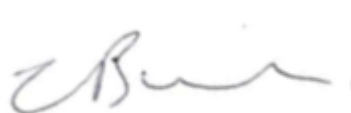
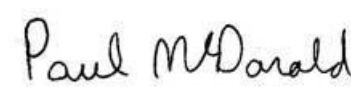


**Supporting Children with Medical Conditions Policy**  
**including the Administering of Medicines, Asthma and First Aid 2017-18**

<b>DATE APPROVED BY ST. STEPHEN'S PRIMARY SCHOOL COFE PRIMARY SCHOOL</b>	March 2017		
<b>REVIEW DATE</b>	March 2018		
<b>SIGNED HEAD TEACHER</b>		<b>DATE</b>	March 2017
<b>SIGNED CHAIR OF GOVERNORS</b>		<b>DATE</b>	March 2019

## Policy Statement

**St Stephen's School is an inclusive community that welcomes and supports pupils with medical conditions. We understand that pupils can suffer from long term, short term, chronic and acute illnesses and will provide for all pupils without exception or discrimination. This includes both physical and mental health conditions. We provide all pupils with any medical condition the same opportunities as others at school, enabling them to play a full and active role in school life, remain healthy and achieve their academic potential.**

We will help to ensure they can:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution

St Stephen's School

- Ensures that all staff understand their duty of care to children and young people in the event of an emergency.
- All staff feel confident in knowing what to do in an emergency and understand that certain medical conditions are serious and potentially life threatening, particularly if poorly managed or misunderstood.
- Understands the importance of medication and care being taken as directed by healthcare professionals and parents. All pupils with medical conditions will have an Individual Healthcare Plan (IHP) written as soon as possible after diagnosis and reviewed at least annually or more often if necessary.
- All staff understand the medical conditions that affect pupils at this school. Staff receive training on the impact medical conditions can have on pupils.
- All staff receive appropriate first aid training and have easy access to first aid equipment. The main first aid boxes are located in the medical room, the cupboard in the admin area, the staff medical bags and the staff room.
- This policy is applied across the curriculum, including PE and Educational Visits.

The named member of school staff responsible for this medical conditions policy, including the administering of medicines and first aid and its implementation is **Mrs Sarah Foot**.

## Policy Framework

The policy framework describes the essential criteria for how the school can meet the needs of children and young people with long term and short term medical conditions and those suffering from unexpected illness or injury at school.

### **1. This school is an inclusive community that supports and welcomes pupils with medical conditions.**

- It is welcoming and supportive of pupils with medical conditions. It provides children with medical conditions with the same opportunities and access to activities (both school based and out of school) as other pupils. No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.
- We will listen to the views of pupils and parents.
- Pupils and parents feel confident in the care they receive from this school and the level of care that meets their needs.
- We will ensure all pupils joining at normal transition times will have arrangements in place to manage their medical condition by the beginning of that term. Any pupil joining the school mid-term will have arrangements in place within no longer than two weeks.
- All staff understand the medical conditions of pupils at this school and that they may be serious, adversely affect a child's quality of life and impact on their ability to learn.
- All staff understand their duty of care to children and young people and know what to do in the event of an emergency.

- The whole school & local health community understand and support the medical conditions policy.
- We understand that all children with the same medical condition will not have the same needs.
- We recognise that duties in the Children and Families Act 2014 (England only) and the Equality Act (England, Wales and Scotland) relate to children with disability or medical conditions is anticipatory. This school understands that some children who have medical conditions may also have disabilities and / or special educational needs and this policy may be read in conjunction with the school's SEN policy and the SEN code of practice.

**2. The medical conditions policy is drawn up in consultation with local key stakeholders within both the school and health settings.**

Stakeholders should include parents, pupils, school nurse, school staff, governors, the school employer and relevant local health services.

**3. The medical conditions policy is supported by a clear communication plan for staff, parents and other key stakeholders to ensure its full implementation.**

Pupils, parents, relevant local healthcare staff, and other external stakeholders are informed of and reminded about the medical conditions policy through clear communication channels. The policy will be available on the school's website for public view and all staff will be reminded of the policy and how it is implemented at induction and on an annual basis.

