

HIGHCLARE SCHOOL

FIRST AID POLICY

(including Medicine and Managing Medical Conditions)

The school is committed to the outcomes identified in EVERY CHILD MATTERS, and with this in mind provides sufficient numbers of First Aid personnel to deal with accidents and injuries that occur at school. The school will provide information and training on First Aid to employees to ensure that statutory requirements and the needs of the school are met.

Should employees have concerns about the provision of First Aid within school, they should inform the Health & Safety Officer so that the school can investigate and rectify the situation if necessary.

The purpose of this policy is:-

- To provide effective, safe first aid cover for pupils, staff and visitors.
- To ensure that all staff and students are aware of the systems in place.
- To provide awareness of Health and Safety issues within school and on school trips, to prevent where possible, potential dangers or accidents

First Aiders

The term First Aider refers to members of the school community who are in possession of valid first aid certificate. A larger majority of First Aiders have a paediatric First aid certificate. Principal First Aiders on all three sites hold a valid First Aid at work certificate and / or a Paediatric First Aid Certificate. Both qualifications also ensure that the First Aider is an appointed person. First Aiders will be provided with refresher training every three years to keep their skills up to date. (see list of First Aiders attached). In EYFS, first aiders in school and at least one first aider on outings, must have a paediatric First Aid certificate. TOPS adhere to the school policy.

First Aider responsibilities are:-

1. Deal with the day to day administration of First Aid as required.
2. Support the Health & Safety Officer by ensuring that their qualifications are always up to date.
3. Always attend a casualty when requested to do so and treat the casualty to the best of their ability in the safest way possible. This includes wearing gloves where any loss of blood or body fluid is evident, calling for help from other First Aiders or emergency services.
4. Help fellow First Aiders at an incident and provide support during the aftermath.
5. Ensure that first aid kits are restocked if contents have been used, (supplies from First Aid Co-ordinator at Abbey site)
6. Keeping records of illness and accident/injuries
7. Ensuring the Head teacher, parents/carers are informed of accident and illness when appropriate.

Medical room/First aid area

The Medical room/First Aid area is provided to assist First Aiders when giving treatment. All staff, especially new recruits, must be made aware of the location of these areas. Their location is arranged so that corridors are large enough for a stretcher, wheelchair or carrying chair to be used safely and easily.

First aid provision

The school is responsible for ensuring that there is adequate first aid provision for the school day and extended day facilities. A record is kept by the Health & Safety Officer of staff members' first aid qualifications and renewal dates. Notices are displayed in school giving the names, photographs and locations of First Aider. First Aid boxes are provided within the school to ensure there are adequate supplies for the nature of the hazards involved.

Each First aid box contains:

Treatment card/Advice booklet.	Eye Pads	Assorted sterile dressings
Safety pins	Plasters	Alcohol and antiseptic free wipes
Disposable gloves	Triangular Bandage	Bandage(s)

The First aid boxes are located as follows:

Abbey	Abbey building	School office and Medical room
	Brisco building	Head of Junior School office and TOPS room (BG7)
	Northway building	Home Economics room, Chemistry lab, Physics lab, Biology lab. Junior science room, P.E office, Art room and Science Prep room
Woodfield	Medical Room (located outside Headteacher's office), Gymnasium, Nursery, Kindergarten x 2, Garden room/Kindergarten dining room, and TOPS area.	
St. Paul's	School office, Hall, Medical room, Kindergarten/Transition classroom and TOPS area	

Portable First Aid kits

Portable First Aid kits are available for staff required to work away from the normal workplace, where access to facilities maybe restricted such as:

1. Staff travelling in vehicles on a regular basis.
2. Staff who take pupils out on school trips.
3. Staff participating in sports or social events arranged or supported by the school.

First Aid on School Trips**Overseas Trips**

When students are on approved school trips, medical contact and information forms are sent to all parents to supply detailed information on students' medical conditions and medication together with consent forms necessary during the trip. The forms accompany the staff in charge of the visit and information can be made available to any medical authority in the country of visit.

Trip of less than 24 hours

A designated member of staff should have a suitably equipped first-aid box, and a list of pupil medical conditions/medication together with contact details of parents in an emergency. This is supplied by the First Aider or principal first Aider.

Procedure for school trips

Prior to the trip, a list of pupils involved is given to the School Office to enable personal information sheets to be provided. A data sheet will be supplied to the trip organiser with all the relevant medical details. Medical conditions are highlighted and the trip organiser is made aware of the condition and any equipment / medicine needed. These are returned to the School Office immediately after the trip

Day to Day Procedure for First Aid

Minor First Aid will usually be dealt with by the First Aiders in the school offices or class teachers in EYFS and KS1. This includes the administration of medicines and dealing with bumps and grazes etc.

Procedure in case of incident or severe accident at school

- Principal First Aider should be called. However, if the situation is deemed to be serious by the first person on the scene, an ambulance should be called immediately.
- The situation will be assessed
- The school office should be made aware of the problem and if required an ambulance will be called. Judgement on calling an ambulance is determined by the first aider following the guidelines of first aid training. Guidance for managing a medical emergency are on display in the school office (Appendix 1).
- The casualty will be accompanied to hospital by the parent/guardian, first aider or staff member
- In all cases parents/guardians should be contacted as soon as possible and be expected to relieve the first aider with the pupil.

