

Woodlands Schools



First Aid, Accident Reporting and Medication Policy

This policy includes EYFS, Little Acorns and
Before and After School provision

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Introduction

At Woodlands Schools we are committed to: ensuring that first aid needs and risk assessment are carried out for significant activities; providing every pupil, member of staff and visitor with adequate first aid; ensuring pupils and staff with medical needs are fully supported and suitable records of assistance required and provided are kept; first aid materials, equipment and facilities are available as required by the risk assessments; and procedures for administering medicines and providing first aid are in place and reviewed regularly.

This includes ensuring:

- Sufficient and appropriate resources, training and facilities
- Ensuring HSE regulations on the reporting of accidents, diseases and dangerous occurrences are met
- Clear authorization from and communication with pupils' parents/carers regarding medical treatment.

Procedures and information set out in this document aim to ensure that:

- All members of the school community are aware of this policy and the procedures to follow in the event of an accident or emergency, the support available and the role that they play, as well as the requirements of individual healthcare plans
- There are enough trained staff as Appointed Persons and First Aiders (defined as those who have received the Emergency First Aid at Work training or Schools First Aid training), including Paediatric First Aid, to meet the needs of the school and pupils with individual healthcare plans, including in contingency and emergency situations
- Medicines are recorded, handled, stored and administered responsibly
- First aid provisions are always available while pupils or employees are on school premises, and off the premises whilst on visits or trips
- All appropriate incidents involving medical assistance are properly recorded

This policy was drawn up in conjunction with: The Health and Safety at Work etc Act 1974; DfE Guidance on First Aid for Schools; DfE Guidance on Supporting Pupils at School with Medical Conditions 2014; the Independent School Standards; The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.

This policy is available on the school's website and on request from the school office. It has safety as its highest priority: safety for the children and adults receiving first aid or medicines and safety for the adults who administer them.

Woodlands Schools and Nursery are fully committed to ensuring that the application of this policy is non-discriminatory in line with the UK Equality Act 2010.

This policy is reviewed annually by the Head Teachers and Director of Safeguarding, or as events or legislation dictact, and updates are communicated to staff.

Roles and Responsibilities

The **Board of Directors** has ultimate responsibility for health and safety matters including first aid. They are responsible for ensuring that the first aid risk assessment and provisions are reviewed annually and/or after any operational changes, to ensure that these remain appropriate for the activities undertaken and that first aid materials, equipment and facilities are provided according to the findings of the risk assessment.

The **Headteacher** is responsible for ensuring:

- The assessment of first aid needs annually and/or after any significant changes and that other appropriate risk assessments are completed and required measures put in place
- There is a First Aider on site whenever there are children present and someone with the relevant paediatric First Aid training whenever there are EYFS children present – including offsite visits, and that the number of First Aiders is adequate to provide first aid cover during the school day, for offsite trips and activities and for after school activities
- First Aiders have an appropriate qualification. Training is up to date and renewed every 3 years. First Aiders are competent to perform their role and that their names are prominently displayed at key points around the school
- All staff are aware of first aid procedures
- They (or someone with appropriate training and seniority) take charge when someone is injured or becomes ill and that an ambulance or other professional help is summoned when appropriate
- Reviewing and confirming the resolution of all incidents reported on iAMs
- Adequate space is available to cater for the medical needs of pupils.

At each site there is an appointed person who is available to give advice to all members of staff.

The Appointed Staff for First Aid take charge of first aid arrangements and the role includes looking after the first aid equipment and facilities. They ensure that:

- Pupils with medical conditions are identified and properly supported at school including helping staff with implementing individual healthcare plans
- They work with the Head Teacher to determine the training needs of staff
- First aid and medicines are administered in line with current training and the requirements of this policy
- Supplies of first aid materials are available at various locations throughout the school and checked regularly with regard to minimum requirements, contents, quantity and use by dates and replacements arranged as necessary
- Information on the location of equipment and facilities is provided to staff
- There is appropriate communication with parents/carers especially for any pupils who have received any kind of medical attention during the day, including any medication given, other than for very minor incidents.

First Aiders are responsible for acting as first responders to any incidents, assessing the situation and providing immediate and appropriate treatment. They will record details of treatment on iAMs.

A pupil can only be sent home to recover from illness or an accident after approval from the Head Teacher or, in their absence, the Deputy Head Teacher.