**4. All staff understand and are trained in what to do in an emergency at school.**

- All school staff, including temporary or supply staff (and volunteers if and when appropriate), are aware of the medical conditions at this school and understand their duty of care to pupils in an emergency.
- All staff receive training in anaphylaxis and asthma. Training for epilepsy and diabetes if required and this is refreshed once a year.
- All staff should be familiar with normal procedures for avoiding infection and follow basic hygiene procedures. Staff have access to protective clothing and suitable disposal equipment to safely deal with spillages of blood or other bodily fluids, including the changing of dressings.
- All children with a medical condition at this school have an Individual Healthcare Plan (IHP), which explains what help they will need in an emergency. The IHP will accompany a pupil on trips or should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP with emergency care settings. IHPs should be developed in the context of assessing and managing risks to the pupil's education, health and social wellbeing and to minimise disruption.

**IHPs should consider;**

- The medical condition, its trigger, signs, symptoms and treatment.
- The pupil's resulting needs, including medication (its side-effects and storage) and other treatments, dose, time, facilities, equipment, testing, dietary requirements and environmental issues.
- Specific support for the pupil's educational, social and emotional needs, for example how absences will be managed, requirements for extra time to complete work, rest periods or additional support including counselling.
- The level of support needed, including in emergencies. If a child is self-managing their own medication, this should be clearly stated with arrangements for monitoring.
- Who will provide this support, their training needs, expectations of their role and confirmation of their proficiency to provide support for the pupil's medical needs from a healthcare professional?
- Who in school needs to be aware of the child's condition and the support required
- Written permission from parents and the head teacher for medication to be administered.
- Separate arrangements or procedures required for school trips or other school activities outside the normal school timetable that will ensure the pupil can participate, e.g. risk assessments

- Arrangements for travel to and from school and what should be done if an emergency arises (at this school we request that the parent, or an appropriate representative, delivers and collects the pupil to and from school)
- Where confidentiality issues are raised by the parent or pupil, the designated individuals to be entrusted with information about the child's condition
- What to do in an emergency, including who to contact and contingency arrangements.

**5. All staff understand and are trained in the school's general emergency procedures.**

- All staff, including temporary or supply staff, know what action to take in an emergency and receive updates at least yearly. Training is provided at the start of each academic year, and as required throughout the year, and policies and procedures are discussed with temporary and supply staff. Training needs will be identified and discussed at least annually as part of the school's appraisal process. The induction of new staff will include training for supporting pupils with medical needs.
- Any member of staff providing support to a pupil with medical needs will have received suitable training.
- If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent or legal guardian arrives, or accompany a child taken to hospital by ambulance.

**6. The school has clear guidance on providing care and support and administering medication and first aid at school.**

- We understand the importance of medication being taken & care received as detailed in the pupil's IHP.
- We will make sure that there are several members of staff who have been trained to administer the medication and meet the care needs of an individual child. This school will ensure there are sufficient members of staff trained to cover any absences, staff turnover and other contingencies. The school's governing body has made sure that there is the appropriate level of insurance and liability cover in place.
- We will not give medication to a child under 16 without a parent's written consent except in exceptional circumstances. Medication may only be administered if prescribed by a healthcare professional. Parent fill in a form to give permission for school to administer a single dose of analgesic and/or antipyretic medicine such as Calpol if they feel it is necessary.
- Medicines will only be administered at school when it would be detrimental to the pupil's health not to do so and where it is not clinically possible to arrange doses to be taken solely outside of school hours.
- When administering medication, for example prescribed pain relief or antibiotics, this school will check the permission form from the parent, the maximum dosage and when the previous dose was given. Parents will be informed and if verbal permission is given over the phone this will be recorded. Only trained first aiders will administer medication and this will be recorded when administered.
- Children at this school will not administer their own medication, unless they have received appropriate training and it is the wish of the pupil and their parent. This will be recorded on their IHP. A member of staff must be present to supervise and be prepared to intervene if necessary to ensure the child's health and safety are not compromised. Whilst pupils will be encouraged to keep themselves healthy, and self-care is to be promoted, this school recognises that some pupil's needs may be complex and some medical conditions can be fatal if not managed well.
- If a pupil refuses to take their medication or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the IHP. Parents will be informed.
- We will make sure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site educational visit and the needs of the pupil, associated risks and how these are to be managed will be included in the risk assessment for the visit.
- Parents at this school understand that they should let the school know immediately if their child's needs change and provide enough information to ensure their needs are met.

