



AVANTI COURT

PRIMARY SCHOOL

FIRST AID POLICY

Agreed & Ratified: September 2022

Review dates): July 2023

1. Aims

The aims of our first aid policy are to:

- Ensure the health and safety of all staff, pupils and visitors
- Ensure that staff and governors are aware of their responsibilities with regards to health and safety
- Provide a framework for responding to an incident and recording and reporting the outcomes

2. Legislation and guidance

This policy is based on the [Statutory Framework for the Early Years Foundation Stage](#), advice from the Department for Education on [first aid in schools](#) and [health and safety in schools](#), and the following legislation:

- [The Health and Safety \(First Aid\) Regulations 1981](#), which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees
- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- [Social Security \(Claims and Payments\) Regulations 1979](#), which set out rules on the retention of accident records
- [The Education \(Independent School Standards\) Regulations 2014](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils

This policy complies with our funding agreement and articles of association.

3. Roles and responsibilities

3.1 Appointed person(s) and first aiders

The school's appointed Welfare Officer is responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- Ensuring that an ambulance or other professional medical help is summoned when appropriate

First aiders are trained and qualified to carry out the role (see section 7) and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- Sending pupils home to recover, where necessary
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident (see the template in appendix 2)
- Keeping their contact details up to date

The names of our school's first aiders are displayed prominently around the school.

3.2 The Trust

The Trust has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the headteacher and staff members.

3.4 The headteacher

The headteacher is responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of are present in the school at all times

- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Ensuring all staff are aware of first aid procedures
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Ensuring that adequate space is available for catering to the medical needs of pupils
- Reporting specified incidents to the HSE when necessary (see section 6)

3.5 Staff

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Completing accident reports for all incidents they attend to where is not called
- Informing the headteacher or their manager of any specific health conditions or first aid needs

4. First aid procedures

4.1 In-school procedures

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives
- The first aider will also decide whether the injured person should be moved or placed in a recovery position
- If the first aider judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents
- If emergency services are called, the Welfare Officer/ Admin Team/ Senior Leader will contact parents immediately
- The first aider will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury

4.2 Off-site procedures

When taking pupils off the school premises, staff will ensure they always have the following:

- A school mobile phone
- A portable first aid kit
- Information about the specific medical needs of pupils (copy of their care plan)

Risk assessments will be completed by the class teacher prior to any educational visit that necessitates taking pupils off school premises.

There will always be at least one first aider with a current paediatric first aid certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

There will always be at least one first aider on school trips and visits for pupils in Year 1-6.

5. First aid equipment

A typical first aid kit in our school will include the following:

- A leaflet with general first aid advice

- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Safety pins
- Disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- Scissors
- Cold compresses
- Burns dressings

No medication is kept in first aid kits.

First aid kits are stored in:

- The medical room
- Reception area
- All classrooms
- The school kitchen
- The Site Keeper's office

6. Record-keeping and reporting

6.1 First aid and accident record book

- An accident form will be completed by the first aider on the same day or as soon as possible after an incident resulting in an injury
- As much detail as possible should be supplied when reporting an accident, including all of the information included in the accident form
- Details of the accident/injury will be recorded in the accident book located in the medical room and in the EYFS areas of the school
- Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of

6.2 Reporting to the HSE

The Headteacher will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The Headteacher will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries, which are:
 - Fractures, other than to fingers, thumbs and toes
 - Amputations
 - Any injury likely to lead to permanent loss of sight or reduction in sight
 - Any crush injury to the head or torso causing damage to the brain or internal organs

- Serious burns (including scalding)
- Any scalping requiring hospital treatment
- Any loss of consciousness caused by head injury or asphyxia
- Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)
- Where an accident leads to someone being taken to hospital
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
 - The collapse or failure of load-bearing parts of lifts and lifting equipment
 - The accidental release of a biological agent likely to cause severe human illness
 - The accidental release or escape of any substance that may cause a serious injury or damage to health
 - An electrical short circuit or overload causing a fire or explosion

Information on how to make a RIDDOR report is available here:

[How to make a RIDDOR report, HSE](http://www.hse.gov.uk/riddor/report.htm)

<http://www.hse.gov.uk/riddor/report.htm>

6.3 Notifying parents

The class teacher will inform parents of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practical. All pupils who receive an accident or injury take home a letter for their parent/carer on the day of the injury. Should a child leave the letter detailing the injury at school the class teacher will inform the parent by telephone

6.4 Reporting to Ofsted and child protection agencies

The Headteacher will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

The DSL/Headteacher will also notify child protection agencies of any serious accident or injury to, or the death of, a pupil while in the school's care.

