

FIRST AID POLICY

(Applicable to all LVS Students Including EYFS)

INTRODUCTION

The H&S at Work Act (HSWA) 1974 places duties on employers for the health and safety of their employees and anyone else on the premises. This covers the principal, teachers, non-teaching staff, children (including EYFS) and visitors.

The Independent Schools Standards (April 2019), Boarding School National Minimum Standards (Sept 2022), The Education (Independent Schools Standards) (England) Regulations 2014 and First Aid in Schools, early Years and Further Education (updated 14/02/2022) require that independent schools have and implement a satisfactory policy on First Aid and have appropriate facilities for students.

LVS Ascot is under a general duty of care to provide a safe place of work, with suitable arrangements, including welfare. This Policy describes the facilities in place to maintain standards of care should first aid intervention be required.

LVS Ascot must ensure that there is adequate first aid provision available for persons on site who may become ill or who are injured. It is the responsibility of the principal to ensure that there are sufficient first aiders on site to offer support in an emergency situation to the Registered Nurses who staff the Health and Well-Being Centre, or to take control of an emergency situation if a nurse is not available.

POLICY STATEMENT

LVS Ascot is committed to providing enough numbers of first aid personnel to deal with accidents and injuries occurring at the school. To this end, LVS Ascot will provide information and training on first aid to staff to ensure that they can meet the statutory requirements and that the needs of the school are met.

Any persons having concerns about the provision of first aid within the organisation should inform the principal.

ARRANGEMENTS FOR SECURING FIRST AID PROVISIONS

The Health and Well-Being Centre (HWC) and Nursing Staff

There are qualified nurses at the HWC who are available to administer first aid from a well-equipped facility. They are qualified to administer treatments and have responsibilities beyond those of a first aider and may provide secondary and follow up care. They should be consulted in situations where first aid is required whenever possible.

First Aiders

First Aiders are employees who have been chosen by the principal as being suitable for training and appointment as a nominated First Aider. For responsibilities of a First Aider refer to Page 8.

Training

A member of staff may be advised by HR to attend a First Aid Course if they work in an environment where it is deemed an important aspect of their role. First Aid Courses will be arranged externally via HR and the following course options offered:

- First Aid at Work (3-day course)
- Emergency First Aid Course (1-day course)
- Paediatric First Aid (2-day course)

HR department holds a list of all those First Aid trained and will offer refresher-training courses to ensure that the skills of staff are kept up to date. On completion of a course, it is the duty of the staff member to inform HR of their qualification.

Any member of staff who is interested in First Aid or Defibrillator training should speak to HR Dept.

EYFS First Aid

To meet Early Years Foundation Stage requirements, there will be at least one person in the Infant and Junior School who has a Paediatric First Aid (PFA) qualification and at least one person on trips and visits involving EYFS students who has a PFA certificate. This must be renewed every 3 years and be relevant to young children. All newly qualified entrants from 30th June 2016 should hold a full PFA qualification or an Emergency PFA Certificate within 3 months of starting work in order to be included in the child: staff ratios at level 2 or 3 in an early years setting. LVS displays (and makes available to parents on request) a list of staff who have a current PFA certificate. LVS ensures there is always a first aid box accessible with appropriate content for use with children. Should an EYFS student visit the HWC, their visit is logged on the nursing database, and parents are emailed or telephoned about any injuries/accidents (accident form completed if necessary) and visits to the Health and Well-Being Centre or before medication is given. In infant school, a sticker is placed in the child's book to notify parents of any minor injuries during the school day that were treated by a Paediatric First Aider. A first aid box is situated in the EYFS classroom and the KS1 shared area.

LVS will always notify Ofsted/ISI of any serious accident, illness, injury, or death of, any child while in our care, and of the action we have taken. Notification will be made as soon as is reasonably practicable but must be within 14 days of the incident occurring. LVS will notify local Children's Services of any serious accident, injury, or the death of, any child while in our care, and we will act on any advice from those agencies.

First Aid Boxes

First Aid Kits are provided across the school site. These are controlled and regulated through the HWC. Re-stocking of the first aid kits will be undertaken regularly every term. The head of each department will be responsible for ensuring that the first aid kit allocated to their department is brought over to the HWC before the end of the last day, so that it can be restocked by the nurses, ready for collection when term recommences or If dressings, plasters etc. are used between these times, it is the head of department's responsibility to ensure that the first aid kit is sufficiently replenished with supplies from the HWC.

There is no mandatory contents list for first aid kits, but the school's first aid kits contents exceed HSE recommendations and are stocked as a minimum with the following:

LVS School First Aid Kit

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|-------------------------------|-----------------------------|
| 1 First Aid Information sheet | 4 Medium Ambulance Dressing |
| 1 Vent Aid Pocket face mask | 1 Disposable Ice pack |
| Plasters- assorted | 1 Finger Dressing |
| 6 pairs Disposable gloves | 1 Yellow Clinical Waste Bag |
| 6 wipes | 1 Vomit Bag |
| 1 Triangular Bandage | Safety Pins |
| 1 Adhesive Dressing | 1 Micropore Tape |
| 1 Burn dressing | 1 Eye Pad |
| 1 Non-Adhesive Dressing | 1 Tuff cut Scissors |
| 1 Large Ambulance Dressing | 1 Hand Sanitising Gel |

School Trip First Aid Kits

School/Field Trip First Aid Kits are to be made available for those persons who are required to undertake their work/activity away from their normal place of work. The nurses at the Health and Well-Being Centre will prepare the kits ready for collection by the member of staff in charge of the trip. The kits will be provided along with any emergency medication such as Adrenaline Auto-injector pens (EpiPen) or inhalers and any relevant healthcare plans. The member of staff collecting the kit will sign a trip record sheet to say they accept responsibility for all supplies and medications handed to them for safe keeping and will return them as soon as possible after returning from the trip. It is advised to give the nurses as much time as possible to prepare the kits so they can manage the workload.

Minor Illnesses

If a student is unwell, they must be sent to the school nurse who will assess them and contact the child's parents if necessary. They should not contact their parents themselves. Students should only be sent to the nurse during lesson time unless they have symptoms which mean that they really cannot wait until the end of the lesson. When Senior School students visit the nurse during lesson time or between lessons, they must have a slip from Senior School Pupil Reception or a note from their class teacher them giving permission. Open access to the nurse is available to students, before and after school and during break and lunch times.