## **7. This school has clear guidance on the storage of medication and equipment at school.**

- We make sure that all staff understand what constitutes an emergency for an individual child and makes sure that emergency medication / equipment is readily available wherever the child is in the school and on off-site activities, and is not locked away. Pupils may carry their emergency medication / equipment with them if this is appropriate or know where and how to access it. Children at this school know to ask any member of staff and that they may have immediate access to their medication when required. In this school medications are stored safely in the locked first aid cupboard in the medical room or the medical room fridge if required to be stored at a controlled temperature. Inhalers and epipens are stored in bags in the classroom along with the medical information, a first aid kit, and an ice pack.
- Pupils can carry controlled drugs if they are competent, otherwise the school will keep controlled drugs stored securely in the locked PE cabinet. Staff at this school can administer a controlled drug to a pupil once they have had specialist training. It is legal for a child who is competent to carry their own controlled drug, but it is an offence for them to pass it to anyone else to use.
- We will store medication that is in date and labelled in its original container. The exceptions to this are insulin and adrenalin (auto-injector), which although must still be in date, will generally be supplied in an injector pen or pump. Medication will only be accepted where it is in its original container, complete with dispensing label including the child's name and instructions for administering from a qualified healthcare professional. A Permission to Administer Medicine form should be completed.
- This school will check all medication held in school on at least a termly basis and all medicines which will expire before the end of the following term will be returned to parents and replacements requested.
- This school disposes of needles and other sharps in line with local policies. Sharps boxes are held securely at school and will accompany a child on off-site visits. They are collected and disposed of in line with local authority procedures.

## **8. This school has clear guidance about record keeping and**

- Parents at this school are asked if their child has any medical conditions on the admissions form.
- Uses an IHP to record the support an individual pupil needs around their medical condition. The IHP is developed with the pupil (where appropriate), parent, school staff, specialist nurse (where appropriate) and relevant healthcare services.
- Keeps a centralised register of IHPs, and an identified member of staff who has responsibility for this register.
- IHPs are reviewed annually or whenever the pupil's needs change.
- The pupil (where appropriate), parents, specialist nurse (where appropriate), and relevant healthcare services hold a copy of the IHP. Other school staff, including LSAs, are aware and have access to the IHPs for pupils in their care.
- Makes sure that the pupil's confidentiality is protected.
- Seeks permission from parents before sharing medical information with any other party.
- Meets with the pupil (where appropriate), parent, specialist nurse (where appropriate), and relevant healthcare services prior to any extended day visit to discuss and make a plan for any extra care requirements that may be needed. This is recorded on the pupil's IHP which will accompany them on the visit.
- Keeps an accurate record of all medication administered, including dose, time, date & supervising staff.
- Makes sure that all staff providing support to a pupil have received suitable training and ongoing support, to make sure they have the confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHP. This should be provided by the specialist nurse / school nurse / other suitably qualified healthcare professional and / or the parent. The specialist nurse / school nurse / other suitably qualified healthcare professional will confirm their competence, and this school keeps an up to date record of all training undertaken and by whom.

**9. This school ensures that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities and**

- Is committed to providing a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility. This school is also committed to an accessible environment for out of school activities.
- Makes sure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, including extended school activities.
- All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's anti-bullying policy, to help prevent and deal with any problems. They use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment.
- Understands the importance of all pupils taking part in physical activity and that all relevant staff make appropriate adjustments to physical activity sessions to make sure they are accessible to all pupils. This includes out of school clubs and team sports.
- Understands that all relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid / take special precautions during activity, and the potential triggers for a pupil's condition when exercising and how to minimise these.
- Makes sure that pupils have the appropriate medication / equipment / food available during physical activity.
- Makes sure that pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.
- All school staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition. This school will not penalise pupils for their attendance if their absence relates to their medical condition. Following absence, reintegration back into school will be properly supported so pupils with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short term absences, including those for medical appointments are effectively managed as per the school's attendance policy.
- Refers pupils with medical conditions who are finding it difficult to keep up educationally to the SENCO who will liaise with the pupil (where appropriate), parent and the pupil's healthcare professional.
- Pupils at this school learn what to do in an emergency.
- Makes sure that a risk assessment is carried out before any out of school educational visit. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.

