



MAYVILLE HIGH SCHOOL

Founded in 1897

First Aid & Medical Procedures

This policy is applicable to all pupils, including those in the EYFS.

The Trustees acknowledge their responsibility for ensuring that this policy is effective in its implementation and meets all current regulatory requirements. An annual review of this policy is undertaken where revisions may be made and any deficiencies or weaknesses can be remedied without delay.

This Policy aims to:

- Provide guidance for all staff in the School regarding the procedure for First Aid on School sites as well as for off-site activities;
- Seek to prevent staff from placing themselves at risk;
- Continue to monitor and improve the quality of First Aid service in the School.
- Provide guidance for all staff regarding supporting pupils with medical/health needs in School.
- Ensure that the school implements this policy in a timely and competent way.

FIRST AID

Automated External Defibrillator (AED) locations:

Main Office - Livesey

Deputy Head's Office - Kenilworth

Cockleshell Community Sports Centre - Code C159X

First Aid kits can be found in the following locations.

Livesey House:	Office Staff Room Science Laboratories Health & Safety Office
Clarendon House	Staff Room Head of Middle School Office
Junior school:	Staff room Playground kit
Pre-Prep Dept.	Lower II classrooms (2)
Kestrels and Swans	
The Cottage	1st Floor Medical Room Design Technology Room

Mayville High School employs a Welfare Officer who is an experienced first aider, who works full-time and is therefore present during school hours. Additionally, there is at least one qualified first aider in every school

building when children are present. A first aider will also be present during out of hours activities and school trips where pupils are present.

A standard first aid kit is carried in all minibuses.

First aid boxes are to be checked regularly by the Welfare Officer. Each box should contain a list of contents, with instructions for certain emergency procedures.

A list of current first aiders is attached in Appendix A.

The Senior First Aider is responsible for organising appropriate training courses and for maintaining an up to date list of First Aiders. First aid training is provided at least once every three years for both paediatric and emergency aid in schools courses.

The medical room and welfare officer are located on the first floor of the Cottage.

EYFS

- One person with paediatric training will always be on site and if there is an EYFS trip, one will always be present.
- Children should not come into school until 48 hours after the symptoms of vomiting and diarrhoea have ceased. This will be explained to parents.
- All instances of pupils reporting that they are unwell should be recorded, whether or not medicine is administered.
- All parents will be informed on the same day if first aid has been applied and they will receive a form which details the accident / incident, any administration of medicines and the nature of the first aid applied.
- The school will ask the parents to fill in a medical declaration form when the child starts in the setting and this will be regularly updated.
- As a registered provider, the school will notify Ofsted within 14 days of any serious accident, illness and injury to, or death of, any child while in their care and of the action taken. Local child protection agencies will also be notified and the school will act on their advice.
- Mayville High School will discuss with parents the procedure for responding to children who are ill or infectious.

HYGIENE PROCEDURES FOR DEALING WITH THE SPILLAGE OF BODY FLUIDS

If a child is sick, the area should be cleaned thoroughly by a responsible adult. (Spillage kits are available for this). Hygiene procedures for dealing with the spillage of body fluids. If there is a spillage of body fluids a spillage kit should be used.

The following guidelines should be observed:

- Wear disposable gloves and apron if necessary
- Cover spillage with absorbent crystals and leave for a few minutes to take effect
- Use disposable cloths to wipe up debris
- Clear all paper and debris into disposable yellow bag
- Clean the area with disinfectant
- Place cloth and gloves into disposable yellow bag

- Thoroughly wash your hands with soap and water and dry on paper towel

MEDICINE

There is no legal obligation upon the school to administer medicine. The Headteacher reserves the right to withdraw this service.

No medication should be given unless it has been prescribed by a doctor. The Welfare Officer or First Aider will administer medication prescribed by a Doctor or with a written request from parents or guardian, provided it is absolutely necessary and the parent has given written permission. Wherever possible, children should only bring to school sufficient medication for that day, but it must be in the actual original container giving dosage etc. Where this is not possible, the medicine should be taken home at the end of the day. During the day the medicine should be kept safely in the appropriate staff room. Medicines should be clearly marked.

