



First Aid Policy

June 2020

UK

KEY FACTS:

- ❖ To ensure that we promote the good health of all the children in our care.
- ❖ First aid can save lives and prevent minor injuries become major ones
- ❖ The school will ensure that there are adequate facilities and appropriate equipment for providing first aid in the workplace, including for visitors, as well as for the age of children.
- ❖ Minimum first aid provision is a suitably stocked first aid container, an appointed person to take charge of first aid arrangements and for information for employees on first-aid arrangements, as well as adequately trained and experienced staff.
- ❖ This minimum provision is supplemented with a first aid needs assessment to identify any additional requirements specific to the school, to record the findings and to introduce measures to manage any risks.
- ❖ First aid provision must be available at all times whilst children are on the school premises and including school visits off site.
- ❖ Our school, staff and others have a duty to safeguard and promote the welfare of children.

1 General Statement

- 1.1 The definition of First Aid is as follows:
 - In cases where a person will need help from a medical practitioner or nurse, treatment for the purpose of preserving life and minimising the consequences of injury and illness until help is obtained; and,
 - Treatment of minor injuries which would otherwise receive no treatment, or which do not need treatment by a medical practitioner or nurse.
- 1.2 This policy provides an overview of the statutory requirements and how these are met in school. All safeguarding and child protection policy guidelines must be adhered to both on and off the school site, when first aid is administered.
- 1.3 The policy applies to all pupils including those pupils covered by the Statutory Frameworks for the Early Years Foundation Stage (EYFS) 2017.
- 1.4 The responsibility for drawing up and implementing the First aid policy is delegated to the Head, including informing staff and parents. However, implementation remains the responsibility of all staff in our school in order to keep children healthy, safeguarded and protected whenever they are in our care.

2 Current Procedure

- 2.1 Our appointed person (First aid co-ordinator) undertakes and records an annual review. A first aid needs assessment (see Page 10) is carried out at least annually to ensure that adequate provision is available given the size of our school, the staff numbers, our specific location and the needs of individuals.
- 2.2 Our first aid needs assessment includes consideration of pupils and staff with specific conditions and major illnesses, such as life-threatening allergy, asthma, diabetes and epilepsy, takes account of an analysis of the history of accidents in our school, as well as the identification of specific hazards. It also includes careful planning for any trips and visits, including residential and higher risk trips which always include a suitably trained first aider and a member of staff trained in the administration of medicine, in keeping with our Educational Visits policy.

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- 2.3 Our procedure outlines when to call for help when necessary, such as an ambulance or emergency medical advice from professionals, and outlines the requirements for documenting necessary treatment once applied. The main duties of a First Aider are to give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school.
- 2.4 We ensure that first aid provision is available at all times, including out of school trips, during PE, and at all other times when the school facilities are used.
- 2.5 We keep an electronic record of all accidents or injuries and first aid treatment on Medical Tracker or a written record where Medical Tracker is not available(Accident reporting software tool). We must inform parent(s)/carer(s) of any accident or injury on the same day, or as soon as reasonably practicable, of any first aid treatment. Records are stored confidentially in Medical Tracker. The recording of an accident is carried out in confidence at all times by the person administering first aid.
- 2.6 Any first aid must be administered by a first aider at the scene. Once first aid has been administered, this is recorded on medical tracker and the relevant parties informed electronically via medical tracker. Any pupil that has encountered a head injury will require a phone call home as well as logging on medical tracker. In this instance, the Head will also be notified via medical tracker. Any pupil displaying symptoms for Covid-19 will be taken to the first aid room and isolated, until they are collected by the parent or carer.

