



Talavera Junior School

First Aid Policy

Date policy last reviewed: 25/05/2025

Signed by:

_____	Amanda Webb Headteacher	Date: _____
_____	Robyn Jarrett Chair of governors	Date: _____

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Statement of intent

Talavera Junior School is committed to providing emergency first aid provision in order to deal with accidents and incidents affecting staff, pupils and visitors. The arrangements within this policy are based on the results of a suitable and sufficient risk assessment carried out by the school in regard to all staff, pupils and visitors.

The school will take every reasonable precaution to ensure the safety and wellbeing of all staff, pupils and visitors.

This policy aims to:

- Ensure that the school has adequate, safe and effective first aid provision for every pupil, member of staff and visitor to be well looked after in the event of any illness, accident or injury, no matter how major or minor.
- Ensure that staff and pupils are aware of the procedures in the event of any illness, accident or injury.
- Ensure that medicines are only administered at the school when express permission has been granted for this.
- Ensure that all medicines are appropriately stored.
- Promote effective infection control.

Nothing in this policy will affect the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt, staff should dial 999 in the event of a medical emergency before implementing the terms of this policy and make clear arrangements for liaison with ambulance services on the school site.

Legal framework

This policy has due regard to legislation and statutory guidance, including, but not limited to, the following:

- Health and Safety at Work etc. Act 1974
- The Health and Safety (First Aid) Regulations 1981
- The Road Vehicles (Construction and Use) Regulations 1986
- The Management of Health and Safety at Work Regulations 1999
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- DfE (2017) 'Supporting pupils at school with medical conditions'
- DfE (2022) 'First aid in schools, early years and further education'
- DfE (2023) 'Early years foundation stage (EYFS) statutory framework'
- DfE (2023) 'Automated external defibrillators (AEDs): a guide for maintained schools and academies'

The policy is implemented in conjunction with the following school policies:

- Asthma Policy
- Behaviour Policy
- Child Protection and Safeguarding Policy
- Educational Visits and School Trips Policy
- Health and Safety Policy
- Lone Worker Policy
- Social, Emotional and Mental Health (SEMH) Policy
- Supporting Pupils with Medical Conditions Policy

Roles and responsibilities

The governing board is responsible for:

- The overarching development and implementation of this policy and all corresponding procedures.
- Ensuring that the relevant risk assessments, and assessments of the first aid needs of the school specifically, have been conducted.
- Ensuring that there is a sufficient number of appointed first aiders within the school based upon these assessments.
- Ensuring that there are procedures and arrangements in place for first aid during off-site or out-of-hours activities, e.g. educational visits or parents' evenings.
- Ensuring that insurance arrangements provide full cover for any potential claims arising from actions of staff acting within the scope of their employment.
- Ensuring that appropriate and sufficient first aid training is provided for staff, and ensuring that processes are in place to validate that staff who have undertaken training have sufficient understanding, confidence and expertise in carrying out first aid duties.
- Ensuring that adequate equipment and facilities are provided for the school site.
- Ensuring that first aid provision for staff does not fall below the required standard and that provision for pupils and others complies with the relevant legislation and guidance.

- Ensuring that the school has:
 - A suitably stocked first-aid kit.
 - An appointed person to take charge of first-aid arrangements.
 - Information for all employees giving details of first-aid arrangements.

The headteacher is responsible for:

- The day-to-day development and implementation of this policy and its related procedures.
- Ensuring that all staff and parents are made aware of the school's policy and arrangements regarding first aid.
- Ensuring that all staff are aware of the locations of first aid equipment and how it can be accessed, particularly in the case of an emergency.
- Ensuring that all pupils and staff are aware of the identities of the school first aiders and how to contact them if necessary.

Staff are responsible for:

- Ensuring that they have sufficient awareness of this policy and the outlined procedures, including making sure that they know who to contact in the event of any illness, accident or injury.
- Securing the welfare of the pupils at school.
- Making pupils aware of the procedures to follow in the event of illness, accident or injury.

