



CUNDALL MANOR SCHOOL

FIRST AID POLICY

2024

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Chair of Governors
School Nurse
Business Manager

Rachel Powell
Vicky Lee
Laura Taylor

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This policy is a 'whole-school' policy and relates to both the senior school and the junior school (including the Early Years Foundation Stage.)

Aim

To set out the provision of First Aid related to school activities.

Introduction

School Nurse and the Surgery: Extension 220 or 01423 360910

email vickylee@cundallmanor.org.uk

First Aid provision aims to preserve life and help promote recovery in the event of injury or illness. Policies developed to deliver care are developed on the basis of suitable and sufficient risk assessments carried out by the relevant departmental staff, in conjunction with the Cundall Manor School Nurse Manager.

Cundall Manor School seeks to ensure that there are adequate and appropriate equipment and provisions for providing First Aid in accordance with the Health and Safety at Work etc. Act 1974. Cundall Manor School recognises that the school provides qualified First Aid personnel in accordance with The Health and Safety (First Aid) Regulations 1981.

Health and Safety legislation places a duty of care on employers for the health and safety of their employees and anyone else on the school premises: this would include the Head teacher, teachers, non-teaching staff, pupils and visitors. This policy covers: who is responsible for duties within the school; specific First Aid provision; arrangements for off-site trips; in and out of school hours' arrangements; other medical care.

Objectives

To ensure that there is an adequate provision of appropriate First Aid for:

- All Cundall Manor School premises; teaching, boarding accommodation, service, maintenance, sports and leisure areas.
- All Cundall Manor School staff groups, pupils, user groups and visitors, including parents and contractors.

To comply with the aforementioned guidance and legislation to ensure Cundall Manor School provides adequate First Aid provision as far as is deemed reasonably practicable. Including:

- Establishing and maintaining First Aid posts, clear signage and equipment.
- Ensuring appropriate First Aid provision and equipment is available for off-site visits.

To conduct appropriate risk assessments to determine the First Aid needs of the school.

To ensure that where individuals have been injured there are suitable mechanisms in place to provide timely treatment and that adequate records are made, including reporting, where appropriate, to the Health and Safety Executive (HSE) relating to Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) (2013).

Guidance

Responsibilities

Welfare of the school community is the concern of all however the Headmaster, the School Leadership Team, School Governors, Cundall Manor School Surgery (CMSS), designated external Health and Safety Advisor and Heads of Departments (teaching and nonteaching staff) have primary responsibility for the implementation of this policy and for developing detailed procedures.

First Aid requirements are reviewed annually with the consideration of:

- Size of the school, split sites, multi-levels
- Location of the school
- Specific hazards or risks on the site
- Pupils or staff with special health needs or disabilities
- Practical departments; such as Science, Technology, PE, Catering, Estates
- Previous record of accidents / incidents at the school
- Provision for in-school hours and out of school hours activities
- Off-site activities, including trips
- Contractors on site and agreed arrangements

Specific First Aid Provision

First Aiders

1. First Aiders will give immediate help to those with common injuries or illnesses and those arising from specific hazards, and where necessary ensure that an ambulance or other professional medical help is called.

2. The Health and Safety (First-Aid) Regulations 1981 require you to provide adequate and appropriate first-aid equipment, facilities and people so immediate help can be given if there is an accident, injury or illness.

3. First Aid training is either an Emergency First Aid at Work (EFAW) (one day) or First Aid at Work (FAW) (three days) or Paediatric First Aid. Provided by an HSE recognised organisation undertaken every 3 years, with yearly refreshers available.

First Aid Boxes

- i. First Aid boxes are provided in areas of the school where accidents are considered most likely, with signage indicating their location.
- ii. The contents of a First Aid box are in accordance with the guidance given by the HSE (First Aid at work INDG 214 (Rev2) 2014)
- iii. A minimum of one, usually two, First Aid kits are taken when pupils leave the school on organised trips or participate in sports events.
- iv. First Aid boxes are replenished as necessary and regularly checked for contents and expiry dates primarily by appointed First Aiders in their area, supported by BSHC.