3 First Aid Training

- 3.1 We carefully consider, and review annually, the training needs of our staff to ensure that suitable staff are trained and experienced to carry out first aid duties in our school. In particular, we consider the following skills and experiences:-
 - Reliability, communication and disposition,
 - Aptitude and ability to absorb new knowledge and learn new skills,
 - Ability to cope with stressful and physically demanding emergency procedures,
 - Normal duties are such that they may be left to go immediately and rapidly to an emergency, and
 - Need to maintain normal operations with minimum disruption to teaching and learning.
- 3.2 First aiders in our school have all undertaken appropriate training. They have a qualification in either:
First Aid at work (FAW, 3 days or 18 hours)
Paediatric First Aid (PFA, 2 day face to face or blended)
Emergency Paediatric First Aid (EPFA, 1 day or 4-6 hours)
Online First Aid In schools course (refresher online due to limitations with face to face training due to the pandemic)

EYFS paediatric first aiders hold a clearly recognised certificate or a renewal (minimum of 12 hours tuition). Before the certificates expire, first aiders need to undertake a requalification course as appropriate, to obtain another three-year certificate.

In relation to the FAW/EFAW/EPFA training courses, providers will follow the current guidelines issued by Resuscitation Council (UK) October 2015.

- 3.3 Training will be updated every three years and will not be allowed to expire before retraining has been achieved.

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3.4 The need for ongoing refresher training for any staff will be carefully reviewed each year to ensure staff basic skills are up-to-date, although we are aware that this is not mandatory. Annual three hour basic skills updates in between formal training are recommended to keep staff up to date. Online annual refresher training is available on My Cognita.

4 Key Personnel

First aid co-ordinator (appointed person) - responsible for looking after first aid equipment and facilities, as well as calling the emergency services as required	Nicola Chatfield
Responsible for maintaining First Aid Training Matrix/Log	Sandra Priest
Responsible for RIDDOR submissions to HSE	Gita Makwana
The following staff have completed a recognised training course in FAW	Gita Makwana Kevin Young Andy Elsworth
The following staff have completed a recognised training course in EFAW	Gita Makwana Kevin Young Andy Elsworth
The following staff have completed a recognised training course in EPFA	Sue Biagioli Rhian Brentnall Lauren Brewster Clare Bridger Naomi Caffull Katrina Carroll Nicki Chatfield Linda Davies Andy Elsworth Caroline Ferrand Elaine Finch Helena Georgiou Stephanie Green Tracie Jeffs Mandy Keen Michelle Kilner Victoria Lantford Gita Makwana Jude Marshall Sabrina Merucy Sarah Murphy Rosie Nunn Caroline Panchal Chrissy Peacham Sandra Priest Tracie Robinson Helen Rogers Tanya Sibley furloughed 4/21 Allie Wells Maria Went Anita Wiggins

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	Jean Williams Kevin Young
The following staff have completed a 2 day Paediatric course in first aid (EYFS requirement)	Sue Biagioni Clare Bridger Naomi Caffull Helena Georgiou Jude Marshall Sarah Murphy Caroline Panchal

5 Contents of our First Aid Box

- 5.1 Our minimum provision, **(not mandatory)** as recommended by HSE is to hold a suitably stocked first aid box, to nominate an appointed person (see 3.1 above), as well as the provision for staff of relevant information on first aid arrangements.
- 5.2 In our suitably stocked First Aid box we provide the following, or suitable alternatives:-
 - a leaflet giving general guidance on First Aid eg HSE leaflet 'Basic advice on First Aid at work' (INDG347 rev 1).
 - 20 individually wrapped sterile adhesive dressings (assorted sizes);
 - two sterile eye pads;
 - four individually wrapped triangular bandages (preferably sterile);
 - six safety pins;
 - six medium sized (approximately 12cm x 12cm) individually wrapped sterile unmedicated wound dressings;
 - two large (approximately 18cm x 18cm) sterile individually wrapped unmedicated wound dressings;
 - one pair of disposable gloves.
- 5.3 The First Aid coordinator is responsible for examining the contents of the first aid boxes. These are checked frequently and restocked as soon as possible after use. Extra stock is held within the school and items discarded safely after the expiry date has passed. We do not keep tablets, creams or medicines in the first aid box.
- 5.4 Our first aid boxes are kept in the following places:
 - Staff Room
 - First Aid Room
 - Nursery (EYFS)
 - Reception classroom (EYFS)
 - Year 1 classrooms
 - Year 2 classrooms
 - Year 3 classrooms
 - Year 4 classrooms
 - Year 5 classrooms
 - Year 6 classrooms
 - Intervention Room
 - Swimming pool
 - Kitchen

