
- Eye pad and bandage
- First aid guidance leaflet
- Clinical waste bag
- Tape
- Face shield
- Accident forms



APPENDIX 2 - LOCATION OF FIRST AID KITS

- Nurse's Room On top of dressings cupboard
- Pre Nursery In the downstairs cloakroom
- Nursery On window ledge, in toilet area
- Reception Cupboard between classrooms
- Year 1 Cupboard between classrooms
- Year 2 Cupboard between classrooms
- Year 3 By sink, in room between classrooms
- Year 4 By sink, in room between classrooms
- Portacabin 4P classroom shelf
- Upper School Cupboards between Year 5 classrooms x2
- P.E. Middle cupboard in the barn
- Music In the office
- Science In science prep room
- Science/Year 6 On wall at entrance
- Art Room Classroom shelf
- D.T. On the shelf by the sink
- Food Technology By the sink area
- Kitchen On the wall in office area
- Staff Room On left side of kitchen counter
- Workshop Far wall, left hand side



- Hall kitchen On top of fridge

APPENDIX 3

Qualified First Aiders

Staff Training Records					
		Basic First Aid	Advanced First Aid	Paediatric	Epipen
		(3 Yr Exp.)		(3 Yr Exp.)	
100	Early Years - Pre-nursery				
ALSWORTH, Victoria J				08-Nov-08	03-Nov-09
BEATTIE, Alexis H					
HUNTER, Rachel					
STOCKFORD, Leonie		08-Jan-08			
110	Early Years - Nursery				
CARLINI, Clare F					
DASHWOOD, Anna					
EVANS, Rebecca				08-Nov-08	03-Nov-09
HAINES, Rachel H		08-Jan-08			03-Nov-09
MCCONNELL, Philippa J		08-Jan-08		08-Nov-08	03-Nov-09
SLADE, Sarah C		08-Jan-08		08-Nov-08	03-Nov-09
WEBB, Tracy E				08-Nov-08	03-Nov-09
120	Early Years - Reception				
DOUGLAS, Sian				08-Nov-08	03-Nov-09
KALLAY, Kathryn E				08-Nov-08	03-Nov-

					09
MURDOCH, Lenka		08-Jan-08		08-Nov-08	03-Nov-09
ORGAN, Sara J		08-Jan-08		08-Nov-08	
REED, Liz		08-Jan-08		08-Nov-08	03-Nov-09
		Basic First Aid	Advanced First Aid	Paediatric	Epipen
		(3 Yr Exp.)		(3 Yr Exp.)	
200	Pre-Prep - Year 1				
BRETTELL, Joanna J		08-Jan-08			
BYNER, Anne		03-Nov-09			
EVANS, Lesley S		08-Jan-08			
SALMON, Angela J		08-Jan-08			
TOWNS, Julie A		08-Jan-08			
210	Pre-Prep - Year 2				
CAREY, Jennifer A				08-Nov-08	
FIFIELD, Sarah J		03-Nov-09			
MOON, Lorraine A		09-Jan-08			03-Nov-09
PORTER, Claire		09-Jan-08		08-Nov-08	03-Nov-09
REED, Joanne		03-Nov-09			
300	Prep - Year 3				
BURNS, Jessica		03-Nov-09			
MOSS, Kerry S		03-Nov-09			
PUGHSLEY, Lynette A		09-Jan-08			
310	Prep - Year 4				
ELLARD, Georgina K		09-Jan-08			
JOHNSTONE, Janice P		08-Jan-08			

JONES, Rhiannon C		03-Nov-09			
PUTTER, Carolyn L					
TRACEY, Jane		03-Nov-09			
		Basic First Aid	Advanced First Aid	Paediatric	Epipen
		(3 Yr Exp.)		(3 Yr Exp.)	
400	Prep - Year 5				
KALLINGA, Heather					
KING, Russell N		09-Jan-08			
STATON, James I		09-Jan-08			
410	Prep - Year 6				
KIRTLEY, Sarah E					
LAW, Joanna S		09-Jan-08			
PRICE, Lise		09-Jan-08		08-Nov-08	
500	Academic - Subject Teachers				
BELCHER, Kate L		03-Nov-09			
BERRETT, Frances J		08-Jan-08		08-Nov-08	
DUFF, Catherine M		03-Nov-09			
GLAISHER, Susan L		03-Nov-09			
HEYWORTH, Piers		03-Nov-09			
HEYWORTH, Sarah					
HYDE, Monica		08-Jan-08			
KEELING, Alison		09-Jan-08			
O'ROURKE, Angela		03-Nov-09			
SPIKES, Anne-Gaelle		03-Nov-09			
STEINSBERG, Caroline R					
STOKES, Anita		03-Nov-09			
SYKES-BROWN, Anna		03-Nov-09			
WALKER, Claire			18-Apr-08		

