

# WEST PARK CE PRIMARY SCHOOL



## MEDICINES POLICY

Original developed by:	County Guidance
Date:	March 2010
Date agreed by Governors:	March 2010
Reviewed by:	Headteacher/Primary 1 <sup>st</sup> Aider
Date:	March 2012 & January 2015
Shared with staff:	January 2015
Reviewed by:	County
Date:	October 2017
Date agreed by Governors:	October 2017
Shared with staff:	October 2017
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Shared with staff:	January 2019
Reviewed by:	Medical Officer
Date:	February 2020
Date agreed by Governors:	March 2020
Shared with staff:	March 2020
Next review:	Spring Term 2022

## **Medicines in School**

**A number of forms are referred to as appendices in this example policy. These are contained in West Sussex County Council (WSCC) 'Templates – Supporting pupils with medical conditions' September 2017 and WSCC Care Plan Templates September 2017. The Asthma Toolkit is also available from the Child Health page within West Sussex Services for Schools**

### **Statement of Intent**

Section 100 of the Children and Families Act 2014 places a duty on 'governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions'. The governing body of West Park CE Primary will ensure that these arrangements fulfil their statutory duties and follow guidance outline in 'Supporting pupils at school with medical conditions' December 2015'.

Medicines will be administered to enable the inclusion of pupils with medical needs, promote regular attendance and minimise the impact on a pupil's ability to learn. In an emergency all teachers and other staff in charge of children have a common law duty of care to act for the health and safety of a child in their care – this might mean giving medicines or medical care.

Signed  
Chair of Governors

Date

## **Organisation**

The governing body will develop policies and procedures to ensure the medical needs of pupils at West Park CE Primary are managed appropriately. They will be supported with the implementation of these arrangements by the Head teacher and school staff.

The Lead for Managing Medicines at West Park CE Primary is Hayley Marchewka or in their absence Rachel Prinn. In their duties staff will be guided by their training, this policy and related procedures.

## **Implementation monitoring and review**

All staff, governors, parents/carers and members of the West Park CE Primary community will be made aware of and have access to this policy. This policy will be reviewed biennially and its implementation reviewed and as part of the Head teacher's annual report to Governors.

## **Insurance**

Staff who follow the procedures outlined in this policy and who undertake tasks detailed in the RMP Medical Malpractice Treatment Table are covered under WSCC insurance policies. The medical audit is available to view on West Sussex Services for Schools under 'guide to insurance for schools'.

Claims received in respect of medical procedures not covered by the insurers will be considered under the Council's insurance fund.

## **Admissions**

An assessment of the pupil's medical needs will be completed. This might include the development of an Individual Health Care Plans (IHP) or Education Health Care Plans (EHC) and require additional staff training in liaison with Karen Smith SENCO. The school will endeavour to put arrangements in place to support that pupil as quickly as possible. However the school may decide (based on risk assessment) and in liaison with the School Nurse Team to delay the admission of a pupil until sufficient arrangements can be put in place in liaison with School nursing team. All personal data is security stored in a locked cupboard in the medical room and annually archived. All personal data is stored under GDPR regulations as per the school's GDPR Policy.

## **Pupils with medical needs**

The school will follow Government guidance and develop an IHP or EHC for pupils who:

- Have long term, complex or fluctuating conditions – these will be detailed using Template 1 (Appendix 1)
- Require medication in emergency situations – these will be detailed using Template 2 for mild asthmatics and Templates 3, 4, 5 and 6 for anaphylaxis (Appendix 1).

Parents/guardians should provide the Head teacher and SENCO or Medical Officer with sufficient information about their child's medical condition and treatment or special care needed at school. Arrangements can then be made, between the parents/guardians, Head teacher, school nurse and other relevant health professionals to ensure that the pupil's medical needs are managed well during their time in school. Healthcare plans will be reviewed by the school SENCO or Lead for managing medicines annually or earlier if there is a change in a pupil's medical condition.

### **All prescribed and non-prescribed medication**

On no account should a child come to school with medicine if he/she is unwell. Parents may call into the school and administer medicine to their child, or they may request that a member of school staff administers the medicine. If a pupil refuses their medication, they should not be forced, the school will contact the parent/guardian and if necessary the emergency services. Pupils should not bring any medication to school for self-administration.

