



**TRURO  
HIGH SCHOOL**  
*Girls First*

**POLICY 18**

**FIRST AID, MEDICAL PROVISION AND  
ADMINISTRATION OF MEDICINES  
POLICY**

Policy reviewed by	Deputy Head
Governors' Committee	Education & Pastoral
Approval/Oversight	Oversight
Date reviewed	Michaelmas 2010
Next review date	Michaelmas 2021

# TRURO HIGH SCHOOL

## FIRST AID, MEDICAL PROVISION AND ADMINISTRATION OF MEDICINES

### 1. Introduction

First aid at Truro High School will be administered in a timely and competent manner.

This policy applies to all pupils in the School, including those in EYFS. It takes into account the requirements of the following:

- Medical Officer of Schools Association (MOSA) Guidance on the Administration of Non-Prescription Medicines
- *First aid in schools* (DfE, updated February 2014)
- National Minimum Standards for Boarding (Standard 3)
- *Statutory framework for the early years foundation stage* (DfE, updated April 2017).
- Supporting pupils with medical conditions in schools (DfE 2017)

The policy should be read in conjunction with the following school policies:

- Child Protection and Safeguarding Policy
- Educational Visits and Off-Site Activities Policy
- Drugs and Substances Policy
- Alcohol Policy
- No Smoking Policy
- SRE Policy
- Health and Safety Policy
- Risk Assessment Policy
- Education Guardianship Policy

### 2. Health Centre and School Nurse

The School employs a qualified RGN Nurse. She is present in the Health Centre 8:30am-4:00 pm, weekdays. In the case of her absence during these hours, a first aider with a First Aid at Work qualification assumes the role.

The School Nurse can be contacted as follows:

External line	01872 242928
Extension	228
Mobile	07710 089461

The Health Centre is located next to the Dining Room entrance to Dalvenie House. It contains an isolation space for pupils who are ill, with two beds and a toilet.

There is always be at least one first-aid qualified member of staff on the school site when pupils are present and all educational visits and off-site activities are accompanied by at least one first-aid qualified member of staff.

### **3. Staff Training**

The School has a large number of staff trained and qualified in Emergency First Aid at Work (see Appendix 9), who are capable of giving first aid. Key members of staff have a First Aid at Work qualification (see Appendix 9). Training is renewed every three years.

A number of staff hold Paediatric First Aid certificates (see Appendix 9), including all staff teaching in EYFS. At least one member of staff with a Paediatric First Aid certificate is available in school at all times when EYFS children are on site, and at least one member of staff with a Paediatric First Aid certificate accompanies any EYFS visit or off-site activity.

### **4. Pupil Education**

Pupils are taught about the dangers of smoking, alcohol and drugs misuse as part of the School's PSHE programme. See the School's PSHE Policy, No Smoking Policy, Alcohol Policy and Drugs and Substances Policy.

Sex and Relationships Education (SRE) is also an important component of the School's PSHE programme. See the School's PSHE Policy and SRE Policy.

A First Aid Club runs in the Prep School and there are opportunities for Senior School pupils to gain a Certificate in First Aid.

### **5. First Aid Kits**

There are first aid kits located in a number of locations around the school campus (see Appendix 8). Staff are required to send the first aid kits to the Health Centre to be restocked annually, or more frequently if required. The School Nurse is responsible for restocking and maintaining the first aid kits. A record is kept of when each first aid kit was last checked.

A first aid kit suitable for use in EYFS is kept in the Prep School staff room and is accessible to EYFS at all times.

### **6. Arrangements for Education Visits and Off-Site Activities**

Travel first aid kits are mandatory on any school visit or off-site activity. The visit leader is responsible for making arrangements and collecting the kit from the Health Centre. Any special medication or requirements will be provided for named individuals, e.g. epipens.

At the same time, the visit leader must ensure he/she collects from the School Nurse relevant medical information and emergency contact numbers. The School Nurse will provide information on whether there is signed consent from a parent/carer for first aid/medical treatment and paracetamol for each pupil in the party.

Any pupil of 16 years of age or older can give an informed consent for themselves in an emergency and a member of staff can give consent (acting 'in loco parentis') if a parent/carer cannot be reached in an emergency.

## **7. Accident Recording**

All minor accidents (minor cuts and bruises) to staff, pupils, sub-contractors' staff or non-employees should be recorded in the accident book held by the School Nurse in the Health Centre. More serious accidents, an injury requiring a hospital visit, or 'near misses' which could have resulted in a serious accident or injury must be reported to the Headmistress.

