



FIRST AID & MEDICATION IN SCHOOL POLICY & PROCEDURES

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Introduction

1.1 Policy Purpose

This document outlines the Blanchelande College policy and procedures in relation to First Aid and Medication in School. Split into two sections, the purpose of this document is to specify and communicate requirements and guidance for the administration and provision of First Aid and Medication within the College.

1.2 Policy Compliance

Blanchelande College has regard to the *DFE [Guidance on First Aid for Schools](#)*, and the States of Guernsey Education Department's *[Medicines In Schools and Supporting Learners with Medical Needs](#)* policy.

2 Management and responsibility for First Aid

Responsibility for the implementation of the provision of first aid at Blanchelande College is delegated by the Board of Governors to the Principal. The Principal determines the number of Appointed Persons (see Appendix A), who oversee the management of the medical room. The Principal also determines the number of First Aiders and the level of training they should receive.

The number of Appointed Persons and First Aiders is reviewed annually by the Principal or more frequently when required (for example, following an accident or emergency). When determining the appropriate number of appointed persons and First Aiders, the Principal will take into account:

- the number of staff (and pupils) present at any one time;
- the distribution of staff;
- the number and location of first aid boxes;
- the level of experience of the staff;
- the number of staff and pupils with disabilities or specific health problems;
- the size, nature and location of the school premises to which members of staff normally have access in the course of their employment;
- whether they are travelling;
- arrangements for off-site activities;
- arrangements for out of school hour activities such as parents' evenings;
- parts of the school premises with different levels of risk;
- the types of activity undertaken;
- the proximity of professional medical and emergency services;
- any unusual or specific hazards (e.g. working with hazardous substances, tools or machinery);

- accident statistics, based on incident reports and near-miss forms.

When selecting staff to be an Appointed Person or First Aider, the Principal will take into account their reliability, communication skills, ability to learn, ability to cope with stressful situations and the ability to leave the work they are doing at the time.

3 First Aid

3.1 Training

There are three levels of First Aid training within the College:

1. *Basic First Aid*: the majority of staff undertake a basic first aid overview as part of INSET.
2. *Additional medical training*: some staff have completed additional medical qualifications, such as in nursing, sea swimming, etc.
3. *Full First Aid training*: Designated First Aiders will have received three days of First Aid Training with St John's Ambulance (i.e. First Aid at Work certification).

All qualifications are listed in Appendix A.

3.2 Roles & responsibilities

3.2.1 Standard member of staff (non-first aider)

A non-first aider is a member of staff who has not attended the 3 day First Aid in the Workplace training. Their position in any incident is to carry out a basic assessment. If a pupil is able, they are to accompany the injured or sick pupil to the first aid room. They should then brief the designated first aider on what has happened, and complete an accident report if the pupil is unable to do so themselves.

If the pupil is unable to get to the First Aid room, it is their job to either send someone to get the first aider or to call them (01481 237300 / extension 214).

In the case of a major incident or cardiac arrest, an ambulance is to be called (999/112). The designated first aider is someone who has undertaken an advanced 3 day First Aid in the Workplace course. They are responsible for assessing any illness or medical emergencies. They will then make decisions on treatment to be given. They are to keep clear and concise records on any first aid given or medication administered. This is to be recorded on the Accident Report Form. Copies of the Accident Report Form are kept in the First Aid Room (located by the Main Office).

The Office Manager (who is also a designated first aider) is responsible for keeping the First Aid Room stocked and to stock take any medication (see Section 4).

All staff are responsible for practising infection control procedures e.g. wearing of latex gloves when dealing with bodily fluids. All medical dressings and gloves are to be disposed of in a yellow bag. These can be found in the First Aid Room.

The number of first aiders and level of training is reviewed annually by the Principal.

3.3 Emergency procedures

Any pupil who sustains an injury on the School premises should be taken to the First Aid Room, if the injury allows it. If the pupil is unable to attend the First Aid Room a designated first aider must be contacted (usually the Office Manager) and is to attend the scene.

Parents/guardians must be contacted if the accident is serious (see section 3.5).

If the situation is life threatening, an ambulance must be called and the pupil should be transported to hospital. (Although this is at the cost of the parent/guardian, parental permission to call an ambulance is not required.)