First Aid Notices

Lists of members of staff (including their location and contact details) who are qualified First Aiders or Paediatric First Aiders, are displayed on noticeboards in the school and near the visible First Aid boxes in key areas around the site

Access to First Aid

All pupils and staff are given information on the provision of First Aid at their induction. All visitors and contractors as accompanied and accounted for by school staff, are directed to assistance by their point of contact. There will be at least one qualified first aider on site at all times when pupils are present.

Record Keeping

Details of an incident which requires assessment by the BSHC team will be recorded on the medical module of the School Management Information System (Engage) and individual medical

files for pupils and designated BSHC staff and visitors' book. An accident form is completed for all pupils, staff and visitors by the First Aider providing treatment.

Calling an Ambulance

The BSHC team are usually responsible for summoning an ambulance and for organising an escort to go with a pupil or, if required, a member of staff to hospital. The attending First Aider will do this if out of hours, off-site or in a medical emergency. A member of staff will always stay with a pupil in hospital until their parent/guardian is able to attend.

Emergency Medical Treatment

In accepting a place at the school, parents are requested to give their consent for the Head Teacher or other nominated representative to provide, on the advice of qualified medical opinion, emergency medical treatment, including general anaesthetic and surgical procedure under the NHS, if the school is unable to contact a parent.

Hygiene Procedures for the Spillage of Bodily Fluids

Spillages of blood, vomit, urine and excreta must be cleaned up promptly by housekeeping. The First Aider will be responsible out of hours. Other pupils, staff members and visitors must be kept away from the spillage. The following general actions must be taken by the person dealing with the spill:

- To clear the immediate area of people. Hazard signs and cordoning may be necessary, according to the circumstance.
- To ensure that any cuts or abrasions on the hands are covered with a waterproof dressing.
- To ensure disposable personal protective equipment (PPE), including latex-free vinyl gloves and a disposable plastic apron must be worn. Where blood and body fluid spills on clothing, the following general actions must be taken by the person dealing with the spill:
 - PPE, a plastic apron and latex-free gloves, must be worn when dealing with spills on clothing, which should be sponged with lukewarm soapy water and washed as soon as possible in the hottest wash the fabric will withstand. Heat from tumble-drying will also help to eradicate pathogens, as will ironing.
 - All PPE and disposable paper towels and cloths should be disposed of into a yellow plastic Bio-Hazard waste bag which should then be sealed, double bagged and stored safely / securely for final disposal within the BSHC clinical waste bins and collected by a suitable clinical waste disposal organisation.
 - On completion of the cleaning procedure and after disposal of waste and PPE, hands must be thoroughly washed and dried.

Cundall Manor School Surgery

The School Nurse provides First Aid provision in the school's Surgery from: 0830 - 1700 Monday to Friday and at other coordinated times when identified Cundall Manor School pupils will be on site.

The School Nurse administers First Aid and deals with accidents and emergencies or when someone is taken ill.

- The Nurse will notify parents/guardians if a pupil suffers anything more than a minor injury or becomes ill during the school day or deemed appropriate.
- In the case of: - A day or flexi-boarder pupil; the Nurse will contact parents/carers so that the pupil can be collected - A weekly or full boarding pupil; the Nurse will care for the pupil and as appropriate contact the parent/guardian so that the pupil can be collected and cared for offsite to protect the wider school community as per Public Health England's recommendations.

If a weekly or full boarding pupil is required to attend hospital or the off-site GP practice for medical assessment and it is deemed safe they can travel via car, the Estates Team will coordinate transport often using School transport. Accompaniment with a member of staff usually a Form Tutor,

Off-site and Out of hours provisions

In the case of off-site and out of hours provision, the First Aider present will attend to any incidents as they occur and fulfil the duties required.

Boarding staff receive First Aid training, Managing Anaphylaxis and Medicine Management training.

Out of school term times, departments whose staff are Full Year employed have access to First Aiders as identified on the lists displayed by First Aid boxes across the site.

External groups hiring the school site are responsible for provision of their own First Aiders and appropriate equipment.

Pupils with identified potential First Aid needs

Staff have access to a list of pupils who have potential of a severe allergic reaction or other potentially life-threatening conditions (such as asthma, diabetes). Lists are accessible on Engage and in paper copies sensitively stored in the Staff Room and the boarding house for boarding staff.

