

POLICY AND PROCEDURE FOR THE ADMINISTRATION OF MEDICINE & MEDICAL CARE

| RATIFYING COMMITTEE | Finance & Premises Educational Standards & Achievement Committee |
|---------------------|--|
| DATE RATIFIED | 26/9/2018 |
| NEXT REVIEW DATE | September 2019 |

ACCOUNTABLE LEAD/ POLICY AUTHOR: Headteacher

POLICY OBJECTIVES

The objectives of this policy are to:

- 1. Give clear structures and guidelines to all staff regarding all areas of first aid and medicines in school
- 2. Clearly define the responsibilities of staff with regard to first aid
- 3. Ensure the safe use and storage of medicines in the school
- 4. Ensure the safe administration of medicines in the school
- 5. Ensure good first aid cover is available in the school and on visits

The development of this policy has involved due regard to the requirements of the Equality Act 2010.

1. Executive Summary

Children and adults in our care need good quality first aid provision. Clear and agreed systems should ensure that all children are able to attend school regularly and that the administration of medication or medical care does not present a barrier to this. Safety for the children and adults receiving first aid or medicines and safety for the adults who administer first aid or medicines is a priority.

This policy will sit alongside the health and safety policy and sets out how the school will plan to ensure that all children who require the administration of medicine or medical care, will be supported.

The policy is an updated version from the previous First Aid and Administration of Medication policies. The rationale for its development is to provide an enhanced approach to the management of medication and medical care based on revised evidence and guidance.

The purpose of this policy is to ensure a well governed approach to the administration of medicines & medical care within the school. The objectives of the policy are to:

- 1. Give clear structures and guidelines to all staff regarding all areas of first aid and medicines in school
- 2. Clearly define the responsibilities of staff with regard to first aid
- 3. Ensure the safe use and storage of medicines in the school
- 4. Ensure the safe administration of medicines in the school
- 5. Ensure good first aid cover is available in the school and on visits

The policy applies to all children, staff and visitors to the school. The policy has specific implications for:

- The Full Governing Body (FGB)
- The Finance & Premises Committee
- The Headteacher.
- Members of staff with a recognised first aid qualification

Staff should ensure they are familiar with the medication and medical care policy and that they understand and use it.

Compliance with this policy will be monitored by an analysis of first aid records, administration of medication records, local authority accident reporting online forms and local authority health and safety audits. Outcomes of such monitoring will be reported to the Finance & Premises Committee of the FGB.

This Policy should be read in conjunction with:

- Finance & Premises Committee of the FGB Terms of Reference
- School Prospectus
- Staff Handbook
- Health and Safety Policy

2. Version Control

| Version | Date | Author | Ratified by |
|---------|------------|---------|--------------------|
| 1.0 | April 2014 | Head | Safeguarding |
| | | Teacher | Committee |
| 1.1 | July 2017 | Head | Finance & Premises |
| | | Teacher | Committee |
| 1.2 | September | Office | Finance & Premises |
| | | Manager | Committee |

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4. Introduction

4.1 Rationale:

Children and adults in our care need good quality first aid provision. Clear and agreed systems should ensure that all children are able to attend school regularly and that the administration of medication or medical care does not present a barrier to this. Safety for the children and adults receiving first aid or medicines and safety for the adults who administer first aid or medicines is a priority.

This policy will sit alongside the health and safety policy and sets out how the school will plan to ensure that all children who require the administration of medicine or medical care, will be supported.

4.2 Scope:

The policy applies to all children, staff and visitors to the school. The policy has specific implications for:

- The Full Governing Body (FGB)
- The Finance & Premises Committee
- The Head Teacher.
- Members of staff with a recognised first aid qualification

4.3 Principles:

The purpose of this policy is to ensure a well governed approach to the administration of medicines & medical care within the school. The objectives of the policy are to:

- 1. Give clear structures and guidelines to all staff regarding all areas of first aid and medicines in school
- 2. Clearly define the responsibilities of staff with regard to first aid
- 3. Ensure the safe use and storage of medicines in the school
- 4. Ensure the safe administration of medicines in the school
- 5. Ensure good first aid cover is available in the school and on visits

The outcomes of the defined standards of this policy will be:

- a. Appropriate first aid and medical care for Ravenbank children, staff, visitors and other stakeholders
- Fit for purpose medication and medical care documents, policies, procedures and guidelines that are focussed on the health & safety of all children and adults in school
- c. The school has appropriate numbers of staff with recognised first aid qualifications
- d. Positive reports from the Local Authority's (LA) and Ofsted's auditing of Health & Safety at the school
- e. Clear record keeping systems which are monitored on a regular basis
- f. Assurance of compliance with the standards set by the school
- g. Procedural documents that have taken meaningful account of Equality considerations.