PARACETAMOL

A small supply of paracetamol tablets is held in the Health and Safety office, the medical room in The Cottage and with senior first aider. Calpol is also available in the Pre-prep, Junior and Nursery. These can be replenished when first aid kits are checked. Authorisation to give paracetamol will be obtained from parents/guardians annually. Junior/Pre-prep pupils should only be given paracetamol after consultation with the parents/guardian. Senior pupils are more likely than Juniors to require tablets – most commonly for period pains. **ONLY THE WELFARE OFFICER OR FIRST AIDERS TRAINED IN ADMINISTRATION OF MEDICINE** should administer tablets to pupils. Tablets should be given at the discretion of the Welfare Officer or Health and Safety Officer and **ONLY** if he/she feels this is really necessary. Before administering tablets, the Welfare Officer, first aider or Health and Safety Officer should check whether the pupil is taking any other medication or if they have already taken paracetamol within the last four hours. If so, then no paracetamol should be given.

EVERY TABLET ADMINISTERED MUST BE RECORDED IN THE TREATMENT SECTION ON SCHOOLBASE. The Welfare Officer, first aider or Health and Safety Officer should note the date, time, to whom the tablet was given, the expiry date, witness (any other adult) and why. They must then email the parent through Schoolbase to notify the pupil has had medication. The Welfare Officer will check these records fortnightly and contact parents if there is any cause for concern.

DOSAGE: Infants - Calpol - 5ml
 Juniors - half a tablet
 Seniors - one tablet

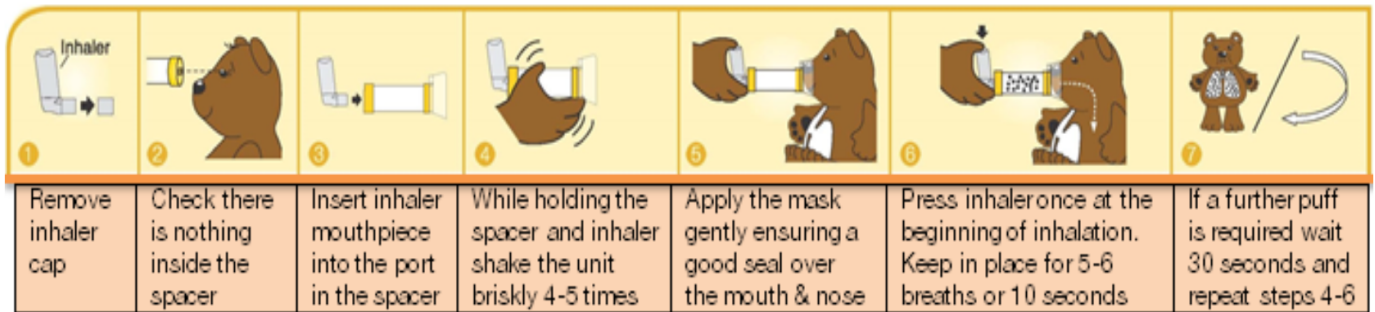
ASTHMA

Asthma inhalers should be clearly labelled and kept in the classroom for immediate access for junior and pre-prep pupils. Senior pupils are responsible for their own inhalers. Inhalers should be available for children on trips and PE lessons. The medical room should have a spare inhaler named for each child and there is an emergency school inhaler in the main office.

IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the pupil. If the pupil panics, it may hinder their breathing further.
- Encourage the pupil to sit up and sit slightly forward.
- Use the pupil's own inhaler – if unavailable, use the emergency one.
- Immediately help the pupil take two separate puffs of the inhaler using a spacer.
- If there is no immediate improvement, continue to give two separate puffs every two minutes, up to a maximum of ten puffs in total.

- Stay calm and reassure the pupil. Remain with them until they feel better. Once recovered, they can continue with school activities. If they require six-ten puffs or they become unwell again within four hours, parents should be contacted to collect them from school and they should arrange an urgent GP appointment.
- If the pupil does not feel better or you are worried at ANY TIME before you have given ten puffs, CALL 999 FOR AN AMBULANCE.
- If an ambulance does not arrive within ten minutes, administer another ten puffs in the same way.