The school will keep a small stock of paracetamol and antihistamine, for administration with parental consent gained at the time of administration for symptoms that arise during the school day. All other medication must be supplied by the parent/guardian in the original pharmacist's container clearly labelled and include details of possible side effects e.g. manufacturer's instructions and/or patient information leaflet (PIL). Medicines must be delivered to the Medical room with the appropriate consent form Template C and/or C1 (Appendix 2). The school will inform the parent/guardian of the time and dose of any medication administered at the end of each day in person when medicine is collected.

### **Confidentiality**

As required by the General Data Protection Act 2018, school staff should treat medical information confidentially. Staff will consult with the parent, or the pupil if appropriate, as to who else should have access to records and other information about the pupil's medical needs and this should be recorded on the IHP or EHC. It is expected that staff with contact to a pupil with medical needs will as a minimum be informed of the pupil's condition and know how to respond in a medical emergency.

### **Consent to administer medication**

Parental/guardian consent to administer medication will be required as follows:

- **Short term ad-hoc non-prescribed medication** - The school will request parent/guardian consent to administer ad-hoc non-prescription by contacting the parent/guardian to gain consent at the time of administration (consent will be recorded).
- **Prescribed and non-prescribed medication** - each request to administer medication must be accompanied by 'Parental consent to administer medication form (Appendix 2 Template C and/or C1) or if applicable on the IHP)

## **Prescription Medicines**

Medicine should only be brought to school when it is essential to administer it during the school day. In the vast majority of cases, doses of medicine can be arranged around the school day thus avoiding the need for medicine in school. Antibiotics for example are usually taken three times a day, so can be given with breakfast, on getting home from school and then at bedtime. Administration will be recorded using Template D or E and the parent/guardian informed. Parents/guardians are expected to remove any remaining medicine from school once the prescribed course has been completed.

## **Non-prescription Medicines**

Under exceptional circumstances where it is deemed that their administration is required to allow the pupil to remain in school the school will administer non-prescription medicines. The school will not administer alternative treatments i.e. homeopathic or herbal potions, pills or tinctures or nutrition supplements unless prescribed or recommended by a Doctor and detailed on an IHP or EHC as part of a wider treatment protocol. As recommended by the Government in 'Supporting Pupils at School with Medical Conditions December 2015' the school will also not administer aspirin unless prescribed. The storage and administration for non-prescribed medication will be treated as prescription medicines.

If the relevant symptoms develop during the school day as detailed under the paragraph below 'short term ad-hoc non-prescribed medication' the school will administer the following non-prescription medications:

- paracetamol (to pupils of all ages)
- antihistamine,

All other non-prescription medications will only be administered by staff, providing:

- The parent/guardian confirms daily the time the medication was last administered and this is recorded on Template C1 (Appendix 2);
- medication is licensed as suitable for the pupil's age;
- medication is suitable for the pupil i.e. if a child is asthmatic the medication is suitable for that condition;
- administration is required more than 3 to 4 times per day;
- medication is supplied by the parent or guardian in the original packaging with the manufacturer's instructions and/or (PIL);
- and accompanied by parental/guardian consent Template C and C1 (Appendix 2) and confirmation the medication has been administered previously without adverse effect;

The school will NOT administer non-prescription medication:

- as a preventative, i.e. in case the pupil develops symptoms during the school day;
- if the pupil is taking other prescribed or non-prescribed medication, i.e. only one non-prescription medication will be administered at a time;

- Any requirement for a non-prescription medication to be administered during school hours for longer than 48 hours must be accompanied by a Doctor's note. In the absence of a Doctor's note and if following the administration of a non-prescription medication symptoms have not begun to lessen in the first 48 hours the school will advise the parent to contact their Doctor. If symptoms have begun to alleviate, the medication can continue to be administered at home out of school hours. Under very exceptional circumstances where the continued administration of a non-prescribed medication is required to keep the pupil in school and this requirement has not been documented by a medical professional the school will continue to administer medication at their own discretion.
- A request to administer the same or a different non-prescription medication that is for the same/initial condition will not be repeated for 2 weeks after the initial episode; and not for more than 2 episodes per term - it will be assumed that the prolonged expression of symptoms requires medical intervention, and parents/guardians will be advised to contact their Doctor.
- Skin creams and lotions will only be administered in accordance with the Schools Intimate Care Policy and procedures.
- Medication that is sucked i.e. coughs sweets or lozenges, will not be administered by the school.
- if parents/guardians have forgotten to administer non-prescription medication that is required before school – requests to administer will be at the discretion of the school and considered on an individual basis.