- 5.5 We take great care to prevent the spread of infection in school, particularly in the event of spillages of bodily fluids which we manage effectively by washing off skin with soap and running water, out of eyes with tap water and or an eye wash bottle, wash splashes out of nose with tap water, record details of any contamination, and seek medical advice where appropriate. For further information please see our Prevention and Control of Communicable and Infectious Diseases Procedures.
- 5.6 First aiders take careful precautions to avoid the risk of infection by covering cuts and grazes with a waterproof dressing, wearing suitable powder free vinyl or nitrile gloves, using suitable eye protection and aprons where splashing may occur, use devices such as face shields when giving mouth to mouth resuscitation and wash hands before and after every procedure. They also ensure that any waste products are disposed of in a yellow clinical waste bag or box in line with procedures in 5.5.
- 5.7 We ensure that any third party lettings or providers, including transport, have adequate first aid provision which complies with our standards. For example, visiting sports clubs or schools.
- 5.8 We ensure that any third party contractors, including catering and cleaning, working with us are aware of our policy and procedures.

6 Early Years

- 6.1 The Statutory Framework for the Early Years Foundation Stage (2017) is mandatory. In accordance with this, we ensure that at least one person with a current Paediatric First Aid certificate is on our premises at all times, when pupils are present. All new nursery and pre-school staff within our Early Years will undertake paediatric first aid training. This means that newly qualified staff with a childcare level two and three qualification will have a paediatric first aid certificate before they can be included in the statutory staff:child ratios in the early year's settings. All paediatric first aid certificates will be displayed in the Early Years areas.
- 6.2 No outing from school is undertaken without the presence of at least one person with a paediatric first aid qualification, present on and off site.
- 6.3 We keep an electronic record of all accidents or injuries and first aid treatment on Medical Tracker or a written record where Medical Tracker is not available. We must inform parent(s) and/or carer(s) of any accident or injury on the same day, or as soon as reasonably practicable, as well as any first aid treatment. Records are stored confidentially in Medical Tracker. The recording of an accident is carried out in confidence at all times by the person administering first aid.
- 6.4 We know that we must notify Ofsted of any serious accident, illness or injury to, or death of, any child in our care, and of the action that we have taken. We aim to do so as quickly as possible and always within 14 days of the incident occurring. We are mindful that not to do so, without a reasonable excuse, would be committing an offence.
- 6.5 We must notify our local child protection agency London Borough of Havering of any serious accident or injury to, or the death of, any child in our care. We always act on their advice, if given to us.
- 6.6 Prescription medicines must not be administered unless they have been prescribed by a doctor, dentist, nurse or pharmacist and we have a clear procedure for managing this.