Individual Healthcare Plans for these pupils are produced in line with current guidance (Supporting Pupils at School with Medical Conditions, 2017) in partnership between parents and the school involving the pupil as best able. Individual Healthcare plans are reviewed yearly or when notified the condition or management has altered, initiated by parent or Health Care Professional.

Medical Care

This procedure is limited to the provision of First Aid. The school has arrangements in place for:

- Managing pupils with specialist medical needs or learning differences,
- Provision of medical assessment and investigations including transport to appointments as required.
- Keeping of confidential medical records
- Medicines management including over the counter medication and medicines and treatments brought to school for pupils.
- Emotional wellbeing and mental health including counselling and Health Promotion.
- Infection control.

Administration of Medicines

Before administering medication, the following checks need to be adhered to and the School Nurse will ensure trained authorised staff are aware of the following:

- Check parental consents prior to administering both POM & OTC medicines.
- The identity of the pupil to whom the medicine is being administered must be checked.

- Check that the label on POM is clearly written and unambiguous and includes the pupil's full name and date of prescription.
- Follow the "homely remedy protocol" for administration of OTC medication.
- Check the expiry date on the medication to be administered.
- Check the pupil's allergy status before administering the medicine.
- Ensure drinking water is available for pupils taking oral medication.
- Make an immediate record of any medicine administered on the MAR (EYFS) or electronic pupil treatment record on the MIS
- Record any refusal by a pupil to take medication.
- Record and seek medical advice without delay if the pupil develops a reaction to a medicine.

Staff should only give medicines that they have been trained to give. In general, authorised staff may administer or assist pupils with the following:

- Taking tablets, melts and suspensions.
- Applying topical ointments.
- Administering drops to ears, eyes or nose.
- Inhaled medication devices.

Staff should **NOT** undertake the following unless they have satisfactorily completed appropriate additional training:

- Injectable drugs such as Insulin.
- Administration of medication through a Percutaneous Endoscopic Gastrostomy (PEG).
- Giving oxygen.

Medicines that have been prescribed and dispensed for one person should not, under any circumstances, be given to another person or used for a purpose that is different from the one they were prescribed for. Medicines must be given from the container they are supplied in. This means that doses of medicines must not be put out in advance of administration in medicine pots. This is secondary dispensing and can lead to accidental mix-ups and errors.

Categories of medication within school

Prescription only Medications (POM)

1. The school only accepts prescribed medications that have been dispensed by a pharmacy, hospital or dispensing GP surgery.
2. The medication is only issued to the pupil for whom it has been prescribed.
3. The medication must be in its original container with unaltered dispensing label with instructions for administration, dosage and storage.
4. The medication must be in date.
5. General stocks of prescription medicines must not be held.

Over-the-counter (OTC) Medications

1. To be kept in a locked medication cabinet, preferably in a locked room.
2. A list of OTC medications stocked with: -
 - Indications for use,
 - Contra-indications,

- Dosages,
- Side effects
- The duration of use before medical advice is sought.

3. They should be issued under a **“homely remedy protocol” (see appendix)**.

Controlled Drugs (CDs)

Controlled drugs are medications that have been prescribed by a medical professional for the use of a named individual and which under the Misuse of Drugs Regulations (2001), must be locked away and strictly monitored and recorded in a dedicated book as it is used. Separate records for the administration of controlled drugs are kept in the controlled drugs recording book as well as being entered on the MIS. The balance of remaining drugs should be counted/checked at each administration and weekly. A signature (and witness) is required from the person(s) administering each dose of controlled medication. Any discrepancy with the running balance should be reported immediately for investigation. Parents should make arrangements for controlled drugs to be given to the school nurse who will record receipt by adding the appropriate record to the register and lock the medicine away. For the collection of unused controlled medicines parents should make similar arrangements. Unused controlled drugs not collected by parents are returned to the local pharmacy for disposal and the controlled drug recording book signed appropriately.

Emergency Medication (EM)

Emergency medication is prescribed by a medical professional to treat named individuals for potentially life-threatening conditions. There are specific recognised circumstances when this medication MUST be administered. These circumstances are clearly stated in the pupil’s individual health care plan. Examples of emergency medication held in school include Asthma inhalers and Adrenaline Auto-injector devices. Inhalers and Auto-injectors must be kept in a safe suitably central location where staff have access at all times. They must not be locked away.