**10. This school is aware of the common triggers that can make common medical conditions worse or can bring on an emergency. This school is actively working towards reducing or eliminating these health and safety risks and has a written schedule or reducing specific triggers to support this and**

- Is committed to identifying and reducing triggers both at school and on out of school visits.
- School staff have been given training and written information on medical conditions which includes avoiding / reducing exposure to common triggers. It has a list of the triggers for pupils with medical conditions at this school, has a trigger reduction schedule and is actively working towards reducing / eliminating these health and safety risks.
- The IHP details an individual pupil's triggers and details how to make sure the pupil remains safe during the whole school day and on out of school activities. Risk assessments are carried out on all out of school activities, taking into account the needs of pupils with medical conditions.

- Reviews all medical emergencies and incidents to see how they could be avoided, and changes school policy according to these reviews.

**11. Each member of the school and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy and**

- Works in partnership with all relevant parties including the pupil (where appropriate), parent, governing body, staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.
- The governing body ensures that parents are aware of the school's complaints policy and procedures should they be dissatisfied with the support provided to their child.

**12. The Medical Conditions Policy is regularly reviewed, evaluated and updated, every year.**

In evaluating the policy, this school seeks feedback from stakeholders including pupils, parents, school healthcare professionals, specialist nurses and other relevant healthcare professionals, school staff, local emergency care services, governors and the school employer. The views of pupils with medical conditions are central to the evaluation process.

**ASTHMA**

**1 Introduction**

We recognise that asthma affects many schoolchildren and is becoming increasingly common. The school positively welcomes all pupils with asthma and encourages children with asthma to achieve their potential in all aspects of school life.

**2 Aims**

To ensure that all members of the school feel confident about the fundamentals and management of asthma.

**3 General principle**

On admission medical information is completed by the parent/carer. The information is collated and year group medical information is given to each teacher, to be kept in the class register. A copy is kept in the class in the class medical bag with the class medication and photographs to be taken out on trips.

It is the responsibility of parents/carers to replace inhalers when necessary and inform the school if the child's condition or medication changes.

All inhalers should be in a box, labelled with the child's name and class and kept in the class medical bag in the classroom.

Named inhalers should only be used by the child and should not be shared with another child.

Immediate access to reliever inhalers is vital.

Children will be encouraged to take responsibility for their own medical care. Support will be given to all children.

**4 Good Practice**

A request for a pupil to carry his/her medication form should be completed by the parent/carer. This will be kept in their inhaler box in the class bag and a copy filed.

Children will be encouraged to keep labelled inhalers with them and leave a spare one in the bag in the classroom.

Each class should take their medical bag with them if they leave the school premises and children should be reminded to take inhalers with them.

A copy of the procedure for the treatment of an asthma attack will be displayed in the medical room and in all the classrooms.

Pupils with exercise-induced asthma should take their reliever inhalers before or during an activity. Their inhaler should also be taken to the sports field or swimming-pool. Access to inhalers during the lesson is vital.

If a pupil is known to have exercise-induced asthma and does not have their medication in school they should not be allowed to take part in sports activities until their medication is available.

The school endeavours to make the school environment suitable for children with asthma. The school has a non-smoking policy and does not keep any animals, which could trigger an asthma attack.

## 5 Asthma Attacks

The following procedure must be displayed in each classroom so that all members of the school are aware what to do in the event of an asthma attack.