In the event that any employee suffers an accident arising out of, or in connection with, work, which results in that person being off work, the line manager of the employee must notify the Headmistress.

In the event that any person (including pupils, members of the public or sub-contractors' employees) suffers an accident arising out of, or in connection with, work which results in a fatality, major injury, certain occupational diseases (as defined by the Health and Safety Executive's RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations)), or where there is a dangerous occurrence which might have caused injury, this must be immediately reported to the Headmistress. In these situations, the Headmistress will be responsible for ensuring RIDDOR Form F2508 is completed. See the School's Health and Safety Policy for further details.

The Bursar is responsible for making sure that the School has adequate insurance cover for staff, visitors, pupils and contractors on the school campus and for school visits.

The School does not have private medical insurance for pupils or employees, but all pupils are covered by a personal accident insurance policy.

## **8. In an Emergency**

See Appendix 1 for Emergency Injury Procedures.

### ***8.1 On the school campus***

Any member of staff encountering a medical emergency on the school campus will need to make a decision about the severity of the emergency and what action to take.

If the emergency is deemed to be severe, or if there is any doubt about the severity, the member of staff should call 999 immediately and ask for an ambulance.

There is an automated external defibrillator situated outside the Health Centre, which can be used in the case of an emergency.

Following this action, or if it is deemed a more appropriate course of action, the member of staff should call for the School Nurse, or in her absence a suitably-qualified first aider, to attend.

Pupils are taught how to summon help, and visitors to the site, such as contractors, are also made aware of how to call for help in an emergency.

If an ambulance has not been called, the School Nurse or first aider will make an assessment of what action should be taken. This may include calling an ambulance, escorting the injured party to the Health Centre and/or informing the parent/carer of an injured pupil.

In the case of an ambulance being called, a member of staff needs to be situated at the entrance to the School to meet the vehicle and direct the paramedics to the site of the emergency.

### ***8.2 On an educational visit or off-site activity***

Any member of staff encountering a medical emergency on an educational visit or off-site activity will need to make a decision about the severity of the emergency and what action to take.

If the emergency is deemed to be severe, or if there is any doubt about the severity, the member of staff should call 999 immediately, or outside of the UK the appropriate emergency number, and ask for an ambulance.

Following this action, or if it is deemed a more appropriate course of action, the member of staff should summon the visit first aider.

Pupils should be briefed in advance of the visit or activity of the action they should take in the event of an emergency.

If an ambulance is not called, the visit first aider will make an assessment on what action should be taken. This may include the casualty being taken to a doctor or hospital for expert medical advice. In the case of an injured or ill pupil, the parent/carer must be informed. On return to school, the visit leader must complete the Trip Accident Form found in Appendix 3 of the Educational Visits and Off-Site Activities Policy.

## **9. Specific Medical Conditions**

Arrangements for pupils with specific medical conditions are made available to all staff who are in contact with the pupil. The School Nurse liaises directly with the parents/carers and other medical professionals to ensure the specific needs of the pupil are met.

When an individual care plan is required, this is completed by the School Nurse and stored in the pupil's file in the Health Centre.

Photographs and basic details of pupils whose medical condition requires that they are instantly recognised (e.g. pupils with allergies requiring them to carry an epipen) are on display in the School's staff rooms to ensure staff are familiar with the girls and their specific medical conditions.

The visit leader of any educational visit or off-site activity will be given by the School Nurse any medication required for individual pupils during the visit or activity. She will fully brief the visit leader and make written instructions available as well. Medication on visits and off-site activities must be administered by the visit first aider.

## **10. Hygiene Procedures for Clean Up of Body Spillages**

All spillages involving body fluids should be dealt with according to the procedure in Appendix 10 of the Health Centre Handbook, which is available on the staff shared area of the school network.

## **11. Infectious Diseases**

The School follows Health Project Agency Guidelines.

All pupils must be kept away from school for a minimum of 48 hours following any episode of diarrhoea or vomiting. Any pupil who has diarrhoea or vomiting at school will be taken to the Health Centre where her emergency contacts will be informed and expected to collect her from school as soon as possible. There are separate procedures in place for boarding pupils, which allow for them to be isolated within school in such situations. However, such isolation can only be provided in the short term and parents/carers or

guardians may be required to collect the pupil from school following the same procedures as for a day pupil. For international boarders see the School's Education Guardianship Policy.

