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ROSEMEAD PREPARATORY SCHOOL & NURSERY

DULWICH

P12.4 - FIRST AID POLICY

(including the EYFS)

Reviewed: Trinity 2022
Next review: Lent 2024

BACKGROUND

In accordance with Health and Safety legislation (Health and Safety (First Aid) Regulations 1981 and the amended regulations 2009) it is the responsibility of the Governing Body to ensure adequate and appropriate First Aid provision at all times when there are people on the school premises and for staff and children during off-site visits and activities.
Consent to administer First Aid is obtained from parents on admission to the school.

PURPOSE

- To preserve life.
- To limit worsening of the condition.
- To promote recovery.
- To provide First Aid as necessary from trained adults.
- To promote health and safety awareness in children and adults, in order to prevent First Aid.

FIRST AID PROVISION

- We accept that the Employer retains overall responsibility for health, safety and welfare. In the case of Rosemead School 'the Employer' refers to the Governing body.
- The Head is responsible for ensuring that there is an adequate number of qualified First Aiders including arrangements for the Pre Prep department where at least one person with a paediatric first aid qualification must always be present and at least one paediatric trained member of staff must be on all outings.
- Portable First Aid kits are taken on educational and sports visits and are available from the school office.
- The First Aid Co-ordinator will ensure the maintenance of the contents of the First Aid boxes and other supplies.
- The First Aid Co-ordinator will maintain a register of First Aid training and associated refresher dates to ensure that qualifications are maintained.
- All staff will be trained in aspects of First Aid; they will be informed of any child's medication requirements and can seek help or support on how to administer inhalers for asthma, use of an epipen, or epilepsy from the First Aid Co-ordinator. There must be at least one qualified person on each site at all occupied times.
- We have an emergency auto-injector sited in both the Pre Prep and Prep medical areas. There is also a list kept of who had given permission for the emergency auto injector to be used.
- We have emergency salbutamol inhalers sited in both the Pre Prep and Prep medical areas.
- Spillage Kits for bodily fluids are located strategically across the school.
- All staff will ensure that they have read the school's First Aid Policy.

FIRST AID BOXES

First Aid Boxes are located in:

- School offices and the kitchen.
- On each floor of the building, accessible to classrooms
- First Aid Boxes should contain: individually wrapped sterile hypoallergenic dressings (assorted sized plasters), micropore, scissors, water based wipes, wound dressing/bandage, foil blanket and gloves.

No medicine or tablets are to be kept in the First Aid Boxes.

Reviewed: Trinity 2022
Next review: Lent 2024

DUTIES OF A FIRST AIDER

- Responding promptly to calls for assistance.
- Giving immediate assistance to casualties with injuries and illness.
- Ensuring that ambulance or professional medical help is summoned as appropriate.
- Recording details of accident and treatment and replacing any First Aid supplies used.

PROCEDURES

In school:

IF THE SITUATION IS LIFE THREATENING OR BEYOND BASIC FIRST AID THEN AN AMBULANCE SHOULD BE CALLED BY ANY STAFF MEMBER AT THE EARLIEST OPPORTUNITY, WITHOUT WAITING FOR A FIRST AIDER TO ARRIVE ON THE SCENE.

- In the event of injury or medical emergency, if possible contact the appointed First Aider(s) or other Teacher.
- All serious accidents should be reported to a member of the Senior Leadership Team (SLT) and First Aid Co-ordinator who will check that an ambulance has been called and inform the child's parents ASAP.
- In the event of a serious incident when an ambulance is called a member of staff will accompany the child to hospital. Parents are asked to go immediately to the hospital. It may be appropriate to transport a child to hospital without using an ambulance. This should be on a voluntary basis. In such cases staff should note that the school maintains separate insurance cover for such use and that another adult accompanies them.
- Any child complaining of illness or who has been injured should be sent to the school office for the qualified First Aider to inspect and, where appropriate, treat. Constant supervision will be provided.
- Where 'in-school' treatment is not practical parents should be contacted as soon as possible so that the child can be collected and taken home if necessary.
- Parents should be contacted if there are any doubts over the health or welfare of a child.
- No member of staff or volunteer helper should administer First Aid unless he or she has received proper training, except in the case of minor cuts and grazes, which can be dealt with if staff feel confident to do so.
- For their own protection and the protection of the patient, staff who administer First Aid should take the following precautions. Hands should be washed before and after administering First Aid. Exposed cuts and abrasions should be cleaned under running water and patted dry with a sterile dressing or by using an alcohol free wipe. Disposable gloves should be worn when dealing with blood.
- If staff are concerned about the welfare of a child – or identify injuries which may not be accidental - they should follow the procedure set out in the School's Safeguarding Policy and Procedures.