5. Policy Standards:

5.1: First aid in school

5.1.1: Training

All staff are offered emergency first aid training. First aiders are not doctors or nurses, they can only act as far as their training and common sense allows. The school maintains at any given time, qualified first aid personnel. It is to these designated personnel that reference should be made in cases of first aid. See Appendix 1 for the current list of staff members with recognised first aid qualifications.

5.1.2: Equipment

Mid-day assistants are issued with their own first aid kit and carry this with them at lunchtime. All classes have an emergency first aid kit that the teachers keep in a convenient place. Additional first aid equipment and supplies including a defibrillator are stored outside the staff room in the first aid cupboard.

All staff should be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids.

5.1.3: Communication

In all cases of head bumps and other first aid e.g. cuts and grazes, parents/carers should be informed at the end of the school day via a first aid slip. In more serious cases, parents should be contacted immediately and advised of the need to take the child to a doctor.

In emergency cases, an ambulance should be called and the parent informed immediately. If a parent can't be contacted a member of staff should go with the child in loco parentis. In such cases, the school's duty of care is entrusted to the NHS personnel. A member of school staff cannot give permission for any medical treatment at casualty, the duty of care passes to the NHS personnel.

In all cases of a child or adult seeing a doctor as a result of an accident or incident at school, the local authority's health and safety team should be advised through the online accident reporting system.

5.1.4: Emergency Procedures

Generally, staff should not take children to hospitals in their own car, an ambulance should be called. All staff must know emergency procedures, including how to call an ambulance (see staff handbook), instructions are next to the office telephones. All staff must know who is responsible for carrying out emergency procedures. A member of staff should always accompany a child taken to hospital by ambulance and should stay until the parent/carer arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

5.2: Medicines in School

5.2.1: Short term health care needs

Where children are well enough to attend school, but are required to take prescribed medication, parents should ascertain whether dosages could be prescribed outside the school day. Parents should ask the prescribing doctor or dentist about this. It is recommended that in cases of recovery from short term illness, only two days of medication should be taken at school.

Parents must complete a request form (see appendix 2) and undertake delivery and collection of medicines (i.e. themselves or their adult representatives).

Two members of staff must be present, any permanent employee can administer medication. Some staff are understandably reluctant to administer treatment because of the nature of the treatment or fears about accusations. The Headteacher will respect such concerns and will not put any pressure on staff to administer medication, unless they are entirely willing.

5.2.2: Long term health care needs

The school will endeavour to ensure information, including all relevant aspects of a child's medical history, is collected when they enrol or their circumstances change. For children with long term health needs, an individual health care plan will be drawn up in consultation with parents/carers, support staff and health care professionals. This will detail procedures for taking prescribed medication and emergency procedures. A health care plan may reveal the need for training. Training can be arranged in conjunction with the School Health Advisor (SHA) and is to be organised on a case by case basis by the Headteacher.

The school will regularly communicate the need for parents/carers to share information relating to changes to medical needs.

5.2.3: Self-management

It is good practice to enable children to manage their own medication, after signed agreement from parents/carers. If a child can take medication him or herself, staff will supervise this.

Some children may require immediate access to medication before or during exercise. Staff involved in sporting activities will be made aware of any relevant medical conditions and appropriate medical procedures.

5.2.4: Non-prescribed medication

Staff should never give a non-prescribed medication to a child unless there is specific prior written permission from the parents. Where the Headteacher agrees to the administration of a non-prescribed medication, it must be in accordance with procedures outlined in this policy.

Children are not permitted to bring in medicines or throat lozenges to selfmedicate.

5.2.5: Special arrangements for children with medical needs

All children should participate on trips and managed outings, wherever safety permits. Additional staff arrangements may need to be made and, if necessary, a risk assessment carried out. Arrangements for taking medication on outside trips may involve additional staff being advised of any medical needs and relevant emergency procedures. If staff are concerned about whether they can provide for a child's safety or the safety of other children on a visit, they should seek parental views and medical advice from the school's SHA or the child's GP. (See DfE guidance on planning educational visits).

5.2.6: Record Keeping

Parents/carers must supply information about medication that needs to be administered in school. Parents/carers should let the school know of any changes to the prescription.

The school is not legally required to keep a record of medicines given to children and staff involved, however, signed and dated records are kept on the reverse of the signed consent form containing signatures from the member of staff (or child, if old enough to self-medicate) administering and a witness.