First aid staff are responsible for:

- Completing and renewing training as dictated by the governing board.
- Ensuring that they are comfortable and confident in administering first aid.
- Ensuring that they are fully aware of the content of this policy and any procedures for administering first aid, including emergency procedures.
- Keeping up to date with government guidance relating to first aid in schools.

The appointed person is responsible for:

- Overseeing the school's first-aid arrangements.
- Taking charge when someone is injured or becomes ill.
- Looking after the first-aid equipment, e.g. restocking the first aid container.
- Ensuring that an ambulance or other professional medical help is summoned when appropriate.
- Calling the emergency services where necessary.
- Maintaining injury and illness records as required.
- Undertaking an appointed persons course, emergency first aid training, first aid at work, and refresher training where appropriate, to ensure they have knowledge of:
 - What to do in an emergency.
 - How to assess and monitor a casualty.
 - First aid for the unconscious casualty.
 - First aid for someone who is having a seizure.
 - Maintaining injury and illness records as required.

- Paediatric first aid.

First aid provision

The school will routinely re-evaluate its first aid arrangements through a [risk assessment](#), at least **annually**, to ensure that these arrangements continue to be appropriate for hazards and risks on the school premises, the size of the school, the needs of any vulnerable individuals onsite, and the nature and distribution of pupils and staff throughout the school.

The school will have suitably stocked first aid boxes in line with the assessment of needs. Where there is no special risk identified in the assessment of needs, the school will maintain the following minimum provision of first aid items:

- 20 individually wrapped sterile adhesive dressings, of assorted sizes
- 6 medium-sized individually wrapped sterile unmedicated wound dressings
- 2 large-sized individually wrapped sterile unmedicated wound dressings
- 3 pairs of disposable gloves
- Unmedicated cleaning wipes

All first aid containers will be identified by a white cross on a green background.

The appointed person will routinely examine the contents of first aid boxes, including any mobile first aid boxes for offsite use – these will be frequently checked and restocked as soon as possible after use. Items will be safely discarded after the expiry date has passed.

First aid boxes are in the following areas:

- **The school office**
- **In every shared area**
- **First aid station during lunch breaks**

First aiders and appointed persons

The main duties of first aiders will be to administer immediate first aid to pupils, staff or visitors, and to ensure that an ambulance or other professional medical help is called when necessary.

The school will ensure that all first aiders hold a valid certificate of competence, issued by a HSE-approved organisation, and that refresher training and retesting of competence is arranged for first aiders within the school before certificates expire.

The school will be mindful that many standard first aid at work training courses do not include resuscitation procedures for children, and will consequently ensure that appropriate training is secured for first-aid personnel where this has not already been obtained.

First aiders will ensure that their first aid certificates are kept up-to-date through liaison with the SBM.

The appointed person will be responsible for maintaining supplies and for ensuring all first aid kits are properly stocked and maintained.

First aid notices will be clearly displayed throughout the school with information on the names and locations of first aiders to ensure that pupils and staff know who they must contact in the event of illness or injury.

The current first aid appointed person(s) are:

Name	Location	Date of first aid qualification
<u>Leanne Wilson</u>	<u>Main Office</u>	<u>19/10/2021</u>
<u>Chelsea Kirkham-Wingate</u>	<u>Main Office</u>	<u>13/09/2021</u>
<u>Stephanie Long</u>	<u>Main Office</u>	<u>12/01/2023</u>

The school will ensure that there is always a sufficient number of first-aid personnel available on site at all times to provide adequate cover to all areas of the school.

When selecting first aiders, the school will follow the criteria laid out in government guidance, considering the individual's:

- Reliability and communication skills.
- Aptitude and ability to absorb new knowledge and learn new skills.
- Ability to cope with stressful and physically demanding emergency procedures.
- Availability to respond immediately to an emergency.

The school will ensure that first aid training courses cover mental health in order to help them recognise the warning signs of mental ill health and to help them develop the skills required to approach and support someone, while keeping themselves safe. Pupils will be supported in accordance with the school's Social, Emotional and Mental Health (SEMH) Policy.

Automated external defibrillators (AEDs)

The school has procured an AED through the NHS Supply Chain, which is located in **the school reception**.