Cundall Manor encourages pupils to carry their AAI devices on their person from year 7. All other AAI’s are located in surgery except for pre-prep pupils whose AAI devices are kept in their staff room. All pupil’s own emergency medication is stored in orange medpac cases. Emergency “spare” anaphylaxis kits are located in surgery & the upper school staff room. Emergency asthma inhaler kits are located in surgery and pre-prep staff room.

Errors

Errors will not always harm the individual but a few errors can have serious consequences. It is imperative that errors are recorded on the pupil treatment record located on the school's MIS and the cause fully investigated so that lessons are learnt and steps taken to prevent a similar error happening in the future.

Examples of errors are:

- Incorrect doses
- Missed doses
- Giving medication without authorisation
- Giving the wrong medication

The incident must be brought to the attention of all members of staff.

Adverse reactions

If a child becomes unwell following the administering of a new medicine, this could be caused by the medicine and you must contact the local doctor immediately. Doctors, nurses and pharmacists can report adverse drug reactions to the Medicine and Healthcare products Regulatory Agency, but there are some occasions when it will be appropriate for staff to do so.

Minor ailments

Staff need to consider carefully whether or not to treat minor ailments with 'homely remedies'. Anyone can buy 'homely remedies'; for instance, Paracetamol is the kind of treatment that many pupils/boarders will want to take to relieve a headache.

The doctor may additionally prescribe something to take 'when required' when it is possible to predict in advance what a particular pupil may need. However, the doctor will not be willing to provide a supply of paracetamol just in case a pupil may need it for an occasional headache or toothache, and there will be situations when staff will want to administer such a homely remedy. In such situations the attending member of staff must:

- Keep accurate and up-to-date records of the purchase, administration and disposal of all such remedies
- Be clear about the problems they are allowed to treat - for example, headache, sore throat, and cough.
- Choose the medicines that are suitable for the age range of the recipient.

Staff must additionally be alert to the risk that prescribed medicines will interact with medicines purchased over the counter and cause harm. This includes:

- Herbal products
- Traditional Chinese medicines.

Record-keeping

Health declarations, medication consents and Medical Administration Record (MAR)

Staff must ensure that the Pupil Health Questionnaire and Permission to Treat Forms issued to parents or guardians at the time each pupil joins the school are copied to the School Nurse so any salient medical information is able to be entered onto the school database.

It is imperative to record on the MIS the administering of any medicine when it is done. Do not rely on memory to record information accurately at a later time. Anyone should be able to understand from the MIS exactly what staff have done and be able to account for all of the medicines administered to any pupil. The MIS must be complete, up to date, and show who has made the record. Accurate record-keeping is essential to ensure that:

- Informed assessments can be made that a course of medication is being taken thoroughly and appropriately.
- Other members of staff coming on duty are made fully aware of the circumstances of any boarder's receiving medicine.
- The development of a persistent and non-responsive problem or condition is identified and can be reported to the doctor.

- The doctor has all the information necessary to review the course of treatment.

Medicine inventories

An accurate inventory of medicine stocks should be maintained, detailing quantity, strength and expiry date. Inventories should be checked against this record monthly, with particular attention paid to expiry dates.

If prescription medication is issued to staff for provision to a pupil, the inventory should make clear who the medication was received from, the name and strength of the medicine, how much was received and when it was received. Where medication is brought into school directly by the pupil, two checks should furthermore be made immediately:

- The label attached to the medicine, which should have the pupils name on it, will also have a date when the medicine was dispensed. If it is more than six months ago, check with the dispensing doctor or pharmacist whether they still require it.
- What is the expiry date printed on the pack? Staff must never administer date expired medicine, and this may also indicate that the pupil has not been taking this medicine recently. Check with the dispensing doctor or pharmacist whether they should still have it.

If necessary, an individual care plan – including separate MAR - should be drawn up for any pupil receiving a prolonged course of treatment, and this plan should make clear what support that pupil needs to look after and take the prescribed medication.

A copy of any individual care plan should also be kept in the boarding house day book.