Out of School:

- A mobile telephone must be taken on visits and to off-site activities – staff are responsible for ensuring these are charged in advance of the visit.
- Teachers must take a First Aid kit and class medical bags on all outings, which they sign for, ensuring that children take their medication when required.

EDUCATIONAL VISITS

- The Head has responsibility for ensuring staff adhere to the school's 'Educational Visits Policy' when organising a visit. All staff should have a copy.
- A risk assessment will need to be carried out as part of the preparation for an educational visit. The risk assessment will detail the risks relating to the visit and any known medical issues of the children and staff attending.

GUIDANCE FOR DEALING WITH ILLNESS AND ACCIDENTS IN SCHOOL AND ON EDUCATIONAL VISITS

- If unconscious do NOT move the patient except to put in the recovery position. Keep patient covered.
- If conscious, make the patient comfortable and do not move unnecessarily. Keep the patient warm.
- Call a First Aider; if unavailable call 999

ACTION IN AN EMERGENCY (To be undertaken by trained First Aider)

- Assess the situation: are there dangers to the First Aider or the casualty? Make sure the area is safe, look at injury: is there likely to be a neck injury?
- Assess the casualty for responsiveness: does the casualty respond?

If there is no response:

- Open airway by placing one hand on the forehead and gently tilt the head back. Remove any obvious obstructions from the mouth and lift the chin.
- Check for breathing. If the casualty is breathing assess for life threatening injuries and then place in the recovery position. If the casualty is not breathing send a helper to call an ambulance and give 2 rescue breaths making 5 attempts at least.
- Assess for signs of circulation. Look for breathing, coughing or movement. If present, continue rescue breathing and check signs for circulation every minute. If breathing is absent begin Cardio Pulmonary Resuscitation (CPR).

RESUSCITATION

- As the risks to the First Aider of mouth-to-mouth ventilation are minimal, wherever possible mouth to mouth resuscitation should be applied – should circumstances or personal preference mean this is not possible then CPR should be maintained. If you have a cut, lesion or sore in your mouth that comes into contact with blood, vomit or saliva containing infected blood, there is a small risk of infection.
- First Aiders may prefer a resuscitation aid, which will hygienically separate the patient from the First Aider. Such aids are kept in all First Aid boxes and in the First Aid areas of the school office.

Always defer to or seek professional advice wherever required.

The following guidelines are for **adult** resuscitation:

How to recognise cardiac arrest

- Start CPR in any unresponsive person with absent or abnormal breathing.
- Slow, laboured breathing (agonal breathing) should be considered a sign of cardiac arrest.
- A short period of seizure-like movements can occur at the start of cardiac arrest. Assess the person after the seizure has stopped: if unresponsive and with absent or abnormal breathing, start CPR.

How to alert the emergency services

Alert the emergency medical services (EMS) immediately by dialling 999 on your phone, if a person is unconscious with absent or abnormal breathing.

- A lone bystander with a mobile phone should dial 999, activate the speaker or another hands-free option on the mobile phone and immediately start CPR assisted by the dispatcher.
- If you are a lone rescuer and you have to leave a victim to ring the ambulance service, alert the ambulance service first and then start CPR.