Recording Accidents

All accidents, however minor, must be recorded. The school will provide major or minor accident forms (see Appendix 6). Copies of all completed accident forms will be kept by the Health and Safety Officer.

Parents are provided with a copy of minor accident forms and are informed of more serious incidents by telephone.

Staff present at or First Aiders dealing with an incident, are expected to complete an accident form as soon as possible after an incident. When an injured person is unable to enter an account on an accident form, the First Aider or witness (where relevant) should do so. When an accident results in admittance to hospital during the school day, the line manager, First Aider and the health and safety officer must be informed immediately.

All major incidents will be investigated by the HSO, so that corrective and preventative measures are implemented to reduce the possibility of further occurrence.

RIDDOR reporting

In cases of serious injury or days lost at school/work the health and safety officer is responsible for informing Riddor (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995, Tel: 0845 300 9923).

Administration of Medication

Policy statement

1. We would ask parents to request that their doctor, wherever possible, prescribe medication, which can be taken outside the school day
2. However, we as a school recognise that there are times when it may be necessary for a pupil to take medication during the school day.
3. We are prepared to take responsibility for these occasions in accordance with the Guidelines laid down in this policy. ie. we will only administer:
 - a. PRESCRIBED medication to EYFS and Junior pupils (with parental consent)
 - b. PRESCRIBED medication and PARACETAMOL ONLY (with parental consent) to senior pupils.

Children with Special Medical Needs

Should a child be admitted to Highclare school with special medical needs we will, in partnership with the Parents/Carers, First Aider and our Medical Advisors, discuss individual needs.

Where appropriate an individual care plan will be developed in partnership with the Parents/Carers, First Aider and/or Medical Advisors.

Any resulting training needs will be met.

On Admission to Highclare School

All Parents/Carers will be asked to complete an admissions form giving full details of child's medical conditions, regular medication, emergency medication, emergency contact numbers, name of family doctor, details of hospital Consultants, allergies, special dietary requirements etc. This information is updated annually, or as necessary.

Administration & Storage of Medication in School

Should a pupil need to receive prescribed medication during the school day, parents/carers will be asked to come into school and personally hand over the medication to the First Aider or school office staff.

The medication should be in the container as prescribed by the doctor and dispensed by the pharmacist with the child's name, dosage and instructions for administration printed clearly on the label.

The form 'School Medication Consent Record' (see Appendix 2) should be completed by the parent/carer. This will be kept by principal First Aid staff.

A record of the administration of each dose will be kept on the 'School Record of Medication' form (see appendix 3), which will be signed by the member of staff who administered the medication.

Should the prescribed medication need to be changed or discontinued before the completion of the course, or if the dosage changes, school should be notified in writing immediately. A fresh supply of correctly labelled medication should be obtained and taken into school as soon as possible.

If medication needs to be replenished this should be done in person by the parent/carer.

Should the child be required or able to administer their own medication, e.g. Reliever inhaler for asthma, we will want to ensure they understand their responsibilities in this area. We may want the First Aider to check technique.

Administration of Paracetamol to senior pupils

Should a senior pupil require paracetamol during the school day, the First Aider will contact a parent by telephone to obtain consent. Information regarding any previous dosage that day, allergies, and other medication currently being taken which may be contraindicated with paracetamol will be clarified, using the 'Summary of Contacts (paracetamol)' form (Appendix 3).

If consent is obtained, the details of dose, date and time will be documented and stored in school by the first aider.

Only one dose of paracetamol will be administered to a pupil within the course of the school day. Sixth form pupils will be allowed to self consent for a dose of paracetamol,

Storage and disposal of Medication

All medication with the exception of Emergency Medication will be locked away in the medical room (Abbey), School offices (St Paul's and Woodfield)

A regular half-termly check will be made of the medication cabinet, and parents will be asked to collect any medication which is out of date or not clearly labelled.

If Parents/carers do not collect this medication it will be taken to the local pharmacy for disposal.

Residential trips

Prior to any residential school trip, written parental consent will be obtained for administration of any specific medication, paracetamol, piriton and throat lozenges.

A qualified first aider will administer any such medication and document and sign for each dose administered on the 'school record of medication form'

Procedure for dealing with spillages of bodily fluids

In the event of a spillage of bodily fluid, the matter should be reported to the school office who will alert the Site Supervisor.

The Site Supervisor will:

- Make the area safe and use body fluid absorbing powder, according to the instructions
- Once the bodily fluids have solidified, they should be placed in a yellow clinical waste bag. The bag will then be transported to the clinical waste facility at Woodfield.

Medical Conditions

Highclare School is an inclusive community that aims to support and welcome pupils with medical conditions.