ALLERGIES

1. The Staff should be aware which children have any allergies that could lead to a severe allergic reaction. Epipens/auto injectors are kept in the relevant staff rooms for junior pupils. Senior pupils should carry two epipens/autoinjectors with them at all times. A spare epipen/auto injector should be kept in the kitchen and/or in the medical room clearly named.
2. Notice from parents will need to be taken of any dietary requirements of any particular child and adequate supervision of the other children must be maintained to prevent children innocently introducing an allergen to the child.
3. Necessary training will be given to staff as appropriate to deal with specific emergencies.
4. Emergency kits MUST accompany these pupils out on all school trips. (i.e. on all occasions when they leave the school site).

WHAT TO DO IF SOMEONE HAS AN ANAPHYLAXIS

This is a medical emergency. It can be very serious if not treated quickly.

- Use an adrenaline auto-injector if the person has one – make sure you know how to use it correctly first. (Blue to sky and orange to thigh)
- Call 999 for an ambulance immediately (even if they start to feel better)
- Remove any trigger if possible – for example, carefully remove any wasp or bee sting stuck in the skin
- Lie the person down flat – unless they are unconscious, pregnant or having breathing difficulties
- Give another injection after 5-15 minutes if the symptoms don't improve and a second auto-injector is available.
- The school has a spare adrenaline auto-injector which can be given to pupils with anaphylaxis in an emergency if they do not have their adrenaline auto-injector, if consent from parent/guardian has been gained. This cannot be given to pupils with anaphylaxis who do not have a known allergy, unless under the advice of the ambulance call handler.

DIABETES

1. The school will work closely with the parents/carers and the HCP team to manage a pupil's diabetes in school. Staff will be given all necessary training.
2. Parents should be informed of all planned trips. Staff should consider the timing of meal breaks and/or snacks on the trip and ensure any medication is always taken with the pupil.
3. Ask parents if any aspects of the pupil's care might change, or if there is any particular area they would like the school's help on, e.g. taking responsibility for certain aspects of care as the student grows up
4. As a pupil moves up a class there must be a discussion with parents, existing staff and new staff. This discussion should consider if there are any other changes that might affect them, such as changes to the school curriculum, timing of lunch and breaks or storage of medication and equipment.
5. Arrange training for new staff carers, involve the Medical Officer and parents in this.
6. Allow time for new staff carers to work with current staff carers so that they build up their confidence and the student feels comfortable with them.
7. Update the student's individual healthcare plan if necessary.

EPILEPSY

All pupils with diagnosed epilepsy will require an individual healthcare plan (IHP)

The information about the pupil's medical condition and specific needs should be recorded in an IHP. The IHP should make it clear what specific support the pupil needs, when it should be provided and who is responsible for making sure that the pupil gets the support they need.

To produce an IHP, the school will work together with parents / guardians and the pupil, and a relevant healthcare professional. This could be the child's epilepsy specialist or epilepsy specialist nurse along with the School's medical officer. Here is a recommended list of things to discuss when drawing up an IHP:

- The type of epilepsy
- Type of seizures
- What happens before, during and after a seizure
- How long seizures last
- Appropriate first aid
- What the school should do after the pupil has had a seizure
- How long the pupil needs to rest following a seizure
- When the school should call an ambulance
- What the school should do in an emergency
- Triggers for the pupil's seizures (if any)
- Any warnings the pupil has that they may be about to have a seizure (for example a headache or an aura)
- Any medicine taken, and when the pupil needs to take it
- Any medicine side-effects that the school needs to be aware of

- Any particular activities that may put the pupil at risk, and what can be done to reduce the risk
- Any adjustments that need to be made to the classroom environment, to support learning
- Any other provisions the school needs to make, for example extra time in exams
- Any other medical conditions the pupil has
- Who the healthcare professionals involved in the care are
- Any behaviour or emotional issues that the school needs to be aware of.

IHPs should be reviewed every year, or earlier if the pupil's needs change. They should be developed with the pupil's best interests in mind and ensure that the school assesses and manages risks to the pupil's education, health and social wellbeing.

HEAD INJURIES

(These are classified as any injury to the face or head)

Minor bump to head

A minor bump to the head is common in children, particularly of primary school age.

