

# **POLICY 18**

# FIRST AID, MEDICAL PROVISION AND ADMINISTRATION OF MEDICINES POLICY

Policy reviewed by	Deputy Head, Health & Wellbeing
Governors' Committee	Education & Pastoral
Approval/Oversight	Approval
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# 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 and Boarding. 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 (updated 2022)
- Statutory framework for the early year's foundation stage (DfE, updated 2024).
- Supporting pupils with medical conditions in schools (DfE 2017)
- Nursing and Midwifery code of professional standards and Standards for medicine management.

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
- RSE 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 qualification assumes the role. Staff members will be Jo Norris, Kirsty Grose, Kate Roberts and Vicky Mather.

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 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). The majority of staff attend an in -house first aid course taught by a qualified first aid trainer. Training is renewed every three years.

All teaching staff have received anaphylaxis training, and this is covered in first aid training.

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.

Relationships and sex education (RSE) is also an important component of the School's PSHE programme. See the School's PSHE Policy and RSE Policy.

All year 8's have CPR training and there are opportunities for Senior School pupils to gain a Certificate in First Aid. Several sixth form pupils are trained in Emergency first aid at work and Mental health 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. EpiPen's.

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. All staff involved in a school trip should review the medical information prior to departure.

Any pupil of 16 years of age or older of pupils aged 13-16 who are assessed as Frazer/Gillick competent 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 on ISAMS if a pupil or member of staff and accident book if they are a visitor. School Nurse is responsible for this. 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 Bursar is also responsible for making sure that the school Nurse has adequate insurance to cover all medical duties.

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 decide 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 in the prep school playground which can be used in the case of an emergency by all staff, pupils and members of the public who are on site. The code for the defibrillator is C0763 and can be accessed by dialling 999 or ringing reception during the school day and boarding or maintenance staff out of hours.

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. Out of hours, a member of the boarding staff who are all first aid trained should be called. Boarding contact numbers: 07792 774784; 07805376581; 07792535943.

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 assess 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 decide 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. They are also accessible via a link on SharePoint for all staff to access if they are covering an unfamiliar class.

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 11 of the Health Centre Handbook, which is available on the staff shared area of the school network.

### 11. Infectious Diseases

The School follows Public Health 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 their 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. The School Nurse will record and report to Public Health England where necessary.

### 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 ISAMS.

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 and staff. 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 Non-prescription medication 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 Non-prescription medication Policy. A record is kept of the stock supplied to the boarding houses, including the amount issued, issue date on ISAMS.

The qualified first aider on duty in the absence of the School Nurse (see Section 2 above) is permitted only to administer paracetamol, Ibuprofen and antihistamines to pupils and staff in the absence of the School Nurse. He/she must record this on ISAMS as soon as possible.

### 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 are drugs that have street value and must be counted in/out.

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 recorded on ISAMS. Unused CDs are disposed of by returning them to the pharmacy and recorded on ISAMS and a separate excel record by the School Nurse.

### 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).

### 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. Non-prescription medication should never be given to a pupil who has taken their own medicine.

Pupils must not bring into school their own **Non-prescription** medications. All prescribed and non-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. Auto Adrenaline injectors (AAI's) are kept in Reception for emergencies. Please see appendix 10 of Medical Centre Handbook.

### 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 on ISAMS as this makes it possible to follow an audit trail for the treatment.

### 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 EpiPen's).

### 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. SW822441.
- 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: SW822441823/442 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.

Sexual Health, Brook - 03003034626

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

Dentist - Truro Dental Health 01872 273298

School Nurse – Dawn Kingston 01872 242928 07710 089461

Boarding House:

Rashleigh 0187242921(office); 07805 376581

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

## Appendix 2: Non-prescription medication policy

### Introduction

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

All non-prescription 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

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

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 fast melts 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	Anti-allergy
Piriton suspension	Hay fever and allergic reactions
Piriteze	
Loretadine /cetrizine	Hay fever and allergies
Strepsils /throat losanges	Sore throat
TCP /antiseptic wash	To clean open wounds- must be diluted
Eucalyptus oil	Nasal congestion and muscular pains
Lyclear /headrin(boarders only)	Headlice
Bonjela junior	Mouth ulcers
Gaviscon	Indigestion
Rescue remedy	Exam stress
Savlon /Sudocrem	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	n/dose:			
Amount of medicat	ion dispensed: _			
Times to be taken:				_
Day	Time	Time	Time	Time
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		

# 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 suitability for self-administration would be assessed by the School Nurse.

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 pu	pil:	-
How often taken:		
Medication can be stored in pupil's ow	rn locked area.	YES/NO
Age of pupil	yrs.	
Length of treatment	Dateto	
Pupil's choice		YES/NO
Pupil has proven themselves to be relia	able	YES/NO
Full understanding of reasons for med And its potential side effects	ication	YES/NO
Knows when and how to take medicin	e	YES/NO
medicate.	above questions is 'no', the pupil dication locked away the right to	
Pupil signature:	Date	
Shelf diameter	D-4-	

# Appendix 7: Administration of Pupil Medication on School Trip

Data /time	modigation	Daga	Danil Cion	Staff Sim
Parent sign				
Dose to be given				
Times to be given				
Name of Medication	to be given			
Name of Pupil		D.O.B		