HANDLING MEDICATIONS SAFELY

Procedures for managing prescription medicines during the school day

In general, medicines should only be taken to school when essential - that is where it would be detrimental to a child's health if the medicine were not administered during the school day. Staff should only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration. These medicines should then be stored in the locked medical cabinet in the school Surgery.

Staff should never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. Parents could be encouraged to ask the prescriber about this. It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime. The Medicines Standard of the National Service Framework (NSF) for Children recommends that a range of options should be explored including the use of medicines which require to be administered only once or twice a day (where appropriate) for children so that they can be taken outside school hours. Prescribers may also be prepared to consider providing two prescriptions, where appropriate and practicable, for a child's medicine: one for home and one for use in the school, avoiding the need for repackaging or re-labelling of medicines by parents

Procedures for managing prescription medicines on residential visits and school trips

It is good practice to encourage children with medical needs to participate in safely managed visits. Staff should nonetheless take particular care to consider what reasonable adjustments may be necessary to enable children with medical needs to participate fully and safely on visits. This might include reviewing and revising the visits policy and procedures so that planning arrangements will include the necessary steps to include children with medical needs. It might also include risk assessments for such children. Sometimes additional safety measures may need to be taken for outside visits. It may be that an additional supervisor, a parent or another volunteer might be needed to accompany a particular child.

Any medication required is transported with the trip leader, and returned in its original packaging. For school excursions a school trip medications log will be provided and medicines administered as per the "Homely Remedies Policy".

The trip leader generates CMS trip reports from the MIS for all pupils before they leave on the excursion. The report provides up-to-date information about any medical conditions, medical alerts (for example allergies, asthma), parental consents to treat and administer "homely remedies" and emergency contacts.

Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures.

A copy of any individual health care plan should be taken on visits and retained in the Surgery in the event of the information being needed in an emergency. If staff are concerned about whether they can provide for a child's safety or wellbeing during any particular outing or activity, they should seek parental views and medical advice from the doctor.

Circumstances in which children may take non-prescription Medicines

Staff should **never** give non-prescribed medicines to any pupil unless the appropriate consents have been granted by the pupil's parents or guardians on the school's Pupils Health Questionnaire/Permission to treat form.

Where a non-prescribed medicine is administered to a child it should be immediately recorded on the pupil treatment record located on the school's MIS and the parents informed. If a child suffers regularly from episodes of pain the local doctor should be consulted and if appropriate – for instance, in the case of a weekly boarder - the parents may be encouraged to refer the matter to their own GP.

A child under 16 should never be given aspirin unless prescribed by a doctor.

Children with long-term or complex medical needs

It is important to have sufficient information about the medical condition of any child with long-term medical needs. This information should be detailed on the admissions Health Questionnaire/Permission to treat form.

If a child's medical needs are inadequately supported this may have a significant impact on a child's experiences and the way they function during the school day and in the boarding house (if they are boarders).

The impact may be direct in that the condition may affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning, leading to poor concentration or difficulties in remembering. The impact could also be indirect - perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family.

The Special Educational Needs (SEN) Code of Practice 2001 advises that a medical diagnosis or a disability does not necessarily imply SEN. It is the child's educational needs rather than a medical diagnosis that must be considered. Staff must therefore familiarise themselves with any particular needs of individuals on admission, or when any medical need first develops. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary.

In all cases where long-term care is anticipated it will be necessary to draw up an individual Health Care Plan in consultation with the parents or guardians and relevant health professionals.

Safe storage of medicines

All medicines should be stored in a locked cabinet or fridge strictly in accordance with the product instructions (paying particular note to temperature) and in the original container in which dispensed.

Large volumes of non-prescription or 'homely remedies' medicines should not be stored.

Staff should only supervise and administer prescription medicines that have been prescribed for an individual child.

Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. Where a child needs two or more prescribed medicines, each should be in a separate container. Medicines should never be transferred from their original containers.

Children should know where their own medicines are stored and who holds the key. The School Nurse is responsible for making sure that medicines are stored safely.

All emergency medicines, such as asthma inhalers and Adrenaline auto-injectors, should be readily available to children. Children requiring inhalers must be encouraged to carry them at all times.