7. Training

All school staff are able to undertake first aid training if they would like to.

All first aiders must have completed a training course, and must hold a valid certificate of competence to show this. The school will keep a register of all trained first aiders, what training they have received and when this is valid until-see SCR.

Staff are encouraged to renew their first aid training when it is no longer valid.

At all times, at least 1 staff member will have a current paediatric first aid (PFA) certificate which meets the requirements set out in the Early Years Foundation Stage statutory framework and is updated at least every 3 years-see SCR

8. Children with Medical Needs

- Children with medical needs have the same rights of admission to a school as other children.
- Most children with medical needs can attend school and take part in normal activities, sometimes with support.
- Parents/carers have the prime responsibility for their child's health and should provide school's with information about their child's medical condition.
- An Individual Health Care Plan will be put in place, if required, to help staff identify the necessary safety measures to support children with long term medical needs and ensure that they, and others, are not put at risk. These will be drawn up together with parent and school health nurse.
- All children with significant medical needs will have their photograph and a brief description of their needs displayed in the school staff room and medical room.

9. Administering medicines in school

There is no legal or contractual duty on staff to administer medicine or supervise a child taking it.

If a child is taking a prescribed medicine it is the parent's/carer's responsibility to come to school and inform the Welfare Officer of the dosage and frequency and to fill out the necessary documentation. Only prescribed medicines will be administered by the Welfare Officer or First Aiders in her absence.

- In exceptional circumstances, e.g. if anti-biotic medicine has to be taken four times a day, a first aider will administer prescribed medicine providing that a 'Parental Agreement' form has been completed and signed. The relevant forms are kept in the school office.
- All prescribed medicines that are due to be administered must be kept in the medical room or in the fridge away from pupils.
- It is the child's responsibility to come to the school office for the medicine to be given, the school does not accept responsibility if the child forgets.
- Records will be kept of all prescribed medicines administered.
- **Non prescribed medicines are not allowed in school.**

10. Asthma Treatment and Inhalers

- Parents of asthma sufferers are permitted to bring their own treatments (inhalers etc) to school provided a parental agreement for ACPS to administer medicine has been signed' form by the parents/carers. Forms are available from the school office. The form includes the prescribed dosage to be completed by parents.
- A list of asthma sufferers is kept within the School Office and Medical Room.
- Asthma treatments for pupils (inhalers etc) are kept in classrooms and in the Medical Room and in a box with the child's name and class.
- Asthma treatments are to be administered by the pupil if old enough and competent enough. After a treatment has been administered, the first aider/class teacher if in the classroom- records the date and time.
- Asthma treatments are taken on Educational Visits and 'off site' sporting activities.
- Parents are responsible for checking that the treatments are still within their 'Use by dates' and for replenishing them.

11. Epipens and Anaphylaxis Shock Training

- A list and photograph of anaphylaxis sufferers are displayed in the school staff room and in the medical room
- Epipens, for anaphylaxis sufferers, are kept out of reach in the individual's classroom and in the medical room
- Epipens can only be administered by members of staff who have received epipen training. A list of trained staff is kept by the DSL
- All teaching staff, the Welfare Assistant and teaching assistants are all trained annually in the use of epipens
- Each anaphylaxis sufferer has an individual protocol to follow when receiving the treatment. The trained staff are aware of the procedure
- Epipens and the appropriate trained member of staff are taken on Educational Visits and off site sporting activities
- Parents are responsible for checking that the treatments are still within their 'Use by dates' and for replenishing them and ensuring that the school has 2 epipens on site

12. Administering First Aid Off Site

- First Aid provision must be available at all times including off site on school visits. The level of first aid provision for an off-site visit or activity will be based on risk assessment
- A trained appointed person or first aider will accompany all off site visits and activities along with a suitably stocked First Aid box
- The First Aider must be aware of the contents of the First Aid box and its location at all times throughout the visit
- All adults present on the visit should be made aware of the arrangements for First Aid
- If any First Aid treatment is given the Group Leader will advise the school office, by mobile telephone if urgent, or on return so that the pupil's parents can be informed
- If a pupil is taking a prescribed medicine, a 'Parental Agreement' form will have been completed: see Administering Medicines In School section above

A copy of the Parental Agreement form will be taken along with the relevant medication on the visit. The medication will be kept in the First Aid box, with a cool pack if necessary, and will be administered by the First Aider at the necessary time and recorded

13. Spillages and dealing with bodily fluids

Protective Clothing

Gloves:

- Disposable gloves are **only** required where hands are in contact with body fluids, or for other health and safety reasons. For example when using a caustic cleaning agent.
- Gloves should be single use, well-fitting and made of vinyl (latex and polythene disposable gloves with seams are unsuitable).
- Hands must be washed after removing gloves, as germ counts increase while gloves are worn.