While it is not our policy to care for sick children, who should be at home until they are well enough to return to the setting, we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness. We will work with parents as partners to keep children who are teething comfortable throughout the day.

In many cases, it is possible for children's GP's to prescribe medicine that can be taken at home in the morning and evening. As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given in the setting. If a child has not had a medication before, especially a baby/child under two, it is advised that the parent keeps the child at home for the first 48 hours to ensure no adverse effect as well as to give time for the medication to take effect.

These procedures are written in line with guidance in 'Managing Medicines in Schools and Early Years Settings; the manager is responsible for ensuring all staff understand and follow these procedures.

The key person is responsible for ensuring that parent consent forms have been completed and countersigned by the Deputy Manager or Nursery Manager. They are responsible for ensuring medicines are stored correctly and that records are kept according to procedures. The Room Leader, Deputy or Manager is responsible for the correct administration of medication to children witnessed by the key person. In the absence of the key person, the Room Leader, Manager/Deputy manager is responsible for all aspects of administering medication.

Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- Only medication prescribed by a doctor, dentist, nurse, or pharmacist is administered. It must be in-date and prescribed for the current condition.
- Unprescribed, e.g. calpol, paracetamol is administered for children with prior written consent and verbal consent on each separate occasion if at all possible from the parents.
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children.
- Parents give prior written permission for the administration of medication. The administration is recorded accurately each time it is given and is signed by staff. Parents sign the medication form to acknowledge the administration of a medicine.

Storage of medicines

All medication is stored safely in a locked cupboard or refrigerated.

First Aid Equipment and Information

First Aid Boxes or bags are clearly labelled with a white cross on a green background. They are located in all classrooms as well as key areas of the school: hall, office, swimming pool and Head Office (HM).

Caretaking staff have spillage kits and are the first point of contact for such occurrences. The defibrillator is located in the medical room (GW) and outside the School Office (HM).

The Appointed Person for First Aid will ensure that the contents of all First Aid containers/stations and spillage kits are regularly checked and restocked.

In the case of a residential trip, the residential first aider will administer first aid and complete the report. For day trips, a trained First Aider will carry a first aid kit in case of need.

What to do in the event of an incident requiring medical assistance

If a person becomes unwell

A pupil, member of staff or visitor who becomes unwell during a lesson or activity may, if they are able, be sent to the school office to seek assistance. They should be accompanied by another person. Parents will usually be contacted and asked to collect a pupil if they become unwell.

If a person is involved in an accident or medical emergency

- **Call for assistance from the nearest First Aider or if you are qualified in first aid seek assistance from the nearest member of staff**
- Ensure that other children/adults in the vicinity are safe and supervised
- The First Aider will take charge and co-ordinate the administration of first aid, deciding upon any additional medical assistance required, including requesting an ambulance
- At least one member of staff should always stay with the casualty – this may include escorting them to hospital if required
- Should an ambulance be required dial 999. Ideally, **DO NOT LEAVE THE CASUALTY ALONE** in order to do this – ask a colleague (if you send someone else to make the call, ensure that you tell them to return straight to you in order to inform you of the 999 call having been successfully made)
- After an ambulance has been requested, if they have not already been alerted, **inform the Head Teacher, Deputy Head Teacher or a member of the Senior Leadership Team**
- A senior member of staff will contact the parents and explain the situation, arranging where the parent should come to meet the child, either at school or at hospital. It is vital therefore that parents provide the school with up-to-date telephone numbers
- A member of staff should **await the arrival of the emergency services** and will direct them appropriately
- Ideally, a familiar member of staff will **accompany the casualty in the ambulance** and at the hospital until the parent/carer arrives
- Where there is an urgent need for surgical or medical treatment to be given and the parents cannot be contacted, the decision about the competence of the pupil to give or withhold **consent to urgent surgical or medical treatment, in the absence of the parent, must be the responsibility of the doctor**
- All incidents must be recorded in line with the recording and reporting procedures.

Hygiene and infection control when dealing with a medical incident

- Common sense infection control measures (hand washing, use of disposable gloves when dealing with blood or bodily fluids) must be followed by all staff when dealing with medical incidents
- Hand washing facilities are available throughout the school
- Single use disposable gloves are to be found in First Aid kits and must be always used when providing treatment involving blood or body fluids
- Caretakers (when available) should always be called to deal with the clearing up of spillages of bodily fluids and any items contaminated must be disposed of in the bin marked for clinical waste.