- a. This school understands that it has a responsibility to make the school welcoming and supportive to pupils with medical conditions who currently attend and to those who may enrol in the future.
- b. Highclare School aims to provide all children with all medical conditions the same opportunities as others at school. We will help to ensure they can:
 - be healthy
 - stay safe
 - enjoy and achieve
 - make a positive contribution
 - achieve economic well-being.
- c. Pupils with medical conditions (when practical and age appropriate) are encouraged to take control of their condition. Pupils feel confident in the support they receive from the school to help them do this
- d. This school aims to include all pupils with medical conditions in all school activities, if practical.
- e. It is the aim of the school to help parents of pupils with medical conditions feel secure in the care their children receive at this school. This is achieved by good communication within school and consultation with parents and health professionals/support agencies involved in pupils' health care.
- f. The school ensures all staff understand their duty of care to children and young people in the event of an emergency.
- g. Highclare School understands that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood.
- h. Staff at Highclare are aware of the common medical conditions that affect children at this school and are offered training on the impact this can have on pupils.
- i. Pupils with certain conditions will have Individual Care Plans, eg Diabetes, Epilepsy, severe allergies.

ASTHMA

This school:

- ❖ recognises the needs of pupils with asthma
- ❖ expects and encourages parents to give appropriate information to the school on their child's condition and spare reliever inhaler
- ❖ recognises that immediate access to the pupil's reliever inhaler is vital
- ❖ will encourage and help children with asthma to participate fully in all aspects of school life

In order to achieve the above, the following are recommended:

- ❖ all staff have basic awareness training about asthma and use of inhalers and this is updated on a regular basis
- ❖ all staff have a clear understanding of what procedures to follow if a child has an asthma attack
- ❖ the school maintains written details of pupils with asthma, which are updated annually by the school

Procedure in the event of an Asthma Attack

- ❖ stay calm and reassure the child
- ❖ do not move the child
- ❖ send for help – A first aider will bring child's spare inhaler and spacer device kept in office/medical room
- ❖ encourage the child to breathe slowly
- ❖ loosen tight clothing
- ❖ help the child to take their reliever (blue) inhaler – usually 2-4 puffs (through spacer device if available)
- ❖ call for ambulance if any of the following occur:

there is no significant improvement in 5-10 minutes
the child is distressed and gasping or struggling for breath
the child has difficulty in speaking more than a few words at a time
the child is pale, sweaty and may be blue around the lips
the child is showing signs of fatigue or exhaustion
the child is exhibiting a reduced level of consciousness

- ❖ whilst awaiting the arrival of the ambulance, the child should continue to take puffs of the blue reliever inhaler as needed until their symptoms resolve.

Every child diagnosed with Asthma should have a blue reliever inhaler available in school. If at home, a child uses a blue reliever inhaler together with a spacer device e.g volumatic, this system should also be available in school.

All inhaler devices should be clearly labelled with the child's name.

EYFS	inhalers will be kept safely out of reach, within the classrooms.
Key Stage 1	inhalers will be kept in the School Office or Medical Room.
	Parents/carers will be informed if the reliever inhaler has been used during the course of school day (unless taken routinely prior to sporting activity)
Key Stage 2 and above	Spare inhalers to be kept in School Office or Medical Room but from Year 3 and above pupils will be encouraged to become self-managing. When a pupil has a clear and sensible understanding of the use of their inhaler, they will be allowed to carry it with them and use it when necessary.

Permission will be gained from the parents to check a child's inhaler technique if there is any concern about their ability to self-administer. .

If pupils leave the premises for any activity their reliever inhaler will need to go with them. This will be the joint responsibility of staff and parents/carers.

All inhalers will be checked and sent home upon expiry date. It is the parent's/carer's responsibility to ensure a new and in date inhaler comes into school prior to the expiry date of existing inhalers.

Training

All staff should access asthma awareness training which should be updated regularly.

Asthma Protocol

The asthma attack - what to do

If an asthmatic pupil becomes breathless and wheezy or coughs continually:

1. Keep calm. It is treatable.
2. Let the pupil **SIT DOWN** in the position they find most comfortable, which is probably upright and leaning slightly forward over a desk. **DO NOT** let them lie down.
3. Let the pupil take their usual reliever treatment – normally a blue inhaler (preferably through a spacer device if available)
4. If the symptoms disappear the pupil can continue as normal.
5. Stay with child until attack has resolved – repeat reliever inhaler as required.
6. If in school and the symptoms do not disappear within 5 minutes, contact the First Aider or, in her absence, the School office.
7. Inform parents if a child has needed to use their reliever inhaler in school.

8. IN THE EVENT OF A SEVERE ASTHMA ATTACK:

a. ALWAYS CALL FOR AN AMBULANCE IF ANY OF THE FOLLOWING OCCUR:

- There is no significant improvement in the child's condition 5-10 minutes after using their reliever (blue) inhaler.
- The child is distressed and gasping or struggling for breath
- The child cannot complete a sentence
- The child is showing signs of fatigue or exhaustion
- The child is pale, sweaty and may be blue around the lips
- The child is exhibiting a reduced level of consciousness
- There are any doubts about the child's condition.

b. WHILST WAITING FOR THE AMBULANCE TO ARRIVE:

- Stay calm and reassure the child
- The child should continue to take puffs of their reliever (blue) inhaler as needed until their symptoms resolve
- If the child has a spacer device and a reliever inhaler available give up to ten puffs, one puff every minute (shaking the inhaler between each puff)
- If the child's condition is not improving and the ambulance service has not arrived this may be repeated
- Ensure the child's parent/carer is contacted

Asthma Attack Flow Chart

In the event of an asthma attack:

- Stay calm and reassure the child
- Encourage the child to breathe slowly
- Loosen tight clothing
- Help the child to take their Reliever (blue) inhaler



Usually 2 - 4 puffs (ideally given individually through a spacer device if available) is enough to bring the symptoms of a mild attack under control.