The EYFS classroom teacher discusses with parents/carers the School's procedure for responding to children who are ill or infectious.

The School Nurse must be informed as soon as any other infectious disease has been investigated or confirmed and advice about return to school will be given.

## **12. Accidents or Injuries**

All staff and visitor accidents must be recorded in an official accident book and a copy sent to the School Nurse for filing and, if necessary, reporting.

Pupil accidents must be recorded on PASS/3Sys.

Parents/carers must be informed of any significant accident involving their daughter and of any subsequent first aid delivered. This information should be delivered on the same day, or soon as is reasonably practicable.

Any serious accident, injury or death of a child whilst in the care of the School will be reported immediately to the MARU (see Child Protection and Safeguarding Policy for details). Any serious accident, injury or death of a child or adult will be reported in line with RIDDOR requirements (see Health and Safety Policy).

## **13. Administration of Medicines**

Only the School Nurse or staff trained by the School Nurse may administer medication.

Consent for administration of medication to pupils is requested on a pupil's admission to the School and then annually through medical update requests. Medicine can only be administered where consent is in place. Pupils over the age of 13 and assessed as Frazer competent can consent to medication.

Separate arrangements are in place for EYFS pupils. See Section 13.5 below.

### ***13.1 Storage***

All medications are kept in a locked cupboard in a room not normally accessible to pupils. In the Health Centre medicines that require refrigeration are kept in a locked medicine fridge. In the boarding houses medicines that require refrigeration are kept in the housemistress' own fridge.

### ***13.2 Non-prescribed medications***

Non-prescribed medications are available to boarding pupils, day pupils and staff. The School Nurse is able to administer non-prescribed medications under Homely Remedy Policy (see Appendix 2). Boarding staff have access to and are trained, by the School Nurse, to administer the list of medications detailed in the Homely Remedy Policy. A record is kept of the stock supplied to the boarding houses, including the amount issued, issue date and expiry date.

The qualified first aider on duty in the absence of the School Nurse (see Section 2 above) is permitted only to administer paracetamol to pupils and staff in the absence of the School Nurse. He/she emails the School Nurse when paracetamol has been administered to a pupil so that the School Nurse can record this in the pupil's file.

### ***13.3 Prescribed medications***

Medication prescribed by a doctor must be administered according to the instructions on the individual medication and must only be given to the named pupil for whom it has been prescribed. Such medication

must be kept in its original container and the original dispensing label must not be altered. It is not acceptable to have loose or cut off tablets in an envelope.

Except in the case of pupils who have been deemed fit to self-medicate (see Appendices 5-6), all prescription medicine in school must be held either by the School Nurse in the Health Centre or by boarding staff in the boarding houses.

#### ***13.4 Controlled drugs***

Controlled drugs (CDs) are stored in the Health Centre in a CD Cabinet. If required by boarders outside of normal school hours, they are stored in the boarding houses in a locked area to which only a limited number of staff have access. When a CD is administered by a member of staff, a record of the amount given and the balance remaining is kept in a bound record book with numbered pages. There is a separate page for each pupil. Unused CDs are disposed of by returning them to the pharmacy and a record of the returns is kept in the CD record book.

#### ***13.5 EYFS pupils***

Usually, only prescription medicines will be administered to EYFS pupils. Written permission is required from parents/carers for individual medicines to be administered. Where medicine is administered to a child, parents/carers are informed the same day and telephone permission is gained prior to administration where possible.

#### ***13.6 Disposal of medicines***

Any unused prescribed medications and any out-of-date over-the-counter medications must be returned to the Health Centre and from there to the pharmacy for disposal.

#### ***13.7 Adverse reactions***

Drugs can cause adverse reactions in some people. If a pupil experiences an adverse reaction to a medication, no further doses must be given until instructed to do so by the doctor. A medical incident form must also be completed (see Appendix 4).

If a serious reaction occurs, medical attention should be sought immediately.

An adverse reaction should be reported by the School Nurse to the Medicine and Healthcare Products Regulatory Agency ([www.mhra.gov.uk](http://www.mhra.gov.uk)).

#### ***13.8 Medicines given in error***

If an error is made with any medication, advice must be sought immediately. During the school day, the pupils GP should be contacted. Outside of normal hours, the NHS should be contacted via its 111-service.

A medical incident form must be completed explaining the error and any action taken (see Appendix 4).

#### ***13.9 Medication brought into school by pupils***

There are risks that prescribed medications will interact with medications purchased over the counter and cause harm. In addition, herbal or traditional medications could interact with prescribed or over-the-counter medications. Over-the-counter medication should never be given to a pupil who has taken their own medicine.