Staff should not take pupils to hospital in their own car other than in exceptional circumstances e.g. if an ambulance is unable to get to the emergency.

It is the responsibility of every parent/guardian to ensure that the school has their correct contact details.

A record (Accident file) must be kept of all injuries and the actions taken to treat the pupil. An Accident Report must be completed following any serious injury that takes place while the pupil is in the care of the school. The Accident Report will be countersigned by the Vice Principal (senior; also Vice-Chair of Health and Safety Committee) and/or Bursar (Chair of Health and Safety Committee) before being passed onto the Principal.

The Principal or/and Vice Principal should be informed of any serious accident/incident (see Appendix J).

3.4 First Aid facilities

There are a number of first aid boxes located around the school (See Appendix B). The contents of first aid boxes are checked on a weekly basis by the Office Manager (see Appendix B) in each area and any replenishments/replacements are actioned immediately.

Blanchelande College has a designated Medical Room adjacent to the Main Office, on the ground floor by Reception. The Medical Room contains the following facilities:



- Locked cupboard with first aid equipment and Medication
- A bed for those needing medical assistance to rest and receive treatment
- Hand washing facilities
- Adjoining the room are bathroom facilities dedicated to the First Aid Room
- Equipment for the management of infection control

3.4.1 First Aid and medication storage

The First Aid and Medication Cupboard can be found in the First Aid room. This cupboard should always be locked when not in use and the key can be found in the Officer Manager's room on the key board and is clearly marked as 'First Aid Cupboard'. The key should be labelled and kept on the key plaque opposite the Office Manager's desk. A duplicate is kept in the key safe, along with all vehicle keys.

- Inside the First Aid Cupboard are the following items:
- Stock Medication, e.g. analgesics, antihistamines & anti-inflammatories.
- Pupil prescribed medication e.g. inhalers & epipens.
- First Aid Equipment, e.g. dressings, plasters, saline, etc.

3.5 Reporting & record keeping

All members of the school community should report any accident or incident, however minor, as soon as possible after it has occurred. This should be done by completing an accident form. If necessary the school's [near miss form](#) should also be completed to aid with policy review.

When a pupil is injured or an injured adult is unable to complete their own details of the accident then a witness should do it on their behalf.

Parents should be informed about any accident in the following categories:

- where a pupil has had to go to hospital;
- where a pupil is particularly upset by the accident;
- where a head injury is involved.

The age of the pupil should be taken into account when deciding for other non-hospitalised accidents whether to contact parents. Parental contact details and employee contacts are available in the School Office. For infant children, parents should be informed.

If, as a result of an accident, a pupil is taken to hospital and becomes absent from school, the Principal /Vice Principal should be notified immediately.



3.5.1 Statutory requirement

Under the Reporting of *Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)* some accidents must be reported to the Health & Safety Executive (HSE). The Principal must report accidents to the HSE as specified under Guernsey legislation. Details of this are specified in the Guernsey HSE guidance document '*Reporting an injury, disease or dangerous occurrence*'. A copy of this document is kept in the Principal's Office and is available to staff on request.

The Principal must keep a record of any reportable injury, disease or dangerous occurrence which must include the following details:

- date and method of reporting
- date, time and location of the event
- personal details of those involved
- Brief description of the event or disease.

The Principal must ensure that readily accessible accident records, written or electronic, are kept for a **minimum of seven years**.

4 Medication

4.1 Parents' responsibilities

The following are the sole responsibility of the pupil parents/guardians:

- Parents must inform the school in writing of the type of medication that needs to be taken and the reasons for this medication (see section 4.2)
- They must give written consent for Blanchelande staff to administer medication to their child and be explicit as to what type can be administered.
- Make the school aware of any changes in their child's health and wellbeing.
- Ensure the school has any required medication the pupil may need.
- Restock medication as required and ensure that any medication kept at Blanchelande is up to date and has not expired.
- It is helpful for parents to provide the College with a spare inhaler for use in case the original inhaler is left at home or runs out.