### **Short term ad-hoc non-prescribed medication**

A small stock of standard paracetamol and antihistamine will be kept by the school for administration if symptoms develop during the school day.

ONLY the following will be administered following the necessary procedures:

- For relief from pain
  - Standard Paracetamol will be administered in liquid or tablet form for the relief of pain i.e. period pain, migraine.
- For mild allergic reaction – anti-histamine (see Anaphylaxis)
- For travel sickness – medication will be administered if required before educational visits and must be age appropriate and supplied by the parent/guardian in its original packaging with the PIL if available.

Only 1 dose of any of the above medications suitable to the weight and age of the pupil will be administered during the school day.

### **Pain relief protocol for the administration of paracetamol**

If a request for non-prescribed pain relief is made by a pupil or carer/staff (advocate for a non-verbal/non-communicating pupil) before 12pm:

- The school will contact the parent/guardian and confirm that a dose of pain relief (Paracetamol) was NOT administered before school, parents/guardians and if appropriate the pupil will also be asked if they have taken any other medication containing pain relief medication i.e. decongestants e.g. Sudafed, cold and flu remedies e.g. Lemsip and medication for cramps e.g. Feminax

etc. and these conversations will be recorded on the daily log and marked with S (Template E). If a dose of pain relief has not been administered in the past 4 hours the school will with parental consent administer 1 dose.

- If the school cannot contact the parent/guardian and therefore cannot confirm if pain relief (Paracetamol) was administered before school then the school will refuse to administer pain relief.

If a dose of pain relief has been administered before school:

- PARACETAMOL - The school will not administer paracetamol until 4 hours have elapsed since the last dose (assume 8am) no more than 4 doses can be administered in 24 hours.

If a request for pain relief is made after 12pm:

- The school will assume the recommended time between doses has elapsed and will with parental consent, administer 1 standard dose of Paracetamol without any need to confirm with the parent/guardian if a dose was administered before school, but if appropriate the pupil will still be asked if they have taken any other medication containing pain relief medication and this conversation will be recorded.

The school will inform the parent/guardian if pain relief has been administered this will include the type of pain relief and time of administration.

## **Asthma**

The school recognises that pupils with asthma need access to relief medication at all times. The school will manage asthma in school as outlined in the Asthma Toolkit. Pupils with asthma will be required to have an emergency inhaler and a spacer (if prescribed) in school. The school may ask the pupils parent or guardian to provide a second inhaler. Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required and a record of these communications will be kept. The school inhaler will only be used in an emergency and will always be used with a spacer as outlined in the Asthma Toolkit. The school will develop IHP's for those pupils with severe asthma, and complete the Individual Protocol for pupils with mild asthma.

## **Anaphylaxis**

Every effort will be made by the school to identify and reduce the potential hazards/ triggers that can cause an allergic reaction to pupils diagnosed with anaphylaxis within the school population. The school complies with the School Nursing Service recommend that all staff are trained in the administration of auto injectors and that training is renewed annually.

In accordance with the Medicines and Healthcare Products Regulatory Agency (MHRA) advice the school will ask parent/ guardian(s) to provide 2 auto-injectors for school use. Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required and a record of these communications will be kept.

### **Mild Allergic Reaction**

Non-prescription antihistamine will with parental consent be administered for symptoms of mild allergic reaction (i.e. itchy eyes or skin, rash or/and redness of the skin or eyes), the pupil must be monitored for signs of further allergic reaction. If antihistamine is not part of an initial treatment plan, anaphylaxis medication will be administered following the guidance for short term ad-hoc non-prescribed medication.

Some antihistamine medication can cause drowsiness and therefore the school will consider if it is necessary for pupils to avoid any contact hazardous equipment after administration of the medication i.e. P.E. Science, Design and Technology.

### **Hay fever**

Parent(s)/guardian(s) will be expected to administer a dose of antihistamine to their child before school for the treatment of hay fever. The school will only administer antihistamine for symptoms of allergic reaction and not as a precautionary measure.