Where possible in school, medical information is recorded electronically in SIMS. It is recommended that this field is only updated for long term illnesses or conditions. The school will ensure that information is transferred to any receiving school and brought to the attention of the appropriate member of staff.

5.2.7: Storing medication

School should not store large volumes of medication. Medication is stored in classroom store cupboards or in the main office. When the school stores the medicines, staff should ensure that the supplied medication is labelled with;

- The name of the child
- The name and dose of the medication
- The frequency of administration
- · The date of issue

A measuring spoon or dropper must be supplied if appropriate.

The Headteacher is responsible for ensuring that medication is stored safely. The child should know where their own medication is located. A few medications such as asthma inhalers, must not be locked away and should be readily available to the child. School allows children to carry their own inhalers. The Headteacher will discuss whether this is appropriate with the child's parents/carers taking into account the child's age and level of personal responsibility.

Some medications need to be refrigerated. School will use the small refrigerated medication cabinet in the main office for this purpose.

The use of controlled drugs in school/setting is sometimes essential. School/setting should keep controlled drugs in a locked, non-portable container, and only named staff should have access. A record should be kept for audit and safety purposes. Any named member of staff may administer a

controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions. A child who has been prescribed a controlled drug may legally have it in their possession. It is permissible for schools and settings to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed.

5.2.8: Disposal of medicines

Parents/carers will collect medicines at the end of the dosage period. Parents/carers are responsible for the safe disposal of date expired medication (by returning to the local pharmacy or dispensing pharmacist). Expiry dates on medicines will be checked on a termly basis by a named member of staff (Mrs Aga Shaw, Lead First Aider or Mrs Claire Warren in her absence).

5.2.9: Refusing Medicines

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and parents should be informed of the refusal on the same day. If a refusal to take medicine results in an emergency, the school emergency procedures should be followed.

5.2.10: Safety Management

All medicines may be harmful to anyone for whom they are not prescribed. Where the school agrees to administer medication, the employer has a duty to ensure that the risks to the health of others are properly controlled. This duty derives from the control of substances hazardous to health regulations (COSSH-2002).

5.3: Confidentiality

All medical information held is confidential. It should be agreed between the Headteacher and parent/carer, who else should have access to records and information about a child.

6. Definitions

COSSH - Control of Substances Hazardous to Health

DBS - Disclosure and Barring Service (formerly CRB)

DfE - Department for Education

FGB - Full Governing Body

LA - Local Authority

NHS - National Health Service

SHA - School Health Advisor

SIMS - School Information Management System

7. Duties

7.1 The Full Governing Body (FGB) will:

- Ensure that the health and safety policy is in place and regularly reviewed
- Where necessary, ensure that risk assessments are carried out
- Ensure that this policy is up to date and compliant with relevant legislation and guidance
- Ensure that staff training needs are identified and appropriate training sourced

- Be aware that giving medication does not form part of the contractual duties of Headteacers or teachers
- Ensure that staff administering medication are subject to an enhanced DBS check

7.2 The Headteacher:

- Is responsible for implementing the agreed policy and ensuring that medical needs of children are correctly planned and policy and procedures followed
- Should ensure that all staff are aware of the health and safety policy and the policy relating to medication in school
- Will agree with the parents/carers, exactly how the school will support the child
- Will seek further advice, when required, from the SHA, other medical advisors or the LA
- Will ensure parents/carers are aware of the policy and procedures for dealing with medical needs via the weekly newsletter, school prospectus and the school website

7.3 Teachers/School Staff:

- Who work regularly with children with significant or complex health care needs, should understand the nature of the condition, and when and where the child may need extra attention
- Should be aware of the likelihood of an emergency arising and must know what action to take should one occur (this applies to all staff, including supply teachers and mid-day assistants)
- Have a common law duty of care to children in school. They are in loco
 parentis and should therefore take the steps that a reasonable parent
 would take to promote or maintain the health of a child in their care and
 this might, in exceptional circumstances, extend to administering
 medicine and/or taking action in an emergency

7.4 Support Staff:

- May have administration of medication as part of their contractual duties
- Should have appropriate training and guidance. The type of training necessary will depend on the individual case

7.5 Parents/carers with parental responsibility:

- Must take responsibility for making sure that their child is well enough to attend school and take part in all learning activities. This includes group, class based activities, organised trips and visits
- Should ensure their child's school has contact numbers and arrangements are in place should a child become unwell
- Should request in writing that medicines be administered (only one parent is required to agree to the request)
- Should provide the headteacher with sufficient information about their child's medical condition, medication and treatment or special care needed
- Will reach an agreement with the headteacher on the school's role in helping with their child's medical needs