A minor head bump is where:

- The child is asymptomatic, i.e.. no dizziness/no headache/no nausea or vomiting
- There is no bruising
- There is no swelling
- There is no abrasion or only minimal temporary redness
- There is an initial complaint of a headache that is more reflective of the initial pain of the bump, rather than an actual headache

Treatment and Action:

- Reassurance and comfort, whilst you observe to check that they are asymptomatic
- A cold compress, such as a wet paper towel, may be utilised. An ice pack may be required
- First Aider to contact their current teacher if they are currently in a lesson to continue to monitor the pupil
- Parents to be informed via email and/or telephone call.

Minor head injury – no loss of consciousness

A minor head injury is one that has caused a bump, bruise, abrasion on the exterior of the head. Other symptoms may include:

- Nausea
- Mild headache
- Tender bruising/swelling
- Mild dizziness

Treatment and Action:

- Ask how they are feeling and ask three simple questions e.g.. What day is it today? Who is your teacher? When is your birthday? Questions may vary depending on age.

- An ice pack to any swelling only
- Sit and rest
- First aider to input accident information on Schoolbase
- Parents to be informed via email and telephone

If ANY of the following symptoms are displayed, the pupil will need to be collected and taken to the Minor Injuries Unit/Urgent Treatment Centre:

- Loss of consciousness/confusion/drowsy
- Loss of balance/difficulty walking
- Loss of power in arms/leg
- Clear fluid from nose/ear
- Significant headache not eased by pain relief
- Vomiting
- Seizure

In the event of a severe head injury

Call an ambulance and state 'severe head injury to a child'. Contact the Welfare officer and/or the Health & Safety Officer.

If suspected neck injury – **do not move them and send for help!**

Keep them warm and reassured until the ambulance arrives.

SMT will coordinate the arrival of the ambulance

School Office to contact parents via telephone

Senior pupils with headaches

Older pupils may present with a headache, the first point of call is to make sure they are hydrated. Then you may offer paracetamol or ibuprofen to relieve pain. Do **not use aspirin** as it could cause the injury to bleed if the headache was a result of a bump or head trauma.

Check that they have consent for the medication on Schoolbase and then the Welfare Officer, Health and Safety officer and the school office can administer. It **must** be recorded on schoolbase and the parents should be emailed.

All head injuries parents need to be telephoned and emailed. If contact wasn't made with the parent or career then they **must** be told at collection.

Concussion

In the event that concussion is diagnosed by a healthcare professional, the sports department will follow the Graduated Return to Play schedule in partnership with the pupil's parents. It is the parents' responsibility to arrange a medical review for confirmation of recovery before the pupil returns to full practice (stage 5 of return to play).

WHERE SPINAL INJURY IS SUSPECTED OR THERE IS A LIFE THREATENING SITUATION DO NOT MOVE

If a child needs to be undressed for inspection then there must be two adults present. As a general rule,

no child should administer first aid unsupervised.

All accidents must be reported on an Accident Report Form on Schoolbase.

All serious injuries to staff or visitors must also be recorded on an Accident Report Form on Schoolbase.

The School possesses two (One at the moment as one is in for servicing) Mediana AED A15 Defibrillators which are kept in the school office in Livesey building and the deputy head's office in Kenilworth building (School office only). If there is a cardiac arrest the first aider should start CPR immediately but needs to ensure that an ambulance has been sent for by ringing 999 or 112 and should also ensure that the defibrillator has been sent for. All first aiders have received training in the use of a defibrillator.

OTHER SPECIFIC MEDICAL CONDITIONS

Any pupil with a specific medical condition will need an IHP. (Individual Healthcare Plan)

An individual healthcare plan (IHP) details exactly what care a child needs in school, when they need it and who is going to give it. It will also include information on the impact any health condition may have on a child's learning, behaviour or classroom performance. This should be drawn up with input from the child (if appropriate) their parent/carer, relevant school staff and healthcare professionals and ideally a specialist if the child has one.