Dealing with Bodily Fluid Spillages (Bio Hazards)

The school has a duty to protect its staff from hazards encountered during their work; this includes bio-hazards, which for the purpose of this document are defined as Blood, Vomit, Faeces, Urine and Wound drainage.

In the event of a spillage the following precautions should be applied:

- Notification by placing warning signs
- Staff dealing with biohazards should wear protection, e.g., gloves, apron
- Staff should access spillage kits in order to clean up promptly
- Waste should be disposed of in the bin marked Clinical Waste
- Hand hygiene should be carried out following management of the spillage

Head Injuries

All head injuries should be regarded as potentially serious, irrespective of the extent of external injury. It is important to monitor any person with a head injury very carefully, looking for key signs such as sickness, dizziness, incoherence or drowsiness. If in doubt, or if any of the key signs are exhibited, seek medical help.

Parents may be called and asked to collect their child and seek expert medical attention. The person dealing with the injury will ensure that the parents of any pupil who has required treatment for a head injury are informed, either verbally or in writing, on the day the injury occurs, to enable them to continue monitoring their child's recovery.

Accident Reporting and Record Keeping

Where there is an accident or medical emergency and First Aid assistance has been provided, the person who has administered First Aid should record the incident on iAMs.

Parents will be informed of any significant accident or injury sustained by their child on the same day and must be kept sensibly informed by an appropriate member of staff. This contact with parents is recorded on iAM.

Playground injuries and similar are recorded on iAMs by the person attending to the casualty or dealing with the incident on the day it happened. iAM records the following information :

- Date, time and place of incident
- Name
- Details of the injury and what first aid treatment was given
- Name of person dealing with the incident
- Whether or not parents were contacted and if so, by who and at what time

All more serious accidents will be investigated as soon as they occur by the Head Teacher, so that any problem areas or procedures are identified and remedial action can be taken if necessary. Problems identified and actions taken are reviewed by the Health and Safety Officer.

First aid administered to staff and visitors is recorded on iAMs.

Consideration will be given to whether accidents to pupils, staff and members of the public are in any way attributable to defective premises or equipment or lack of supervision and whether any corrective action is required.

Informing the HSE (Health & Safety Executive) under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) – statutory requirements

The Head Teacher is responsible for determining if the HSE needs to be informed of an accident or incident, making the report via www.hse.gov.uk/riddor/online and keeping the copy on iAMs. The report will be made as soon as reasonably practicable and within 15 days of the incident.

Under RIDDOR the following accidents must be reported to the HSE without delay:

- Accidents to employees resulting in death or specified injury as defined by RIDDOR (including as a result of physical violence)
- Dangerous occurrences
- Accidents to employees which prevent the injured person from doing their normal work for more than 7 days must be reported within 15 days of the accident

- Accidents to pupils or visitors involved in a school activity that result in death or injury in connection with a work activity and where the person is taken directly from the scene of the accident to hospital for treatment
- Near miss events that do not result in an injury but could have done.

A record will be kept on iAMs of any reportable injury, disease or dangerous occurrence which must include: the date and method of reporting; the date and time of event; personal details of those involved; and a brief description of the nature of the event or illness.

Administration of Medicines

Medicines should only be administered at school when it would be detrimental to a child's health and school attendance not to do so.

Most pupils will at some time have a medical condition that may affect their participation in normal school life. This may either be a short-term condition which is quickly resolved or a long term condition with pupils having medical needs that limit their access to education. At Woodlands Schools we aim to work with parents to provide measures to minimise the impact of medical difficulties on the child's school life.

Parents/guardians have the main responsibility for their children's health and should provide the school with information about the child's medical conditions. Whilst there is no legal duty requiring staff to administer medicines or supervise pupils taking their medicines, we will endeavour to accommodate pupils' medical needs in close cooperation with parents. Thus, while it is not our policy to care for sick pupils who should be at home until they are well enough to return to school, we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness.

At no time should any child carry with them prescribed/unprescribed medication (with the exception of inhalers and auto-injectors) e.g., painkillers. Each administration of the medication is recorded on the relevant form and must be signed by the trained administering staff. Older children are expected to take some responsibility for remembering to go to the Office to take their medicine.

