Parkside
Primary School

Asthma Policy

Reviewed September 2026

Asthma Policy

Parkside Primary School

Asthma
Asthma is a condition that affects the small tubes (airways) that carry air in and out of the lungs. When a person with asthma encounters 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 become inflamed and start to swell. Sometimes, there is production of sticky mucus or phlegm, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma (Asthma UK definition).

Wheeze
Wheeze is a respiratory condition, typically effecting young children (up to 5 years old) which can cause difficulties in breathing. Wheeze is usually caused by a virus which normally affects 0-5 year olds. Children with wheeze will make a high-pitched whistling sound when breathing. Wheeze can resolve spontaneously but some children with more severe symptoms will need medication e.g., salbutamol inhaler. If you are concerned by a child's wheeze symptoms, you should contact a GP, 111 or 999, depending on severity.

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:

1. An asthma **policy.**
2. **A register** of all pupils with asthma.
3. The ability for children to **easily access their medication.**
4. **Asthma Care Plans** for all children with asthma
5. **Emergency kits** including salbutamol inhalers and spacers
6. **All staff training** on awareness, correct use of associated medical devices and emergency policies.
7. At least one named **Asthma & Allergy Champion** responsible for adherence to asthma and allergy friendly school standards in the school.

The Asthma &Policy is regularly reviewed, evaluated and updated. Overall responsibility for the implementation of this policy will be the Headteacher, Lisa Cousins.

This policy has been developed referencing information provided by North East London Health & Care Partnership and NELFT NHS Foundation Trust. It is closely linked to the school's medical conditions policy.

Roles and responsibilities
The successful management of allergies requires shared responsibility across the school community. A coordinated approach ensures that pupils with allergies are supported effectively and that the school environment remains safe and inclusive.

The Governing Body
The Governing Body has ultimate responsibility to make arrangements to support pupils with asthma. They will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with asthma.

The Headteacher
The Headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation.
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans, including in contingency and emergency situations.
- Take overall responsibility for the development of the Care Plans
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way.
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.

Asthma & Allergy Champion
The school's asthma & allergy champion is the Welfare Officer, Kay Hales.
The asthma & allergy champion will:

- Manage the asthma and allergy register.
- Update the asthma and allergy policy.
- Manage the emergency kits and ensure medications are available/accessible.
- Communicate to parents/carers regarding any deterioration in a child's condition during school (this may be delegated to other staff as appropriate).

Staff

- Supporting pupils with asthma during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with asthma.
- This includes the administration of medication.
- Those staff who take on the responsibility to support pupils with asthma will receive sufficient and suitable training and will achieve the necessary level of competency before doing so.
- Teachers will take into account the needs of pupils with asthma that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Parents / Carers

- Will be responsible for keeping the school informed about any new medical condition or changes to their child/children's health.
- Will participate in the development and regular reviews of their child's Care Plan.
- Will complete a parental consent form to administer medicine or treatment.
- Will provide the school with the medication their child requires and keep it up to date including collecting leftover medicine.
- Will carry out actions assigned to them in the Care Plan with particular emphasis on, they, or a nominated adult, being contactable at all times.

Pupils

Pupils with asthma will often be best placed to provide information about how their condition affects them. Where possible, pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their Care Plans. Pupils with asthma are encouraged to take control of their condition wherever possible.

School nurses and other healthcare professionals

Our school will liaise with the designated School Nurse when a pupil has been identified as having a medical condition that will require support in school. The school will also liaise with other Healthcare professionals, such as GPs and paediatricians, and notify them of any pupils identified as having a medical condition when necessary.

General medical information

New parents at Parkside are asked to declare whether their child has any health conditions or health issues on the enrolment form. Parent/carers are sent a communication each year, asking them to inform the school of any new diagnosis of a medical need or changes to a child's existing medical need.

A Medical Register (by class) is kept detailing children's medical conditions / needs. Copies are kept in the first aid room, on the shared drive and backed-up on the password protected medical tablets. Medical needs and conditions are also recorded on the pupil's Arbor and Medical Tracker records.

Teachers have a class summary of their children's medical issues in their class medical cupboard.