Aprons:

- Disposable plastic aprons should be used for all activities that may result in clothing being soiled with bodily fluids such as excreta.
- The apron should be thrown away and hands washed before dealing with a different child or any other activity.

Visors/goggles

- A full face visor or goggles should be worn if there is a risk that body fluids may come into contact with the first aider's face.

Hands should be washed:

- Before putting on, and after removing, protective clothing.
- Before and after physical contact with individual children.
- After handling contaminated items such as soiled clothing & nappies.
- After using the toilet.
- After blowing your nose or covering a sneeze.
- Whenever hands become visibly soiled.
- Before eating, drinking or handling food.

Spills of Body Fluids:

- Splashes into eyes or mouth should be rinsed freely with clean cold water.
- Body fluid spillages should be cleaned using Hyper Clean Absorbent Powder.
- Disposable gloves and aprons should be worn when cleaning such spills.
- Skin that has been in contact with another person's bodily fluid should be washed with soap as soon as possible.

Spills on Hard Surfaces:

Large spills should be covered with disposable paper towels to soak up excess liquid. The towels should be treated as clinical waste and discarded in yellow bags. The remaining spillage should be treated as follows:
Hyper Clean Absorbent Powder

Spills On Carpets or Upholstery:

- Mop up excess fluid with paper towels. Sponge it with cold water, and then clean with hot water and liquid soap.

Spills On Clothing:

- Sponge off with warm soapy water, change clothes if necessary. Store clothes in a plastic bag until washed.

Reason for Assessment: First Aid Risk Assessment

Assessment Date: July 2020

Hazard	Person affected	Likely Consequence	Level of risk	Strategies	Likely / Frequency
Inadequate Emergency Response	Employees, Visitors, Contractors, Pupils	Further injury, death	Med	<ul style="list-style-type: none"> • First aiders trained in how to seek help from emergency services • Medical room positioned near to main office and the front of the school to ensure response times are good • All injuries referred to a first aider • On educational trips all members of staff have a phone in order to call emergency services 	Low
Inadequate provision of first aid	Employees, Pupils, Visitors, Contractors	Serious injury	Med	<ul style="list-style-type: none"> • Both the Early Years areas have paediatric first aiders • We have a welfare first aider on site who is paediatric trained • The Site Manager and SLT are first aiders • We have adequate numbers of Teaching Assistant first aiders across the school • The Site Manager is on site as a first aider to give first aid outside of the school day 	Low
Inadequate first aid treatment	Employees, Agency Staff Visitors, Contractors, Pupils	Serious injury	High	<ul style="list-style-type: none"> • All first aiders included on the list for the school/nursery have successfully completed a qualification course paediatric first aid or Emergency First Aid at Work 1 day if considered sufficient and are certificated by a training provider who operates to the level required by a recognised provider • Only first aiders administer first aid within the school site • All first aid is logged 	Low
Unaware of how to summon first aid provision or an ambulance	Employees, Agency Staff Visitors, Contractors, public, pupils	Serious injury	Med	<ul style="list-style-type: none"> • All new staff are made aware of first aid arrangements through induction • Adequate information is also provided to contractors and visitors-see handbook • A list of first aiders is prominently displayed throughout the school building • All first aiders know through training that: • In the event of someone being injured, if it is considered serious 	Low