HOWEVER, DO NOT BE AFRAID TO GIVE MORE IF NEEDED

RELIEVER MEDICATION IS VERY SAFE

ALWAYS CALL FOR AN AMBULANCE IF ANY OF THE FOLLOWING OCCUR:

- There is no significant improvement in the child's condition 5-10 minutes after using their reliever (blue) inhaler.
- The child is distressed and gasping or struggling for breath
- The child cannot complete a sentence
- The child is showing signs of fatigue or exhaustion
- The child is pale, sweaty and may be blue around the lips
- The child is exhibiting a reduced level of consciousness
- There are any doubts about the child's condition.

IF IN DOUBT ABOUT WHETHER TO CALL AN AMBULANCE, DON'T HESITATE – IT IS BETTER TO BE SAFE – THEY WON'T MIND.

WHILST WAITING FOR THE AMBULANCE TO ARRIVE:

- Stay calm and reassure the child
- The child should continue to take puffs of their reliever (blue) inhaler as needed until their symptoms resolve
- If the child has a spacer device and a reliever inhaler available give up to ten puffs, one puff every minute (shaking the inhaler between each puff)
- If the child's condition is not improving and the ambulance service has not arrived this may be repeated
- Ensure the child's parent/carer is contacted

ALLERGIES

PUPILS AT RISK OF AN ALLERGIC REACTION

This school:

- ❖ recognises the needs of pupils with allergies
- ❖ expects and encourages parents to give appropriate information to the school on their child's condition plus medication where prescribed
- ❖ recognises the need for all staff to be aware of pupils who have severe allergies

In order to achieve the above, the following are recommended:

- ❖ all staff should be aware of the pupils with allergies
- ❖ staff allergy awareness and administration of Epi Pen training should be offered and updated on a regular basis
- ❖ the school maintains written details of pupils with severe allergies, which include a Care Plan for each child. These are updated annually by the school
- ❖ prescribed treatment for each child is clearly labelled and kept in the school office. Parents are asked to replace it when it expires, or after it has been used
- ❖ anaphylaxis flow charts are displayed in the staff room, school office and medical room to remind staff of the emergency procedure

Procedure in the event of an Allergic Reaction

- ❖ always take the treatment to the child / do not move the child
- ❖ never leave the child alone
- ❖ send for help – First Aid or office staff will bring the medication to the child
- ❖ if the reaction is minor: sit the child down, administer prescribed antihistamine medicine and contact parent/guardian
- ❖ if there are severe symptoms or child's condition becomes worse:
 - send someone to dial 999 for ambulance
 - administer Epi Pen (adrenaline injection)
 - keep child lying down
 - inform parents

Preventative Measures

- ❖ ensure the child avoids trigger foods
- ❖ ensure the child refuses the food offered to him/her by other children by reminding all pupils concerned
- ❖ school kitchen staff and lunchtime supervisors are made aware of/regularly updated on all children with food allergies
- ❖ the school keeps a list of all staff who are trained and prepared to administer the treatment if necessary
- ❖ lists of those pupils with allergies are displayed in the staff room, office, medical room and kitchen

Diabetes / Epilepsy

These conditions cannot be generalised and therefore there is not an individual Policy for these conditions. Any such pupil with either of these conditions will have their own Care Plan.

The Care Plan is written in conjunction with the specialist nurse and is agreed with the respective parent(s) / guardian and the respective office staff / first aiders.

Medication will be kept in the school office.

Guidelines on hypoglycaemia are displayed in the school offices (Appendix 4)

Appendix 1

- Accident Forms

Appendix 2

- Medical Consent Record

Appendix 3

- Summary of Contacts (paracetamol)

Appendix 4

- Qualified First Aiders

Appendix 5

- Guidance for Managing a Medical Emergency

Appendix 6

- Hypoglycaemia Guidelines

Written by:	Adopted by the Board:	Amendments made:	Review Date:
MV/September 2009	November 2010	July 2011 (to Asthma protocol)	July 2012



HIGHCLARE SCHOOL
MINOR INCIDENT REPORT FORM
(For bumps and grazes)

Childs Name..... Class

Date..... Time..... Site.....

1. Person completing this form and or dealing with the incident

Name Position Held

Signature

2. Details of the incident

1. Incident location

2. Type of injury sustained
(Bump to Head / Cut / Graze etc)

3. How did the incident happen?
.....
.....
.....

4. Treatment given
.....
.....

For Head Injuries only

Your child does not appear to be suffering any ill effects from the accident. However, please seek Medical advice if the following occurs.