The IHP should include the following:

- Written permission from the parent/carer and the Headteacher for any medication to be administered by a member of staff, or self-administered by the child during school hours.
- Exactly what help the child needs, what they can do themselves and what they need from somebody else.
- Who is going to give that help and when.
- Details of any medication needed, the dose needed, when it's needed and the procedure for using any equipment.
- Details of any testing the child needs to do, the procedures involved and the action to be taken depending on the result.
- Description of the symptoms and possible triggers of any emergency situation which requires urgent attention (e.g. asthma attack, seizure, anaphylaxis, hypo) and what staff will do if any of these occurs. It should also include when the parent/carer should be contacted and when an ambulance should be called.
- The things that need to be done before, during or after PE.
- What plans need to be put in place for exams (if appropriate).
- Details of where medication and other supplies will be stored and who will have access to them. It should also include what supplies will be needed, how often the supplies should be checked and by whom.
- What to do in an emergency, including who to contact.
- Any support needed around the child's educational, emotional and social needs, e.g. how absences will be managed, support for catching up with lessons or any counselling arrangements.
- A description of the training that has been given and to whom.
- Any details of when the child needs to eat meals and snacks, what help they need around meal or snack time, e.g. whether they need to go to the front of the lunch queue or have any other special

arrangement around meal/snack time.

- What plans need to be put in place for any school trips (including overnight) or other school activities outside of the normal timetable.
- Remember to attach any other documents that are relevant to a child's care to the plan. The help a child needs is likely to change as time goes on, and so their IHP will need to change to reflect this.

The IHP will be reviewed annually at the very least, but must also be reviewed when management of a medical condition changes or the level of care a child needs changes.

So also included in the IHP should be:

- when it will be reviewed
- who can alter the plan and which parts they can alter
- what the process is for reviewing the plan..

All staff should be aware of children with specific health problems – a list of whom should be positioned in each staff room, in the Nursery and in the kitchen.

IN CASE OF ILLNESS - Staff who are taken ill should be referred to the Welfare Officer, Health and Safety Officer or a first aider.

Pupils who report that they feel unwell should be referred to the Welfare Officer, Health and Safety officer or a First Aider who may administer paracetamol tablets if they deem it necessary. The pupil should remain with the class (possibly not taking part in the lesson, but sitting quietly) or be sent to the medical room where they will be accompanied by one of the school's first aiders. The school office must be notified if a pupil is taken to the medical room. If there is no improvement after a reasonable amount of time then the pupil should be referred again to the welfare officer or a First Aider (preferably the same one if they are still in school).

If the Welfare Officer / First Aider thinks that the child should be sent home then they should contact the School Office. The office staff or welfare officer will contact parents and arrange for the pupil to be collected.

In the case of Junior pupils, the Welfare Officer or First Aider should check with Form Teachers BEFORE deciding that the child should go home. The Form Teacher may well be able to shed more light on the child's behaviour/illness.

ACCIDENT PROCEDURES.

In case of Minor Accident:

ALL ACCIDENTS MUST BE RECORDED ON SCHOOLBASE BY THE WELFARE OFFICER or FIRST AIDER WHO DEALS WITH THE SITUATION. The record should include the nature of the accident, the treatment given and the time of the accident.

Parents are informed immediately an accident occurs by the School Office or by the welfare officer and the time is noted on Schoolbase as well as the initials of the employee who notified the parent / guardian.

Staff who suffer an accident should be referred to the Welfare Officer, Health and Safety Officer or a First Aider.

DURING CLASS: The pupil or pupils should be referred to the Welfare Officer, Health and Safety Officer or a First Aider who should examine the child and follow the same procedure as for illness.

DURING BREAK: If the member of staff on duty is a First Aider then they should send a responsible pupil

to fetch a First Aid kit. The teacher SHOULD NOT leave the playground. If the member of staff on duty is NOT a first aider then they should send a responsible pupil to summon the Welfare Officer, Health and Safety Officer or First Aider (and a First Aid kit). All breaks offsite to Wimbledon Park must have a first aider present and a first aid kit taken.

All first aid kits should be returned to their location after use and the Welfare Officer should be emailed with an indication of what was used so that it can be restocked.

A FIRST AID KIT MUST BE TAKEN ON ALL OFF-SITE VISITS

IN CASE OF SERIOUS ACCIDENT (Including all head injuries):

- The Welfare Officer or an experienced first aider should be sent for immediately.
- Parents should be notified immediately by the school office or the welfare officer.
- Details of the accident and the treatment given should be recorded on the Treatments section on Schoolbase along with the time of the accident
- Mr R Meli and Mrs Willett are responsible for reporting accidents and injuries to the Health and Safety Executive under RIDDOR.