7 Recording Accidents and First Aid Treatment

- 7.1 Pupils will inform their teacher or nearest staff member, or fellow pupils, when they are not feeling well or have been injured. They will let a member of staff know if another pupil has been hurt or is feeling unwell.
- 7.2 All accidents are recorded immediately after the accident, including the presence of any witnesses and details of any injury or damage. Records are stored confidentially in Medical Tracker. The recording of an accident is carried out in confidence at all times by the person administering first aid.
- 7.3 Any first aid treatment is recorded by the person who administered first aid. We will record the date, time and the environment in which the accident or injury occurred. Details of the injury and what first aid was administered, along with what happened afterwards is always recorded.
- 7.4 The First Aid Co-ordinator is responsible for the maintenance of accurate and appropriate accident records, including the evaluation of accidents, and regular reporting to the H&S committee for monitoring purposes.
- 7.5 We adopt the definition of Ofsted with regard to serious injuries as follows:-
- broken bones or a fracture;
 - loss of consciousness;
 - pain that is not relieved by simple pain killers;
 - acute confused state;
 - persistent, severe chest pain or breathing difficulties;
 - amputation;
 - dislocation of any major joint including the shoulder, hip, knee, elbow 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 harmful substance or biological agent;
 - medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin; and
 - medical treatment where there is reason to believe that this resulted from exposure to a biological agent, or its toxins, or infected material.
- 7.6 We adopt the definition from Ofsted for minor injuries, of which we always keep a record, as follows:
- sprains, strains and bruising;
 - cuts and grazes;
 - wound infections;
 - minor burns and scalds;
 - minor head injuries;
 - insect and animal bites;
 - minor eye injuries; and
 - minor injuries to the back, shoulder and chest.

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7.7 We follow the guidelines on the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR, 2013) for the reporting of serious and dangerous accidents and incidents in school. These include work-related and reportable injuries to visitors as well as certain accidents, diseases and dangerous occurrence arising out of or in connection with work. Where accidents result in the incapacitation of a worker for more than seven days, a RIDDOR report is required, including three days for recording purposes.

8 Recording Incidents and Near Misses

8.1 We record (identify local method of reporting) any **near misses** which are occurrences where no-one has actually been harmed and no first aid was administered, but have the potential to cause injury or ill health. We record any incidents that occur on the premises and these may include a break in, burglary, theft of personal or school's property; intruder having unauthorised access to the premises, fire, flood, gas leak, electrical issues.

9 Hospital Treatment

9.1 If a pupil has an accident or becomes ill and requires immediate hospital treatment, the school is responsible for either:

- calling an ambulance in order for the pupil to receive treatment; or
- taking the pupil to an Accident and Emergency department
- and in either event immediately notifying the pupils parent/carer

9.2 When an ambulance has been called, a first aider will stay with the pupil until the parent arrives, or accompany pupil to hospital by ambulance if required.

9.3 Where it is decided that pupil should be taken to A&E Department a first aider must either accompany them or remain with them until the parent/carer arrives.

9.4 Where a pupil has to be taken to hospital by a member of staff they should be taken in a taxi or school vehicle and not use their own car.

10 Prescription and Non-Prescription Medication

10.1 Staff will only administer prescribed medication (from a doctor, dentist, qualified nurse or pharmacist) brought in by the parent/carer, for the pupil named on the medication in line with the stated dose.

10.2 We encourage pupils to manage their own asthma inhalers from a very young age. Asthma medication is always kept in or near children's classrooms until children can use it independently and it must always be taken on school trips/events.

10.3 If pupils are to self-medicate in school on a regular basis, then a self medicator's risk assessment form will be carried out.

10.4 For pupils that are on Individual Healthcare Plans, parental consent will be sought regarding details of what medication they need in school and who will administer it to them on a regular/daily basis. Refer to Supporting Pupils with Medical Conditions Policy for further guidance.

- 10.5 Most antibiotics do not need to be administered during the school day and parents should be encouraged to ask their GP to prescribe an antibiotic which can be given outside of school hours, where possible. If however this is not possible then please refer to Storage of Medicine paragraph.
- 10.6 This school keeps an accurate record on Medical Tracker of each occasion an individual pupil is given or supervised taking medication. Details of the supervising staff member, pupil, date and time are recorded as well as details of the medication given. If a pupil refuses to have medication administered, this is also recorded and parents are informed as soon as possible. Parents/carers are notified when the pupil has been administered medicine on the same day or as soon as is reasonably practical.
- 10.7 All school staff who volunteer or who are contracted to administer medication are provided with training. The school keeps a register of staff who have had the relevant training. The school keeps an up-to-date list of members of staff who have agreed to administer medication and have received the relevant training.
- 10.8 For members of staff only not pupils, Aspirin tablets will be held at the school in line with the 10th Revised Edition of the First Aid Manual, whereby should a member of staff have a suspected heart attack, the emergency services may recommend the casualty take 1 full dose of aspirin tablet (300mg). This will be kept in a locked cupboard in the Medical room.