If a child has an evolving illness or has sustained an injury that requires immediate simple analgesia, parental consent must be obtained via the School Office with the consent of the Head Teacher. The dose, time administered and type of medication should be documented with written confirmation received by the parents.

Arrangements for Pupils with Particular Medical Needs

All staff are required to be aware of children with particular medical conditions and must ensure that their needs are included in any risk assessments for activities at school and trips outside the school. We will consider the reasonable adjustments necessary to enable pupils with medical needs to participate fully and safely in all aspects of school life and will not create unnecessary barriers to pupils' participation. However, school staff may need to take extra care in supervising some activities to ensure that these pupils and others are not put at risk.

Individual health care plans for pupils with special medical needs, including those with asthma and serious allergies which have a risk of anaphylaxis shock, are agreed with parents and are recorded and distributed as appropriate. These will help to identify any necessary safety measures to support the pupils and ensure they are not put at risk. Parents have prime responsibility for their child's health and should provide us with information about medical conditions, in conjunction with their child's GP and paediatrician. This information is requested when a child joins the school and all

parents are asked to review and confirm the details held for their child at the start of each academic year. Individual health care plan details are updated and shared as soon as possible following a new diagnosis and/or at the start of each academic year. The school appreciates that pupils with the same medical condition do not necessarily require the same treatment.

Since September 2014, schools have been able to hold spare emergency inhalers; parents of all children with asthma at Woodlands Schools have given written permission for the use of the spare school inhaler in the event of an emergency, when their own is absent.

Unless otherwise stated, two auto-injectors are required for children who need them, at least one of which will be kept in the Office. Additional pens are kept in an anaphylaxis child's emergency bag. Should a child with anaphylaxis leave the site, it is the teacher's responsibility to ensure that they have their emergency bag with them.

Where relevant, additional staff training will be provided on specific medical conditions, including the associated care required.

Medical needs of the staff are not the responsibility of the Appointed Person. The Head Teacher will make reasonable adjustments when informed of a medical condition by a member of staff and staff will be asked to confirm that any medication is unlikely to impair their ability to look after children properly and that any medication brought onto school premises is kept securely away from children.

Contagious Illnesses – See our Childhood Illnesses and Exclusion Periods (Appendix A : Parents' Handbook)

To prevent the spread of illness, any child who has been diagnosed with a contagious illness e.g., chickenpox, impetigo etc is asked to remain at home until they are no longer contagious. Parents are asked to inform the school as soon as possible that their child has an infectious illness so that the school can send a letter of information out to other parents.

In the event of a child suffering from sickness and/or diarrhoea, parents are asked to inform the school and the child must remain absent from school until they have been clear of all symptoms for at least 48 hours. The school will liaise with parents and exercise discretion where the cause of sickness is not linked to a potential illness.

If a child has a case of head lice, the parents are asked to inform the school and treat their child with the appropriate shampoo before returning them to school.

If a child has been diagnosed with conjunctivitis, they are asked to seek medical treatment and return to school once there has been an improvement after starting the appropriate eye drops or ointment.

Additional Medical Protocol for EYFS (Kindergarten and Reception)

Caring for a child taken ill during the school day

- If a child in Kindergarten and/or Reception becomes unwell during the day, the learning support assistant will stay with the child in a quiet area. The parents will be contacted and, if they are not available, we will continue to phone other people on the child's emergency list.
- When the parent/carer arrives to pick up the child, the member of staff who has been supervising the ill child will fully inform them as to the sequence of events.
- If we believe the child's illness to be severe and the parent is unwilling to pick their child up, we will insist they are collected and, if necessary, phone the next person on the child's emergency list.

Allergies

At the beginning of Kindergarten and/or Reception, parents are asked to fill out a Health and Dietary form which asks for details of any allergy the child may have and any foods they should avoid, in addition to any pre-existing medical conditions that we should be aware of. Any changes in condition should be reported to a member of staff immediately so the information can be updated. The same procedures as for the rest of the school will be followed, for example agreeing a care plan with parents. In the unlikely event of a child reacting to a food or other substance, the parents would be contacted and informed of their child's reaction and any medication administered. We would advise them to come to collect their child and seek further medical advice. A member of staff would always remain with the child in case the reaction worsened.