4.2 Rules regarding medication

Regardless of the medication being prescription or non-prescription (e.g. those providing relief from period pains or hay fever) the following rules apply:

- Medication must be brought to school in the original packaging and should always remain in the original packaging.
- Medication must be clearly labelled with the pupil name, dosage and any medical instructions (i.e. when the medication must be administered).



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- When no longer required, medications are to be returned to the parent/ guardian for disposal.
- Medication of any type should not be given by any member of staff to a pupil unless written consent has been given by parents/guardians. This is to be reviewed annually.
- Inhalers can be kept by pupils if they are considered responsible enough to do so.

4.3 Record keeping

A record of all administered medication must be kept by the Office Manager and must include the following details:

- Who was the medication administered to and by whom?
- When was the medication given to the pupil (date and time)?
- What medication was administered?
- Why was the medication administered?
- Any side effects of any medication administered should also be noted and parents informed.



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APPENDIX A – First Aiders

Appointed Person	
Appointed Person with responsibility for day to day First Aid provision	Jayne Offen
Assistant Appointed Person	Emma Torode

Basic First Aid course	
Staff	Date of course
Mike Elward	3.1.18
Angie Tolcher	3.1.18
Louisa Eccles	3.1.18
Linda Parish	3.1.18
Alexa Yeoman	3.1.18
Debbie Help	3.1.18
Nicky Smith	3.1.18
Tricia Lewis	3.1.18
Sharon Carvill	3.1.18
Becky Reid	3.1.18
Nicky Rihoy	3.1.18
Maggie Sanders	3.1.18
Katie Beavan	3.1.18
Mel Bisson	3.1.18
Steve Hutchison	November 2016
Morna McDougall	3.1.18
Jo Flood	3.1.18
Amanda Brun	3.1.18
Michelle Gilson	3.1.18
Sarah O'Leary	3.1.18
Christine Nicolle	3.1.18
Stefan Kaminski	3.1.18
Cora Lee	3.1.18
Tony Sangha	3.1.18
Dan Burgess	3.1.18
Hugh Tabel	3.1.18
Kath Guille	3.1.18
Gareth Rees	3.1.18
Laura Briggs	3.1.18
Sam Holland	3.1.18
Kelly Fay	3.1.18
Rachel Van der Linden	3.1.18



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Diane Mathews	3.1.18
Maria Green	3.1.18
Deb Carter	3.1.18
Sonia Hollowell	3.1.18
Emma Stafford-Bell	3.1.18
Emma Torode	3.1.18

First Aid at Work (statutory three day course)			
Qualified staff	Date of qualification	Date of expiry	Contact details
Jayne Offen	November 2017	November 2020	Ext 214
Michelle Osterman	February 2018	February 2021	Ext 212

National Water Safety Management Programme			
Qualified staff	Date of qualification	Date of expiry	Contact details
Michelle Osterman	June 2018	June 2020	Ext 212
Dan Burgess	June 2018	June 2020	Ext 221

Diploma in Nursing		
Qualified staff	Date of qualification	Contact details
Emma Torode	2006	Ext 205



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APPENDIX B - Location of First Aid boxes

First Aid boxes are located in the following places:

- Physics Lab (Room 8)
- Chemistry Lab
- Biology Lab
- Science prep room
- Rosaire Hall Kitchen
- Junior Staff Room
- Cookery Room
- Outside the Infant toilets
- Design and Technology room
- PE office
- Victor House staff kitchen
- School minibuses x 3

The PE staff also have first aid kits for outdoor use and portable first aid kits (for taking on offsite activities, etc.) are available in the School Office. Please see [the Health and safety Policy](#).



APPENDIX C - Contents of First Aid boxes

Each first aid box should contain the following items:

- a leaflet giving general advice on First Aid;
- 20 individually wrapped sterile adhesive dressings (assorted sizes);
- 1 sterile eye pad;
- 1 individually wrapped triangular bandage (preferably sterile);
- 6 safety pins;
- 2 medium sized (approximately 12cm x 12cm) individually wrapped sterile wound dressings;
- 1 large (approximately 18cm x 18cm) sterile individually wrapped wound dressing;
- 8 Individually wrapped wound cleansing wipes;
- 1 x 500ml bottle of sterile water;
- 1 crepe rolled bandage;
- 1 pair scissors;
- 2 pairs of disposable gloves;
- 1 foil blanket;
- Tweezers;
- Numerous different sized plasters.