High-quality chest compressions

- Start chest compressions as soon as possible.
- Deliver compressions on the lower half of the sternum (‘in the centre of the chest’).
- Compress to a depth of at least 5 cm but not more than 6 cm.
- Compress the chest at a rate of 100–120 min−1 with as few interruptions as possible.
- Allow the chest to recoil completely after each compression; do not lean on the chest.
- Perform chest compressions on a firm surface whenever feasible.

Rescue breaths

- Do not perform rescue breaths due to risks of transmission of COVID-19, continue with continuous chest compressions until help arrives from appropriate emergency services in full PPE.
- Place a cloth over the mouth of the unconscious individual to prevent airborne transmission of any potential viruses.

Automated External Defibrillator - AED

How to find an AED

- The location of an AED is indicated by clear signage. We have one in each of the Pre Prep and Prep buildings.

When and how to use an AED

- As soon as the AED arrives, or if one is already available at the site of the cardiac arrest, switch it on.
- Attach the electrode pads to the person's (who has sustained cardiac arrest) bare chest according to the position shown on the AED or on the pads.
- If more than one rescuer is present, continue CPR whilst the pads are being attached.
- Follow the spoken (and/or visual) prompts from the AED.
- Ensure that nobody is touching the person whilst the AED is analysing the heart rhythm.
- If a shock is indicated, ensure that nobody is touching the person. Push the shock button as prompted. Immediately restart CPR with 30 compressions. If no shock is indicated, immediately restart CPR with 30 compressions.
- In either case, continue with CPR as prompted by the AED. There will be a period of CPR (commonly 2 minutes) before the AED prompts for a further pause in CPR for rhythm analysis.

Compressions before defibrillation

- Continue CPR until an AED (or other type of defibrillator) arrives on site and is switched on and attached to the person.
- Do not delay defibrillation to provide additional CPR once the defibrillator is ready.
- Foreign body airway obstruction
- Suspect choking if someone is suddenly unable to speak or talk, particularly if eating.

- Encourage the person to cough.
- If the cough becomes ineffective, give up to 5 back blows:
- Lean the person forward.
- Apply blows between the shoulder blades using the heel of one hand.
- If back blows are ineffective, give up to 5 abdominal thrusts:
- Stand behind the person and put both your arms around the upper part of their abdomen.
- Lean the person forwards.
- Clench your fist and place it between the umbilicus (navel) and the ribcage.
- Grasp your fist with the other hand and pull sharply inwards and upwards.
- If choking has not been relieved after 5 abdominal thrusts, continue alternating 5 back blows with 5 abdominal thrusts until it is relieved, or the person becomes unresponsive.
- If the person becomes unresponsive, start CPR.

Recovery Position

For adults and children with a decreased level of responsiveness due to medical illness or non-physical trauma, who do not meet the criteria for the initiation of rescue breathing or chest compressions (CPR), RCUK recommends they be placed into a lateral, side-lying recovery position. Overall, there is little evidence to suggest an optimal recovery position, but RCUK recommends the following sequence of actions:

- Kneel beside the person and make sure that both legs are straight.
- Place the arm nearest to you out at right angles to the body with the hand palm uppermost.
- Bring the far arm across the chest, and hold the back of the hand against the person's cheek nearest to you.
- With your other hand, grasp the far leg just above the knee and pull it up, keeping the foot on the ground.
- Keeping the hand pressed against the cheek, pull on the far leg to roll the person towards you onto their side.
- Adjust the upper leg so that both the hip and knee are bent at right angles.
- Tilt the head back to make sure the airway remains open.
- Adjust the hand under the cheek if necessary, to keep the head tilted and facing downwards to allow liquid material to drain from the mouth.
- Check regularly for normal breathing.
- Only leave the person unattended if absolutely necessary, for example to attend to other people.

  It is important to stress the importance of maintaining a close check on all unresponsive individuals until the EMS arrives to ensure that their breathing remains normal. In certain situations, such as resuscitation-related agonal respirations or trauma, it may not be appropriate to move the individual into a recovery position.