If a student is assessed to be too unwell to remain at school, it is the nurse's responsibility to contact the child's parent or guardian to arrange for them to be collected as soon as possible for further assessment by their GP. The nurse on duty will inform the Senior School Receptionist, or Junior School Receptionist, so teaching staff can be made aware that the child is no longer in school and the student register is adjusted accordingly.

Boarders and day students who are unwell will not be sent home to an empty house and will need to be collected from the Health and Well-Being Centre personally by their parents or an allocated guardian.

In exceptional circumstances where Boarding students cannot be collected by the parent or guardian, the Head of Boarding will be asked to authorise the student to be looked after in the Health and Well-Being Centre until such time the student can be collected or is well enough to return to the Boarding House. If a boarding student has an infectious illness, it is advised they are collected as quickly as possible to prevent the spread of infection.

If for any reason the school nurse is not available, then it will fall to a first aider to assess the student's condition and call parents or if in any doubt an ambulance.

Injuries

All staff and student injuries must be referred to the Health and Well-Being Centre where a nurse will carry out an assessment and give the appropriate first aid/ treatment. A nurse can be contacted on extension 254 or if urgent on mobile number 07900 242 945.

When a student presents from class having sustained an injury, an accident form from the teacher present or member of staff witnessing the accident must be completed. The accident forms are found via the following links:

Pupils:

https://ltcharity.na1.echosign.com/public/esignWidget?wid=CBFCIBAA3AAABLbqZhDc5s-rBj-U-RaPo8orwFqW08sBMGjANGfhQBxLYWgFucEN3dTheZHnlyokiVpch5k*

Staff/visitors:

https://ltcharity.na1.echosign.com/public/esignWidget?wid=CBFCIBAA3AAABLbqZhC1cAfQJN2fUCycuVjnxogT3N6-8Ty8Ji6x18nCellDum_bOCrW4nNf6t1sRgf7gVs*

It is the staff member/teacher's responsibility to fill in the relevant fields of the form giving the student's details, nature and description of the injury and stating themselves as the witness if appropriate. Once completed an electronic copy is automatically emailed the Health and Well-being centre, so that any accident trends can be identified, and number of accidents can be reported to the Health and Safety Committee. The nurse will inform all parents by telephone/email of any significant injury or accident sustained. If the child is a boarder, the parents and Head of Boarding House will be informed.

If a nurse is not available, all accidents however minor must be recorded by the first aider treating the injured person. It is the responsibility of staff to complete an Accident Report Form as soon as possible after the incident has occurred. If the injured person is an adult and unable to complete their own details of the accident, the First Aider in attendance and/or witness (where relevant) should enter the details on the injured person's behalf. It is the responsibility of the principal to ensure that all staff are aware of the procedure for the reporting of accidents.

For the purpose of maintaining first aid supplies, the member of staff who administers first aid, should keep a record of those supplies that are used for treatment purposes and take the first aid box to the Health and Well-Being Centre to be replenished. The heads of department should be responsible for ensuring that the first aid box in their teaching area is maintained in this manner by checking regularly.

Injuries Requiring Ambulance

In an emergency, the school nurse can be contacted on extension 254 or if the call is of an urgent nature a 999 call should be made without hesitation by the member of staff in attendance.

In the case of a student requiring emergency hospital treatment, the Principal, Deputy Head or the nurse on duty will make arrangements for parents to be informed as soon as possible, and request that they meet their son/daughter at the hospital. If the parent cannot be contacted and the incident is serious, the emergency contact will be used. All students travelling to hospital should be accompanied by a staff member.

Where an accident results in a person being taken to hospital, being unable to continue to attend work/school, or subsequently being absent from work/school as a result of the accident then the following people should be notified immediately:

- Principal
- Nurse on Duty
- Deputy Head (Pastoral) (if student)
- Form Tutor (if student)

Any person who suffers an injury as a result of an accident that occurs off the school site whilst on duty should also report in accordance with the aforementioned procedure. In addition, accidents occurring on a third party's site should be reported in accordance with the arrangements applying at that site. Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) will also be informed of any serious accidents as per their protocol via the Deputy Head Well-being, Personal Conduct & Compliance or Principal if not available.

AUTOMATIC EXTERNAL DEFIBRILLATORS (AED's)

There are four automatic external defibrillators on site for use if a member of staff, student or visitor should suffer a cardiac arrest. It is only to be applied to victims who are unconscious and not breathing normally by following the emergency procedure. The AED will analyse the heart rhythm and advise the operator if a shockable rhythm is detected. If a shockable rhythm is detected, the AED will charge to the appropriate energy level and advise the operator to deliver a shock.

Location of AEDs

- The Health and Well-Being Centre
- Lobby area of Sports Department
- Lobby area outside Staff Room
- Outside wall of Blenheim, facing sports fields for easy access to the sports field.

Regular maintenance checks of the AEDs and additional resuscitation equipment will be carried out by the nursing staff every week and expired batteries and pads replaced. The check will be logged on the maintenance record kept with the AED device.

Contents of AED kits

| | |
|--------------------|--------------------|
| AED unit | Maintenance record |
| Defibrillator pads | Flannel |
| Resuscitation aid | Gloves |

Disposal of Soiled Dressings and Bodily Fluids

In order to assist with infection control within school, the use of vomit bags is encouraged. They are a hygienic alternative to any other receptacle as any matter is absorbed into a non-odorous gel and sealed with drawstring ties. The vomit bag can therefore be more easily disposed of into a yellow bag. Vomit bags should be readily available in communal areas within the Boarding Houses and Housemasters/Mistresses should monitor their use and inform the Health and Well-Being Centre when stocks are running low. Any incident of vomiting should be assumed to be of viral origin and therefore infectious, students and staff must be isolated until vomiting resolves for 48 hours and stringent hand hygiene should be encouraged.

Any contaminated waste from the Health and Well-Being Centre is disposed of in the designated clinical waste bin fitted with an orange bag. This is collected for disposal on a twice monthly basis. All first aid kits contain yellow bags for the disposal of soiled dressings. Any yellow bags containing clinical waste which is acquired from around the site should be placed in the Health and Well-Being Centre bin for disposal; this includes vomit and other bodily fluids, which should be placed within an extra bag if necessary. If odorous or infected clinical waste is acquired, it will be disposed of into the lockable clinical waste bin outside the Health and Well-Being Centre. The keys to the lockable bin are stored in the Health and Well-Being Centre as well as housekeeping. Any clinical waste collected by a nurse/first aider prior to the arrival of an ambulance on or off site can be given to the paramedic for disposal.