Pupils must not bring into school their own over-the-counter medications. All prescribed medication must be passed to the School Nurse to administer and to be stored securely. The School Nurse will keep a record of administration of the medication. Where medication is required outside of normal school hours by boarders, the School Nurse will liaise with boarding staff about the secure storage and safe administration of the medication.

### ***13.10 Self-administration of medications***

Boarders in the Sixth Form, who are assessed as being able to self-medicate, can do so. They must first sign the completed form found in Appendix 6. Pupils are made aware that they must keep their medicines in a secure place and must not give their medication to anyone else, even if they have the same symptoms.

The School has a protocol for assessing the ability of the pupils to self-administer (see Appendix 5).

### ***13.11 Life-saving treatment***

In extreme emergencies (e.g. anaphylactic reaction) certain medicines can be given or supplied without the direction of a doctor, or without there being a patient group directive (PGD), for the purpose of saving life.

### ***13.12 Recording***

The administration of medication is recorded to provide a complete audit trail for all medicines. The records are checked frequently by the School Nurse. In the boarding houses the records are recorded in a book and copied onto the pupils' personal files on a daily basis. This makes it possible to follow an audit trail for the treatment. When a boarder is given medication by the School Nurse after midday, the boarding houses will be notified directly. When boarding staff administer medicine between midnight and the start of the school day, the School Nurse will be notified directly to ensure a double dose is not given.

### ***13.13 School Trips***

The visit leader will liaise with the School Nurse regarding any pupils who require medication while on a visit or off-site activity. The School Nurse will meet with the visit leader the day before the trip to dispense the medication required for the duration of the trip. This normally includes a small quantity of paracetamol, as well as prescribed medication (including inhalers and epipens).



## Appendix 1: Emergency Injury Procedures

### 1. **IN THE CASE OF SERIOUS INJURY**

Spinal injury, large bone fractures, unconscious casualty/head injury/choking/haemorrhage, anaphylactic shock, severe epileptic seizures, severe chest pain, and severe asthma.

- a. **Take immediate first aid action.**
- b. **Ring 999. Grid Ref of the School: 823/422.**
- c. **Inform the parents/carers.**
- d. Fill in an Accident Form; fill in the Incident Book.
- e. Relay relevant information and/or consent forms to the attending paramedics.

### 2. **IN THE CASE OF INJURY**

Head injury/conscious, small bone fractures, severe cuts, abdominal pain, epileptic seizure, asthma attack (*blue inhaler works initially but wears off within 2 hours*):

- a. **Take immediate first aid action. Do you need the emergency asthma kit?**
- b. **Inform the parents/carers** (if the condition of the casualty deteriorates **ring 999. Grid Ref of the School: 823/442 – continue as 1 above.**)
- c. Fill in an Accident Form; fill in the Incident Book.
- d. If the condition of the casualty is stable, then wait for the parents/carers to arrive to take control. You should always advise the parents/carers that the casualty is to be taken to hospital or to a doctor.
- e. Write down the time, place and the treatment given, along with any other relevant information on a letter that should be given to the parents/carers to pass onto the doctor.

### 3. **IF THE PARENTS/CARERS ARE UNAVAILABLE**

Only if the casualty has a non-life-threatening condition can the casualty be taken to hospital or to the doctor by a member of staff in their own car. Preferably, this should be done with parent's prior consent.

### 4. **USEFUL TELEPHONE NUMBERS**

#### ***Emergency Services – 999.***

RCH Treliske Hospital – 01872 250000 ask for Accident and Emergency.

For boarding pupils: Three Spires Medical Centre 01872 272272, Fax: 01872 246886.

School Nurse – Dawn Kingston 01872 242928 07710 089461

Boarding Houses Rashleigh: 01872 242921 (office); 07805 376581 (mobile);

Dalvenie: 01872 242972 (flat) or 07792 774784 (mobile).

## Appendix 2: Homely Remedy Policy

### ***Introduction***

A homely remedy is a medication, cream or a medical wipe that can be purchased over-the-counter and does not require a prescription. An organisation that purchases such products are legally required to have a homely remedy policy which refers to each product they store.

All homely remedy medications will be given according to manufacturer's guidelines which cover:

- The medical conditions licensed to be treated by that medication;
- The dose to be used;
- Exclusions set out by the manufacturer;
- Any drug interactions which would exclude their use.