The following guidelines are for resuscitation in **children:**

Paediatric cardiac arrest is unlikely to be caused by a cardiac problem and is more likely to be a respiratory one, making ventilations crucial to the child's chances of survival. However, for those not trained in paediatric resuscitation, the most important thing is to act quickly to ensure the child gets the treatment they need in the critical situation.
For out-of-hospital cardiac arrest, the importance of calling an ambulance and taking immediate action cannot be stressed highly enough. If a child is not breathing normally and no actions are taken, their heart will stop and full cardiac arrest will occur.
Therefore, if there is any doubt about what to do -

It is likely that the child/infant having an out-of-hospital cardiac arrest will be known to you. We accept that doing rescue breaths will increase the risk of transmitting the COVID-19 virus, either to the rescuer or the child/infant. However, this risk is small compared to the risk of taking no action as this will result in certain cardiac arrest and the death of the child.

- In the paediatric basic life support sequence, rescuers should perform assessment for signs of life (circulation) simultaneously with breathing assessment and during the delivery of rescue breaths.
- If there are no signs of life, chest compressions should be started immediately after rescue breaths have been delivered.
- In certain situations, such as when the child or infant is breathing spontaneously but requires airway management or when the child has a traumatic injury, the recovery position is not recommended. In these circumstances:
- Keep the patient flat, maintain an open airway by either continued head tilt and chin lift or jaw thrust.
- For trauma victims, leave the child or infant lying flat and open and maintain the airway using a jaw thrust, taking care to avoid spinal movement.
- High quality CPR is emphasised:
- chest compression depth at least one third the anterior-posterior diameter of the chest, or by 4 cm for the infant and 5 cm for the child.
- chest compression pauses minimised so that 80% or more of the CPR cycle is comprised of chest compressions
- chest compression rate 100-120 min-1
- allow full recoil of the chest after each chest compression.
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ACCIDENTS AND ILLNESS PROCEDURES

- All incidents, injuries, head injuries, ailments and treatment are entered to the child's personal record within the school's MIS. Parents of Early Year's children must be informed of any accident or injury sustained by the child on the same day.
- If a child or member of staff is deemed to be genuinely ill during the school day, he or she should be accompanied to the school office. The First Aid Co-ordinator, First Aider or duty secretary, will then, establish whether the child ought to be sent home and will contact the parents or guardians. Details of the actions taken must be recorded in the school's MIS.
- If a child or a member of staff has a **more serious** accident or illness, he or she should be accompanied to the school office if possible. The First Aid Co-ordinator, First Aider or duty secretary, will then, in consultation with the Senior Deputy Head or Head of Pre-prep, decide whether the person should be taken to hospital or whether an ambulance should be called. The child's parents should be contacted immediately by the school office staff. If they are not available the school should take action 'in loco parentis'. A record must be made on each occasion if a child, a member of staff, a visitor or a contractor has a serious accident.
- Serious accidents and notable incidents are reported in the Accident Book, which is kept in the school office, by the staff concerned.
- Accidents which result in an absence of more than seven days may require reporting to the HSE within ten days of the accident.

- Records must be kept for at least three years.

ADMINISTERING MEDICINES

- Medicines belonging to children must be labelled and kept refrigerated if required or in the school office, as appropriate. Clear instructions and a signed permission slip allowing staff to administer must be kept on file. The First Aid Co-ordinator is responsible for this.

- Only the trained First Aiders can administer medicines. A record will be kept of any medicine administered, and a wrist band applied to make the parents aware. Where medicine is administered to a child in the Early Years, parents must be informed the same day. (*Before any of these medications are given, written permission from parents must be obtained)*.
- If asthma inhalers are brought into the school it is a parent's responsibility to ensure that they inform the school.
- Where the school has accepted responsibility for the administration of inhalers or Auto Injector then the First Aiders and those leading a school visit must be instructed in their use.

HEALTH RECORDS AND MEDICINES

- A medical questionnaire sheet is kept for each child. Information should include any serious illness or allergy, any medication required, immunizations, inhaler for asthma, eczema, nut allergy, Auto Injector required, special dietary requirements, loss of sight or hearing and chronic conditions such as diabetes. Parents must complete a 'Request for Storage and Administration of Medication in School' form for medication to be administered.