- 1. Drowsiness
- 2. Complains of headache
- 3. Vomiting
- 4. Unusual behaviour
- 5. Vision impairment
- 6. If you have any concerns

Name of parent / carer **(If applicable)**

Signature of parent / carer

HIGHCLARE SCHOOL ACCIDENT REPORT FORM

Date of accident Time of accident Site.....

Department Form

1. About the person who had the accident

Staff [] Student [] Visitor [] Contractor []

Name..... Date of Birth.....

Address

..... Tel:

2. Person filling in this form if different to above

Name..... Staff [] Student [] Visitor []

Signature.....

Address

..... Tel:

3. About the accident

1. Location of the accident

2. Activity undertaken at time of accident

3. Nature of the Accident

4. How did the accident happen say where the injury is

.....

.....

6. Was first aid given YES [] NO [] If yes who by

7. Treatment given

.....

8. Did the injured person:

1. Go back to work /class after accident []

2. Go home after accident []

3. Go to hospital []

Injured Person Witness to the accident (Please tick as appropriate)

Highclare School



SCHOOL MEDICINE RECORD (for each and every medicine)

DATE _____

CHILD'S NAME _____

CLASS/TUTOR GROUP _____

NAME AND STRENGTH OF MEDICINE _____

HOW MUCH TO GIVE (ie dose to be given) _____

WHEN TO BE GIVEN _____

ANY OTHER INSTRUCTIONS _____

NUMBER OF TABLETS/QUANTITY GIVEN TO SCHOOL _____

(NB MEDICATION MUST BE IN ITS ORIGINAL CONTAINER, AS DISPENSED BY THE PHARMACY)

TELEPHONE NUMBER OF PARENT OR ADULT CONTACT _____

NAME OF GP _____

GP'S TELEPHONE NUMBER _____

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering the medication in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medicine or if the medication is stopped.

PARENT'S SIGNATURE _____

PRINT NAME _____

If more than one medicine is to be given, a separate form should be completed for each on

Record of Medication

Name of Pupil	
Date	
Class / Tutor	
Name & Strength of Medicine	
Dose & Frequency of Medicine	

Date					
Quantity Received					
Quantity Returned					
Staff Signature					

Date					
Time Given					
Dose Given					
Staff's Signature/ PRINT NAME					
Staff Witness/ PRINT NAME					

FOR NURSERY AND TOPS PUPILS ONLY:

Parent's Signature / PRINT NAME					
Date and Time of Last Dose Given at Home					

***PARENT'S SIGNATURE IS REQUIRED TO ACKNOWLEDGE THAT MEDICINE HAS BEEN ADMINISTERED**



Summary of contacts

Pupil's Name:

Form:

<u>Date</u>		<u>Signature</u>
<p><u>Time</u></p> <p><u>Time medication administered if different from above</u></p>	<p>Parent contacted: Mother <input style="width: 150px; height: 20px;" type="text"/></p> <p>(please state name) Father <input style="width: 150px; height: 20px;" type="text"/></p> <p>Verbal consent obtained for administration of:</p> <p>Paracetamol / or please state any other medication * (delete as applicable)</p> <p>Dose <input style="width: 150px; height: 20px;" type="text"/> Yes <input style="width: 30px; height: 20px;" type="checkbox"/> <input style="width: 30px; height: 20px;" type="checkbox"/></p> <p>Known allergies (list)</p> <p>Other medication currently being taken:</p> <p>Is parent aware of any contra-indications of current Medication with Paracetamol: Yes <input style="width: 30px; height: 20px;" type="checkbox"/> No <input style="width: 30px; height: 20px;" type="checkbox"/></p> <p>Has pupil taken analgesia prior to the school day: Yes <input style="width: 30px; height: 20px;" type="checkbox"/> No <input style="width: 30px; height: 20px;" type="checkbox"/> If yes, dose administered: <input style="width: 100px; height: 20px;" type="text"/></p>	
<p><u>Date</u></p> <p><u>Time</u></p> <p><u>Time medication administered if different from above</u></p> <p>This is page of pages.</p>	<p>Parent contacted: Mother <input style="width: 150px; height: 20px;" type="text"/></p> <p>(please state name) Father <input style="width: 150px; height: 20px;" type="text"/></p> <p>Verbal consent obtained for administration of:</p> <p>Paracetamol / or please state any other medication * (delete as applicable)</p> <p>Dose <input style="width: 150px; height: 20px;" type="text"/> Yes <input style="width: 30px; height: 20px;" type="checkbox"/> <input style="width: 30px; height: 20px;" type="checkbox"/></p> <p>Known allergies (list)</p> <p>Other medication currently being taken:</p> <p>Is parent aware of any contra-indications of current Medication with Paracetamol: Yes <input style="width: 30px; height: 20px;" type="checkbox"/> No <input style="width: 30px; height: 20px;" type="checkbox"/></p> <p>Has pupil taken analgesia prior to the school day: Yes <input style="width: 30px; height: 20px;" type="checkbox"/> No <input style="width: 30px; height: 20px;" type="checkbox"/> If yes, dose administered: <input style="width: 100px; height: 20px;" type="text"/></p>	<p><u>Signature</u></p>