- Will inform extra-curricular club/group leaders of any specific medical needs and ensure that suitable guidance/training has been given to the club/group leader
- Should ascertain whether prescribed medication can be taken outside the school day. Parents should ask the prescribing doctor or dentist about this
- Will confirm their agreement to the sharing of information with other staff to ensure the best care for their child
- Should be aware of those infectious diseases which should result in not sending their child to school
- Should be aware there is no contractual obligation for the school staff to administer medication
- To comply with the public health recommendations with exclusion periods. For further guidance, please visit the public health guidance webpage;

http://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf

8. Development and Consultation process

This policy has been developed in consultation with a wide range of stakeholders including: members of The Finance & Premises Committee; the Lead Governor for Policies; the Headteacher; the Lead First Aider (qualified first aider) and all staff.

9. Process for monitoring compliance and effectiveness of the Medication and Medical Care Policy

| Monitoring of compliance with this policy will be undertaken by: | The Headteacher | | |
|---|---|--|--|
| Monitoring will be performed: | Every 3 Years. | | |
| Monitoring will be undertaken by means of: | Termly analysis of first aid records, administration of medication records, local authority accident reporting online forms and LA health and safety audits. | | |
| Should shortfalls be | The Headteacher will consider the outcomes of | | |
| identified the following | the review and make recommendations for | | |
| actions will be taken: | change to the policy or practice as necessary. | | |
| The results of monitoring will be reported to: | The Finance & Premises Committee. | | |
| Resultant actions plans will be progressed and monitored through: | The Finance & Premises Committee | | |
| The auditable standards of the policy are: | That all the necessary documentation to record administration of first aid and medication are available in the school office Staff training records That parents are contacted when necessary. That risk assessments are developed where necessary | | |

| 5) That local authority online health and safety |
|--|
| forms are completed |

10. Reference documents

COSSH 2002 DfES guide 1448-2005 DCL-EN (published March 2005) The Special Educational Needs and Disabilty Act (SENDA) 2001 The Equality Act 2010

11. Appendices Consisting of:

| 1 | Staff Members with First Aid Qualifications |
|---|---|
| 2 | Administration of Medication Form |

FIRST AIDERS

LAST UPDATED 26th September 2018

| Paediatric and Adult | MRS GREENWOOD Certificate expires Feb 2020 |
|----------------------|---|
| <u>First Aid</u> | |
| <u>Paediatric</u> | MRS STANLEY |
| <u>and Adult</u> | Certificate expires Feb 2020 |
| First Aid | |
| <u>Paediatric</u> | MRS WADSWORTH |
| <u>and Adult</u> | Certificate expires Feb 2020 |
| First Aid | |
| <u>Paediatric</u> | MRS WARREN |
| and Adult | Certificate expires Feb 2020 |
| <u>First Aid</u> | F |
| | MRS SHAW |
| | Certificate expires Feb 2019 |
| | MRS GARNER |
| | Certificate expires Feb 2019 |
| | MISS QUICK |
| | Certificate expires Feb 2019 |
| | MRS JOHNSON |
| | Certificate expires Feb 2019 |
| | MISS LAWTON |
| | Certificate expires Feb 2019 |
| | MRS MERRY |
| | Certificate expires Feb 2019 |
| | MRS SWEENEY |
| | Certificate expires Feb 2019 |
| | MISS BEBBINGTON-McGRATH |
| | Certificate expires Feb 2019 |
| | MRS SADEGHI |
| | Certificate expires Feb 2019 |

| MRS POOLE Certificate expires Feb 2019 |
|--|
| MISS A WHITE Certificate expires Feb 2019 |
| MRS T FOSTER Certificate expires Feb 2019 |
| MRS D HESKETH Certificate expires August 2021 |



REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

The school will not give your child medicine unless you complete and sign this form, and the appointed member of staff has agreed to administer the medication.