### ***Asthma Attacks***

*In the event of an attack ensure that the reliever inhaler is taken immediately*

*Contact the first-aider*

*Position the child in a comfortable sitting position*

*Stay calm and reassure the child*

*Help the child to breathe by loosening any tight clothing*

*Administer emergency medication as prescribed and per IHP*

*After the asthma attack the child can return to lessons when they feel better*

*Inform the parents about the attack immediately.*

### Emergency Procedure

*Call an ambulance if:-*

*The reliever has no effect after 5-10 minutes*

*The child is distressed or unable to talk*

*The child is getting exhausted*

*You have any doubts at all about the child's condition*

## 6 Training

All members of staff receive training in asthma management from the School Nurse. Refresher training will be provided every September for all staff

## Anaphylaxis

### 1 Introduction

We recognize the effects of anaphylaxis and severe allergic reactions may occur. The school is nut free (?)

### 2 Aims

To ensure that all members of the school feel confident about the fundamentals and management of anaphylaxis.

### 3 General principle

On admission medical information is completed by the parent/carer. The information is collated and year group medical information is given to each teacher, to be kept in the class register. A copy is kept in the class in the class medical bag with the class medication and photographs to be taken out on trips.

It is the responsibility of parents/carers to replace adrenaline auto-injectors (AAI) when necessary and inform the school if the child's condition or medication changes.

Parent/carers are requested to ensure the school has access to 2 AAI. The MHRA recommends that those prescribed AAIs should carry TWO devices at all times, as some people can require more than one dose of adrenaline and the AAI device can be used wrongly or occasionally misfire. (Guidance on the use of adrenaline auto-injectors in schools. Published to gov.uk 2017)

All AAI should be in a box, labelled with the child's name and class and kept in the class medical bag in the classroom. **(Or where you keep them?!)**

Named AAI should only be used by the child and should not be shared with another child.

Immediate access to AAI is vital.

Children will be encouraged to take responsibility for their own medical care. Support will be given to all children.



#### 4 Good Practice

A request for a pupil to carry his/her medication form should be completed by the parent/carer. This will be kept in their AAI box in the class bag and a copy filed.

Each class should take their medical bag with them if they leave the school premises and children should be reminded to take AAI with them.

A copy of the procedure for the treatment of an anaphylactic episode will be displayed in the medical room and in all the classrooms.

The school endeavours to make the school environment suitable for children with known severe allergic reactions. The school has a non-smoking policy and does not allow nuts, which could trigger an anaphylactic reaction.

#### ***Anaphylactic Reaction Emergency procedure***

- Signs and symptoms include:
- Mild-moderate allergic reaction:
- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour
  
- ACTION:
- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact
- Watch for signs of ANAPHYLAXIS(life-threatening allergic reaction):
- Airway: Persistent cough, hoarse voice, difficulty swallowing, swollen tongue
- Breathing: Difficult or noisy breathing, wheeze or persistent cough
- Consciousness: Persistent dizziness, becoming pale or floppy, suddenly sleepy, collapse, unconscious
- IF ANY ONE (or more) of these signs are present:
- 1. Lie child flat with legs raised:(if breathing is difficult, allow child to sit)
- 2. Use Adrenaline autoinjector\* without delay
- 3. Dial 999 to request ambulance and say ANAPHYLAXIS
- \*\*\* IF IN DOUBT, GIVE ADRENALINE \*\*\*
- After giving Adrenaline:
- 1. Stay with child until ambulance arrives, do NOT stand child up
- 2. Commence CPR if there are no signs of life
- 3. Phone parent/emergency contact
- 4. If no improvement after 5 minutes, give a further dose of adrenaline using another autoinjector device, if available.
- Anaphylaxis may occur without initial mild signs: ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

#### **FIRST AID**

##### **Introduction**

St Stephen's School recognises the importance of having very clear guidance for First Aid in order to protect all members of our school community. All staff have a statutory obligation to follow and co-operate with this policy.

##### **Aims**

To ensure that any immediate danger and discomfort is alleviated. First Aid is intended to provide basic care and any further diagnosis or extended care will be passed to medical professionals.