### ***Administration of a homely remedy***

Medication can only be administered by staff who have been trained in medicine administration and fully understand the School's policies and procedures on medicine administration. They are only permitted to administer medicine which is detailed in this policy.

When issuing medication, the following procedure must be followed:

- The reason for giving the medication should be established;
- It must be checked that the School holds consent from the parents to administer medication or the pupil is Frazer competent and can make her own decision about medical treatment.
- The contraindications of giving the medication should be known or checked, has medication been given recently, and if so what (Paracetamol should not be issued more frequently than every four hours)
- Has the pupil taken the medication before, and whether the pupil is allergic to any medication?
- It must be checked that the medication is in date and correct dosage given as per manufactures guidelines
- The pupil must be seen to take the medication by the member of staff issuing it.
- Pupil's name, the reason for the medication, the medication issued, the dosage, the date and the time must be recorded and entered on pass.

### ***Parental consent for homely remedies***

When parents register their daughter for entry to Truro High School, they are required to complete a number of medical forms, including one giving consent to the administration of medication.

The School Nurse monitors the administration of these products.

### Medications Administered at Truro High School for Girls

Medication	Reason for medication
Paracetamol tablets 500mg Paracetamol suspension 250mg/5mls Paracetamol suspension 125mg/5mls Infant Calpol fastmelts 250mg	Headache, period pains, pyrexia, toothache, migraine, muscular aches and pains, Cold and flu symptoms
Ibuprofen 200mg tablets Ibuprofen suspension	NOT TO BE GIVEN TO ASTHMATICS –over 12's only Pyrexia, headaches, muscular pain, period pain, dental pain
Sudafed	Decongestant for blocked noses
Imodium	Diarrhoea
Sturgeon 15	Travel sickness for over 12's
Joy rides	Travel sickness for under 12's
Piriton Tablets Piriton suspension	Anti-allergy Hay fever and allergic reactions
Strepsils	Sore throat
Burnease	Unbroken minor burns
Arnica Cream	For bruises
TCP	To clean open wounds- must be diluted
Eucalyptus oil	Nasal congestion and muscular pains
Lyclear (boarders only)	Headlice
Bonjela baby	Mouth ulcers
Gaviscon	Indigestion
Rescue remedy	Exam stress
Savlon	Anti-septic for broken wounds

All products are to be administered according to the manufacturers' guidelines.

### Appendix 3: Pupils Taking Short-Term Prescribed Medication

Name of pupil: \_\_\_\_\_

Start date: \_\_\_\_\_ Finish date: \_\_\_\_\_

Name of medication/dose: \_\_\_\_\_

Amount of medication dispensed: \_\_\_\_\_

Times to be taken: \_\_\_\_\_

Day	Time	Time	Time	Time

## Appendix 4: Medical Incident Form

This form is to be used when medication has been given in error or when a pupil has had an adverse reaction to medication.

**Pupils Name**

**Date**

**Medication given**

**Explanation of the incident**

**Action taken**

**Outcome**

**Follow up**

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

## Appendix 5: Pupil Self-Administration of Prescribed Medication Protocol

The School allows boarding pupils to keep their own medications in a locked area in the boarding house if they have been assessed as competent to do so (see Appendix 7 below). Asthmatics may carry their inhalers with them.

The criteria used to assess whether self-medication is permitted are:

- The age of the pupil;
- Whether the medication is long term or a short course;
- The pupil's own choice;
- Whether the pupil has proven herself to be reliable in general and will remember to take the medication if it is to be taken regularly;
- The pupil understands why they are taking the medication and any side effects, and the risk of overdose;
- The pupil knows when and how to take the medication;
- The pupil can effectively store the medication in a locked area;
- The pupil understands that they must never give the medicine to anyone else, even if they have similar symptoms.

## Appendix 6: Pupil Self-Administration of Prescribed Medication

Name of pupil: \_\_\_\_\_

Assessed as competent:

YES/NO

Name of medication/dose: \_\_\_\_\_

Amount of medication given to the pupil: \_\_\_\_\_

How often taken: \_\_\_\_\_

Medication can be stored in pupil's own locked area.

YES/NO

Age of pupil \_\_\_\_\_ yrs.

Length of treatment Date \_\_\_\_\_ to \_\_\_\_\_

Pupil's choice

YES/NO

Pupil has proven themselves to be reliable

YES/NO

Full understanding of reasons for medication  
And its potential side effects

YES/NO

Knows when and how to take medicine

YES/NO

### Important:

- If the answer to any of the above questions is 'no', the pupil must not be permitted to self-medicate.
- If a pupil does not keep medication locked away the right to self-medication will be removed.