Clinical waste may be in the form of bodily fluid spillage and there are biohazard spill kits available which should be used to sanitise the area. They contain:

- Disposable powder-free latex gloves
- Yellow clinical waste bag
- Paper towels
- Cardboard scoops and scrapers
- Absorbent granules
- 30ml disinfectant spray

The spillage will usually be dealt with by the housekeeping staff, but kits are available to all staff from the Health and Well-Being Centre if need be.

Any bodily fluid spills occurring outside housekeeping hours must be dealt with immediately by the member of staff responsible for the child at the time of the spill.

All bodily fluid spills should be treated as high risk and the sanitising procedure should be as follows:

- Wear disposable gloves and an apron and ensure adequate ventilation
- Sprinkle the absorbent granules over the spillage.
- Leave for 2 to 5 minutes.
- Wipe up the granules using the scoop, paper towels or a yellow dustpan and brush, then place in the yellow bag.
- Clean the surface using detergent and hot water.
- Use the disinfectant spray or steam clean the area.
- Wash hands thoroughly with soap and water.
- Never use mops to clean up body fluid spillages

- Use an extra yellow bag if necessary and take the yellow bag to the health and well-being centre for disposal into the lockable yellow bin.
- All buckets/dustpans must be cleaned with disinfectant following the guidance in Infection Control Policy.

Carpet and Soft furnishings

Carpets and soft furnishings are not recommended in clinical areas such as the Health and Well-Being Centre, but where soft furnishings are present as in the dormitory, they should be washed with hot water and detergent (such as soap/washing up liquid), using a yellow disposable cloth. Steam cleaning is recommended immediately following a spillage. As it may be impractical for this to take place during the night, steam cleaning must take place as soon as is possible in the morning after the initial stages of the sanitising procedure have been carried out. Housekeeping should be informed after any bodily fluid spills.

Safe system of work

The following arrangements should be followed in order to ensure that suitable and enough provision of first aid staff and equipment is available with the school:

- First Aiders should inform the Principal when their training certification period is six months from expiry.
- HR will also keep a record of when First Aid qualifications need to be updated.
- The Principal must ensure that staff are familiar with the identity and location of their nearest First Aider and first aid box.
- Easy access to a First Aider and first aid box must be maintained.
- The names and locations of First Aiders and equipment must be displayed adequately throughout the school.
- The Health and Well-Being Centre should maintain the first aid boxes by ensuring that the contents have not expired and are intact by carrying out an inspection of all first aid boxes once a term.

Responsibilities of the Principal

The principal has the following responsibilities, to:

- Identify the nature of activities with the school and review first aid requirements as processes, staff or the environment changes.
- Determine the number of First Aiders to appoint by taking into consideration absence of First Aiders due to holidays and sickness.
- Numbers of persons present beyond the normal operation hours of the school i.e. evenings, weekends, holiday periods
- Consider the “suitability” of the First Aider as this person may have to treat someone:
 - Suffering from Asthma, Diabetes, Epilepsy
 - Suffering from a heart attack
 - Who is bleeding profusely
- Consider the “capability” of the persons they nominate and/or persons who volunteer. (For further details refer to Responsibilities of First Aiders, Appendix 2).
- Ensure that there are adequate supplies of and financial provisions for first aid equipment.

- Inform staff of arrangements which have been made for first aid and keep them suitably apprised of any changes.
- Ensure that supply staff and regular visitors to the school are aware of how to summon first aid assistance.
- Initiates RIDDOR procedure where appropriate by contacting the Health and Safety Executive (HSE) Incident Control Centre.

Responsibilities of First Aiders

- All appointed First Aiders at LVS Ascot have the following responsibilities towards students, staff and visitors:
- Be readily available
- Follow the principles and practices and aims of first aid, as laid down by the HSE:
 - To preserve life
 - To prevent the condition worsening
 - To promote recovery
- Quickly and accurately assess the situation
- Identify the condition from which the casualty is suffering; but not to treat any illness or injury which is beyond their capability
- Give immediate, appropriate and adequate treatment, bearing in mind that a casualty may have more than one injury and that some casualties will require more urgent attention than others
- Arrange, without delay, for the transfer of a casualty where required to the School Nurse, their GP, Hospital or home, according to the seriousness of the condition
- Stay with the casualty until they are handed over to the care of a Doctor, Nurse, Paramedic, Hospital A&E unit or other appropriate person
- Not to ignore accidents or illness under any circumstances, or to refuse to give treatment and assistance if required to do so
- Not to undress any patient unnecessarily
- Safeguard the patient's clothing and possessions
- Respect the patient's confidentiality at all times, and not to discuss the patient's condition with anyone other than the School Nurse or Doctor, Principal, parent or the Emergency Services.
- Maintain the highest practicable level of cleanliness when treating a patient
- Maintain a record of all patients treated and treatment given, no matter how trivial

Responsibilities of the Nursing Staff

All nursing staff must carry out all first aid and nursing interventions according to the Nursing and Midwifery (NMC) standards of conduct, performance and ethics. It is the role of the nursing staff to support the principal by meeting their responsibilities for first aid by:

- Familiarising themselves with this Policy
- Regularly carrying out an audit to ensure that the first aid cabinet/kits are well stocked.
- Regularly checking that the appropriate list and signs showing the location of first aid equipment and personnel are updated and displayed in conspicuous places
- Liaising with the Principal regarding any advice or training required for the school
- Ensuring completed accident forms are filed onto student's iSAMS account and then a copy is filed into the accident folder on Medical Centre Teams.
- Ensuring that relevant teaching and catering staff are aware of any specific needs.

- Ensuring that emergency medicines, such as asthma inhalers and Adrenaline pens, are readily available to children and not locked away.
- Hold a current record of training and expiry dates for First Aiders (updated list provided by HR).
- Ensure the Principal/Deputy Head Well-being, Personal Conduct & Compliance are kept informed regarding any incidents, as required by the Reporting Injuries Diseases and Dangerous Occurrences Regulations.
- Administering any medications as prescribed in accordance with the medications policy.
- Make school minibus drivers aware of any student with needs and of the procedures and protocols to follow. Drivers should be clear about roles, responsibilities, and liabilities.

LVS ASCOT STAFF WITH FIRST AID QUALIFICATIONS – See pages 27 -28

- 3 Day Higher Level Cert.
- All others: Emergency First Aid at Work (EFA), Paediatric where specified or 16 hr training for DofE
- NB: Defib (AED) training is now included on First Aid courses
- Location of AEDs
 - The Health and Well-Being Centre
 - Lobby area of Sports Department
 - Lobby area outside Staff Room
 - Outside wall of Blenheim, facing sports fields for easy access to the sports field.