Other non-emergency medicines should generally be kept in a secure place not accessible to children.

A few medicines need to be refrigerated; these are stored in the lockable medicine's fridge located in surgery.

Emergency medicine must be held in a safe suitably central location where staff have access at all times. They must not be locked away.

Disposal of Medication and Equipment

Parents/guardians at the end of each term or school year should collect all unused or date expired medicines held at the school.

If parents/guardians do not collect, the medicines should be taken to a local pharmacy for safe disposal.

Any unused or expired medicines or waste are disposed of either in the sharps bin, clinical waste bin or returned to the local Pharmacy.

Ensure safe disposal of sharps in accordance with the infection control policy.

Qualified First Aiders and EYFS Paediatric First Aiders

Names of Trained and Qualified First Aiders and EYFS Paediatric First Aiders

Listed in the table below and copies of certificates can be found in Health & Safety File

Appointed Person	Victoria Lee – School Nurse	NMC Pin: 9612234E
Head of School	Rachel Powell	

Name	Qualification	Award Dated
Tony Reece	1 Credit at Level One (Boarding Housemaster)	04/05/17
Sarah Reece	1 Credit at Level One (Boarding Housemistress)	21/09/17

Name	Qualification – Emergency First Aid	Award Dated	Renewal Date	Qualification - Paediatric First Aid	Award Dated	Renewal Date
Louise Bessey				Highfield Level 3 Award in Emergency Paediatric First Aid (RQF).	03/07/23	03/07/26
Suzi Bewell	Highfield Level 3 Award in Emergency First Aid at Work (RQF).	01/09/23	01/09/26			

Elizabeth Clark				Highfield Level 3 Award in Emergency Paediatric First Aid (RQF).	03/07/23	03/07/26
David Cook	Highfield Level 3 Award in First Aid at Work (RQF).	30/06/22	30/06/25			
Oliver Couttie	QA Level 3 Emergency First Aid at Work	10/11/22	10/11/25			
Name	Qualification – Emergency First Aid at Work	Award Dated	Renewal Date	Qualification - Paediatric First Aid	Award Dated	Renewal Date
Joanne Feeley				Highfield Level 3 Award in Emergency Paediatric First Aid (RQF).	03/07/23	03/07/26
Elizabeth Gardiner				Highfield Level 3 Award in Emergency Paediatric First Aid (RQF).	03/07/23	03/07/26
Tim Higgins	Outdoor First Aid (16 hours)	06/10/22	06/10/25			
Stuart Jackson	Outdoor First Aid (16 hours).	10/02/22	09/02/25			
Eleanor James				Highfield Level 3 Award in Emergency Paediatric First Aid (RQF).	24/02/23	24/02/26
Nick James	Highfield Level 3 Award in Emergency First Aid at Work (RQF).	06/10/23	06/10/26			
Ellie Laird				Highfield Level 3 Award in Paediatric First Aid (RQF	24/02/23	24/02/26
Emma Lawn	Highfield Level 3 Emergency First Aid at Work	25/01/23	25/01/26			

Victoria Lee	Highfield Level 3 Award in Emergency First Aid at Work (RQF).	01/09/23	01/09/26			
Kylie Potter				Highfield Level 3 Award in Emergency Paediatric First Aid (RQF).	27/04/22	27/04/25
Anna Poulton				Highfield Level 3 Award in Paediatric First Aid (RQF	03/02/23	03/02/26
Melissa Raubitschek	Highfield Level 3 Award in Emergency First Aid at Work (RQF).	01/09/23	01/09/26			
Name	Qualification – Emergency First Aid at Work	Award Dated	Renewal Date	Qualification - Paediatric First Aid	Award Dated	Renewal Date
Lesley Ratcliffe	Highfield Level 3 Emergency First Aid at Work (RQF)	18/03/22	18/03/25			
Sarah Reece				Highfield Level 3 Award in Emergency Paediatric First Aid (RQF).	03/07/23	03/07/26
Tony Reece	Highfield Level 3 Award in Emergency First Aid at Work (RQF).	01/09/23	01/09/26			
Freya Rendall				Highfield Level 3 Award in Paediatric First Aid (RQF	06/06/23	06/06/26
Adelle Rogerson	Level 2 National Pool Lifeguard Qualification	16/05/23	15/05/25	Highfield Level 3 Award in Emergency Paediatric First Aid (RQF).	03/07/23	03/07/26
Nicola Sample				Highfield Level 3 Award in Paediatric First Aid (RQF)	19/03/24	19/03/27