Date/time	medication	Dose	Pupil Sign	Staff Sign

# Appendix 8: Locations of First Aid Kits

Swimming pool

Maintenance eye wash and spilt kit

Reception

Registrar

Prep school

Rashleigh

Dalvenie

Key House

Science prep room

Eye wash Kits Science

Physics Lab

Kensey Staff room

Piran Staff room

PE kits x2

Languages

Art

Textiles

Mini Buses

Sixth Form

# Appendix 9: List of First Aid Qualified Staff

# List of first aid qualified staff

Name Course Date Exp Date Medicine Administration Trained aid Trained  Dawn RGN March Yes Yes  First aid Instructor 2014 2027  Deb FAW3 day 17/05/23 Freeman  Kate FAW 3 day / Roberts Paediatric First aid 27/2/25  First aid 27/2/25  Medicine Administration Health fin aid Trainer  Administration Trained Yes Yes  Yes  Yes  17/5/26  Faw3 day / 6/12/22 6/12/25 Yes
Dawn RGN March Yes Yes Kingston 2002  First aid April August 17rainer Deb FAW3 day 17/05/23 yes Freeman 17/5/26  Kate FAW 3 day / Page 17/05/25 Page 18/2/28  Roberts PAW 3 day / Page 18/2/28  Freeman 17/5/26  Trained aid Trainer Yes Yes Yes 17/6/27  August 2027  Trainer 2014  August 2027  FAW3 day 17/05/23 yes 28/2/28
Dawn Kingston         RGN         March 2002         Yes         Yes           First aid instructor         April 2014         August 2027         Trainer           Deb FAW3 day Freeman         17/05/23         yes           Kate Roberts         FAW 3 day / paediatric         6/12/22         6/12/25         Yes
Kingston         2002           First aid instructor         April 2027           Deb FAW3 day Freeman         17/05/23 17/5/26           Kate FAW 3 day / Roberts         6/12/22 6/12/25 28/2/28
First aid
instructor 2014 2027  Deb FAW3 day 17/05/23 yes Freeman 17/5/26  Kate FAW 3 day / 6/12/22 6/12/25 Yes Roberts paediatric 28/2/28
Deb Freeman         FAW3 day Freeman         17/05/23 17/5/26         yes 17/5/26           Kate Roberts         FAW 3 day / paediatric         6/12/22 6/12/25 28/2/28         Yes 28/2/28
Freeman         17/5/26           Kate         FAW 3 day / 6/12/22         6/12/25         Yes           Roberts         paediatric         28/2/28
Kate         FAW 3 day / Page 2         6/12/22 6/12/25 28/2/28         Yes 28/2/28
Roberts paediatric 28/2/28
First aid 27/2/25
1 ' '
Jo Norriss FAW 3 day 6/12/22 6/12/25 Yes
Helen Mills Paediatric 1/4/23 1/4/26
FA FA
Emma Paediatric 27/2/25 28/2/28
Robertson FA
Emmie Paediatric 27/2/25 28/2/28 Yes
Pritchard FA
Vanessa Hill Paediatric 27/2/25 28/2/28
FA FA
Vicky EFAW 10/2/22 10/2/25 Yes
Mather
Sarah EFAW 5/7/24 6/7/27
Hendra
Kirsty Grose EFAW 5/7/24 6/7/27 Yes
Cath Activity first 21/02/24 21/02/27
Harding aid
Sarah Budd EFAW 5/7/24 6/7/27

Janet Crocker	EFAW	5/7/24	6/7/27	Yes	
Emma Curran	EFAW	5/6/25	5/6/28		
Natalie Shardlow	EFAW	5/6/25	5/6/28		
Katie Apflestedt	EFAW	5/6/25	5/6/28		
Charles Hammerton	EFAW	5/6/25	5/6/28		
Sophie Potter	EFAW	5/6/25	5/6/28		

Robin Hunter	EFAW	10/2/22	10/2/25	
Julia Hunter	EFAW	30/06/22	30/06/25	
Freya Woodruff	EFAW	10/2/22	10/2/25	
Garry Williams	EFAW	30/11/22	30/11/25	
Kat Redd	EFAW	30/11/22	30/11/25	
Rachel Westley	EFAW	30/11/22	30/11/25	
Mark Burley	EFAW	30/06/22	30/6/25	
Yelda Parsons	EFAW	5/6/25	5/6/28	
Mike Carthew	EFAW	5/6/25	5/6/28	
Derek Kellow	EFAW	10/2/22	10/2/25	

lan Schofield	EFAW	5/6/25	5/6/28	
Simon Roberts	EFAW	30/11/22	30/11/25	
Philippa Murray	EFAW	30/11/22	30/11/25	
Michelle Sharp	EFAW	30/11/22	30/11/25	
Judith Tutin	EFAW	30/11/22	30/11/25	
Vic Allen	EFAW	30/11/22	30/11/25	
Mark Bullen	EFAW	30/11/22	30/11/25	
Malcolm Blunt	EFAW	30/11/22	30/11/25	
Kate Cox	EFAW	15/11/23	15/11/26	
Melanie Thomas	EFAW	15/11/23	15/11/26	
Chris Walker	EFAW	15/11/23	15/11/26	
Rob Norman	EFAW	5/7/24	6/7/27	
Tristan Harvey	EFAW	5/7/24	6/7/27	
Fiona Osman	EFAW	5/7/24	6/7/27	
Catherine Coffee	EFAW	5/7/24	6/7/27	
Graham	EFAW	5/7/24	6/7/25	_
Sarah Matthews				Yes

FAW = First Aid at Work 3 day EFAW = Emergency First Aid at Work 1 day PFA paediatric first aid 2 day
THFA= Truro high in house first aid course 3 hours