Where the use of the AED is required, individuals will follow the step-by-step instructions displayed on the device. A general awareness briefing session, to promote the use of AEDs, will be provided to staff on an **annual** basis, and usually during the **first INSET session** of the academic year. Use of the AED will be promoted to pupils during **PSHE lessons**.

Accommodation

The school's first aid room will be suitable to use as and when it is needed, and any additional medical accommodation will be available in accordance with the school's first aid needs assessment.

The first aid room will be used to enable the medical examination and treatment of pupils and for the short-term care of sick or injured pupils. The first aid room includes a wash basin and is situated near a toilet.

The first aid room will not be used for teaching purposes.

The first aid room will:

- Be large enough to hold an examination or medical couch.
- Have washable surfaces and adequate heating, ventilation and lighting.
- Be kept clean, tidy, accessible and available for use at all times when employees are at work.
- Have a sink with hot and cold running water.
- Be positioned as near as possible to a point of access for transport to hospital.
- Display a notice on the door which advises the names, locations and, if appropriate, the contact details of first aiders.

Emergency procedures

If an incident, illness or injury occurs, the member of staff in charge will assess the situation and decide on the appropriate course of action, which may involve calling for an ambulance immediately or calling for a first aider.

If called, a first aider will assess the situation and take charge of first aider administration. If the first aider does not consider that they can adequately deal with the presenting condition by the administration of first aid, then they will arrange for the injured person to access appropriate medical treatment without delay.

Where an initial assessment by the first aider indicates a moderate to serious injury has been sustained, or the individual has become seriously unwell, a responding staff member will call 999 immediately.

Where necessary, a trained staff member will administer emergency help and first aid to all injured persons. The purpose of this is to keep the victim alive and, if possible, comfortable, before professional medical help arrives. In some situations, immediate action can prevent the accident from becoming increasingly serious, or from involving more victims. Where the seriously injured or unwell individual is a pupil, the following process will be followed:

- A responding staff member calls 999 immediately and follows the instructions of the operator – this may include the administering of emergency first aid.
- Where an ambulance is required, a staff member accompanies the pupil in the ambulance and calls the pupil's parent as soon as possible to inform them of the course of action taken. The staff member remains with the pupil at the hospital until a parent arrives.
- Where an ambulance is not required, but medical attention is needed, the pupil is taken to a hospital or doctor in a staff car, accompanied by at least **two** staff members – one to drive the car, and one who is a first aider, to sit with the pupil in the back seat and attend to their medical needs. The pupil's parent is called as soon as possible to inform them that this course of action has been taken, and at least one of the staff members remains with the pupil at the hospital or doctor's office until a parent arrives.
- The school will ensure that no further injury can result from any incidents that occur, either by making the scene of the incident safe, or, if they are fit to be moved, by removing injured persons from the scene.
- Responding staff members will see to any pupils who may have witnessed the incident or its aftermath and who may be worried or traumatised, despite not being directly

involved. These pupils will be escorted from the scene of the incident and comforted. Younger or more vulnerable pupils may need parental support to be called immediately.

Once the above action has been taken, details of the incident will be reported promptly to:

- The headteacher.
- The parents of the victim(s).

The school is aware that responding to an incident can be stressful for the first aider, and that following an incident, the first aider may require support. This may take the form of a debrief from any ambulance crew on scene, an appointment with their GP, or mental health support from external helplines and websites located at the bottom of the government page '[Promoting and supporting mental health and wellbeing in schools and colleges](#)'.

Reporting accidents and record keeping

In the event of incident or injury to a pupil, a parent will be informed as soon as practicable. In the event of a serious injury or an incident requiring emergency medical treatment, the pupil's class teacher will telephone the pupil's parent as soon as possible. Parents will also be informed in writing of any injury to the head, whether minor or major, and be given guidance on the action to take if symptoms develop.

A list of emergency contacts will be kept at the **school office**.