11 Storage of Medication

- 11.1 Medicines are always securely stored in accordance with individual product instructions, paying particular note to temperature. Some medication for pupils at this school may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are in a secure area, inaccessible to unsupervised pupils or lockable as appropriate.
- 11.2 We will carry out a risk assessment to consider any risks to the health and safety of our school community and put in place measures to ensure that identified risks are managed and that medicines are stored safely.
- 11.3 All medicines shall be received and stored in the original container in which they were dispensed, together with the prescriber's instructions for administration.
- 11.4 If a pupil is prescribed a controlled drug, it will be kept in safe custody in a locked, non-portable container and only named staff will have access. Controlled drugs must be counted in/out and witnessed if they are not administered by a qualified nurse or practitioner. The medication form must be signed by two people with at least one being the First Aid Coordinator. The records must indicate the amount of remaining medication and logged in a controlled drug recording book.
- 11.5 Parents should collect all medicines belonging to their child at the end of the school day. They are responsible for ensuring that any date-expired medication is collected from the school. All medication is sent home with pupils at the end of the school year. Medication is not stored in summer holidays. If parents do not pick up out-of-date medication or at the end of the school year, medication is taken to a local pharmacy for safe disposal.

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- 11.6 We will keep medicines securely locked away and only named staff will have access, apart from Adrenaline Auto-injectors (AAIs), Asthma inhalers and Diabetes 'hypo' kits which need to be with or near pupils who need them. Three times a year the First Aid Coordinator/School Nurse will check the expiry dates for all medication stored at school and the details will be stored on Medical Tracker.
- 11.7 Sharps boxes are used for the disposal of needles. All sharps boxes in the school are stored in a locked cupboard unless alternative safe and secure arrangements are put in place. If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy or to school or the pupil's parent. Collection and disposal of sharps boxes is arranged by the school biannually.

12 Defibrillators (AED)

- 12.1 The school has one defibrillators, which is located in the First Aid Room
- 12.2 The defibrillator is always accessible and staff are aware of the location and those staff who have been trained to use it. They are designed to be used by someone without specific training and by following the accompanying step by step instructions on it at the time of use. The manufacturer's instructions are available to staff and use promoted should the need arise.
- 12.3 The First Aid Coordinator is responsible for checking the AED termly and replacing any out of date items.

13 Monitoring and Evaluation

- 13.1 Our school's senior leadership team monitors the quality of our first aid provision, including training for staff, and accident reporting on a termly basis. Our policy will be reviewed annually. Compliance will be reported formally to the school's termly H&S Committee. Minutes of these meetings are submitted in a timely fashion to the Health and Safety Manager at Cognita Regional Office. The Health and Safety Manager will report to the Cognita (UK) Regional H&S Committee meeting acting in the role as the Proprietor.
- 13.2 Reports are provided to our Safeguarding committee which includes an overview of first aid treatment to children including the identification of any recurring patterns or risks and lessons learned with the management actions to be taken accordingly including the provision of adequate training for staff.
- 13.3 As Proprietor, Cognita Schools has published a procurement booklet which details preferred providers of first aid training, including approximate costs and procurement arrangements.