HIGHCLARE SCHOOL FIRST AID TRAINING INFORMATION

LAST UPDATED

Dec 2011

Name Surname	Forename	Site	First Aid @ Work		Basic First Aid		Paediatric First Aid		Epi Pen/Allergy		Asthma Awareness		Diabetic Awareness	
			Done	Renew	Done	Renew	Done	Renew	Done	Renew	Done	Renew	Done	Renew
Aitken	Brian	Abbey	Jun-11	Jun-14					Feb-11	Feb-12	Jun-11	Jun-12		
Arnold	Joanne	Abbey			Jan-08	Jan-11			Feb-11	Feb-12	Jun-11	Jun-12		
Baden	Julia	Abbey							Feb-11	Feb-12				
Badger	Terry	Abbey					Jan-09	Jan-12	Feb-11	Feb-12				
Baker	Janet	Abbey									Jun-11	Jun-12		
Bellshaw	Marion	Abbey							Feb-10	Feb-11	Jun-11	Jun-12		
Brown	Barbara	Abbey							Feb-11	Feb-12				
Cassell	Suzanne	Abbey							Feb-11	Feb-12				
Clark	Lesley	Abbey							Feb-10	Feb-11				
Cobbold	Alison	Abbey					Jul-09	Jul-12	Feb-11	Feb-12				
de Sousa Bartlett	Bella	Abbey					Oct-10	Oct-13						
Dalton	Rebecca	Abbey					Jul-09	Jul-12	Feb-10	Feb-11			Feb-10	
Delaney	Gerard	Abbey					Jan-09	Jan-12	Jan-09	Jan-10				
Embury	Polly	Abbey					Mar-09	Mar-12	Feb-10	Feb-11				
Flynn	Helen	Abbey							Feb-11	Feb-12	Jun-11	Jun-12		
Geddes	Hazel	Abbey							Feb-10	Feb-11				
Gibbs	Carol	Abbey					Mar-09	Mar-12	Jan-09	Jan-10				
Hack	Martin	Abbey					Jan-09	Jan-12	Nov-10	Nov-11				
Harvey	Kim	Abbey					Jul-09	Jul-12	Feb-11	Feb-12				
Hawkins	Sue	Abbey					Jul-09	Jul-12	Feb-11	Feb-12			Feb-10	
Healey	Aileen	Abbey			Jun-11	Jun-14			Feb-11	Feb-12				
Hemmings	Geraldine	Abbey							Jan-09	Jan-10				
Hobbs	Jane	Abbey							Feb-10	Feb-11				
Howell-Jones	Sian	Abbey					Mar-09	Mar-12	Feb-10	Feb-11				
Hughes	Vanessa	Abbey							Feb-11	Feb-12				
Jennings	Kathryn	Abbey					Nov-08	Nov-11	Feb-10	Feb-11			Feb-10	
Jones	Lianne	Abbey							Feb-11	Feb-12	Jun-11	Jun-12		
Kesterton	Mark	Abbey					Jan-09	Jan-12	Feb-10	Feb-11				
Madden	Lisa	Abbey			Jun-11	Jun-14								
Moore	Angie	Abbey					Jul-09	Jul-12	Feb-11	Feb-12				
Launchbury	Jane	Abbey	Jun-09	Jun-12					Feb-11	Feb-12	Jun-11	Jun-12	Feb-10	
Lees	Donna	Abbey					Mar-09	Mar-12						

Pestridge	Wendy	Abbey						Jan-09	Jan-10		
Quinn	Teresa	Abbey						Jan-09	Jan-10		
Quirke	Kathryn	Abbey						Feb-10	Feb-11		
Riley	Susan	Abbey						Feb-11	Feb-12		
Smyth	Mike	Abbey			Jul-09	Jul-12		Feb-11	Feb-12		
Sprason	Roger	Abbey			Jan-09	Jan-12		Sep-09	Sep-10		
Stanley	Nicola	Abbey						Feb-11	Feb-12		
Suter	Helen	Abbey	Jan-11	Jan-14				Feb-11	Feb-12	Jun-11	
Swan	Dympna	Abbey								Jun-11	Jun-12
Taylor	Veronica	Abbey	Mar-09	Mar-12		Mar-09	Mar-12				
Thorpe	Ann	Abbey						Feb-10	Feb-11		
Toley	Ann	Abbey				Mar-09	Mar-12	Feb-10	Feb-11		
Turner	Andrew	Abbey	Jan-11	Jan-14							
Underwood	David	Abbey	Jan-11	Jan-14							
Unsworth	Julie	Abbey						Feb-10	Feb-11		
Waits	Lisa	Abbey						Jan-09	Jan-10	Jun-11	Jun-12
Ward	Sheila	Abbey			Mar-09	Mar-12		Feb-10	Feb-11		
Watson	Elisabeth	Abbey								Jun-11	Jun-12
Watson	Martha	Abbey						Feb-11	Feb-12		
White	Georgina	Abbey						Feb-11	Feb-12	Jun-11	Jun-12
White	Alan	Abbey			Jan-09	Jan-12		Nov-10	Nov-11		
Willis	Ann	Abbey						Feb-11	Feb-12	Feb-11	Feb-12
Anand	Hiradevi	St Paul's								Jun-11	Jun-12
Anderton	Alison	St Paul's			Sep-09	Sep-12		Nov-10	Nov-11	Jun-11	Jun-12
Atkins	Kimberley	St Paul's						Nov-10	Nov-11	Jun-11	Jun-12
Beck	Lynn	St Paul's						Nov-10	Nov-11	Jun-11	Jun-12
Booker	Janice	St Paul's						Sep-08		Jun-11	Jun-12
Burns	Sallyanne	St Paul's								Jun-11	Jun-12
Cooney	Lisa	St Paul's						Nov-10	Nov-11	Jun-11	Jun-12
Craddock	Marie	St Paul's						Nov-10	Nov-11	Jun-11	Jun-12
Day	Bernard	St Paul's		Jun-11	Jun-14	Sep-11	Sep-14	Sep-08			
Dhillon	Davinder	St Paul's						Nov-10	Nov-11	Jun-11	Jun-12
Dove	Hannah	St Paul's						Nov-10	Nov-11	Jun-11	Jun-12
Dubb	Sangita	St Paul's						Nov-10	Nov-11		
Dunne Thomas	Dee	St Paul's						Feb-10	Feb-11	Jun-11	Jun-12
Elkington	Jeanne	St Paul's						Nov-10	Nov-11	Jun-11	Jun-12
Fisher	Kelly	St Paul's		Jun-11	Jun-14	Y	Oct-11				