APPENDIX D - Anaphylaxis

An allergy is when the body reacts to foreign substances called allergens, which trigger an exaggerated response from the immune system. An allergic reaction can occur following exposure to many things including food (nuts, fish, dairy products), animals (wasp and bee stings, animal hair), grasses, dust and drugs. The allergic reaction can range from mild to severe (anaphylaxis).

The Symptoms of Anaphylaxis

Any or all of the following symptoms may be present during an anaphylaxis reaction:

- Swelling of tongue and/or throat
- Difficulty in swallowing or speaking
- Vocal changes (hoarse voice)
- Wheeze or persistent cough or severe asthma
- Difficult or noisy breathing
- Stomach cramps or vomiting after an insect sting
- Dizziness / collapse / loss of consciousness (due to a drop in blood pressure)

Treatment

- Treatment of anaphylaxis requires emergency medication. This will be either carried by the student on their own person (if advised by their doctor), or in the First Aid Room.
- Teaching staff will receive Epi-pen training annually and should fully understand what procedures and protocols to follow.
- The First Aider will ensure that Epi-pens and inhalers are clearly named and easily accessible.
- For severe allergy sufferers attending residential trips, the trip leader will liaise with the First Aider and/or the pupil's parents to ascertain the correct management strategy, which will be included in the trip risk assessment.
- If anaphylaxis occurs, medication is to be administered via an Epi-pen. An ambulance is then to be called.

APPENDIX E – Asthma

What is asthma?

Pupils with asthma have airways which narrow as a reaction to various triggers.

What are the triggers of asthma?

The triggers vary from individual to individual but common ones include: viral infections, cold air, grass pollen, animal fur, house dust mites and passive smoking. Exercise and stress can also precipitate asthma attacks in some cases.

What are the symptoms of asthma?

Asthma attacks are characterised by coughing, wheeziness, an inability to speak properly and difficulty in breathing, especially in breathing out. The pupil may become distressed and in very severe attacks the pupil's skin and lips may turn blue.

Medication and control

Medication to treat the symptoms of asthma usually come in the form of inhalers which in most cases are colour coded. Instructions will be given on the medication as to which colour coding is relevant to inhaler use in different circumstances.

Most pupils with asthma will take charge of and use their inhaler from an early age and it is good practice to allow pupils to carry their inhalers with them at all times, particularly during PE lessons. If a pupil is too immature to take responsibility for the inhaler, staff should ensure the inhaler is kept in a safe, but readily accessible, place, clearly marked with the pupil's name.

Pupils with asthma must have immediate access to their inhalers when they need them.

Managing pupils with asthma

- Staff should be aware of those pupils under their supervision who have asthma.
- PE staff should ensure that all pupils with asthma have their inhaler prior to the commencement of a session.
- If using an inhaler fails to improve the pupil's breathing the pupil should be accompanied to the medical room to seek further treatment/make contact with parents.



Offsite activities

Staff should ensure that all pupils taking part in offsite activities carry their medication with them. Staff supervising the activity must be aware of the pupil's condition and of any relevant emergency procedures.

Issues which may affect learning

Pupils with asthma should be encouraged to participate as fully as possible in all aspects of school life, although special consideration may be needed before undertaking some activities.

Physical activity benefits pupils with asthma in the same way as other pupils. They may need to take precautionary measures and use their inhaler before any physical exertion. As with all pupils, those with asthma should be encouraged to undertake warm-up activities before full physical activity, especially when the weather is cold.

What to do if a pupil has an asthma attack

- Stay calm and reassure the pupil. Speak calmly and listen to what the pupil is saying.
- Try not to leave the pupil alone unless absolutely necessary.
- Make sure that any medication is used promptly.
- Help the pupil to breathe by encouraging the pupil to breathe slowly and deeply.
- Lean the pupil slightly forward.
- If the child does not respond to medication ensure they are accompanied to the medical room.

APPENDIX F – Diabetes

What is Diabetes?