Asthma register

We have an asthma register of all children with asthma within the school which is updated yearly and each time a new pupil with asthma/wheeze is identified. It enables our school to support our pupils with their health condition. All pupils with a prescribed blue inhaler should be listed on the register (even if they don't have a diagnosis of asthma). This register will hold key information about all pupils with asthma/wheeze,

including: their name, DOB, class, prescribed medication and consent from parents/guardians to use the emergency inhaler if the child does not have their own inhaler with them.

Access to medication

All children with asthma/wheeze should have immediate access to a reliever inhaler (usually blue) and spacer at all times, including during lessons, break and lunchtimes, PE and sport, extracurricular activities and educational visits.

If a pupil requires other medication during school hours, a medication form must be completed by the parent/carer **(see appendix 1).** All medication must have the pharmacists label with the pupil's name, date of birth, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency. Alternatively, a medical letter from the child's doctor including all of this information or medication listed on the child's care plan (e.g. Asthma Plan) provided by their medical practitioner will be accepted. The medication must also be in its original container/packaging with instructions for storage clearly legible.

Prescribed medication is normally kept in the first aid room (or in the Nursery) in accordance with the specific medicine storage instructions. If the medicine needs to be refrigerated, then it will be stored in the fridge in the first aid room or fridge in the nursery. The child's own inhalers/spacers will be kept in the medical cupboard in the child's classroom.

All medication will be administered by a first aider or a member of staff nominated by the Welfare Officer. Prescribed medication is stored separately for each child and the daily dose and any reaction is recorded on the medication use record on Medical Tracker at the time of administration. Medication must be brought to the school office by parents/carers; children must not bring any medication to school via their classroom door, via breakfast club or in their school bags. This is so that the school can keep track of all medication in school, store the medication appropriately and effectively monitor expiry dates.

Parents/carers should collect medicines that are no longer required or are past their expiration date from the school office. Parents/carers will be informed when medication is close to its' expiry date and that if the medicine is not collected from the school by the end of the half term, the medicine will be taken to a pharmacy for disposal.

The school are unable to administer non prescribed medicines although parent/carers may make arrangements to come into school / nursery if they wish to give these to their child. If a medication is given before school that might affect the timings of medicines given in school, the parent/carer must inform the school office so that it can be recorded on Medical Tracker. Any medication that is given during school hours will be recorded on Medical Tracker.

We recognise that all children may still need supervision in taking their inhaler. 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 confident to support children as they use their inhaler, should do so, whenever possible. If we have any concerns over a child's ability to use their inhaler, we will refer them to the school nurse/asthma specialist nurse and advise parents/carers to arrange a review with their GP/nurse.

Asthma Care Plans
All children with asthma/wheeze will have a care plan. As a school, we have a school-wide asthma form and emergency asthma plan **(see appendix 2),** which should be completed by all pupils who have been prescribed a salbutamol inhaler. Pupils requiring specific arrangements because of asthma/wheeze that exceed the bounds of the school asthma plan or their asthma/wheeze plan will have those arrangements documented through an Individual Healthcare Plan (IHP). If a child has complex healthcare needs in addition to their allergies, an IHP will be completed (**see appendix 3**). All pupils, particularly those with complex and difficult to manage asthma, are encouraged to provide a copy of their personalised asthma/wheeze plan (provided by the hospital, their GP or asthma team) to the school.

Asthma plans and individual healthcare plans are kept in the first aid room, on the child's Arbor and Medical Tracker record and on the shared drive and backed-up on the password protected medical tablets.

All children with an individualised asthma/wheeze plan issued by a healthcare professional will have their photo displayed in the first aid room, staff room and class medical cupboard and be added to the whole school medical summary.

Emergency kits
Our school purchases emergency salbutamol inhalers **(see appendix 4)**. We will use the emergency medications during the onset of an asthma attack in the absence of the child's own inhaler.

In the event of an asthma/wheeze attack and after a decision on using the emergency kit has been made:

- The pupil's parents and guardians should be informed.
- Consider contacting the child's GP or if urgent/serious calling 999/ attending A&E.

Emergency Salbutamol Kits
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.