- Records must be checked and updated regularly by the First Aid Co-ordinator.

- At the beginning of each academic year form teachers must check the medical records of each child in their form.

- The First Aid Co-ordinator must ensure that other staff i.e. specialist subject teachers, catering and ancillary staff are aware of individuals with particular health problems. Information must be updated on all staffroom notice boards.

- Doses administered must be recorded by the staff concerned in the school's MIS.

- It is essential that medication for children is taken on school visits and to the games field with a First Aid kit, which has to be signed for by the PE staff/teachers on duty. Staff are responsible for collecting these from the school offices.

RECORDING INCIDENTS

All incidents where actual First Aid has been administered are recorded on the medical record for each child. The level of detail should be proportionate to the event.

Certain events are to be reported to the parents to ensure that they are aware of the incident and any actions or follow up they are required to undertake.
These include:

- Head injuries (other than superficial bumps)
- Bone, joint and muscle injuries
- Severe bleeds – including Nose bleeds
- Vomiting and diarrhoea
- Asthma attack
- Anaphylactic shock
- Foreign object in eye, nose or ear
- Seizure

INFECTION CONTROL

Infection control is simply the observance of measures that give the protection to the First Aider. Whilst it is possible to identify high risk groups in relation to Hepatitis B and HIV where declared by parents, in many cases carriers exhibit no obvious signs of illness.

HAND HYGIENE

Always make it a priority to wash your hands carefully, immediately after contact with body fluids or blood, even if gloves are worn.

BODY FLUID/HIV

- No person must treat a child who is bleeding, without protective gloves.
- Protective gloves are stored in the school offices and in Body Fluid Disposal Kits, which are kept in various places around the shcool.
- Sponges and water buckets must never be used for First Aid, to avoid the risk of HIV contamination.
- All body fluid spillages (vomit, diarrhoea and blood) must be cleaned immediately using the provided spill kits. This is vital if the spread of infection is to be reduced. Gloves should be worn when contact with blood or body fluid is likely.
- When a Body Fluid Disposal Kit has been used it must be reported to the First Aid Co-ordinator/Caretaker for recording and restocking.

HEAD LICE

- An email is sent to the parents of all children in a year group if there is a case of head lice in the class.
- If head lice are noticed in a child's hair, the teacher/staff member will inform the First Aid Co-ordinator, who will notify the child's parent.

OTHER COMMUNICABLE DISEASES

The school will inform the relevant year group parents of any notifiable diseases occurring in the school or being reported by the Health Prevention Officer. Such notification will be supported by the relevant NHS Guidance sheet.

FIRST AIDERS

A list of First Aiders is available from the First Aid Co-ordinator and is at the end of this policy.

- First Aiders are required to attend refresher training within 3 years of their qualified term. The First Aid Co-ordinator may attend annual refreshers as required and ensure that any revised guidance is shared amongst the trained First Aiders.
- The First Aid Co-ordinator is responsible for coordinating the training for First Aiders and maintaining a list of those trained. We also have a list of staff trained in the use of the AED.
- The AEDs are regularly checked to ensure that there are no issues with battery etc, and a record kept.
- We also have a list of staff who have been trained in Specific Medical conditions such as Asthma, Diabetes, Epilepsy, Anaphylaxis.