## Practice

- All staff are responsible for calling a First Aider in the event of children/ adult becoming unwell, an accident or injury. First Aiders will wear a pink hi-viz jacket in the playground and when on school trips so that they can be quickly identified.
- First Aid kits are kept in the medical room, classroom medical bags, cupboard in Admin reception area and staff room and the contents will be checked regularly.
- All medical information and related medicines/ First Aid Kit must be taken by the teacher whenever children are taken off site, including Moormead/ St. Stephen's Church.
- There will be notices of named First Aiders in the office and staffroom – all staff must know the First Aiders. Please see below for list.
- All First Aiders will have a recognised qualification which will be updated as required.
- We will always have at least one First Aider on site/ whole school event.
- A First Aider will always accompany children on a school journey
- First Aiders will have knowledge of all children/ adults on the Health Information document
- Upon being summoned, first aiders should take charge of the first aid and take appropriate action based upon training.
- All accidents or incidents reported to the First Aider or school office will be recorded in a medical file kept in the medical room. Information including name, date, time, type of accident and where it happened, area of the body affected by the accident/incident, child's reactions/demeanour, treatment provided and name of first aider. Please note whether parent/carer/premises manager has been informed.
- Please note that all head injuries (including mouth/teeth), incidents which have caused blood loss or concerns around breathing or where a child has been distressed should be reported to parents by phone and email.
- If there has been a head injury a bumped head wrist band should be worn by the child and a note prepared for parents. If any concerns about the head injury the parents should be called immediately and medical advice sought.
- All serious incidents that require a visit to a medical practitioner must be reported to the Local Authority through the online system. Parents must be informed immediately.
- Where an ambulance is called or a child/ adult is taken to the hospital parents/ next of kin must be contacted. If parents/ next of kin cannot be contacted or there is a delay in them attending, a First Aider must accompany the child taking with them the child's details and parent's contact numbers.
- All incidents reported to Local Authority must be reported to the Finance and Premises.
- All incidents must be reported to the teacher.
- A slip with relevant information about the accident/ incident will be sent home.
- Where a child has been distressed, received a head injury or has been bleeding significantly [blood on clothes], the First Aider should telephone the parents.

## Emergency Situations

The first aider person will call the ambulance/ take the person to hospital in the following situations:

- A serious injury
- A significant head injury
- The person is or has been unconscious
- Possible fracture
- When first aider is unsure of the severity of the injury or what treatment to provide

## Training

All members of staff with a responsibility for administering first aid will undergo training and possess a first aid qualification. This will be renewed as required.

All members of staff will receive training in the treatment of anaphylaxis and asthma. They also receive training in epilepsy and diabetes as required.

**First Aid at Work**

	<b>Starts</b>	<b>Expires</b>
Clare Turner	16.5.18	15.5.21
Patricia Windsor	13.11.19	12.11.22
Sarah Austin		

**Emergency Paediatric First Aid**

Sarah Foot	11.11.19	10.11.22
Christine Adams	25.01.19	25.01.22
Sarah Austin	03.09.18	03.09.21
Philippa Bent	03.09.18	03.09.21
Sarah Cooper	01.09.17	31.08.20
Barbie Cole	25.01.19	25.01.22
Joseph Dale	03.09.18	03.09.21
Debbie Cryan	25.01.19	25.01.22
Tracy Dale	06.01.17	06.01.20
Aaron Downes	01.09.17	31.08.20
Kathryn Flower	25.01.19	25.01.22
Lottie Foot	03.09.18	03.09.21
Naila Hai	25.01.19	25.01.22
Hedy Harrison	03.09.18	03.09.21
Damien Hasson	03.09.18	03.09.21
Mel Howes	06.01.17	06.01.20
Bryn Hunt	25.01.19	25.01.22
Nusrat Khaki	25.01.19	25.01.22
John La Bouchardiere	06.01.17	06.01.20
Anju Lamprell	01.09.17	31.08.20
Helen Langton	03.09.18	03.09.21
Maggie Libura	03.09.18	03.09.21
Nicola Mather	01.09.17	31.08.20
Karen Norton	25.01.19	25.01.22
Alison Pidgeon	03.09.18	03.09.21
Jessica Tozer	25.01.19	25.01.22

Policy written by Shelagh Coutts. Updated by Jessica Tozer. Agreed by Governors on March 2017