Greenwood	Sue	St Paul's							Jun-11	Jun-12	
Griffiths	Joanna	St Paul's					Nov-10	Nov-11	Jun-11	Jun-12	
Harris	Jill	St Paul's			Sep-08	Sep-11	Sep-08		Oct-09		
Harvey	Pam	St Paul's					Nov-10	Nov-11	Jun-11	Jun-12	
Haskey	Kirstie	St Paul's					Nov-10	Nov-11	Jun-11	Jun-12	
Hatch	Karan	St Paul's	new staff		Dec-10	Dec-13					
Heath	Ann	St Paul's					Nov-10	Nov-11	Jun-11	Jun-12	
Kaur	Harjit	St Paul's					Nov-10	Nov-11	Jun-11	Jun-12	
Lambeth	Angela	St Paul's			Mar-10	Mar-13	Nov-10	Nov-11	Jun-11	Jun-12	
McClurg	Doreen	St Paul's					Nov-10	Nov-11	Jun-11	Jun-12	
McClurg	Gemma	St Paul's					Nov-10	Nov-11	Jun-11	Jun-12	
McGovern	Barbara	St Paul's			Sep-11	Sep-14	Nov-10	Nov-11	Jun-11	Jun-12	
McLoughlin	Joan	St Paul's		Jun-11	Jun-14	Sep-08	Sep-11	Nov-10	Nov-11	Oct-09	
Nicholls	Yvonne	St Paul's			Sep-08	Sep-11	Nov-10	Nov-11	Jun-11	Jun-12	
O'Rorke	Jill	St Paul's			Mar-10	Mar-13	Nov-10	Nov-11			
Orton	Marie	St Paul's					Nov-10	Nov-11	Jun-11	Jun-12	
Patel	Nilam	St Paul's					Nov-10	Nov-11			
Pears	Caroline	St Paul's					Nov-10	Nov-11	Jun-11	Jun-12	
Poll	Janet	St Paul's					Nov-10	Nov-11	Jun-11	Jun-12	
Priest	Peter	St Paul's			Jan-09	Jan-12					
Read	David	St Paul's			Jul-09	Jul-12	Nov-10	Nov-11	Oct-09		
Read	Donna	St Paul's			Jul-08	Jul-11	Nov-10	Nov-11	Oct-09		
Robinson	Mick	St Paul's					Nov-10	Nov-11	Oct-09		
Savani	Rajal	St Paul's					Nov-10	Nov-11			
Singh	Nikki	St Paul's			Jul-09	Jul-12	Nov-10	Nov-11	Jun-11	Jun-12	
Soen	Sharon	St Paul's	Jan-11	Jan-14	Jul-09	Jul-12	Nov-10	Nov-11	Jun-11	Jun-12	
Spare	Sarah	St Paul's							Oct-09		
Stonehouse	Diane	St Paul's					Nov-10	Nov-11			
Townsend	Janet	St Paul's		Jun-11	Jun-14	Sep-11	Sep-14	Nov-10	Nov-11	Jun-11	Jun-12
Alcott	Zoe	Woodfield			Sep-10	Sep-13	Feb-11	Feb-12	Feb-11	Feb-12	
Armshaw	Annette	Woodfield					Nov-11	Nov-12	Nov-11	Nov-12	
Antcliff	Clare	Woodfield			Sep-09	Sep-12	Nov-11	Nov-12	Nov-11	Nov-12	
Barlow	Bernice	Woodfield					Oct-08		Jun-11	Jun-12	
Butts	Kirsty	Woodfield					Feb-11	Feb-12	Feb-11	Feb-12	
Barrell	Tracey	Woodfield			Sep-08	Sep-11	Nov-11	Nov-12	Nov-11	Nov-12	
Bayliss	Lorraine	Woodfield					Nov-10	Nov-11	Nov-10	Nov-11	