### **Severe Allergic Reaction**

Where a GP/Consultant has recommended or prescribed antihistamine as an initial treatment for symptoms of allergic reaction this will be detailed on the pupils IHP. The school will administer 1 standard dose of antihistamine (appropriate to age and weight of the pupil) and it is very important that symptoms are monitored for signs of further allergic reaction. During this time pupils must NEVER be left alone and should be observed at all times.

***If symptoms develop or there are any signs of anaphylaxis or if there is any doubt regarding symptoms then if the pupil has been prescribed an adrenaline auto injector it will be administered without delay an ambulance called and the parents informed.***

### **Medical Emergencies**

In a medical emergency, first aid is given, an ambulance is called and parents/carers are notified. Should an emergency situation occur to a pupil who has an IHP or EHC, the emergency procedures detailed in the plan are followed, and a copy of the IHP or EHC is given to the ambulance crew. If applicable the pupil's emergency medication will be administered by trained school staff, if the pupils medication isn't available staff will administer the schools emergency medication with prior parental consent.

In accordance with amendments made to the Human Medicines Regulations 2012 from October 2014 a sufficient number of salbutamol inhaler(s) spacer(s) will be



held by the school to cover emergency use. Parents are expected to provide 2 in date auto-injectors for administration to their child.

Parental consent to administer the 'school inhaler' will be gained when the pupil joins the school using Template 2. The school will hold a register of the pupils diagnosed with asthma and if parental consent has been given to administer the school medication. The school will be responsible for ensuring the school medication remains in date.

Instructions for calling an ambulance are displayed prominently by the telephone in the main office and medical room (Appendix 2 Template G)

### **Controlled Drugs**

The school does not deem a pupil prescribed a controlled drug (as defined by the Misuse of Drugs Act 1971) as competent to carry the medication themselves whilst in school. Controlled drugs will be stored securely in a non-portable locked medicines cabinet in a locked room and only named staff will have access. Controlled drugs for emergency use e.g. midazolam will not be locked away and will be easily accessible. The administration of a controlled drug will be witnessed by a second member of staff and records kept. In addition to the records required for the administration of any medication, a record will be kept of any doses used and the amount of controlled drug stock held in school. (Appendix 2 Templates D and E)

### **Pupils taking their own medication**

For certain long-term medical conditions, it is important for children to learn how to self-administer their medication. Appropriate arrangements for medication should be agreed and documented in the pupil's IHP or EHC and parents should complete the self-administration section of 'Parental consent to administer medication' form (Template C Appendix 1).

### **Storage and Access to Medicines**

All medicines apart from emergency medicines (inhalers, adrenaline auto injector, midazolam etc.) will be kept securely (where access by pupils is restricted). Medicines are always stored in the original pharmacist's container. Pupils are told where their medication is stored and who holds the key and staff will be fully briefed on the procedures for obtaining their medication.

Emergency medicines such as inhalers, adrenaline auto injectors and midazolam must not be locked away. If appropriate certain emergency medication can be held by the pupil, or kept in a clearly identified container in his/her classroom. The school will make an assessment as to the competency of each individual pupil to carry their own medication. Parents will be asked to supply a second adrenaline auto injector and/or asthma inhaler for each child and they will be kept in the school office. Staff must ensure that emergency medication is readily available at all times i.e. during outside P.E. lessons, educational visits and in the event of an unforeseen emergency like a fire.

Medicines that require refrigeration are kept in the medical room to which pupil access is restricted, and will be clearly labelled in an airtight container. There are specific arrangements in place for the storage of controlled drugs see page 7.

### **Waste medication**

Where possible staff should take care to prepare medication correctly. If too much medication is drawn into a syringe the remainder (amount above the required dose) should be returned to the bottle before administration. If only a half tablet is administered the remainder should be returned to the bottle or packaging for future administration.

If a course of medication has been completed or medication is date expired it will be returned to the parent/guardian for disposal.

### **Spillages**

A spill must be dealt with as quickly as possible and staff are obliged to take responsibility/follow the guidelines. Spillages will be cleared up following the schools procedures and considering the control of infection. Any spilled medication will be deemed unsuitable for administration and if necessary parents will be asked to provide additional medication.

The school has additional procedures in place for the management of bodily fluids which are detailed in the bodily fluids risk assessment. If the school holds any cytotoxic drugs, there management will be separately risk assessed and follow Health and Safety Executive (HSE) guidance.