Diabetes is a condition in which the amount of glucose (sugar) in the blood is too high due to the body being unable to use it properly. This is because of a faulty glucose transport mechanism due to lack of insulin.

Normally, the amount of glucose in the bloodstream is carefully controlled by the hormone insulin; in particular, insulin plays a vital role in stopping the blood glucose level from rising too high.

Pupils with diabetes have lost the ability to produce insulin and therefore their systems are unable to control their blood glucose levels. If the blood glucose level is too high (hyperglycaemia) a pupil may show symptoms of thirst, frequent trips to the toilet, weight loss and tiredness. Conversely, if the blood glucose level is too low (hypoglycaemia) a pupil may display symptoms which include hunger, drowsiness, glazed eyes, shaking, disorientation and lack of concentration.

Medication and Control

Diabetes cannot be cured but it can be treated effectively by injections of insulin and by following an appropriate diet. The aim of the treatment is to keep the blood glucose level close to the normal range.

In most cases pupils will have their insulin injections before and after school but some pupils may require an injection at lunchtime. If a pupil needs to inject whilst at school he/she will know how to undertake the procedure without adult supervision. However, the pupil may require privacy in which to administer the injection. Some pupils may also need to monitor their blood glucose levels on a regular basis and again privacy may be required for this procedure.

An essential part of the treatment of diabetes is an appropriate diet whereby regular meals and good food choices help to keep a near normal blood glucose level. Pupils will have been given guidance on food choices, which should be reduced in sugar and fat but high in starch. Most pupils with diabetes will also need to eat snacks between meals and occasionally during class time. It is important that this is allowed without hindrance or fuss and that the lunchtime meal is taken at a regular time. A pupil with diabetes may also need access to supplies of fast acting sugar in case of a hypoglycaemic episode.

It is important that there is good communication between parents and the College as many aspects of growth and development will have an impact on pupils with diabetes.



Offsite activities

- Staff should ensure that all pupils taking part in offsite activities carry their medication with them
- Staff supervising the activity must be aware of the pupil's condition and of any relevant emergency procedures

Issues which may affect learning

Pupils with diabetes should have no difficulties in accessing all areas of the curriculum including sporting activities which are energetic. However, as all forms of strenuous activity use up glucose there are some simple precautions to follow in order to assist a pupil with diabetes in maintaining an adequate blood glucose level:

- Encourage the pupil to eat or drink some extra sugary food prior to the activity
- Have glucose tablets or a sugary drink readily available in case the pupil displays symptoms of hypoglycaemia
- After the activity is concluded, encourage the pupil to eat and to take extra fluid

What do if a pupil has hypoglycaemic (low blood sugar) episode

Common causes:

- a missed or delayed meal or snack
- extra exercise
- too much insulin during unstable periods
- the pupil is unwell
- the pupil has experienced an episode of vomiting
- Get someone to stay with the pupil and call for medical help. Do not send them out of the class on their own as their blood sugar may drop further and they may collapse.
- Give fast acting sugar immediately e.g. Lucozade, fresh orange juice, cola, glucose tablets, jam.
- Recovery usually takes ten to fifteen minutes.
- Upon recovery, give the pupil some starchy food e.g. biscuits, a sandwich
- Inform the school office of the episode
- Assess whether the pupil needs to go home

What to do if a pupil has a hyperglycaemic (high blood sugar) episode

- Do not restrict fluid intake or access to the toilet
- Contact the school office if concerned



APPENDIX G – Infection Control Procedures

- Use disposable latex or vinyl gloves and a disposable apron when dealing with any bodily fluid.
- Clean surfaces using disposable paper towels and Sani Cloth Antibacterial Wipes.
- Dispose of all used paper towels and cloths in a yellow bag for incineration
- For non-carpeted areas, sanitise the area using a bleach solution.
- For carpeted areas, clean with detergent and then shampoo within 24 hours.
- Clean non-disposable equipment with a bleach solution.
- Discard gloves and apron into a yellow bag for incineration.
- Thoroughly clean hands with soap and water.



APPENDIX H - Treatment of Shock

Shock is a life-threatening condition which happens when the body isn't getting enough flow of blood.

This means that the cells don't get enough oxygen to enable them to work properly, which can lead to damage of the vital organs like the brain and the heart.