The appointed person will ensure that records are kept of any injuries, accidents or illnesses, as well as any first aid treatment that is given – this will include:

- The date, time and place of the incident.
- The name and class of the injured or ill person.
- Details of the injury or illness and what first aid was given.
- Details of what happened to the person immediately afterwards, e.g. whether they were sent home or went back to class.
- The name of the first aider or person dealing with the incident.

The headteacher will ensure that any injury or accident that must be reported to the HSE or LA under RIDDOR obligations is reported in a timely and detailed manner.

All records will be filed and stored in line with the Records Management Policy.

Offsite visits and events

Before undertaking any offsite visits or events, the teacher organising the trip or event will assess the level of first aid provision required by undertaking a suitable and sufficient risk assessment of the visit or event and the persons involved.

The school will take a first aid kit on all offsite visits which contains at a minimum:

- 6 individually wrapped sterile adhesive dressings.
- 1 large sterile unmedicated dressing.

- 2 triangular bandages individually wrapped and preferably sterile.
- Individually wrapped moist cleansing wipes.
- 2 pairs of disposable gloves.

Additionally, the school will ensure that all large vehicles and minibuses have a first aid box readily available and in good condition which contains:

- 10 antiseptic wipes, foil packed.
- 1 conforming disposable bandage that is not less than 7.5cm wide.
- 2 triangular bandages.
- 1 packet of 24 assorted adhesive dressings.
- 3 large sterile unmedicated ambulance dressings that are not less than 15x20cm.
- 2 sterile eye pads, with attachments.
- 12 assorted safety pins.
- 1 pair of non-rusted blunt-ended scissors.

For more information about the school's educational visit requirements, please see the Educational Visits and School Trips Policy.

Storage of medication

Medicines will be stored securely and appropriately in accordance with individual product instructions, save where individual pupils have been given responsibility for keeping such equipment with them. Medicines will be stored in the original container in which they were dispensed, together with the prescriber's instructions for administration, and properly labelled, showing the name of the patient, the date of prescription and the date of expiry of the medicine.

Medicine brought in by pupils will be returned to their parents for safe disposal when they are no longer required or have expired.

An emergency supply of medication will be available for pupils with medical conditions that require regular medication or potentially lifesaving equipment, e.g. an EpiPen.

Parents will advise the school when a child has a chronic medical condition or severe allergy so that an IHP can be implemented and staff can be trained to deal with any emergency in an appropriate way. Examples of this include epilepsy, diabetes and anaphylaxis. A disclaimer will be signed by the parents in this regard.

Pupils will have any medication stored and, where appropriate administered, in accordance with their EHC plans and the school's Administering Medication Policy.

Illnesses and allergies

When a pupil becomes ill during the school day, their parent will be contacted and asked to pick their child up as soon as possible.

A quiet area will be set aside for withdrawal and for pupils to rest while they wait for their parent to pick them up. Pupils will be monitored during this time.

Where a pupil has an allergy, this will be addressed via the school's Allergen and Anaphylaxis Policy.

The school will manage any emergencies relating to illnesses and allergies in accordance with the [Emergency procedures](#) section of this policy.

Consent

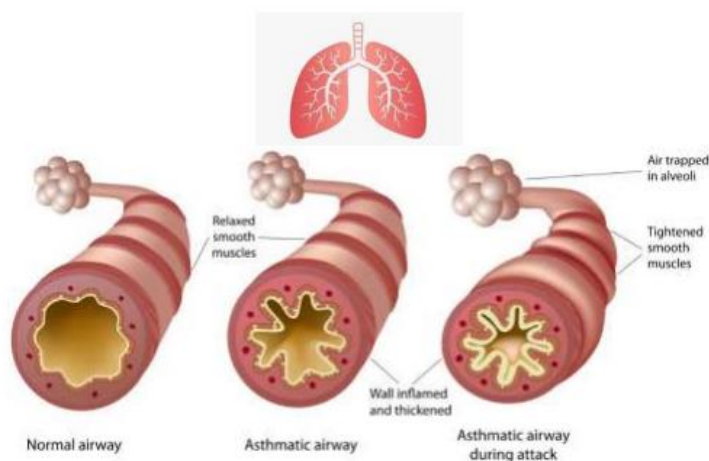
Parents will be asked to complete and sign a medical consent form when their child is admitted to the school, which includes emergency numbers, alongside details of allergies and chronic conditions – these forms will be updated during each school year.