Pupil signature: \_\_\_\_\_ Date \_\_\_\_\_

Staff signature: \_\_\_\_\_ Date \_\_\_\_\_

## Appendix 7: Administration of Pupil Medication on School Trip

Name of Pupil..... D.O.B.....

Name of Medication to be given .....

Times to be given .....

Dose to be given .....

Parent sign.....

Date/time	medication	Dose	Pupil Sign	Staff Sign



## Appendix 8: Locations of First Aid Kits

Swimming Pool Box  
Swimming Pool Bag  
Maintenance Building  
Plant Room  
Prep Staff Room  
Prep Plasters box  
Prep Dressings box

Rashleigh Kitchen  
Science Lab1  
Science Lab2  
Science Lab3  
Eyebox Lab Prep  
Biology1  
Biology2  
Music staff room  
Modern Languages Staff  
Art1  
Art2  
English Kitchen  
Drama Staff room  
Physics Lab  
Reception  
Green power  
Textiles  
Food  
Minibus 1  
Minibus 2  
Minibus 3  
Dalvenie Office

## Appendix 9: List of First Aid Qualified Staff

### List of first aid qualified staff

Name	Course	Date	Exp Date
Dawn Kingston	RGN	March 2002	
	First aid instructor	April 2014	August 2019
Kate Roberts	FAW 3 day	27/11/19	27/11/22
Jo Norriss	FAW 3 day	27/11/19	27/11/22
Simon Roberts	EFAW 1 day	12/1/18	13/01/21
Helen Mills	Paediatric FA	23/11/16	24/11/19
Annabel Ramsey	Paediatric FA	27/02/17	28/02/20
Sarah Hendra	EFAW	12/01/18	11/01/21
Vicky Mather	EFAW	28/6/18	28/06/21
Mark Burley	EFAW	12/01/18	11/01/21
Yvette Simpson	EFAW	12/01/18	11/01/21
Kirsty Grose	EFAW	12/01/18	11/01/21
Rob Norman	In house first aid	06/07/17	05/07/20
Lisa Van Der Lem	In house first aid	06/07/17	05/07/20
Claire Hallam	In house first aid	06/07/17	05/07/21
Cath Harding	Activity first aid	23/01/18	22/01/21
Peter Mothersole	EFAW	28/06/18	28/06/21
Sue Murley	EFAW	04/07/17	05/07/20

Judith Tutin	In house first aid	06/07/17	05/07/20
Wendy Williams	In house first aid	06/07/17	05/07/20
Fyonah Ferris	In house first aid	06/07/17	05/07/10
Kat B-Red	EFAW	23/11/16	24/11/19
Deb Freeman	EFAW	19/06/16	20/06/19
Simon Loosley	In house first aid	06/07/17	06/07/20
Kathy Pooley	In house first aid	06/07/17	06/07/20
Sally Ann Miles	In house first aid	06/07/17	06/07/20
Michelle Sharp	Activity first aid	23/01/18	23/01/21
Christine Goodwright	Activity First aid	23/01/18	23/01/21

Jenny Hood	In house first aid training	23/05/17	24/05/20
Liz Dollins	FAW	3/7/19	3/7/21
Emmie Pritchard	PFA	7/6/18	7/06/21
Ian Tutin	EFAW	28/06/18	28/06/21
Gavin Bennett	EFAW	4/12/18	4/12/21
Danyelle Fry	EFAW	4/12/18	4/12/21
George Ford	EFAW	4/12/18	4/12/21
Joanna House	EFAW	4/12/18	4/12/21
Julia Hunter	EFAW	4/12/18	4/12/21
Robin Hunter	EFAW	4/12/18	4/12/21
Kathryn Cox	EFAW	4/12/18	4/12/21
Oliver Durcan	EFAW	4/12/18	4/12/21
Meg Mossman	EFAW	28/11/19	28/11/22
Mike Woolcock	EFAW	28/11/19	28/11/22
Garry Williams	EFAW	28/11/19	28/11/22
Kat Redd	EFAW	28/11/19	28/11/22
Rachel Westley	EFAW	28/11/19	28/11/22
Kate Dean	EFAW	28/11/19	28/11/22

FAW = First Aid at Work

EFAW = Emergency First Aid at Work

THFA= Truro high in house first aid course 3 hours