Accident Reporting

The Accident Report Form must be completed in the usual way for any accident. This includes off-site occurrences whilst still under school control.

All accidents, no matter how small must be reported to the Health and Well-Being Centre and dressings/plasters replaced if required.

All incidents where a person is taken to hospital must be reported to the principal.

Principal/Deputy Head Well-being, Personal Conduct & Compliance initiates RIDDOR procedure where appropriate by contacting the HSE Incident Control Centre:

https://ltcharity.na1.echosign.com/public/esignWidget?wid=CBFCIBAA3AAABLbqZhDc5s-rBj-U-RaPo8orwFqW08sBMGjANGfhQBxLYWgFucEN3dTheZHnlyokiVpch5k*

https://ltcharity.na1.echosign.com/public/esignWidget?wid=CBFCIBAA3AAABLbqZhC1cAfQJN2fUCycuVjnxogT3N6-8Ty8Ji6x18nCellDum_bOCrW4nNf6t1sRgf7gVs*

Reporting online

Responsible persons should complete the appropriate online report form listed below. The form will then be submitted directly to the RIDDOR database. You will receive a copy for your records.

On-Line: <http://www.hse.gov.uk/riddor/report.htm>

- [Report of an injury](#)
- [Report of a dangerous occurrence](#)
- [Report of an injury offshore](#)
- [Report of a dangerous occurrence offshore](#)
- [Report of a case of disease](#)
- [Report of flammable gas incident](#)
- [Report of a dangerous gas fitting](#)
- By phone: All incidents can be reported online but a telephone service is also provided for reporting fatal/specified, and major incidents **only** - call the Incident Contact Centre on 0345 300 9923 (opening hours Monday to Friday 8.30 am to 5 pm).

Reports from the HSE ICC are stored in the personal file, and in the accident book.

PROTOCOL FOR THE CARE OF STUDENTS WITH ASTHMA

(This protocol covers all students at LVS Ascot including EYFS)

What is Asthma?

Asthma is a long-term condition that affects the airways. Children with asthma have airways that are sensitive and inflamed. Asthma triggers irritate the airways, causing them to react.

When a young child with asthma comes into contact with these triggers the airways constrict. The lining of the airways become inflamed and swollen which lead to the symptoms of asthma.

Signs and symptoms

- Persistent cough (when at rest)
- Shortness of breath/nasal flaring
- Wheezing (when at rest)
- Tightness in the chest (may be expressed as tummy ache by younger child)
- Being unusually quiet
- Difficulty in speaking/completing sentences

Triggers

| | |
|------------------------------------|-----------------------------------|
| • Colds and Flu | • Latex |
| • Tobacco smoke | • Dust/flour/grains |
| • Chalk dust | • Chemicals and fumes |
| • House dust mites | • Cleaning and gardening products |
| • Mould | • Saw dust |
| • Pollen | • Weather conditions |
| • Furry/feathered animals (dander) | • Exercise |
| • Perfumes | |

Asthma Medication and Treatments

The majority of students should only need to take 'reliever' medication at school. This is usually a blue Ventolin (Salbutamol) inhaler, but not in all cases. The reliever medication is taken to relieve the symptoms of asthma and will work immediately to reduce the swelling and inflammation of the airways.

- **All students with asthma** need to keep their reliever inhaler with them or close at hand at all times including for sports activities.
- **Junior Students** - If the form teacher/school nurse/parent decides that a child is too young to keep their inhaler with them, it will be kept with the teachers in the classroom in the Junior School where it will be easily accessible to all members of staff. In this case the teacher will also be responsible for taking the inhaler to sporting events.
- **All students with asthma are advised to keep a spare inhaler in the Health and Well-Being Centre for use in emergencies and on school trips.** For day students it is the responsibility of the parents to ensure inhaler/spacers are available for their child's use whilst at school. For boarders, the nursing team will arrange this via the school GP.
- A Spare Salbutamol Inhaler and spacer are available in the Health and Well-Being Centre (next door to the Junior School), Senior School Reception, PE Department and in each of the Boarding House



offices. These can be administered by trained staff in an emergency for any child diagnosed with asthma where parental consent has been obtained. (Please refer to policy on the use of Spare Salbutamol Inhalers at LVS).

- Children should be allowed free access to their inhalers, and they should not be kept in locked rooms or cupboards.
- Teachers should remind young children to take their inhalers to P.E.
- With the exception of Spare Salbutamol Inhaler, Inhalers are prescription only medications and should be clearly labelled with the student's name on them and must only be used by the student to whom they are prescribed.
- Nursing staff will aim to check the dates of inhalers kept at the Health and Well-Being Centre at the beginning of each term, but it is the **responsibility of parents to keep a record of when their child's inhalers expire and need replacing.**
- For boarding students, the nurses will check the dates and replace inhalers as required via the school GP; the house staff are responsible for checking the dates of inhalers kept in boarding houses. Senior students will be encouraged to perform their own checks for inhalers they carry with them.
- Parents will be told if a child is using their inhaler inappropriately and advised to seek advice from a specialist asthma nurse/doctor.
- A Healthcare Plan which details triggers, symptoms and treatments must be filled out by the parents of all children with asthma. Consent for administration of the school's Spare Salbutamol Inhaler for asthmatic students is integrated within their Healthcare Plan.

Spacers

Spacers are often used with aerosol inhalers to administer a more accurate and effective dose of Salbutamol. Each student who has been prescribed an inhaler by his or her asthma nurse must keep their own individually labelled spacer.

Exercise and physical activity

Exercise is good for everyone, including children with asthma. For some children, exercise can trigger asthma but as exercise is an important part of a healthy lifestyle, it is a trigger that should be managed, rather than avoided.

- Students with asthma should be encouraged to join in with all activity-based lessons and activities.
- Students with exercise induced asthma must use their inhaler before activity.
- Senior school students and children above 7 years old should carry with them their reliever inhaler for sports activities, so that it is accessible immediately if an attack is triggered by exercise. For a student under 7 years old, their tutor should ensure that their spare inhaler is given to the relevant member of staff for that PE lesson.
- For all off-site sports fixture's students should take their reliever inhaler with them.
- If a student has asthma symptoms whilst exercising, they must stop and take their inhaler and wait for 5 minutes before continuing.