Staff will not act 'in loco parentis' in making medical decisions as this has no basis in law. Staff will always aim to act and respond to accidents and illnesses based on what is reasonable under the circumstances and will always act in good faith while having the best interests of the pupil in mind – guidelines will be issued to staff in this regard.

School asthma policy

Asthma

Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs. When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower, and the lining of the airways becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma (Source: Asthma UK)



As a school, we recognise that asthma is a widespread, serious, but controllable condition. This school welcomes all pupils with asthma and aims to support these children in participating fully in school life. We endeavour to do this by ensuring we have:

- an asthma register
- up-to-date asthma policy
- an asthma lead,
- all pupils with immediate access to their reliever inhaler at all times,
- all pupils have an up-to-date asthma action plan
- an emergency salbutamol inhaler
- ensure all staff have regular asthma training
- promote asthma awareness pupils, parents and staff

Asthma Register

We have an asthma register of children within the school, which we update yearly. We do this by asking parents/carers if their child is diagnosed as asthmatic or has been prescribed a reliever inhaler. When parents/carers have confirmed that their child is asthmatic or has been prescribed a reliever inhaler we ensure that the pupil has been added to the asthma register and has:

- an up-to-date copy of their personal asthma action plan,
- their reliever (salbutamol/terbutaline) inhaler and a spacer in school
- **permission is assumed from the parents/carers to use the emergency salbutamol inhaler if they require it and their own inhaler is broken, out of date, empty or has been lost. To opt out of this provision, parents/carers will need to inform the school office in writing via office@talaverajunior.co.uk**

Asthma Lead

This school has an asthma lead who is named above. It is the responsibility of the asthma lead to manage the asthma register, update the asthma policy, manage the emergency salbutamol inhalers (please refer to the Department of Health Guidance on the use of emergency salbutamol inhalers in schools, March 2015) ensure measures are in place so that children have immediate access to their inhalers.

Medication and Inhalers

All children with asthma should have immediate access to their reliever (usually blue) inhaler at all times. The reliever inhaler is a fast-acting medication that opens up the airways and makes it easier for the child to breathe. (Source: Asthma UK).

Some children will also have a preventer inhaler, which is usually taken morning and night, as prescribed by the doctor/nurse. This medication needs to be taken regularly for maximum benefit. Children should not bring their preventer inhaler to school as it should be taken regularly as prescribed by their doctor/nurse at home. However, if the pupil is going on a residential trip, we are aware that they will need to take the inhaler with them so they can continue taking their inhaler as prescribed. (Source: Asthma UK)

Children are encouraged to carry their reliever inhaler as soon as they are responsible enough to do so. We would expect this to be by key stage 2. However, we will discuss this

with each child's parent/carer and teacher. We recognise that all children may still need supervision in taking their inhaler.

For all children, reliever inhalers are kept in the school office on. School staff are not required to administer asthma medicines to pupils however many children have poor inhaler technique or are unable to take the inhaler by themselves. Failure to receive their medication could end in hospitalisation or even death. Staff who have had asthma training and are happy to support children as they use their inhaler, can be essential for the well-being of the child. If we have any concerns over a child's ability to use their inhaler, we will refer them to the school nurse and advise parents/carers to arrange a review with their GP/nurse. Please refer to the medicines policy for further details about administering medicines. (Source: Asthma UK)

Asthma Action Plans

Asthma UK evidence shows that if someone with asthma uses personal asthma action plan they are four times less likely to be admitted to hospital due to their asthma. As a school, we recognise that having to attend hospital can cause stress for a family. Therefore, we believe it is essential that all children with asthma have a personal asthma action plan to ensure asthma is managed effectively within school to prevent hospital admissions. (Source: Asthma UK).

Staff training

Staff will need yearly asthma updates. This training can be provided by the school nursing team or accessed online via Education for Health

<https://www.educationforhealth.org/course/supporting-children-and-young-peoples-health-improving-asthma-care-together/>(educationforhealth.org). We aim to ensure a minimum of 85% of staff complete this.