Schools Assessment of First Aid Needs (UK)

School	Oakfields Montessori School	Date of Assessment	20 th June 20
Conducted by	Nicola Chatfield	Review Date	July 21

When was the last review of your first aid provision and training records of first aiders?	June 20
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Please answer the questions in the boxes:

School Premises		
1	What is the current number and age range of pupils? <i>Consider need for provision in each building and/or on each floor</i>	3 - 11
2	What is the current number of staff?	49
3	Does the school occupy more than one site or building? Or on split levels? <i>Consider need for provision in each building and/or on each floor</i>	Yes
Location of the School		
4	How remote from emergency services is the school? <i>Consider special arrangements with emergency services, and emergency transport arrangements for remote schools</i>	Within 2 miles
5	How do the emergency services access the school? Is there more than one entrance?	The gate allows access to emergency services
Hazards and Risks		
6	Are there any hazardous substances in the school? <i>Consider providing additional training for first aiders to deal with injuries resulting from special hazards. Consider informing emergency services of specific hazards in advance.</i>	None
7	Is there any dangerous equipment or machinery in the school? <i>Consider providing additional training for first aiders to deal with injuries resulting from special hazards.</i>	Tractor and fuel which is stored away from the main school site
8	Is there adequate provision for practical departments, such as science, DT, Food Technology, PE? <i>Consider providing these areas with suitable stocked first aid box and equipment.</i>	PE is the only dedicated practical subject
9	Is there adequate provision for off-site activities i.e. school trips. If the first aider accompanies pupils off-site, is there adequate provision left in school?	Yes. All trips are given first aid bags to take on trips, as well as lunchtime break on the field.
Specific Needs		
10	Are there staff with specific health needs or disabilities? <i>Consider providing additional training for first aiders and equipment.</i>	None recorded
11	Are there pupils with specific health needs or disabilities? <i>Consider providing additional training for first aiders and equipment.</i>	Yes. This is available in Children with Medical Conditions Sheet displayed in the staff room. Specific health needs are identified in the trips risk assessment by the trip leader & with an asscoacited PEEP.

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12	Are there employees who travel a lot, work remotely or work alone? <i>Consider issuing personal first aid kits & personal communicators/mobile phones to staff</i>	Yes (Admin team work remotely & site team often work alone)
Schools Accident Statistics		
13	Can you determine the most common injuries, times, locations, and activities at each school site?	Yes and these are discussed at the H&S committee meetings. Generally breaks and lunchtimes.
14	Does the first aid training adequately cover the identified injuries?	Yes
Contacting first aiders		
15	Do all staff know how to contact a trained first aider?	Yes
16	Do all pupils understand the school's first aid procedures?	Yes.
17	Are there appropriate first aid notices displayed throughout the school?	Yes
18	Is there adequate provision available for out of hour's activities such as clubs and hosting school sports events?	Yes. All hirers are responsible for their own first aid provision.
19	Is there a written agreement with third party providers (Catering and Cleaning) on joint provision for first aid for their employees?	No
20	Is there adequate provision for lunchtimes and breaks?	Yes
21	Is there adequate provision for leave and in case of absences?	Yes
22	Is there an agreed procedure if an incident occurs in an isolated area?	Yes. (All staff have access to radios)
23	Is there a designated member of staff who is responsible for checking and maintaining the contents of the first aid boxes and kits and the checking of your AED?	Yes (First Aid Co-ordinator)
How many first aid personnel are required?		
24	Are you meeting your statutory minimum requirements? <ul style="list-style-type: none"> ○ Designated Appointed Person (AP) to take charge of First aid arrangements – First Aid Co-ordinator ○ Schools can fall in either <i>low</i> or <i>medium</i> risk categories (depending on the activities at the school): <i>Low</i> – for 25-50 employees - 1 Emergency First Aider (EFAW) and <i>Medium</i> – for more than 50 employees - 1 First Aid at Work (FAW) – <u>note this FA training only covers adults unless a tailor made course.</u> 	Yes (see full list available on request)

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	<ul style="list-style-type: none">○ EYFS (where applicable) – 1 Paediatric trained First Aider○ If you have pupils that haven't yet reached puberty, you will need to ensure you have a sufficient number of staff trained in Paediatric first aid (EPFA)○ There should be enough staff to provide cover for absence, and for trips and visits. First aid must be available at all times that children are cared for on or off the premises and on outings. First aid must cover visitors, volunteers, and work experience placements.	Yes (full list available on request)
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NOTE THE FOLLOWING MEASUREMENTS TAKEN AS A RESULT OF COVID-19