### **Record Keeping – administration of medicines**

For legal reasons records of all medicines administered are kept at the school until the pupil reaches the age of 24. This includes medicines administered by staff during all educational or residential visits. The pupil's parent/ guardian will also be informed if their child has been unwell during the school day and medication has been administered. For record sheets see Appendix 2 Template D and E.

### **Recording Errors and Incidents**

If for whatever reason there is a mistake made in the administration of medication and the pupil is:

- Given the wrong medication
- Given the wrong dose
- Given medication at the wrong time (insufficient intervals between doses)
- Given medication that is out of date
- Or the wrong pupil is given medication

Incidents must be reported to the Schools Senior Leadership Team who will immediately inform the pupil's parent/guardian. Details of the incident will be recorded locally as part of the schools local arrangements. Local records must include details of what happened, the date, who is responsible and any effect the

mistake has caused. Senior Leaders will investigate the incident and change procedures to prevent reoccurrence if necessary. NB: Incidents that arise from medical conditions that are being well managed by the school do not need to be reported or recorded locally.

### **Staff Training**

The school will ensure a sufficient number of staff complete Managing Medicines in Schools training before they can administer medication to pupils. The school will also ensure that other staff who may occasionally need to administer a medicine are instructed and guided in the procedures adopted by the school by the person who has completed the Managing Medicines course. Staff given instruction by the Lead for Medicines MUST complete a competency test and achieve a score of 100% in order to administer medication.

Supply and locum staff will be given appropriate instruction and guidance in order to support the pupils with medical needs in their care. All school staff are trained annually to administer an auto-injector and asthma inhaler in an emergency. A record of all training must be maintained to show the date of training for each member of staff and when repeat or refresher training is required.

*\*\* Staff training was cancelled last September as the course offered by WSCC was withdrawn. We are trying to source an alternative training course so this paragraph is currently not valid \*\**

The school will ensure that the staff who administer medicine for specific chronic conditions are trained to administer those specific medicines, for example, Diabetes (insulin) Epilepsy (midazolam). Training in the administration of these specific medicines is arranged via the school nurse.

### **Transport to and from school (Special schools only) – adopted as SSC Pupils**

If a medical emergency occurs whilst a pupil is being transported to school the emergency services will be called and the parents informed. With parental consent and following Data Protection Law the pupil's IHP or EHC will be given to those external companies and/or staff providing transportation to and from school, (Taxi, Mini Bus etc.) in order that the care plan can be passed to the ambulance crew in the event of an emergency.

### **Educational Visits (Off - site one day)**

Staff will administer prescription medicines to pupils when required during educational visits. Parents should ensure they complete a consent form (Appendix 2 Template C) and supply a sufficient amount of medication in its pharmacist's container. Non-prescription medicines as detailed in this policy can be administered by staff, pupils must not carry non-prescription medication for self-administration.

All staff will be briefed about any emergency procedures needed with reference to pupils where needs are known and copies of care plans will be taken by the responsible person.

### **Residential Visits (overnight stays)**

The school acknowledges the common law 'duty of care' to act like any prudent parent. This extends to the administration of medicines and taking action in an emergency, according to the care plan.

Occasionally it may be necessary to administer non-prescription medicines as described in this policy i.e. antihistamine to pupils suffering from an allergic reaction or paracetamol for acute pain from things like headache, period pain, toothache etc. Parents must give written consent prior to the residential visit and sign to confirm that they have administered the medication without adverse effect.

The school will keep its own supply of the following non-prescription medication paracetamol and anti-histamine for administration to pupils during a residential visit and parental consent will be required in order for the school to administer their supply (Appendix 2 Template C and C1). The medication will be stored and administration recorded as for prescription medicines. Pupils should not bring non-prescribed medication on the residential visit for self-administration.

### **Risk assessing medicines management on all off site visits**

Pupils with medical needs shall be included in visits as far as this is reasonably practicable. School staff will discuss any issues with parents and/or health professionals so that extra measures (if appropriate) can be put in place. A copy of the pupils IHP or EHP will be taken on the visit and detail arrangements relating to the management of their medication(s) during the visit should be included in the plan.