				<p>and that an ambulance is required, you must ring for an ambulance using the procedure laid out below.</p> <ul style="list-style-type: none"> • Locate the nearest qualified first aider (either from hard copy lists on notice boards or by phoning the school office • Give the location and symptoms if known to the first aider • Keep the casualty warm, comfortable and above all as still as possible • On arrival, the first aider will take control and issue instructions accordingly. • Ambulance Procedure: • Dial 9(999) ask for ambulance service, give brief details of type of casualty and ask for the ambulance to attend main entrance. • Ensure reception/office staff are aware advising them that an ambulance has been called to an incident in the school/Nursery. Arrange for someone to meet the ambulance at the main reception and escort the ambulance crew to the location of the incident. 	
Insufficient first aid supplies	Employees, Agency Staff Visitors, Contractors, pupils, public	Serious injury	Med	<ul style="list-style-type: none"> • The Welfare Assistant is responsible for providing first aiders with an appropriately stocked kit to enable them to undertake their roles • First aid kits are provided in all classrooms, the hall, gym, office and in the medical room • If a member of staff notices that a first aid kit is not full/ adequate they must inform the welfare assistant • First aid kits are to be stocked with the contents of a protection kit as standard e.g. gloves & apron, to reduce the risk of transfer of contaminated bodily fluids 	Low
Trips, falls & Bumps to the head	Employees, Agency Staff Visitors, Contractors, pupils, public	Serious injury	High	<ul style="list-style-type: none"> • All injured children/ staff members of the public to see a First Aider • Children to receive First Aid treatment & Cold Compress as required • ALL children to receive a 'Bump to the Head' letter from the school for injuries involving the head & face and a wrist band • Staff to greet parents/carers at the end of the school day to explain the accident/injury • Accidents to be recorded in the Accident Books located in the nursery, EYFS reception and in the medical room 	Low

				<ul style="list-style-type: none"> • Serious accidents e.g. broken bones, stitches to be recorded on the school's serious incident form in the medical room and emailed to the Trust and Riddor informed-Headteacher MUST be informed. • Phone calls to parents/carers as required • If in doubt, check injuries with Head Teacher or Deputy in her absence • Parents/Carers to inform school of any medical conditions • Parents/Carers to inform school of up-to-date emergency contact details. • Injured children are not to be left unsupervised 	
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Assessment completed by Deborah Walters (HT)

Signature

Deborah Walters

Date July 2020

14. Monitoring arrangements

This policy will be reviewed by the Headteacher, Health and Safety Lead, Welfare Officer and the Senior Leadership Team every year

At every review, the policy will be approved by the Senior Leadership Team,

15. Links with other policies

This first aid policy is linked to the

- Health and safety policy
- Policy on supporting pupils with medical conditions
- EVC Policy

Appendix A

Letter to parents informing them that their child has had an injury and first aid



AVANTI COURT Excellence Virtue Devotion

Name of Child: _____ Class: _____

Unfortunately, your child had an accident at Break time/ Lunchtime today at school. Your Son/Daughter has an injury to:

Treatment Given: Icepack Plaster/ Clean Rest/Monitor Phone Call Home

Other (give details) _____

Date of Accident: _____

Signature of First Aider: _____

Appendix B

Parental agreement for the school to administer prescribed medicine



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Parental agreement for school/setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form and the school or setting has a policy that staff can administer medicine

Date: _____

Name of Child: _____

Date of Birth: _____

Class/Form: _____

Medical condition/illness: _____

Medicine

Name/Type of Medicine (as described on the container): _____

Date dispensed/expiry date: _____

Duration of medication: _____

Dosage and method: _____

Timing: _____

Special Precautions/side effects: _____

Procedures to take in an Emergency: _____

I understand that I must deliver the medicine personally to [agreed member of staff] and accept that this is a service that the school/setting is not obliged to undertake.
I understand that I must notify the school/setting of any changes in writing.

Signature(s): _____

Relationship to child: _____

Contact Number: _____

Confirmation of the Head's agreement to administer medicine

Name of School/Setting **Avanti Court Primary School**

It is agreed that _____ [name of child] will receive _____ [quantity and name of medicine] every day at _____ [time medicine to be administered e.g. Lunchtime or afternoon break].

_____ [name of child] will be given/supervised whilst he/she takes their medication by _____ [name of member of staff].

Date: _____

Signed: _____

[The Head teacher/Head of Setting/Named Member of Staff]

Appendix C

Record of medicines administered in school/setting to all children

Name of School/Setting **Avanti Court Primary School**
Name of child _____
Class _____
Medicine _____
Dose given _____

Date	Time	Staff Name	Staff signature

Appendix D

Letter informing parents that their child has suffered a bump to the head



AVANTI COURT
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AVANTI COURT
PRIMARY SCHOOL
Carlton Drive
Barkingside
Essex
IG6 1LZ

020 8551 9489
avanticourt@avanti.org.uk
www.avanti.org.uk/avanticourt

Date:

Name:

Class:

Dear Parent/Carer,

Unfortunately, your child has bumped their head /area at school today. We have monitored your child closely. Sometimes with head injuries symptoms may not appear straight away. Some symptoms they may suffer from are: nausea, a mild headache, tender bruising or swelling of the scalp and mild dizziness. These symptoms are classified as minor and should usually not require any further medical help.