		Basic First Aid (3 Yr Exp.)	Advanced First Aid	Paediatric (3 Yr Exp.)	Epipen
510	Academic - Retained Teachers				
BALFOUR, Nicola J					
DUNMORE, Hazel C					
KYNOCH, Sarah					
NORTH, Patricia					
PICKERING, R					
SHAW, Jennifer				08-Nov-08	
WEBBER, Catherine M					
530	Academic - SENCO				
BLAKE, Julia					
GOTTFRIED, Diana M		08-Jan-08			
HORNBY, Sara		03-Nov-09			
JOHN, Jane		03-Nov-09			
LEWINGTON, Felicity					
LUCAS, Susan M					
MOYNAGH, Elizabeth M		03-Nov-09			
RYE, Pam					
540	Academic - General Teaching Assistant				
LEWIS, Sarah		03-Nov-09			
SADLER, Danielle					
		Basic First Aid (3 Yr Exp.)	Advanced First Aid	Paediatric (3 Yr Exp.)	Epipen
600	Support - Admin				

BROWN, Heather D					
CHAPMAN, Denise					
COPSON, Karen			13-Sep-07		
GREEN, Elizabeth		03-Nov-09			
HORROX, Sarah L		06-Sep-08	25-Nov-09	08-Nov-08	
JOHNSSON, Lucy C		23-Aug-07			
KENNEDY, Deborah					
LOGAN, Nicki					
MENDONCA, Louise A					
NAJMI, Zeeshan					
RAMM, David					
RANSCOMBE, Milly		03-Nov-09			
RIVERS, Catherine A		09-Jan-08			
610	Support - Site				
SMITH, Anthony J					
STEPNEY, David C		03-Nov-09			
		Basic First Aid	Advanced First Aid	Paediatric	Epipen
		(3 Yr Exp.)		(3 Yr Exp.)	
620	Support - Kitchen				
ARTHUR, Rosalind J					
CONSTANCE, Tania A		03-Nov-09			
DRISCOLL, Carole A					
EVANS, Samantha L					
GUIRY, Patricia					
HIGGINS, Denise					
HUGGINS, Tina M					
HUTTON, Lyndsey D		08-Jan-08			
KEVERN, Wendy A		08-Jan-08			

MATTHEWS, Susan J		08-Jan-08			
PEARCE, Heather					
REES, Helen					
WATERS, Sandra					
		Basic First Aid	Advanced First Aid	Paediatric	Epipen
		(3 Yr Exp.)		(3 Yr Exp.)	
630	Support - Cleaning				
COOPER, Pauline A					
HAINES, Susan M		03-Nov-09			
HONEY, Jane					
LUKER, Margaret R					
STRUGGLES, Olive G					
THOMPSON, Kathleen W					
TIMMS, Carol A					
WATTERS, Mary A					
WINSTONE, Julie D					
		Basic First Aid	Advanced First Aid	Paediatric	Epipen
		(3 Yr Exp.)			(3 Yr Exp.)
810	Clubs - PE				
BARTHOLOMEW, Rosie					
BILLINGTON, Linda					
BUSHELL, Karl					
DELANY, Paula R					
GRANDJEAN, Thomas					
HALL, Lynn		03-Nov-09			
JAIN, Arohi					

MAIDMENT, Mark					
MCALPINE, Heather		03-Nov-09			
MOFFETT, Rebekah J					
SHEPHEARD, John H		03-Nov-09			
STEAD, Sarah E					
811	Clubs - Swimming				
BUTTON, Graham					
EVANS, Victoria		03-Nov-09			
FILBY, Katrina					
HALFHEAD, James		03-Nov-09			
HIGGS, Gill					
LAWSON, Angela					
MCNEIL, Straun					
OSLAND, Wendy					
SIMPSON, Katie					
		Basic First Aid	Advanced First Aid	Paediatric	Epipen
		(3 Yr Exp.)		(3 Yr Exp.)	
812	Clubs - Tennis				
ELLIOTT, Nick					
PREW, Stephen					
TRICKEY, Ryan					
WILSDON, Thomas J					



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Date of Next Review: January 2011
Person(s) Responsible for Review: Headmaster