If a pupil requires prescribed or non-prescribed medication during visit and an IHP or EHP has not been developed and the management of their medication differs from procedures followed whilst in school, the school will conduct a risk assessment and record their findings. The results of risk assessments however they are recorded i.e. IHP, EHP etc. will be communicated to the relevant staff and records kept of this communication.

### **Complaints**

Issuing arising from the medical treatment of a pupil whilst in school should in the first instance be directed to the Head teacher. If the issue cannot easily be resolved the Head teacher will inform the governing body who will seek resolution.

Appendix 1 – WSCC Care Plan Templates September 2017

Appendix 2 – WSCC Administering Medicines Templates September 2017

Appendix 3 – Summary guidance medicines policy

**EMERGENCY FIRST AID AT WORK (1 DAY)**

Name	Runs out	Runs out	Name	Runs out	Runs out
ATKINS, Sally	26.01.23				
BANKS, Nicola	27.01.22				
BEANEY, David	23.10.22				
BERGUN, Lynette	06.06.21				
BISHOP, Kerry	29.04.22				
BLANCHARD, Deborah	06.01.23				
BORTHWICK, Samantha	10.05.21				
CHURCHER, Georgina	24.03.22				
COLE, Gemma	20.03.22				
CORCORAN, Finola	13.10.22				
COUTTS, Jane	21.06.21				
DICKINS, Alex	25.11.22				
DUARTE, Mark	25.04.22				
EDWARDS, Deirdre	24.04.20				
FILFIL, Ayisha	16.09.21				
FIRTH, Jacqui	17.06.21				
FORDHAM-HYDE, Helen	06.06.22				
HART, Helen	24.04.20				
HOLLIN, Amy	21.05.22				
HOLMES, Alex	27.11.19		ON LEAVE MAY 2020		
HOWARD, Helen	29.03.20		BOOKED 19/03/20		
JACOT, Michael	26.01.23				
JORDAN, Anita	17.06.21				
MANSELL, Fran	29.03.20		VOLUNTEER		
MILLEDGE, Elizabeth	11.02.23				
MILNER, Lisa	21.05.22				
MORLEY, Carol	29.03.20		BOOKED 03/04/20		
PARSONS, Lorraine	29.03.20				
PATTINSON, Sophie	25.11.22				
PERRINS, Nichola	07.05.22				
RUSSELL, Trish	29.03.20		BOOKED 03/04/20		
SEARLE, Naomi	11.03.22				
SMEETH, Kim	26.02.20				
STEMP, Doreen	05.01.20		BOOKED 06/03/20		
STEVENSON, Nicola	06.06.22				
TAEGER, Beth	21.06.21				
TREAGUS, Fleur	06.06.21				
TUNNICLIFFE, Lauren			BOOKED 06/03/20		
VASILEVA, Christina	22.01.23				
VICKERS, Marie	29.03.20		BOOKED 03/04/20		
WATKINS, Claire	29.04.22				
WHITING, Mandy	14.03.20		BOOKED 06/03/20		
WHITTINGTON, Jessica	29.04.22				
YOUNG, Gail	10.09.20				

[illegible]

**Anaphylaxis**  
**Training**

Name	Date Completed
BERGUN, Lynette	19.11.2018
CLAYTON, Stacy	19.11.2018
COUTTS, Jane	19.11.2018
EDWARDS, Deirdre	19.11.2018
FORREST, Paula	19.11.2018
GARNER, Sandy	19.11.2018
MARCHEWKA, Hayley	19.11.2018
MILLEDGE, Liz	19.11.2018
PEREUX, Alison	19.11.2018
PHILLIPS, Becky	19.11.2018
POTTER, Nicole	19.11.2018
PRINN, Rachel	19.11.2018
RICHARDSON, Ann	19.11.2018
RUSSELL, Trish	19.11.2018
SEARLE, Naomi	19.11.2018
STEVENSON, Nicky	19.11.2018
WHITTINGTON, Jessica	19.11.2018