- If a student has asthma symptoms that are not resolving after use of an inhaler, then the Health and Well-Being Centre must be contacted so that the child's response to their reliever can be monitored.
- If a child is experiencing asthma symptoms and they do not have an inhaler to hand, then a nurse must be contacted immediately on Ext.254, as this is potentially, a serious situation.
- If a child's asthma symptoms become severe, 2 puffs of their reliever inhaler may be given every 2 minutes, preferably via a spacer following the emergency procedure below:

ASTHMA ATTACK - EMERGENCY PROCEDURE

- **Keep calm and reassure the child.**
- Help the child take 2 separate puffs of Salbutamol in an upright, slightly forward position (use spacer if available).
- Encourage slow steady breaths; the child can return to school activities when they feel better.
- If there is no immediate improvement, continue to give two puffs every 30 to 60 seconds, up to a maximum of 10 puffs.
- Contact the nursing staff in the Health and Well-Being Centre and the duty nurse will come to assess the student.

Call an ambulance if....

- There is no improvement.
- The student's lips are blue.
- The student is too exhausted to speak.
- There is any doubt.
- **If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way.**
- **If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE**

Policy for the Administration and Storage of Spare Salbutamol Inhalers at LVS.

From the 1st of October 2014 the Human Medicines Regulations allows schools to keep a Spare Salbutamol Inhaler for use in emergencies for children with known asthma (DoH March 2015).

Salbutamol is a bronchodilator used to treat constricted airways in asthmatics and is usually administered via an inhaler to ensure the drug is delivered directly into the airways.

At LVS there are several Spare Salbutamol Inhalers and spacers available across the site as follows: Health and Well-Being Centre, Senior School Reception, PE Department and 1 in each of the Boarding Houses.

Storage of Spare Salbutamol Inhalers/Spacers:

Each inhaler and spacer will be stored in an unlocked cupboard for easy access in an emergency.

The inhaler should be kept below 30 C, protected against direct sunlight and extremes of temperatures.

It is the Head of each department's responsibility to ensure that their emergency Salbutamol Inhaler is checked monthly for expiry date, working order and that it has sufficient doses available, and a record kept on checklist (see below). Each Spare Salbutamol Inhaler has 200 metered doses.

Administration of Spare Salbutamol Inhaler:

- To be administered to a known asthmatic child in an emergency when the following symptoms present: persistent coughing, shortness of breath, presence of a wheeze, tightness in the chest, difficulty speaking.
- Prior to administration, check that the inhaler is in date and that you have written consent to administer the drug.
- Ensure you are sufficiently trained to be able to administer the Salbutamol Inhaler effectively to the child. If not, call for a trained First Aider or the School Nurse on Ext 254.
- Administer 2 puffs via the spacer and ensure symptoms have improved. Escort the child to the Health and Well-Being Centre for a full assessment or call for the nurse to attend on site. Out of hours, contact the nurse on duty on 07900 242945; in an emergency dial 999.
- If symptoms become worse, continue to give 2 puffs every 2 minutes up to 10 doses and dial 999 for an ambulance. Inform parents immediately of the situation.

Documentation:

The Health and Well-Being Centre should always be informed when the Spare Inhaler has been used and you should also record the dose given on the inhaler checklist attached.

Care of Spare Salbutamol Inhaler:

If the inhaler has been used, the canister should be removed and the inhaler plastic and cap should be washed in warm water, left to air dry and replaced back on the canister as soon as possible.

Spacers are not reusable and can be given to the child to take home for further personal use. Please inform the Health and Well-Being Centre if this is done.

For the replacement or disposal of Spare Salbutamol Inhalers and Spacers please contact the Health and Well-Being Centre on ext. 254.

Disposal of Inhalers:

Nurses only: Expired inhalers should be returned to David Pharmacy, New Road, Ascot, for correct disposal and documented in the 'Returned Drugs Book'.

EMERGENCY SPARE SALBUTAMOL INHALER CHECKLIST

LOCATION: _____

Check List Administration of Inhaler

| BATCH NUMBER (1canister = 200 metered doses) | EXPIRY DATE | DATE CHECKED & STAFF SIGNATURE | NAME OF STUDENT & NUMBER OF DOSES ADMINISTERED (1 puff = 1 dose) | DATE DOSE ADMINISTERED | NAME OF STAFF ADMINISTERING DOSE | HEALTH AND WELL-BEING CENTRE INFORMED: YES/NO |
|---|----------------|---|--|---------------------------|--|---|
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Protocol for the care of Students with Anaphylaxis and Allergy (This protocol covers all students at LVS Ascot including EYFS)

Anaphylaxis is a severe and potentially life-threatening allergic reaction at the extreme end of the allergic spectrum. Anaphylaxis may occur within minutes of exposure to the allergen, or it may take hours. It can be life threatening if not treated quickly with adrenalin. There are different brands of adrenaline pens (auto-injectors) used in the UK – EpiPen, Jext and Emerade, all of which work in the same way. Though they are all available in different strengths, it is important to ensure that they child has the correct dose for their age/weight, if not to raise it with their parents/ guardians.

Common triggers of anaphylaxis include:

Peanuts, tree nuts, dairy products, eggs, fish, shellfish, insect stings, latex, drugs.

Signs and Symptoms

Generalised flushing of the skin hives anywhere on the body, difficulty in swallowing or speaking, swelling of throat and mouth, alterations in heart rate, abdominal pain, nausea and vomiting, sense of impending doom, sudden feeling of weakness, collapse and unconsciousness.

Managing students in School

- All staff who agree to administer adrenaline must be trained by the school nurse and updated annually.
- Students with anaphylaxis will have at least 2 auto-injectors available on site. One should be kept with the child at all times. A second should be kept in school, ideally in the Health and Well-Being Centre and to be available for school trips.
- In the case of EYFS, Infant and Junior school students the auto-injector will either be kept with the teacher or in the dining hall
- Adrenaline must be kept at room temperature and not kept in a locked cupboard so that it is readily available.
- It is the responsibility of parents to ensure their child's auto-injector is in date although nursing staff will endeavour to send reminders for day students.
- Nursing staff will arrange repeat prescriptions for boarding students.
- PE staff must ensure that students hand them their auto-injectors for safe keeping whilst they are on the playing field at home or away.
- PE staff must ensure that auto-injectors are collected from the Health and Well-Being Centre prior to leaving site for away fixtures.

EMERGENCY PROCEDURE

If a student with allergy shows any possible sign of a reaction, then a nurse at the Health and Well-Being Centre must be contacted as soon as possible on ext. 254 or on 07900 242 945. If a nurse is not available or the child is on a school trip/sports fixture, then the emergency procedure/child's health care plan should be followed closely by a member of staff trained in the anaphylaxis emergency procedure. A trained member of staff can be located by contacting reception if at school.