The record of all accidents on school premises is reviewed and evaluated annually by the Headteacher and the Trustee i/c Health and Safety and the Health and Safety Officer.

TRANSPORT TO HOSPITAL

If an ambulance is required the emergency "999" service should be used. It may be appropriate to transport a pupil to a casualty department without using the ambulance service but it should be noted that this should always be on a voluntary basis and two adults should always be present. These will be cases of a less severe nature than those that do require ambulance transport. If taking a child to hospital, ensure that the child's details are taken. No casualty should travel to hospital unaccompanied. Every effort should be made to contact parents of pupils injured.

WHEN TO CALL AN AMBULANCE

Life-threatening emergencies.

Call 999 in a medical emergency. This is when someone is seriously ill or injured and their life is at risk.

Medical emergencies can include:

- loss of consciousness
- an acute confused state
- fits that aren't stopping
- chest pain
- breathing difficulties
- severe bleeding that can't be stopped
- severe allergic reactions
- severe burns or scalds
- seizures

Call 999 immediately if someone is having a heart attack or stroke.

Call 999 if you think someone has had a major trauma, such as after a serious road traffic accident, a stabbing, a shooting, a fall from height, or a serious head injury.

EMERGENCY TREATMENT FOR NEEDLE STICK INJURY

If a pupil or member of staff pierces or punctures their skin with a used needle, the following First Aid advice must be followed immediately:

- Encourage the wound to bleed, ideally by holding it under running water.
- Wash the wound using running water and plenty of soap.
- Do not scrub the wound while you're washing it.
- Do not allow the pupil/staff member to suck the wound.
- Dry the wound and cover it with a waterproof plaster or dressing.

You should also seek urgent medical advice: go to the nearest Accident & Emergency department.

INFECTION CONTROL

- Staff must ensure that if they have cuts or abrasions these are covered with waterproof or other suitable dressings before administering First Aid.
- Staff should wear disposable gloves when dealing with wounds or bodily fluids, which are provided in all First Aid boxes and bags.
- All items contaminated with bodily fluids should be placed in a yellow clinical waste bag (stored in First Aid boxes, and First Aid bags) and disposed of directly in the external bins.
- All spillages must be cleared up as soon as possible. Spillage kits are available in the medical room. The cleaning supervisor must be informed immediately of any spillages of bodily fluids or other biohazards so that the area can be closed off until cleaning has taken place. In their absence inform the nominated First Aid leader. Disposable aprons and gloves should be worn when clearing up spillages.
- When a pupil/staff member requires the use of medical needles within school, sharps containers will be provided by the pupil/staff member for the disposal of the needles. The nominated Welfare Officer is responsible for ensuring that these are kept safely out of the reach of children and will notify parents when they require disposal.

FEMININE HYGIENE.

Facilities are available in the female staff toilets. There is a supply of sanitary towels available for girls if necessary from the machine in the Senior girls cloakroom, the Deputy heads office, medical room, the Junior staff room in Kenilworth and the Health and Safety office. Special sanitary bins are provided and emptied on a regular basis.

Supporting pupils with medical/health needs in School .

Most pupils will at some time have medical/health needs that may affect their participation in School life. For many these may be short-term. However, for others there will be long-term medical and health needs which, if not properly managed, could limit their access to School and ability to take part in all aspects of School life. The School will put into place effective management systems to support individual pupils with medical or health needs whilst in School. However, staff may need to take extra care in supervising some activities to ensure these and other pupils are not put at risk. Pupils with medical/health needs are positively encouraged to participate in off-site activities and trips wherever safety permits. The school's senior first aider or welfare officer will liaise with the teacher in charge and the parent /guardian to develop

a health plan to support the pupil's needs. Staff supervising off-site activities and trips should ensure they are aware of the relevant health care or medical needs of the pupils in their care. Individual Health Care Plans (IHCP) are written for each child to aid any assistance needed.

Staff Awareness.

At the start of the new School year the Welfare Officer will liaise with Form Tutors to advise them if any of their pupils have medical/health needs. It is also the responsibility of teaching staff to ensure they inform the Welfare Officer when they are aware of problems/issues affecting their pupils. This may include pupil's home situations; e.g. illness, bereavement, divorce, relationships/personal problems.