If a severe reaction occurs, we would again follow the instructions set out on the child's medical form. If an auto-injector is provided and is needed, a member of staff would administer this and stay with the child whilst another member of staff telephoned 999 and the parents. If a child suffers an allergic reaction to something new that we are unaware of, we would comfort the child, seek urgent advice from the paediatric first aiders, then contact the parents/emergency contact. In a severe case we would dial 999 and a member of staff would accompany the child to the hospital.

Administration of Medicine

- Before starting in the EYFS parents complete a medical/dietary requirements form.
- No medicine must be administered to a child without the parent's written permission. Medicines must be in the original container in which they were dispensed, with the prescriber's instructions for administration.
- Child's name, medicine and time should be clearly written on the health care plan and communicated to all staff.
- All medicines for EYFS children are to be kept in the School Office (fridge or in the locked first aid cabinet).
- Before administering any medicine **READ** the instructions carefully and check it has the correct name and dosage on the label and is in date.
- Once the medicine has been administered the medicine form should be filled out immediately.
- Written records for all medication administered to every child in the care of the EYFS (and whole school) are retained.
- Medicine will not be administered if it has not been clearly prescribed for that particular child by a doctor, dentist or pharmacist.
- We will only administer non-prescription medication – pain/fever relief if there is a health reason to do it and written consent has been gained from parents.

All staff are aware of how to use an auto-injector and have had training using a 'trainer auto-injector'. Any specific training will be undertaken when/where necessary.

Those with the Emergency First Aid at Work and Paediatric First Aid qualifications are also permitted to administer prescribed medicines.

Appendix A – Childhood Illnesses and Exclusion Periods

DISEASE	EXCLUSION PERIOD
Chickenpox	Exclude until all sores have crusts
Cold Sores	Exclude whilst sore is discharging
Conjunctivitis	Exclude until better or improving following treatment from GP
Diarrhoea and vomiting	Exclude until symptoms have stopped for at least 48 hours
Eczema	No exclusion necessary unless infected
Glandular Fever	No exclusion necessary if well
Hand, Foot and Mouth	Exclude until fever is gone and child feels well
Head Lice	Exclude until treated
Impetigo	Exclude until after 24 hours on antibiotics
Measles	For 5 days after onset of rash
Meningitis	None once better
Molluscum Contagiosum	No exclusion necessary
Mumps	For 7 days after onset of swelling
Psoriasis	No exclusion necessary if not infected
Ringworm (of the feet)	No exclusion necessary
Ringworm (of the scalp)	None once appropriate treatment commenced by GP
Ringworm (other areas)	None once appropriate treatment commenced by GP
Rubella (German Measles)	For 5 days from the onset of rash
Scabies	Exclude until treated
Scarlet Fever	Exclude until after 24 hours on antibiotics
Shingles	No need to exclude if sores can be covered and child feels well
Slapped Cheek (Fifth Disease)	Not infectious once rash has appeared – if contact is made with anyone who is pregnant, medical advice should be sought. School should be informed.
Sore throat (mild viral)	Until fever is gone
Sore throat (bacterial)	Exclude until after 24 hours on antibiotics
Threadworm	No exclusion necessary but treatment recommended
Tuberculosis (pulmonary)	Until 2 weeks after start of treatment. Seek advice from Consultant in Communicable Disease Control
Verrucae (warts)	No exclusion necessary but keep lesions covered
Whooping Cough	For 5 days from commencing appropriate antibiotics

Appendix B – Auto-injector Emergency Instructions

Step 1

- Assess the situation

The stages described below may merge into each other rapidly as a reaction develops

- Send someone to get the emergency kit / auto-injector, which is kept in the School Office

SYMPTOM		ACTION
Mild Reaction - Generalised itching - Mild swelling of lips or face - Feeling unwell/nausea - Vomiting		Mild Reaction - Phone Parents - Give antihistamine - Monitor child until you are happy (s)he has returned to normal - If symptoms worsen see below
Severe Reaction - Difficulty breathing / choking / coughing - Severe swelling of lips / face / eyes - Change of skin tone - Pale / floppy - Collapsed / unconscious		Severe Reaction - Get the auto-injector out - Send someone to telephone 999 and to tell the operator that the child is having an anaphylactic reaction - Sit or lie the child on the floor. Remove the blue/grey safety cap from the auto-injector. - Hold the auto-injector against the thigh - Press tip firmly into the outer thigh at a right angle. Make sure a click is heard and hold the auto-injector in place for 10 seconds. - Remain with the child until the ambulance arrives - Place used auto-injector into container, without touching the needle - Take note of time of administration