Course	Staff	Expiry Date	Comments
Paediatric Course	All Staff	Sept 2020	<ul style="list-style-type: none">• The school had booked in 2019 for the course on 3rd & 4th Sept 20• Due to covid restrictions not all staff were able to undertake this• The course was rescheduled for 3rd & 4th November• Havering went into Tier 4 and the course was postponed again and rebooked for Sept 21• A reduced number of staff (one from each department) therefore have had their training, instead of the full staff• In the meantime, other staff members have undertaken the IHASCO First Aid for schools training

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Appendix 1

SURNAME	FIRST NAME	TRAINING COMPLETED
CHATFIELD	Nicola	First Aid Coordinator Paediatric First Aid (2 day) Paediatric First Aid (1 day) Diabetic Training Epilepsy Asthma Concussion
DAVIES	Linda	Paediatric First Aid (2 day) Paediatric First Aid (1 day) Sickle-Cell Bucculam Oral Syringe Epilepsy
MERCURY	Sabrina	Paediatric First Aid (2 day) Paediatric First Aid (1 day)
BIAGIONI	Sue	Paediatric First Aid (2 day) Paediatric First Aid (1 day) Bucculam Oral Syringe
BRIDGER	Clare	Paediatric First Aid (2 day) Paediatric First Aid (1 day) Bucculam Oral Syringe Epilepsy Diabetes Asthma
GEORGIOU	Helena	Paediatric First Aid (2 day) Paediatric First Aid (1 day) Diabetic training Asthma
PANCHAL	Caroline	Paediatric First Aid (2 day) Paediatric First Aid (1 day) Bucculam Oral Syringe Asthma Epilepsy
KEEN	Mandy	Paediatric First Aid (2 day) Paediatric First Aid (1 day) Epilepsy Asthma Diabetes
JEFFS	Tracie	Paediatric First Aid (2 day) Paediatric First Aid (1 day) Diabetic Training Epilepsy Asthma
FERRAND	Caroline	Paediatric First Aid (2 day) Paediatric First Aid (1 day) Epilepsy

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MAKWANA	Gita	Paediatric First Aid (2 day) Paediatric First Aid (1 day) FAW FAW Refresher 7/5/2021 Epilepsy Asthma Diabetes
ROBINSON	Tracie	Paediatric First Aid (2 day) Paediatric First Aid (1 day) Diabetic Training Epilepsy Asthma
WELLS	Alie	Paediatric First Aid (2 day) Paediatric First Aid (1 day) Asthma Epilepsy
WIGGINS	Anita	Paediatric First Aid (2 day) Diabetic Training Sickle-Cell Asthma Epilepsy
WENT	Maria	Paediatric First Aid (2 day) Paediatric First Aid (1 day)
BRENTNALL	Rhian	Paediatric First Aid (1 day)
BREWSTER	Lauren	Paediatric First Aid (1 day) Diabetic Training
FINCH	Elaine	Paediatric First Aid (1 day)
LANGFORD	Victoria	Paediatric First Aid (1 day) Sickle-Cell
KILNER	Michelle	Paediatric First Aid (1 day)
CARROLL	Katrina	Paediatric First Aid (1 day)
MARSHALL	Judith	Paediatric First Aid (1 day) Diabetes Asthma Epilepsy
ELSWORTH	Andy	First Aid at Work(Epi-pen/Defib) FAW Refresher 11/5/21 Epilepsy Asthma Diabetes
YOUNG	Kevin	First Aid at Work (Epi-Pen/Defib.)
PRIEST	Sandra	Paediatric First Aid (1 day) Asthma Diabetes Epilepsy
MURPHY	Sarah	Paediatric First Aid (1 day) Sickle-Cell Bucculam Oral Syringe