Bird	Angela	Woodfield					Nov-11	Nov-12	Nov-11	Nov-12	
Boyce	Danielle	Woodfield			Sep-10	Sep-13	Feb-11	Feb-12			
Brown	Katie	Woodfield			Jan-08	Jan-11	Nov-11	Nov-12	Nov-11	Nov-12	
Caddy	Lisa	Woodfield			Sep-11	Sep-14	Nov-11	Nov-12	Nov-11	Nov-12	
Caine	Leonie	Woodfield			Sep-10	Sep-13					
Challenor	Ann	Woodfield					Nov-10	Nov-11	Nov-10	Nov-11	
Clark	Jill	Woodfield			Sep-11	Sep-14	Feb-11	Feb-12	Feb-11	Feb-12	
Clarke	Ann	Woodfield					Nov-11	Nov-12	Nov-11	Nov-12	
Comer	Michael	Woodfield			Jul-09	Jul-12					
Compton	Linda	Woodfield					Nov-09	Nov-10			
Cook	Barbara	Woodfield			Dec-08	Dec-11	Nov-11	Nov-12	Nov-11	Nov-12	
Downing	Joanna	Woodfield			Jan-09	Jan-12	Feb-10	Feb-11			
Dyal	Diane	Woodfield					Nov-11	Nov-12	Nov-11	Nov-12	
Fisher	Kelly	Woodfield			Sep-11	Sep-14					
Gateley	Chris	Woodfield			Sep-11	Sep-14	Nov-11	Nov-12	Nov-11	Nov-12	
Gething	Sue	Woodfield					Nov-11	Nov-12	Nov-11	Nov-12	
Gillis	Letitia	Woodfield			Sep-10	Sep-13					
Hafiz	Sornia	Woodfield			Sep-10	Sep-13					
Hamilton	Elaine	Woodfield			Sep-10	Sep-13	Nov-11	Nov-12	Nov-11	Nov-12	
Hines	Lindsay	Woodfield		Jun-11	Jun-14	Mar-09	Mar-12	Nov-11	Nov-12	Nov-11	Nov-12
Horton	Rebecca	Woodfield			Sep-10	Sep-13					
Hussein	Fatima	Woodfield					Nov-11	Nov-12	Nov-11	Nov-12	
Joshi	Sunny	Woodfield			Jul-09	Jul-12					
Jude	Lin	Woodfield			Sep-09	Sep-12	Feb-11	Feb-12	Feb-11	Feb-12	
Kelly	Carole	Woodfield					Feb-10	Feb-11			
Malkin	Samantha	Woodfield			Sep-10	Sep-13					
McElveny	Sheila	Woodfield					Nov-10	Nov-11	Nov-10	Nov-11	
Morgan	Louise	Woodfield					Feb-11	Feb-12	Feb-11	Feb-12	
Lee	Janet	Woodfield					Nov-10	Nov-11	Nov-10	Nov-11	
Leedham	Clarissa	Woodfield			Sep-08	Sep-11	Feb-11	Feb-12	Feb-11	Feb-12	
Mohammed	Ruth	Woodfield			Sep-11	Sep-14	Feb-10	Feb-11			
Morgan	Louise	Woodfield					Feb-10	Feb-11			
Nixon	Mag	Woodfield									
Payne	Sarah	Woodfield					Nov-11	Nov-12	Nov-11	Nov-12	
Pointon	Sue	Woodfield	Jan-09	Jan-12	Sep-08	Sep-11	Nov-11	Nov-12	Nov-11	Nov-12	
Rainsford	Vicki	Woodfield			Sep-11	Sep-14	Nov-11	Nov-12	Nov-11	Nov-12	
Reynolds	Alice	Woodfield		Jun-11	Jun-14	Sep-11	Sep-14				

Shaw	Lorraine	Woodfield			Sep-11	Sep-14	Feb-11	Feb-12	Feb-11	Feb-12
Silver	Megan	Woodfield	Jun-10	Jun-13						
Siviter	Denise	Woodfield					Feb-10	Feb-11		
Smith	Lynn	Woodfield			Sep-08	Sep-11	Nov-10	Nov-11	Nov-10	Nov-11
Spooner	Jane	Woodfield					Feb-10	Feb-11		
Ubhi	Kiran	Woodfield			Sep-10	Sep-13	Nov-11	Nov-12	Nov-11	Nov-12
Weston	Kiri	Woodfield			Sep-10	Sep-13	Nov-11	Nov-12	Nov-11	Nov-12
Wilson	Jill	Woodfield					Nov-11	Nov-12	Nov-11	Nov-12
White	Stephanie	Woodfield			Sep-08	Sep-11	Feb-11	Feb-12	Feb-11	Feb-12
Wilkins	Sue	Woodfield			Sep-11	Sep-14	Feb-10	Feb-11		
Williams	Linda	Woodfield			Sep-10	Sep-13	Nov-09	Nov-10		
Wright	Michelle	Woodfield			Jul-09	Jul-12	Feb-10	Feb-11		