However, as with any injury, there is always the possibility of more serious symptoms occurring.

Below is a list of more serious symptoms. If your child begins to suffer from any symptoms below seek medical advice.

- Unconsciousness, either briefly or for a longer period of time
- Difficulty staying awake or still being sleepy several hours after the injury
- Clear fluid leaking from the nose or ears (this could be cerebrospinal fluid, which normally surrounds the brain)
- Bleeding from one or both ears
- Bruising behind one or both ears
- Any sign of skull damage or a penetrating head injury
- Difficulty speaking, such as slurred speech
- Difficulty understanding what people say
- Reading or writing problems
- Balance problems or difficulty walking
- Loss of power or sensation in part of the body, such as weakness or loss of feeling in an arm or leg
- General weakness
- Vision problems, such as significantly blurred or double vision
- Having a seizure or fit (when your body suddenly moves uncontrollably).

Kind Regards,

Welfare Officer

Appendix E

First aid during the coronavirus (COVID-19) outbreak

This appendix covers first aid requirements in non-healthcare settings during the outbreak, as well as first aid cover and qualifications at this time.

First aid in non-healthcare settings

First aid cover and qualifications

First aid in non-healthcare settings

This guidance will help employers ensure first aiders are confident that they can help someone injured or ill at work during the coronavirus (COVID-19) outbreak.

Employers and their first aiders should take account of the specific guidance on giving cardiopulmonary resuscitation (CPR) from the [Resuscitation Council UK](#).

Guidance for first aiders

Try to assist at a safe distance from the casualty as much as you can and minimise the time you share a breathing zone.

If they are capable, tell them to do things for you, but treating the casualty properly should be your first concern. Remember the 3P model – preserve life, prevent worsening, promote recovery.

Preserve life: CPR

- Call 999 immediately – tell the call handler if the patient has any COVID-19 symptoms
- Ask for help. If a portable defibrillator is available, ask for it
- Before starting CPR, to minimise transmission risk, use a cloth or towel to cover the patient's mouth and nose, while still permitting breathing to restart following successful resuscitation
- If available, use:
 - a fluid-repellent surgical mask
 - disposable gloves
 - eye protection
 - apron or other suitable covering
- Only deliver CPR by chest compressions and use a defibrillator (if available) – **don't** do rescue breaths

Prevent worsening, promote recovery: all other injuries or illnesses

- If you suspect a serious illness or injury, call 999 immediately – tell the call handler if the patient has any COVID-19 symptoms
- If giving first aid to someone, you should use the recommended equipment listed above if it is available
- You should minimise the time you share a breathing zone with the casualty and direct them to do things for you where possible

After delivering any first aid

- Ensure you safely discard disposable items and clean reusable ones thoroughly
- Wash your hands thoroughly with soap and water or an alcohol-based hand sanitiser as soon as possible

First aid cover and qualifications during the outbreak

Keep enough first aid cover

If fewer people are coming into your workplace it may still be safe to operate with reduced first aid cover. You could also stop higher-risk activities.

First aid certificate extensions

If you hold a first aid certificate that expires on or after 16 March 2020 and cannot access requalification training because of coronavirus, you may qualify for an extension. This applies to:

- First Aid at Work (FAW)
- Emergency First Aid at Work (EFAW)

How you qualify for the extension

To qualify for the extension, you must be able to:

- explain why you haven't been able to requalify
- demonstrate what steps you have taken to access the training, if asked to do so

Requalification training in England

The first aid training industry in England is confident that enough courses will now be available for all required requalification training to take place. HSE has therefore agreed a final deadline for requalification for these qualifications of **30 September 2020**.

Annual refresher training

If first aiders are unable to access annual refresher training face to face during the coronavirus (COVID-19) outbreak, HSE supports the use of online refresher training to keep their skills up to date.

HSE still strongly recommends that the practical elements of actual FAW, EFAW and requalification courses are delivered face to face, so that competency of the student can be properly assessed.

Interrupted first aid training

If because of coronavirus you cannot complete training for your first aid qualification within the usual timeframe, training can restart at a later date as long as:

- a full recap of training delivered before the interruption is done before moving onto undelivered modules
- the awarding body is content that you can show:
 - a full understanding of all aspects of the course content
 - the knowledge required and competencies at the end of the training