Appendix C – List of First Aiders

Hutton Manor

Name	Qualification	Expiry Date
Gemma Peck	First Aid at Work	24/11/2024
Penny Marshall	First Aid at Work	26/01/2026
Steve Sims	First Aid at Work	26/01/2026
Bernie Eyo	First Aid at Work	05/08/2025
Amelia Binnell	First Aid at Work	26/09/2024
Amelia Binnell	Paediatric First Aid	26/09/2024
Bernie Eyo	Paediatric First Aid	18/08/2025
Penny Marshall	Paediatric First Aid	28/06/2025
Stacey Fowler	Paediatric First Aid	28/06/2025
Gemma Peck	Paediatric First Aid	24/06/2024
Samantha Lott	Paediatric First Aid	28/06/2025
Anne Wilson	Paediatric First Aid	28/06/2025
Virginia Pretorius	Paediatric First Aid	28/06/2025
Karen Archer	Paediatric First Aid	07/06/2024
Kim Clews	Paediatric First Aid	24/06/2024
Donna Burkert	Paediatric First Aid	29/06/2025
Steve Sims	Paediatric First Aid	06/09/2025

Great Warley

Name	Qualification	Expiry Date
Claire Bennett	First Aid at Work	03/02/2025
Debbie Oram	First Aid at Work	27/09/2025
Kirsty Kernaghan	First Aid at Work	03/02/2025
Robert Stanley	First Aid at Work	19/01/2025
Madeline Raymond	First Aid at Work	28/02/2025
Christine Dennis	Paediatric First Aid	29/06/2025
Claire Bennett	Paediatric First Aid	29/06/2025
Debbie Oram	Paediatric First Aid	29/06/2025
Kirsty Kernaghan	Paediatric First Aid	29/06/2025
Tertia Smith	Paediatric First Aid	29/06/2025
Michelle Barr	Paediatric First Aid	21/06/2024
Kelly Scase	Paediatric First Aid	29/06/2025
Nicola Dobinson	Paediatric First Aid	29/06/2025
Fiona Edwards	Paediatric First Aid	29/06/2025
Vivienne Parker	Paediatric First Aid	29/06/2025
Madeline Raymond	Paediatric First Aid	29/06/2025
Juliet Clements	Paediatric First Aid	29/06/2025
Robert Stanley	Paediatric First Aid	29/06/2025
Liza-Mari van der Berg	Paediatric First Aid	29/06/2025
Emma Burman	Paediatric First Aid	29/06/2025
Catherine Duthie	Paediatric First Aid	29/06/2025
Libby Gaskell	Paediatric First Aid	03/03/2026
Neelam River	Paediatric First Aid	13/05/2026

Little Acorns Hutton Manor

Name	Qualification	Expiry Date
Emma Barham	First Aid at Work	01/04/2026
Jackie Wilson	First Aid at Work	20/06/2026
Georgina Sainsbury	First Aid at Work	22/03/2025
Janet Lee	First Aid at Work	14/04/2025
Jackie Wilson	Paediatric First Aid	01/04/2026
Edna Sankoh	Paediatric First Aid	27/04/2026
Emma Barham	Paediatric First Aid	24/06/2024
Keira Dean	Paediatric First Aid	02/09/2024
Siobhan Golding	Paediatric First Aid	24/01/2025
Anna Jamieson	Paediatric First Aid	24/06/2024
Rachel Lake	Paediatric First Aid	24/06/2024
Amber Lloyd	Paediatric First Aid	09/03/2025
Kathleen Ollivierre	Paediatric First Aid	07/06/2024
Charley Slater	Paediatric First Aid	04/01/2024
Jackie Staff	Paediatric First Aid	07/06/2024
Janet Lee	Paediatric First Aid	07/06/2024
Rachel Marling	Paediatric First Aid	24/06/2024
Jane Piper	Paediatric First Aid	08/08/2026