The trained member of staff should:

- Assess the situation
- Administer appropriate medication in line with the symptoms

Call 999 if they consider symptoms are a cause for concern:

- State the name and age of the student and that they have the symptoms of anaphylaxis
- State what the trigger is (if known)
- That you they are calling from LVS Ascot, London Road, Ascot. SL5 8DR
- Give the location within the school

While awaiting medical assistance continue to monitor child's condition:

- If the child is feeling faint or weak, looking pale or beginning to go floppy, lay them down with their legs raised, they should not stand up.
- If vomiting, lay them on their side to avoid choking
- If they have difficulty breathing because of asthma symptoms or by swelling of the airways they are likely to feel more comfortable sitting up.
- The child's parents should be contacted as soon as possible

If symptoms are life-threatening:

- Give the student their auto-injector into the middle of the outer thigh (upper leg) at a right angle to the thigh area and make a note of the time. Hold the auto-injector in place for the advised number of seconds (usually 10 seconds, some newer auto-injectors are stating 3 seconds) and then remove it putting the used auto-injector back into its box.
- If the paramedics do not arrive and the child's symptoms have not resolved after 5 minutes then a second dose should be given if available, on advice from ambulance control, and the time noted. Both used sharps should be returned to the box. Remember, if in doubt - it is better to give adrenaline than not give adrenaline.
- On arrival of the paramedics the member of staff in charge should inform them of the type of medications and the time of administration.

PROTOCOL FOR THE CARE OF STUDENTS WITH DIABETES

(This protocol covers all students at LVS Ascot including EYFS)

Diabetes Mellitus in children is due to a lack of INSULIN - a hormone that controls sugar in the blood. Diabetes causes the glucose in the body and in the urine to rise to high levels making the students, before treatment, very thirsty and needing to pass urine.

Virtually all children that have Type 1 Diabetes have insulin by injection (or continuous insulin pump) to keep their blood glucose as normal as possible. A balance then must be kept between food intake/insulin/and energy output.

Hypoglycemia

Hypoglycemia is caused by a drop in blood glucose levels. There can be no known cause for this, but it can be due to excessive or unplanned exercise, too much insulin, hunger or if a meal or snack is delayed, consumption of alcohol or illness.

Signs of Hypoglycemia are:

Hunger, trembling, sweating, anxiety, palpitations, tingling sensation, glazed eyes, pallor, mood change – anger or aggression, lack of concentration, vagueness, drowsiness.

Treatment of Hypoglycemia

1. Offer a fast-acting sugary snack or drink. Examples, apple juice, full fat coke.
2. Three glucose sweets
3. Five ordinary sweets e.g. jelly babies
4. Send to the Health and Well-Being Centre with another student as soon as possible or ask for nurse to come to the classroom with the hypoglycemic kit.

The student should then be monitored at the Health and Well-Being Centre so that blood glucose levels can be checked. If the blood sugar levels continue to remain below 4mmol then Glucogel will be administered by the nurse. Parents and Specialist Diabetic Team for the child will be contacted by the school nurse.

Call 999/112 if a student is unconscious.

Hyperglycemia

Hyperglycemia occurs when the level of glucose in the blood rises too high, usually above 10mmol/l. If the levels stay high the student may become very unwell. It can be caused by too little or no insulin, too much food, stress, less exercise than normal, infection or fever.

Symptoms of Hyperglycemia are:

Raging thirst, frequent urination, tiredness, dry skin, nausea, blurred vision.

If any of these symptoms are present, the student must be taken to the Health and Well-Being Centre by a member of staff to be monitored by the nurse on duty.

If a nurse is not available, then the child's parents must be contacted. They may request extra units of insulin be given and the student may feel able to administer this to themselves.

If left without treating or if these treatments in undiagnosed individuals are not addressed, then the symptoms can develop into ketoacidosis which is a life-threatening condition.

CALL 999 IF:

- Vomiting occurs
- Deep and rapid breathing
- Evidence of a distinctive smell of nail polish remover/pear drops on the student's breath

GENERAL CARE OF DIABETICS

- Please allow a diabetic child to attend the Health and Well-Being Centre when required.
- If a diabetic child is going to the Health and Well-Being Centre, they should always have someone with them.
- Allow them to snack in class if necessary.
- Always check that an extra snack has been eaten before and after any sporting activity.

If a member of staff notices any child with rapid weight loss, a raging thirst and repeated requests to leave lessons for toilet breaks – please inform the nursing staff urgently.

PROTOCOL FOR THE CARE OF STUDENTS WITH EPILEPSY
(This protocol covers all students at LVS Ascot including EYFS)

Epilepsy is caused by a disturbance in the function of the brain, resulting in a seizure of simultaneous involuntary contraction of some or many of the body's muscles. In children, this is controlled by medication, but school staff should be aware that they have the condition. All students will have a Health Care Plan in place if there is a possibility of a seizure during the school day (or if a boarding student).

If well controlled, children who have been diagnosed with epilepsy are normal in every respect and can lead a normal school life. There are, however, guidelines, which should be followed in the event of a seizure involving total loss of consciousness and symptoms of convulsion: -

- Make sure the area around the child is free from harm and any hazardous objects
- Protect the person from injury by cushioning the child's head
- If possible, note the length of the seizure(s) and any significant features (e.g. involuntary muscle movement, rolled back pupils, incontinence)
- If possible, contact the school Health and Well-Being Centre to summon duty nurse
- If unable to contact duty nurse, please call **999/112**
- Place in the recovery position once the seizure has finished
- Give reassurance and be a calming presence
- Stay with the pupil until they are fully recovered
- Hand over the child to the care of the duty nurse or ambulance crew if a duty nurse is not available.

DO NOT

- Restrain the child
- Put anything in the child's mouth
- Assume the child is aware of what is happening
- Try to move the child unless they are in danger
- Give the child anything to drink until they are **FULLY** recovered
- Attempt to bring them round.

For Further information go to: <https://www.epilepsy.org.uk/info/education/education-and-epilepsy>

PROTOCOL FOR CARDIOPULMONARY RESUSCITATION WITH AUTOMATIC EXTERNAL DEFIBRILLATION

An automated external defibrillator (AED) is used to treat victims who experience sudden cardiac arrest. It is only to be applied to victims who are unconscious and not breathing normally by following the emergency procedure set out below. The AED will analyse the heart rhythm and advise the operator if a shockable rhythm is detected. If a shockable rhythm is detected, the AED will charge to the appropriate energy level and advise the operator to deliver a shock.