Supervised School Trips and Sports Fixtures

Staff responsible for sports teams shall take steps to gather information regarding pupils with health needs prior to the match and make sure they have all medications with them.

Trips

Staff taking students on any trip or visit away from the main School site, should ensure that they take the appropriate personal medical equipment (e.g. epipens) for the students on the trip.

Staff taking students on any trips including adventurous trips, including any camping trips, should always take a first aid kit with them. It is the responsibility of the member of staff in charge of the trip to order and collect a first aid kit.

Any injury whereby a student requires treatment should be reported by taking a completed medical form and giving it to the school office on arrival back at school. This must be done by the start of the next school day after the trip returns. It must also be reported on Schoolbase as soon as possible.

It should contain the following information:

1. Student Name
2. Venue
3. Activity
4. Type of injury
5. How the injury occurred
6. Treatment given

For any major medical problems parents should be contacted as soon as is possible by the trip leader or other designated member of staff. The trip leader must also report it directly to the school and a member of the SMT informed.

For less serious medical problems the parents should be informed on return.

Sports Fixtures

Staff taking sports teams should always take a first aid kit with them to a fixture and any injury whereby a student leaves the field and is unable to return immediately should be reported to the school office, or by taking a completed medical form from the bag to the medical room. It must also be reported on Schoolbase as soon as possible. This must be done by the start of the next school day. The form should contain the following information:

- Student Name
- Venue of fixture

- Type of injury
- How the injury occurred
- Treatment given

For any serious injury parents should be contacted as soon as is possible by the team coach. Less serious injuries should be reported to parents when they collect their child.

Appendix A

School First Aiders October 2024

<i>Name</i>	<i>Department</i>	<i>Expiry Date</i>
Advanced Paediatric First Aid		
Ball, Charlotte	EYFS	06-Oct-27
Brockhurst, Dan	Senior	13-Sep-27
Clark, Sarah	Senior	13-Sep-27
Elton-Walters, Maria	Junior	20-May-27
Hardcastle, Roux	Junior/Senior	15-Sep-26
Hindson, Jo	Senior	13-Sep-27
James, Cheryl	EYFS	22-Jan-27
Kellow-Webb, Finn	Senior	04-Oct-27
Kowalska, Magdalena	EYFS	18-Mar-27
McLeod, Erin	Pre-Prep	13-Mar-27
Meli, Richard	Welfare/Aftercare	19-Apr-27
Moreno-Braza, Naz	EYFS	25-Sep-26
Mumford, Lucy	EYFS	19-Apr-26
Murr, Victoria	EYFS	13-Sep-27
Page, Laura	Pre-Prep	20-May-27
Philpott, Joanne	EYFS	27-Nov-26
Scaddan, Jodi	Pre-Prep	04-Oct-27
Wilcox, Heath	Senior	31-Aug-26
Williams, Sharon	EYFS	13-Sep-27
Willlett, Lucy	H&S	Mar-26

Emergency Aid in Schools

Ahmed, Salma	Senior	05-Apr-25
Bartlett, George	Senior	12-Feb-27
Batouskova, Lenka	Senior	19-Apr-26
Clay, Ellie	Senior	19-Apr-26
Devoy, Steve	Senior	19-Apr-26
Foreman, Matthew	Pre-Prep	12-Feb-27
Hepburn, Lorraine	Senior	12-Feb-27
Martinez Thorpe, Cintya	Senior	05-Apr-25
Moreno-Braza, Naz	EYFS	19-Apr-26
Morriss, Liz	Senior	05-Apr-25
Mumford, Lucy	EYFS	19-Apr-26
O'Sullivan, Sean	Senior	19-Apr-26
Pearson, Emeline	Junior	12-Feb-27
Perry, Natasha	Pre-Prep	05-Apr-25
Rafferty-Croft, Ellis	Senior	12-Feb-27
Rose, Amanda	Senior	12-Feb-27
Sacker, Emma	Wyvern	12-Feb-27
Schmit, Sarah	Senior	19-Apr-26
Stallard, Hayley	Admin	12-Feb-27
Stringer, John	Junior	05-Apr-25