Candidate Names	Course Completed	Date Courses Completed	Qualification Expiry Date - 3yrs	
			Month	Year
"SJA"= St John Ambulance				
Patricia Clarke	SJA First Aid at Work (Blended)/Anaphylaxis 1st Aid	31.07.2020 (& 13/11/2017)	7	2023
Fiona King	SJA First Aid at Work (requalification)	16.11.& 17.11.2020	11	2023
Joanna Hunt	Grays Medic Emergency Paediatric 1st Aid	03.09. 2021	9	2024
Tim Harrison	SJA First Aid at Work	24-25 January 2022	1	2025
Nicola Pouesi	SJA First Aid at Work	17.06.2022	6	2025
Harshil Patel	Hieda QA Level 3 Emergency First Aid at Work	01.12.2021	12	2024
Wendy Carvall	Grays Medic Level 3 Paediatric First Aid Early Years (2days)	06.07 2021	7	2024
Daisy O'Leary	Grays Medic Level 3 Paediatric First Aid Early Years (2days)	06.07 2021	7	2024
Angela Taylor	Grays Medic Level 3 Paediatric First Aid Early Years (2days)	06.07 2021	7	2024
Kate Clark	Grays Emergency 1st Aid at Work/Paediatric 1st Aid	30.08.2019	8	2022
Jennifer Stevens	Grays Emergency 1st Aid at Work/Emergency Paediatric 1st Aid	30.08.2019	8	2022
Cliona Beadle	Grays Emergency 1st Aid at Work/Emergency Paediatric 1st Aid	03.09.2021	9	2024
Danielle Blake	Grays Emergency 1st Aid at Work/Emergency Paediatric 1st Aid	03.09.2021	9	2024
Sarah Borny	Grays Emergency 1st Aid at Work/Emergency Paediatric 1st Aid	03.09 2021	9	2024
Sanrita Kaur Binning	Grays Emergency 1st Aid at Work/Emergency Paediatric 1st Aid	03.09 2021	9	2024
Nick Cannon	Grays Emergency 1st Aid at Work/Emergency Paediatric 1st Aid	03.09 2021	9	2024
Jackie Cornejo	Grays Emergency 1st Aid at Work/Emergency Paediatric 1st Aid	03.09 2021	9	2024
Sarah Fitzgerald	Grays Emergency 1st Aid at Work/Emergency Paediatric 1st Aid	03.09 2021	9	2024
Teodora Foleva	Grays Emergency 1st Aid at Work/Emergency Paediatric 1st Aid	03.09 2021	9	2024
Sara Holmes	Grays Emergency 1st Aid at Work/Emergency Paediatric 1st Aid	03.09 2021	9	2024
Rebecca Illing	Grays Emergency 1st Aid at Work/Emergency Paediatric 1st Aid	03.09 2021	9	2024
Lesley Kastoryano	Grays Emergency 1st Aid at Work/Emergency Paediatric 1st Aid	03.09 2021	9	2024
Yvonne Liggett	Grays Emergency 1st Aid at Work/Emergency Paediatric 1st Aid	03.09 2021	9	2024
Jeanneth Lopera	Grays Emergency 1st Aid at Work/Emergency Paediatric 1st Aid	03.09 2021	9	2024
Iolanthe Lonergan	Grays Emergency 1st Aid at Work/Emergency Paediatric 1st Aid	03.09 2021	9	2024
Deborah Louks-Middleton	Grays Emergency 1st Aid at Work/Emergency Paediatric 1st Aid	03.09 2021	9	2024
Juliana Ranauro	Grays Emergency 1st Aid at Work/Emergency Paediatric 1st Aid	03.09 2021	9	2024
Katie Sheenan	Grays Emergency 1st Aid at Work/Emergency Paediatric 1st Aid	03.09 2021	9	2024
Andrew Soong	Grays Emergency 1st Aid at Work/Emergency Paediatric 1st Aid	03.09 2021	9	2024
Lynne Thomas	Grays Emergency 1st Aid at Work/Emergency Paediatric 1st Aid	03.09 2021	9	2024
Romilly White	Grays Emergency 1st Aid at Work/Emergency Paediatric 1st Aid	03.09 2021	9	2024
Charlie Ashley	Grays Emergency 1st Aid at Work/Emergency Paediatric 1st Aid	7th January 2022	1	2025
Scott Coulson	Grays Emergency 1st Aid at Work/Emergency Paediatric 1st Aid	7th January 2022	1	2025
Jessica Golding	Grays Emergency 1st Aid at Work/Emergency Paediatric 1st Aid	7th January 2022	1	2025
Rachel Hildyard	Grays Emergency 1st Aid at Work/Emergency Paediatric 1st Aid	7th January 2022	1	2025