LOCATION OF AEDs

- The Health and Well-Being Centre
- Lobby area of Sports Department
- Lobby area outside Senior School Staff Room
- Outside wall of Blenheim, facing sports fields for easy access to the sports field.

CONTENTS OF KITS

AED unit

Paediatric pads

Resuscitation aid

Scissors

Razor

Gloves

Flannel/paper tissue

EMERGENCY PROCEDURE FOR CHILDREN AND ADULTS

DANGER - Observe for signs of danger – you, the casualty and bystanders.

RESPONSE - Gently shake shoulders and say, 'are you alright?'

If no response:

Shout for 'help!'

If possible, ask a helper to call 999/112 and another to get AED from the Health and Well-Being Centre/ staff room/outside Blenheim House or Sports dept. **DO NOT LEAVE CASUALTY YOURSELF YET.** If possible, after contacting the emergency services, ask the helper to inform the Health and Well-Being Centre so that nursing staff can provide back-up. The school doctor may also be on site (Mon and Wed mornings).

AIRWAY - Gently open airway by lifting chin and tilting the casualty's head back.

BREATHING - Assess the casualty's breathing.

NORMAL BREATHING - place them in the recovery position.



ABNORMAL BREATHING – If you are on your own, call 999/112 and get the AED from the nearest location - even if this means leaving the casualty. If possible, send others and commence CPR, continuing until the AED arrives. **Children over 1 year should be given 5 rescue breaths before continuing CPR at a ratio of 30 chest compressions to 2 breaths. For adult CPR, if confident with your skills, you should give chest compressions with rescue breaths. If not confident, attempt hands-only chest compressions at a rate of 100-120 times per minute.** COVID-19 – If there is the chance that the person who is unwell has COVID-19, place a cloth or towel over their nose and mouth and do hands-only compressions until an ambulance arrives.

ON ARRIVAL OF AED

If help is available – CPR should be continued whilst the AED is prepared.

SWITCH ON AED IMMEDIATELY AND FOLLOW VOICE PROMPTS.

Attach the leads to the AED and attach the pads to the casualty's bare chest. The second person should perform CPR throughout the preparation of AED.

If necessary, prepare the casualty's chest by using the razor to remove hair (only if excessive) and towel to dry if wet so that pads will adhere to the area. Ensure that the pads are not placed over jewellery, patches, implanted devices. Do not use in a flammable atmosphere or if casualty is not motionless. Casualty should not be partly submerged in water, e.g. in a swimming pool or bath.

Peel the backing from one pad at a time and place on the casualty's chest as indicated on the packaging.

For children under the age of 8, use paediatric pads. One should be placed centrally on the child's back; the other should be placed centrally on the child's chest.

Follow the audio instructions given by the AED and allow the machine to analyse the heart trace without touching the casualty.

IF A SHOCK IS ADVISED:

Ensure nobody touches the casualty and shout 'Stand clear'.

Push shock button on AED as directed

Continue as directed by the voice/visual prompts, minimising interruptions in chest compressions.

Await arrival of emergency services.

IF SHOCK NOT ADVISED:

Resume CPR at a ratio of 30:2 or hands-only compressions 100-120 times per minute.

Continue as advised by the voice prompts and await the emergency services.



APPENDIX 9

Healthcare Plan



Student Details

| | | | |
|-----------------|--|-----------|---------------|
| Child's Surname | | Forenames | |
| House | | Tutor | |
| Date of Birth | | Gender | Male / Female |

GP/Specialist

| | |
|--------------------|--|
| Name of GP | |
| Telephone Number | |
| Name of Specialist | |
| Telephone Number | |

Condition details

| | |
|--|--|
| Signs and symptoms | |
| Triggers or things that make condition worse | |

Routine healthcare requirements (e.g. dietary, therapy, nursing needs or before physical activity)

| | |
|---------------------|--|
| During School Hours | |
|---------------------|--|



Outside School Hours

What to do in an emergency

Emergency Medication (please complete even if it is the same as regular medication)

| | | | | | |
|--|---------------------------------|------------|--|-------------|--|
| Name of medication | | | | | |
| Dosage | | When Taken | | Method | |
| Side effects that could affect the student | | | | | |
| Contraindications (signs when this medication should NOT be given) | | | | | |
| Can the student self-administer medication | Yes / No / With supervision by: | | | Staff Name | |
| Date Provided | | Quantity | | Expiry Date | |

Regular Medications

| | | | | | |
|--|---------------------------------|------------|--|--------|--|
| Name of medication | | | | | |
| Dosage | | When Taken | | Method | |
| Side effects that could affect the student at school | | | | | |
| Contraindications (signs when this medication should NOT be given) | | | | | |
| Can the student administer the medication themselves? | Yes / No / With supervision by: | | | | |



| | | | | | |
|---------------|--|----------|--|-------------|--|
| Date Provided | | Quantity | | Expiry Date | |
|---------------|--|----------|--|-------------|--|

Regular Medication taken outside school hours (background information/planning for residential trips)

| | |
|--------------------|--|
| Name of medication | |
| Side effects | |

Consent for Emergency Salbutamol Inhaler and/or Adrenaline Pen to be administered in line with the LVS Asthma and Anaphylaxis Policy (Children with Diagnosed Asthma and Anaphylaxis ONLY)

| | |
|---|--|
| SIGNATURE OF PARENT/GUARDIAN GIVING CONSENT | |
| PRINT NAME | |

Specialist arrangements required for off-site activities

(A separate form may be required prior to each residential visit)

| |
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Any other relevant information

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| Signature of parent or guardian | Name | Date |
|------------------------------------|------|------|
| | | |
| Emergency contact telephone number | | |

Please return this completed form to: Health and Well-Being Centre, LVS Ascot, London Road, Ascot, Berkshire, SL5 8DR