School Environment

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school has a definitive no-smoking policy. Pupil's asthma triggers will be recorded as part of their asthma action plans and the school will ensure, where possible, that pupils will not come into contact with their triggers.

We are aware that triggers can include:

- Colds and infection
 - Dust and house dust mite
 - Pollen, spores and moulds
 - Feathers
 - Furry animals
 - Exercise, laughing
 - Stress
 - Cold air, change in the weather
 - Chemicals, glue, paint, aerosols
 - Food allergies
 - Fumes and cigarette smoke (Source: Asthma UK)
- As part of our responsibility to ensure all children are kept safe within the school grounds and on trips away, a risk assessment will

be performed by staff. These risk assessments will establish asthma triggers which the children could be exposed to and plans will be put in place to ensure these triggers are avoided, where possible.

Exercise and activity

Taking part in sports, games and activities is an essential part of school life for all pupils. All staff will know which children in their class have asthma and all PE teachers at the school will be aware of which pupils have asthma from the school's asthma register. (Source: Asthma UK) Pupils with asthma are encouraged to participate fully in all activities. It is agreed with PE staff that pupils who are mature enough will carry their inhaler with them and those that are too young will have their inhaler labelled and kept in a box at the site of the lesson. If a pupil needs to use their inhaler during a lesson, they will be encouraged to do so. (Source: Asthma UK)

When asthma is affecting a pupil's education

The school are aware that the aim of asthma medication is to allow people with asthma to live a normal life. Therefore, if we recognise that if asthma is impacting on their life a pupil, and they are unable to take part in activities, tired during the day, or falling behind in lessons we will discuss this with parents/carers, the school nurse, with consent, and suggest they make an appointment with their asthma nurse/doctor. It may simply be that the pupil needs an asthma review, to review inhaler technique, medication review or an updated Personal Asthma Action Plan, to improve their symptoms. However, the school recognises that Pupils with asthma could be classed as having disability due to their asthma as defined by the Equality Act 2010, and therefore may have additional needs because of their asthma.

Emergency Salbutamol Inhaler in school

As a school we are aware of the guidance 'The use of emergency salbutamol inhalers in schools from the Department of Health' (March, 2015) which gives guidance on the use of emergency salbutamol inhalers in schools (March, 2015).

We have 2 emergency inhalers which are kept in the office so it is easy to access. Each kit contains:

- A salbutamol metered dose inhaler;

At least two spacers compatible with the inhaler;

- Instructions on using the inhaler and spacer;

- Instruction on cleaning and storing the inhaler;

- Manufacturer's information;

- A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;

- A note of the arrangements for replacing the inhaler and spacers;

- A list of children permitted to use the emergency inhaler;

- A record of administration

We understand that salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.

We will ensure that the emergency salbutamol inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given. The school's asthma lead and team will ensure that:

- On a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available.
- replacement inhalers are obtained when expiry dates approach.
- The plastic inhaler housing (which holds the canister) has been cleaned, dried, and returned to storage following use, or that replacements are available if necessary.

Before using a salbutamol inhaler for the first time, or if it has not been used for 2 weeks or more, shake and release 2 puffs of medicine into the air. Any puffs should be documented so that it can be monitored when the inhaler is running out. The inhaler has 200 puffs, so when it gets to 50 puffs having been used we will replace it. The spacer can be reused, after each use it will be dismantled and washed in hot soapy water using a soft cloth, it will be left to air dry then reassembled. The inhaler can also be reused. Following use, the inhaler canister will be removed, and the plastic inhaler housing and cap will be washed in warm running water, and left to dry in air in a clean safe place. The canister will be returned to the housing when dry and the cap replaced. Spent inhalers will be returned to the pharmacy to be recycled. The emergency salbutamol inhaler will only be used by children:

- Who have been diagnosed with asthma and prescribed a reliever inhaler
- OR who have been prescribed a reliever inhaler
- AND for whom written parental consent for use of the emergency inhaler has been given.