Shock can be caused by anything that reduces the flow of blood, including:

- Heart problems, such as a heart attack, or heart failure
- Severe internal or external bleeding
- Loss of body fluids, from dehydration, diarrhoea, vomiting or burns
- Severe allergic reactions and severe infection

If someone has any of the conditions above, which can reduce the circulation or blood flow, they could develop shock, so you may need to treat them for this condition as well.

What to look for – shock

If you think somebody could be suffering from shock, there are seven key things to look for:

- Paleness of the face (pallor)
- Cold, clammy skin
- Fast, shallow breathing
- Fast, weak pulse
- Yawning or sighing
- Confusion
- Loss of response (in extreme cases)

What you need to do – shock

If they are showing signs of shock:

- Lie them down with their head low and legs raised and supported, to increase the flow of blood to their head. Do not raise an injured leg.
- Loosen any tight clothing around the neck, chest and waist to make sure it doesn't constrict their blood flow
- Fear and pain can make shock worse, by increasing the body's demand for oxygen, so while you wait for help to arrive, it's important to keep them comfortable, warm and calm. Do this by covering them with a coat or blanket and comforting and reassuring them
- Keep checking their breathing, pulse and level of response.



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- If they become unresponsive at any point, open their airway, check their breathing, and prepare to treat someone who has become unresponsive. Call 999 or 112 for medical help and say you think they are in shock, and explain what you think caused it (such as bleeding or a heart attack).



APPENDIX I - Bleeding

When bleeding is severe, it can be dramatic and distressing. If someone's bleeding isn't controlled quickly, they may lose a lot of blood, become unresponsive or develop shock. In this case please follow instructions for treatment of shock, listed in Appendix H.

If someone's bleeding from their mouth or nose, they may find it hard to breathe, so you should monitor them in case they become unresponsive.

With all open wounds, there's a risk of infection, Please adhere to infection control measures e.g. washing hands and using gloves.

What you need to do - severe bleeding

- Your priority is to stop the bleeding. Protect yourself by wearing gloves.
- If the wound is covered by the casualty's clothing, remove or cut the clothes to uncover the wound.

Follow the steps below for treating severe bleeding.

- Press it: apply direct pressure to the wound.
- Firmly secure with a dressing or bandage.
- Treat for shock if necessary.
- Support the injured area.



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Appendix J – Contact details

Internal contact details only. Personal mobiles are available to staff internally.

DEPARTMENT	EXTENSION	NAME
SMT	203	Principal / Robert O'Brien
	207	Vice Principal (Senior) / Mike Elward
	213	Vice Principal (Primary) / Angie Tolcher
	228	Bursary / Kerry Fell or 232545
	223	Spanish Room / Louisa Eccles
	229	Pastoral Care Office / Louisa Eccles
Senior School	202	Senior Staff Room
	205	Prep Room / Emma Torode
	208	Maths Room / Room 6
	209	French Room / Laura Briggs
	210	Tech Room / Lucille Pearson
	211	Head of Learning Support / Kelly Fay
	212	IT Room / Michelle Oesterman
	215	Geography Room / Kath Guille
	216	Staff Room in Victor House
	218 & 219	Music Department / Sam Holland
	221	Biology Room / Dan Burgess
	225	Art Room / Cora Lee
	237645	Wood Tech Room / Rachel Van der Linden
Primary School	210	Year 5
	204	Year 3
	217	Junior Staff Room
	222	Year 6
	224	Rosaire Hall
	07781 413053	Primary After School Club
Administration	200	Reception / Deb Wills-Carter
	296	Registrar / Sonia Hollowell or 232744
	214	Office Manager / Jayne Offen
	220	Exams Office
	226	Exam Hall (middle room)
	227	Exam Hall (bottom of the stairs)
	231	Assistant Bursar / Martina Lenfestey or 232567
	233	Principal's PA / Maria Green
	234	Development Secretary / Emma Stafford-Bell



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Maintenance	07781 118909	Bob Duquemin Mobile
	07781 420298	Chantal Renaud Mobile
	07839 249392	Tom de Kooker Mobile
	238288	Shed
IT	07911 7413576	Becky Hart Mobile