| member of staff l | | ninister the me | dication. | | |
|------------------------------------|----------------------|-----------------|------------------|------------------|-----------------------------|
| CHILD DET | AILS | | | | |
| Surname: | | | Male/Female: | | |
| | | | | _ | |
| Forename: | | | Date of Birth: | : | |
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| Address: | | | Registration G | roup: | |
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| Condition or Illnes | s: | | | | |
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| Name/Type of Med on the container) | lication (as describ | ea | | | |
| on the container, | | | | | |
| For how long will yo | ur child take this | | | | |
| medication? | di Crinta i III | | | | |
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| Date dispensed | | | Full directio | ons for | |
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| | | | continue over | | |
| | | | need more | space | |
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| Dosage and | | | Timing | | |
| method | | | | | |
| Special precautions | | | 1 ' | | |
| Special precautions | | | Side effects | | |
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| Self Administration | n | | | | |
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| Procedures to take | in an Emergency | | | | |
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| | ETAILS | | | | |
| Name: | | | Dayt | ime Tel No: | |
| Relationship to chil | | | | | |
| SIGNED BY PARE | NT/CARER: | | | · | |
| PRINT NAME: | | | I | DATE: | |
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| TEACHER & OFFI | CE INFORMED: | | | | |
| HEADTEACHER AF | PPROVAL: | | | | |

| DATE MEDICINE ADMINISTERED | TIME | ADMINISTERED BY | WITNESSED BY |
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REQUEST FOR CHILD TO CARRY HIS/HER MEDICATION

This form must be completed by parents/carers if they wish their child to carry his/her own medication for self-administering.

| CHILD DE | TAILS | | | |
|--------------------|------------------------|-------------|-------------------|-----------------------|
| 6 | | | | |
| Surname: | | | Male/Female: | |
| Forename: | | | Date of Birth: | |
| Address | | | D: | |
| Address: | | | Registration Grp: | |
| | | | | |
| Condition or Illne | ee. | | | |
| Condition of Time | ;33• | | | |
| | | | | |
| MEDICAT | TION | | | |
| Name/Type of Me | edication (as describe | ed | | |
| on the container) | • | | | |
| | | | | |
| Procedures to tak | ke in an Emergency | | | |
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| | CARER CONTAC | T | | |
| | DETAILS | | | |
| Name: | | | | |
| Daytime telephon | e No: | | | |
| Relationship to ch | ild: | | | |
| I WOULD LIKE | MY SON/DAUGHTE | R TO KEEP H | S/HER MEDICATION | ON HIM/HER FOR USE AS |
| NECESSARY. | | | | |
| SIGNED BY PAR | RENT/CARER: | | | |
| PRINT NAME: | | | | |
| DATE: | | | | |
| | | | | FOR OFFICE USE ONLY |
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| TEACHER & OFF | ICE INFORMED: | | | |
| | | | | |
| HEADTEACHER A | APPROVAL: | | | |



REQUEST FOR SCHOOL TO ADMINISTER ASTHMA MEDICATION

The school will not give your child medicine unless you complete and sign this form, and the head of setting has agreed that staff can administer the medication.

| has agreed that staff can administer the medication. CHILD DETAILS | | | | | | | | | | |
|---|---------|---------------|--|----------------|-------------|---|---|---|--|--|
| Surname: | AIL |) | | Male/Female: | | | | | | |
| Surname. | | | | Mule/Tenlare. | | | | | | |
| Forename: | | | | Date of Birth: | | | | | | |
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| Address: | | | | Registration G | rp: | | | | | |
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| Condition or Illnes | ss: | | | | | | | | | |
| MEDICAT | | | | | | | | | | |
| Name/Type of Medication (as described | | | | | | | | | | |
| on the container) | | | | | | | | | | |
| For how long will yo | our chi | ild take this | | | | | | | | |
| medication? | | | | | | | | | | |
| Date dispensed | | | | Full directio | ns for | | | | | |
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| | | | | need more | space | | | | | |
| Dosage and | | | | Timing | | | | | | |
| method | | | | Timing | | | _ | | | |
| Special precaution | 15 | | | | | | | | | |
| opecial process | | | | Side effects | | | | | | |
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| Self Administratio | on | | | | | | | | | |
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| Donas dumas to tales | - in -n | Emanage | | | | | | | | |
| Procedures to take | e in an | Emergency | | | | | | | | |
| | | | | | | | | | | |
| PARENT/CARER CONTACT It is the parents responsibility to check medicines are in date | | | | | | | | | | |
| | ETA: | ILS | | N 4 | : T.I.N | | | | | |
| Name: Relationship to chi | ld: | | | Dayti | ime Tel No: | • | | | | |
| SIGNED BY PARI | | CARER: | | | | | | | | |
| PRINT NAME: | | | | | DATE: | | | | | |
| TEACHER & OFFICE INFORMED: | | | | | | | | | | |
| HEADTEACHED A | | | | | | | | | | |

| DATE MEDICINE ADMINISTERED | TIME | ADMINISTERED BY | WITNESSED BY |
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