The name(s) of these children will be clearly written in our emergency kit(s). The parents/carers will always be informed in writing if their child has used the emergency inhaler, so that this information can also be passed onto the GP.

Common 'day to day' symptoms of asthma

As a school we require that children with asthma have a personal asthma action plan which can be provided by their doctor / nurse. These plans inform us of the day-to-day symptoms of each child's asthma and how to respond to them in an individual basis. We will also send home our own information and consent form for every child with asthma each school year. This needs to be returned immediately and kept with our asthma register. However, we also recognise that some of the most common day-to-day symptoms of asthma are:

- Dry cough
- wheeze (a 'whistle' heard on breathing out) often when exercising
- Shortness of breath when exposed to a trigger or exercising
- Tight chest

These symptoms are usually responsive to the use of the child's inhaler and rest (e.g. stopping exercise). As per DOH document; they would not usually require the child to be sent home from school or to need urgent medical attention

Asthma Attacks

The school recognises that if all of the above is in place, we should be able to support pupils with their asthma and hopefully prevent them from having an asthma attack. However, we are prepared to deal with asthma attacks should they occur. All staff will receive an asthma

update annually, and as part of this training, they are taught how to recognise an asthma attack and how to manage an asthma attack. In addition, guidance will be displayed in all classrooms and common areas. The department of health Guidance on the use of emergency salbutamol inhalers in schools (March 2015) states the signs of an asthma attack are:

- Persistent cough
- A wheezing sound coming from the chest
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
 - Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache) If the child is showing these symptoms, we will follow the guidance for responding to an asthma attack recorded below. However, we also recognise that we need to call an ambulance immediately and commence the asthma attack procedure without delay if the child:

*Appears exhausted

*is going blue

*Has a blue/white tinge around lips

*has collapsed

It goes on to explain that in the event of an asthma attack:

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- ***Shake the inhaler and remove the cap**
- ***Place the mouthpiece between the lips with a good seal, or place the mask securely over the nose and mouth**
 - ***Immediately help the child to take two puffs of salbutamol via the spacer, one at a time.(1 puff to 5 breaths)**
- ***If there is no improvement, repeat these steps* up to a maximum of 10 puffs**
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.
- If you have had to treat a child for an asthma attack in school, it is important that we inform the parents/carers and advise that they should make an appointment with the GP
- If the child has had to use 6 puffs or more in 4 hours the parents should be made aware and they should be seen by their doctor/nurse.
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, call 999 FOR AN AMBULANCE and call for parents/carers.
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- A member of staff will always accompany a child taken to hospital by an ambulance and stay with them until a parent or carer arrives

Asthma leads: Chelsea Kirkham-Wingate and Stephanie Long

References

- Asthma UK website (2015)
- Asthma UK (2006) School Policy Guidelines.
- BTS/SIGN asthma Guideline
- Department of Health (2014) Guidance on the use of emergency salbutamol inhaler in schools

14. Monitoring and review

This policy will be reviewed **annually** by the governing board, and any changes will be communicated to all members of staff.

Staff will be required to familiarise themselves with this policy as part of their induction programme. Staff will be informed of the arrangements that have been made in connection with the provision of first aid, including the location of equipment, facilities and personnel.

The next scheduled review date for this policy is **01/06/2026**.

POLICY CHANGE HISTORY

Version	Date	Status	Policy Owner	Governor Approval	Comment
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2.0	11/05/17	Approved	AW	CN	Updated names and procedures
2.1	30/11/18		AW		Updated names and notification
2.2	30/11/18		AW		Updated names and notification
2.3	04/05/21		LM		Update number of boxes, names and include defibrillator
2.4	04/05/2022		CKW		Updated number of boxes and trip kits.
2.5	25/04/2023		CKW		Removed due to being an old system: The Children's Services First Aid Needs Assessment Form (CSAF-002) will be used to produce the First Aid Needs Assessment for our site Updated number of kits for trips
2.6	23/04/2024		LW		Changed policy wording and added additional policies after completion
2.7	25/05/2025		SL		Updated with asthma policy