Sarah Slater	Highfield Level 3 Award in Emergency First Aid at Work (RQF).	01/09/23	01/09/26			
Andrea Smith	IQL Level 2 Award in Pool Lifeguarding, Intervention, Supervision and Rescue	27/08/22	26/08/24			
Clare Stovin	Highfield Level 3 Award in Emergency First Aid at Work (RQF).	01/09/23	01/09/26			
Laura Taylor	Highfield Level 3 Award in Emergency First Aid at Work (RQF).	01/09/23	01/09/26			
Fleur Thompson				Highfield Level 3 Award in Paediatric First Aid (RQF)	03/02/23	03/02/26
Dawn Thyne	Highfield Level 3 Award in Emergency First Aid at Work (RQF).	01/09/23	01/09/26			
Name	Qualification – Emergency First Aid at Work	Award Dated	Renewal Date	Qualification - Paediatric First Aid	Award Dated	Renewal Date
Iain Thyne	Highfield Level 3 Award in Emergency First Aid at Work (RQF).	01/09/23	01/09/26			
Amanda Wetherell				Highfield Level 3 Award in Paediatric First Aid (RQF)	18/04/24	18/04/27
Rachel Whatley				Highfield Level 3 Award in Paediatric First Aid 12 Hrs	01/02/24	01/02/27
Victoria Wick				Highfield Level 3 Award in Emergency Paediatric First Aid (RQF).	03/07/23	03/07/26
Heather Woods				Highfield Level 3 Award in Emergency Paediatric First Aid (RQF).	03/07/23	03/07/26

ALL FIRST AID COURSE TO BE RENEWED EVERY 3 YEARS

QUALIFIED STAFF FIRST AIDERS

MICHAELMAS TERM 2024

+

PAEDIATRIC FIRST AID	
LOUISE BESSEY	SARAH REECE
ELIZABETH CLARK	FREYA RENDALL
JOANNE FEELEY	ADELLE ROGERSON
ELIZABETH GARDINER	NICOLA SAMPLE
ELEANOR JAMES	FLEUR THOMPSON
ELLIE LAIRD	AMANDA WETHERELL
ELIZABETH MAWDSLEY	VICTORIA WICK
KYLIE POTTER	RACHEL WHATLEY
ANNA POULTON	HEATHER WOODS
EMERGENCY FIRST AID AT WORK	
SUZI BEWELL	LESLEY RATCLIFFE
DAVID COOK	TONY REECE
OLLIE COUTTIE	ADELLE ROGERSON
TIM HIGGINS	SARAH SLATER
JEMMA HOLDEN	CLARE STOVIN
STUART JACKSON	LAURA TAYLOR
NICK JAMES	DAWN THYNE
VICTORIA LEE	IAIN THYNE
MELISSA RAUBITSCHK	EMMA LAWN

First Aid Kit Locations:

PRE – PREP	PG06 - MAIN BRICK BUILDING PG10 - RECEPTION CLASSROOM PG13 - NURSERY
MAIN SCHOOL	SURGERY RG07 - KITCHEN BOARDERS LANDING
SENIOR SCHOOL	YG01 – RECEPTION OFFICE YG15 - Maths YG24 - Classroom YG11 – English Classroom YG 07 & 08 SCIENCE LABS BG13 - PE OFFICE
GYM BLOCK	BG 10 & 11 SCIENCE LAB GYM ENTRANCE
OTHER AREAS	ALL SCHOOL MINI BUSES GG0 - CERAMICS ROOM BG15 - JUNIOR ART ROOM BG09 - SENIOR ART ROOM BG07 - DT ROOM BG05 - PUPIL'S KITCHEN BG03 - GIRL'S POOL CHANGING ROOM BG04 - BOY'S POOL CHANGING ROOM BG02 - SWIMMING POOL PAVILION GG09 and 10 GG04 INCLUSION