LVS ASCOT STAFF WITH FIRST AID QUALIFICATIONS

| NAME | EXTENSION | LOCATION | RENEWAL |
|-------------------------------|-----------|-------------------------|------------|
| HEALTH & WELLBEING CENTRE | 254 | Alongside Junior School | |
| Nina Virdi * | 902 | Admin | Dec 2024 |
| Niamh Phillips | 778 | Art | Feb 2026 |
| Rebecca Sandford | 778 | Art | Feb 2026 |
| Ruth Chiwara* | 267 | Blenheim | Sept 2025 |
| Callum Drummond* | 267 | Blenheim House | Jan 2025 |
| Phil Holt | 279 | Business Studies | Apr 2025 |
| Alison Peck | 204 | Charity Services | Feb 2025 |
| Bea Jans | 316 | Domestic Services | Jan 2027 |
| John Fisher | 229 | Drama | Jan 2026 |
| Debbie Brophy | 247 | DT | Apr 2025 |
| Trevor Withers | 295 | DT | Apr 2025 |
| Carol Robinson | 295 | DT | Jan 2026 |
| Karen Seys | 241 | English | Feb 2026 |
| Keith Biggs | 210 | Estates | Oct 2024 |
| Joginder Chaggar | 210 | Estates | Apr 2025 |
| Lucie Dennison | 908 | Forest Schools | Jan 2026 |
| Margaret McAuley | | Geography | Jan 2026 |
| Jonathan Newitt | | Geography | Oct 2026 |
| Alfie Lawley | 231 | Hampton House | Oct 2026 |
| Angelo Miccoli | 264 | Hampton House | Oct 2026 |
| Paulina Swiech* | 261 | HM Osborne | Nov 2026 |
| Tracy Spencer | 625 | HR | Dec 2024 |
| Nikki Annable* | 207 | HR | Nov 2025 |
| Alison Joyce | | Invigilator | Jan 2026 |
| Meg Wildey | | Invigilator | Jan 2026 |
| Sarah Clune | | Invigilator | Jan 2026 |
| Angela Darroch | | Invigilator | Feb 2026 |
| Jennifer Kelly | | Invigilator | Feb 2026 |
| Karen Smith (paediatric) | 908 | Junior School | Jun 2024 |
| Marnie Hudman (paediatric) | 908 | Junior School | Jun 2024 |
| Jane Hodge (paediatric) | 908 | Junior School | Sept 2024 |
| Karen Evans (paediatric) | 908 | Junior School | Jan 2025 |
| Karen Harrop (paediatric) | 908 | Junior School | Jan 2025 |
| Nicola Basham (paediatric) | 908 | Junior school | Feb 2025 |
| Michelle Taylor (paediatric) | 908 | Junior School | Nov 2025 |
| Amelia Edge (paediatric) | 908 | Junior School | Jan 2026 |
| Joanne Green (paediatric) | 908 | Junior school | May 2026 |
| Penelope Mainwaring | 908 | Junior School | May 2026 |
| Bethan Perera (paediatric) | 908 | Junior School | Oct 2026 |
| Mick Lewin (paediatric) | 908 | Junior School | Oct 2026 |
| Sarah Martin (paediatric) | 908 | Junior School | Oct 2026 |
| Rebecca Roberts (paediatric) | 908 | Junior School | Nov 2026 |
| Mandy Doherty | 908 | Junior School | Jan 2027 |
| Victoria Griffin (paediatric) | 908 | Junior School | Jan 2027 |
| Sarah Robey* | 257 | Kew House | Sep 2025 |
| Georgina Windsor* | 257 | Kew House | April 2026 |
| Emma Bartle-Jones | 232 | LRC | Apr 2024 |
| Jacqui Woods | 232 | LRC | Nov 2025 |

| | | | |
|----------------------------|---------|---------------|----------|
| Laura Hall | 809 | LSA | Oct 2024 |
| Amy Sibley | 254 | Medical | Oct 2025 |
| Caroline Farrell * | 254 | Medical | Jan 2026 |
| Charmaine Moore | 254 | Medical | Jun 2026 |
| Alan Little | 963 | Minibus | Oct 2024 |
| Arjun Gurung | 963 | Minibus | Oct 2024 |
| Brian Swaffield | 963 | Minibus | Oct 2024 |
| Derek Savill | 963 | Minibus | Oct 2024 |
| Santhosh Karanavar | 963 | Minibus | Oct 2024 |
| Tom Farrell | 963 | Minibus | Oct 2024 |
| Alan Fazey | 963 | Minibus | Feb 2026 |
| James Wilder* | 264/231 | Music/Hampton | Feb 2025 |
| Jasmine Bailey | 261 | Osborne | Oct 2026 |
| Kate McAuley | 239 | PE | Apr 2024 |
| Luke Villers | 239 | PE | Apr 2024 |
| Natalie Cowell | 239 | PE | Apr 2024 |
| Phil Cowell | 239 | PE | Apr 2024 |
| Jade Konigkramer | 239 | PE | Aug 2025 |
| Nick Bovingdon | 239 | PE | Feb 2026 |
| Will Pyle | 239 | PE | Feb 2026 |
| Claire Rogers (paediatric) | 239 | PE | Apr 2026 |
| Conor Boyd | 239 | PE | Oct 2026 |
| Sean McDonnell-Roberts | 239 | PE | Oct 2026 |
| James Hazzard | 239 | PE | Nov 2026 |
| Alexander White | 249/251 | Science | Jun 2026 |
| Katharine Torrance | 249/251 | Science | Jun 2026 |
| Satya Sookhun | 249/251 | Science | Jun 2026 |
| Sharon Baxter | 249/251 | Science | Jun 2026 |
| Alistair Saul | 621 | Sodexo | Apr 2025 |
| Aaron Townsend | 621 | Sodexo | Feb 2026 |
| Andrew Culley | 609 | Theatre | Apr 2025 |
| Eamonn Kubba | 609 | Theatre | Jan 2026 |
| Joanne Miseldine | 609 | Theatre | Jan 2026 |

* 3 Day Higher Level Cert.

All others: Emergency First Aid at Work (EFA), Paediatric where specified or 16 hr training for DoFE

Mental Health First Aid Champions

| NAME | EXT | LOCATION | RENEWAL |
|------------------------|---------|-----------------|----------|
| Alison Peck | 204 | Charity Office | Feb 2024 |
| Laura Betteridge | 327/808 | Maths | Jan 2025 |
| Jessica Clark | 229/959 | Drama | Jan 2025 |
| Laura Collins | 623 | SMT | Jan 2025 |
| Sean McDonnell-Roberts | 626/239 | PE | Jan 2025 |
| Bethan Perera | 908 | Junior School | Jan 2025 |
| Rebecca Roberts | 908 | Junior School | Jan 2025 |
| Carol Robinson | 295/811 | Art / Buchanan | Jan 2025 |
| Rebecca Sandford | 778/967 | Art / Hart | Jan 2025 |
| Paulina Swiech | 261 | Osborne | Jan 2025 |
| James Wilder | 264/231 | Hampton / Music | Jan 2025 |
| Natalie Cowell | 626/239 | PE | Nov 2026 |
| Karen Evans | 908 | Junior School | Nov 2026 |

(updated 26 FEB 2024)

Reviewed: 04/09/2024

Reviewed by: Caroline Farrell, Lead School Nurse

Next review no later than: 05/09/2025