Philippa McCombie	Grays Emergency 1st Aid at Work/Emergency Paediatric 1st Aid	7th January 2022	1	2025
Meabh Ni Chualain	Grays Emergency 1st Aid at Work/Emergency Paediatric 1st Aid	7th January 2022	1	2025
Sarah Snazell	Grays Emergency 1st Aid at Work/Emergency Paediatric 1st Aid	7th January 2022	1	2025
Joy Thompson	Grays Emergency 1st Aid at Work/Emergency Paediatric 1st Aid	7th January 2022	1	2025
Kate Tyrell	Grays Emergency 1st Aid at Work/Emergency Paediatric 1st Aid	7th January 2022	1	2025
Gabriella Zerai Asfaha	Grays Emergency 1st Aid at Work/Emergency Paediatric 1st Aid	1st September 2022	9	2025
Elaine Bristow	Grays Emergency 1st Aid at Work/Emergency Paediatric 1st Aid	1st September 2022	9	2025
Maria Cordina	Grays Emergency 1st Aid at Work/Emergency Paediatric 1st Aid	1st September 2022	9	2025
Kate Jordan	Grays Emergency 1st Aid at Work/Emergency Paediatric 1st Aid	1st September 2022	9	2025
Alastair Laws	Grays Emergency 1st Aid at Work/Emergency Paediatric 1st Aid	1st September 2022	9	2025
Henrietta McHugh	Grays Emergency 1st Aid at Work/Emergency Paediatric 1st Aid	1st September 2022	9	2025
Lisa Meredith-Bennett	Grays Emergency 1st Aid at Work/Emergency Paediatric 1st Aid	1st September 2022	9	2025
Hannah Mickley	Grays Emergency 1st Aid at Work/Emergency Paediatric 1st Aid	1st September 2022	9	2025
Sharon Montoute	Grays Emergency 1st Aid at Work/Emergency Paediatric 1st Aid	1st September 2022	9	2025
Josie Morris	Grays Emergency 1st Aid at Work/Emergency Paediatric 1st Aid	1st September 2022	9	2025
Jacqueline de Villiers	Grays Emergency 1st Aid at Work/Emergency Paediatric 1st Aid	1st September 2022	9	2025
Kelly Westcott	Grays Emergency 1st Aid at Work/Emergency Paediatric 1st Aid	1st September 2022	9	2025
	London Ambulance Service Emergency Life Support and Defibrillator Training			
Patricia Clarke	Emergency Life Support and Defibrillation	30-Aug-19	1st September 2022	
Tim Harrison	Emergency Life Support and Defibrillation	30-Aug-19	1st September 2022	
Joanna Hunt	Emergency Life Support and Defibrillation	30-Aug-19	1st September 2022	
Nicola Pouesi	Emergency Life Support and Defibrillation		1st September 2022	
Iolanthe Lonergan	Emergency Life Support and Defibrillation		1st September 2022	
Fiona King	Emergency Life Support and Defibrillation	30-Aug-19		
Deborah Louks-Middleton	Emergency Life Support and Defibrillation	30-Aug-19		
Janet Kheraj	Emergency Life Support and Defibrillation	30-Aug-18		
Sharon Montoute	Emergency Life Support and Defibrillation	30-Aug-18		
Annually Staff to attend training by Kings College Hospital to familarise themselves with Isla Sayeed-Cumming's medical conditions - Cortisol deficiency/Diabetes and to know/be able to administer her medication, in the event of an emergency situation as well as emergency services/parental contact procedures.				
Pat Clarke, Lisa Routenbach and Annabel New atended training at Kings College Hospital				-
for training 11 Sept 2019				
4/11/2021 Pat Clarke, Katie Sheenan, Juliana Ranauro, Fiona King and Iolanthe Lonergan attended Zoom training provided by Kings College Hospital (Colette Sadler)		*01/11/2021*		
8/9/2022 On-line in school training King's Paediatric Endocrine Nurse: Pat Clarke, Nick Cannon, Tim Harrison, Lynne Thomas, Fiona King, Sarah Fitzgerald, Nicola Pouesi		Sep-22		