**and Asthma Awareness**  
**Session**

**Inset Training Monday 2<sup>nd</sup> September 2019 – Defib training**  
(Delivered by St. Johns)

**Attended and awareness gained as below:**

Title	Legal Surname	Legal Forename	Position	Signature
Mrs	Allwright	Mandy	Business Manager	<i>M. Allwright</i>
Mrs	Argent	Lisa	Teacher	<i>Argent</i>
Mrs	Atkins	Sally	LSA/MMS	<i>Argent</i>
Mrs	Austin	Jasmin	<del>PPA</del> teacher	<i>S. Austin</i>
Miss	Bathard	Thea	MMS	<i>Absent</i>
Mrs	Batten	Harriet	Teacher	(on maternity leave)
Mr	Beaney	Dave	LSA/PE	<i>Absent</i>
Mrs	Bergun	Lynette	LSA	<i>LB</i>
Mrs	Billett	Lisa	PPA Teacher	<i>Lisa Billett</i>
Mrs	Bingham-Mee	Stacy	Teacher	<i>B. Bingham</i>
Miss	Bishop	Kerry	Teacher	<i>K. Bishop</i>
Miss	Blackman	Sarah	Teacher	<i>S. Blackman</i>
Mr	Blackmore	Paul	Pastoral Manager	<i>P. Blackmore</i>
Mrs	Borthwick	Sam	LSA	<i>S. Borthwick</i>
Miss	Bradford	Emily	Teacher	<i>E. Bradford</i>
Mr	Buckler	Dave	Teacher	<i>D. Buckler</i>
Mrs	Bull	Caitriona	Headteacher	<i>C. Bull</i>
Mrs	Calvert	Andi	Teacher	<i>A. Calvert</i>
Miss	Chard	Samantha	Y3 Leader	<i>S. Chard</i>
Mr	Choate	Nick	Assistant HT/Y6 Leader	<i>N. Choate</i>
Mrs	Choate	Rusha	SEN Teacher	<i>R. Choate</i>
Miss	Churcher	Georgina	MMS	<i>G. Churcher</i>
Mrs	Clayton	Stacy	PD SSA	<i>S. Clayton</i>
Miss	Corcoran	Finola	LSA/MMS	<i>F. Corcoran</i>
Mrs	Cole	Gemma	LSA	<i>G. Cole</i>
Mrs	Coutts	Jane	LSA	<i>J. Coutts</i>
Mrs	Craig	Nina	Deputy Headteacher	<i>N. Craig</i>
Miss	Dicerbo	Jade	Teacher	<i>J. Dicerbo</i>
Miss	Dickins	Alex	Teacher	<i>A. Dickins</i>
Mr	Duarte	Mark	Teacher	<i>M. Duarte</i>
Mrs	Edwards	Deirdre	PD SSA	<i>D. Edwards</i>
Mrs	Filfil	Ayisha	LSA	<i>A. Filfil</i>
Mrs	Firth	Jacqui	LSA	<i>J. Firth</i>
Ms	Fitzscott	Sarah	Teacher	<i>S. Fitzscott</i>
Mrs	Fordham-Hyde	Helen	MMS	<i>H. Fordham-Hyde</i>
Mrs	Forrest	Paula	PD SSA	<i>P. Forrest</i>
Miss	Frewin	Jennie	LSA (SEN)	<i>J. Frewin</i>
Mrs	Garner	Micky	SENCO	<i>M. Garner</i>
Mrs	Garner	Sandy	LSA (SEN)	<i>S. Garner</i>
Miss	Greenwood	Emma	LSA	(On long term Sickness)
Mrs	Gregory	Sian	Teacher	<i>S. Gregory</i>
Miss	Gumbrill	Sophie	Teacher	<i>S. Gumbrill</i>
Miss	Halfpenny	Lynzi	ALN LSA	<i>L. Halfpenny</i>
Mrs	Hart	Helen	LSA	<i>H. Hart</i>
Mr	Harvey	Joe	Teacher	<i>J. Harvey</i>
Mrs	Hasler	Vicky	Teacher	<i>V. Hasler</i>
Mrs	Hatt	Lynda	Teacher	<i>L. Hatt</i>
Mr	Holmes	Alex	Teacher	(on paternity leave)
Mrs	Howard	Helen	MMS	<i>Absent</i>
Mr	Howie	Malcolm	Deputy Headteacher	<i>M. Howie</i>
Mrs	Humphreys	Stephanie	Teacher	<i>S. Humphreys</i>
Miss	Hwang	Jackie	PP LSA	<i>J. Hwang</i>
Mr	Jacot	Mike	Teacher	<i>M. Jacot</i>

Mrs HOLLIN Amy

LSA

*Hollin*

Mrs NASH Emily

LSA



Title	Legal Surname	Legal Forename	Position	Signature
Miss	James	Georgie	Teacher	
Mrs	Jordan	Anita	PD SSA	
Mr	Jones	Damian	Teacher	
Miss	Kerr	Emma Louise	Teacher	Absent
Miss	Kowalczyk	Karolina	MMS	Absent
Mrs	Light	Lottie	Headteacher's PA	
Miss	Luckhurst	Beth	Teacher	
Miss	Martin	Sophie	Teacher	
Miss	Mangles	Fay	Teacher	
Mrs	Mansell	Frances	Casual PD SSA	
Mrs	Marchewka	Hayley	Medical Officer	
Mr	Meacher	Dave	Premises Officer	
Mrs	Milledge	Liz	LSA	
Mrs	Milner	Lisa	LSA	
Ms	Morley	Carol	LSA	
Mrs	Moss	Pippa	Teacher	
Mrs	O'Reilly	Lucy	Teacher	
Mrs	O'Sullivan	Janie	Teacher	
Mrs	Parsons	Lorraine	MMS/LSA (SEN)	
Mrs	Pattinson	Sophie	LSA/MMS	
Mrs	Pereux	Alison	ALN LSA	
Mrs	Perriman	Margaret	MMS	
Mrs	Perrins	Nicky	MMS	
Mrs	Peters	Phyllis	PD SSA	
Mrs	Phillips	Becky	Teacher	
Mrs	Phillips	Carly	LSA	
Mrs	Pillai	Julia	LSA	
Mrs	Potter	Nicole	Teacher	(Maternity Oct 19)
Miss	Prebble	Suzy	Teacher	
Mrs	Prinn	Rachel	Office Administrator	
Mrs	Richardson	Ann	ALN LSA	
Mrs	Russell	Trish	LSA	
Miss	Searle	Naomi	MMS/LSA	
Mrs	Sleight	Emma	Teacher	(Maternity leave)
Mrs	Smeeth	Kimberley	MMS	(Maternity leave)
Mrs	Smith	Karen	SENCO	
Mrs	Stakim	Emily	Casual MMS	
Mr	Stanley	Paul	Premises Officer	
Ms	Stemp	Dee	LSA	
Ms	Stevenson	Nicky	LSA	
Mrs	Syred	Cheryl	LSA	
Mrs	Taylor	Amanda	MMS	Absent
Ms	Taeger	Beth	LSA/MMS	Absent
Mrs	Thomas	Melanie	LSA/MMS	
Miss	Tinson	Lorraine	Teacher	
Mrs	Treagus	Fleur	ALN LSA	
Miss	Tunncliffe	Lauren	LSA/MMS	Absent
Mrs	Vasileva	Christina	LSA (SEN)	
Mrs	Vickers	Marie	LSA/MMS	
Mrs	Vinson	Carol	MMS	Absent
Mrs	Watkins	Claire	Office Manager	
Miss	Weller	Nicola	Assistant to the Business Manager	
Mrs	Whiting	Mandy	MMS	Absent
Mrs	Whittingham	Charlie	LSA (SEN)	
Mrs	Whittington	Jess	LSA	
Miss	Wilkinson	Clare	Teacher	
Mrs	Wilson	Becky	LSA (SEN)	

Title	Legal Surname	Legal Forename	Position	Signature
Miss	Wood	Catherine	Teacher	<i>[Signature]</i>
Miss	Wood	Frances	Office	<i>[Signature]</i>
Mrs	Yard	Michelle	PP LSA	<i>[Signature]</i>
Mrs	Young	Gail	PD SSA	<i>[Signature]</i>

Miss Skinner Soranne LSA

Sarah Skinner

Breakdown of staffing areas: Total number of staff:	
Admin Staff:(includes Business Manager, Headteacher's PA and Medical Officer	7
Premises Staff	2
ALN	6
PD (include 1 x casual PD SSA)	7
MMS (staff who only do MMS duty includes 1 x casual MMS	12
LSA (some do MMS aswell but not included above includes SEN LSA's)	31
Sencos	2
Pupil Premium LSA	2
Pastoral Manager	1
Teachers (includes Asst HT, 2x Dep HT and HT + 3 mat/pat leave)	44
<b>Total</b>	<b>114</b>