We will ensure that the emergency salbutamol inhaler is only used by children who have asthma/wheeze or who have been prescribed the medication, in line with the school's asthma/wheeze plans and for whom written parental consent has been obtained. Not all children with wheeze will have a salbutamol prescription.

We understand that salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. The side effects of inhaled salbutamol are well known, tend to be mild and temporary and 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.

An emergency inhaler kit is kept in the first aid room along with emergency inhaler kits that can be taken on school trips.

Maintaining Emergency Kits
Our school has the responsibility for maintaining the emergency kits, including replacing used medication, storing medicines at the proper temperature and disposing of used medicines properly **(see appendix 5).**

Staff training
All staff who have significant contact with pupils will be encouraged to complete online asthma awareness training and annual refresher training. Encouraging staff to complete the awareness training is included in the induction process for new staff members.

Schools also have a responsibility to communicate the following to staff:

- How to raise issues about pupils with uncontrolled symptoms.
- Where pupil asthma/wheeze plans are stored.
- Where emergency kits are stored.
- Where to find the asthma register.
- Procedures for school trips, physical education and other settings outside the classroom/break time.
- Where medication is stored.
- Who their asthma & allergy champion is at the school.

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/vaping policy. The school will ensure that, wherever possible, pupils will not encounter/reduce exposure to their asthma triggers.

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. Exercise and activity are beneficial for pupils with asthma/wheeze and should be actively encouraged. Blue inhalers via a spacer should only be used before exercise when exercise is identified as a trigger for that child. Blue inhalers are normally used to relieve symptoms of asthma/wheeze and therefore, not before these symptoms start. If a pupil needs to use their inhaler during a PE lesson, they will be encouraged to do so. Some pupils will breathe heavily because they are not used to exercise. This does not mean they are

having asthma/wheeze symptoms and staff should use their own judgement/consult with a colleague if unsure. If a pupil regularly has excess shortness of breath, chest tightness or cough with exercise, this will be communicated to the school nurse or advise the child's parents/guardians to see their GP.

Asthma and 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 asthma is impacting a pupil's life, and they are unable to take part in activities, feel tired during the day or fall behind in lessons, we will discuss this with the child's parents/guardians, the school nurse and suggest they make an appointment with their asthma nurse or GP. The school recognises that Pupils with asthma could be classed as having a disability due to their asthma, as defined by the Equality Act 2010, and therefore, may have additional needs because of their asthma.

School trips
We ensure that pupils have all their medication before departing for the trip, along with the school's/child's asthma/wheeze plan. A risk assessment should be completed for pupils with asthma/wheeze.

On residential trips, some pupils may need to take preventer inhalers (usually brown in colour). Preventer inhalers are normally used twice per day outside of school hours and prescribed by their doctor/nurse. This medication needs to be taken regularly for maximum benefit. If a pupil requires a preventer inhaler on a residential trip, they should also provide an individualised/personalised asthma care plan.

Links to other policies
This policy links to the following policies:

- Medical Conditions Policy
- Allergy Safety Policy
- First Aid Policy
- Accessibility plan
- Complaints Policy
- Health and safety
- Safeguarding and Child Protection Policy
- Special educational needs information report and policy
- Well-Being & Positive Mental Health Policy

Updated September 2026

Appendix 1

Request to administer medication

Please be aware that we cannot administer any medicines that have not been prescribed by a doctor and that the name, description and dosage must match the prescription label.
All medicines must be dropped off to and collected from the school office.

Name of child……**Class** ……

I authorise the School Welfare Officer or nominated member of their team to administer the following medication to my child and confirm that this is a medication that they have taken before without adverse effects:

Name of medicine/treatment……

Dosage……

When (please tick and complete as appropriate):	
	At set time (please specify):
	When child has certain symptoms **(Please also complete form overleaf)**
	Other (please give details):

Duration (please tick and complete as appropriate):	
	For ……. days or until……..(date - including this date)
	Until finished
	Until further notice

Availability (please tick)	
	The school can keep this medicine as we have more at home
	We need to collect this medicine from the school office daily ASC: M T W Th F Other after school clubs:

Please give a brief description of why your child needs this medicine:

……

……

Is there anything else we should be aware of (e.g. side effects):

……

……

Signed:……..(parent/carer) Date:……

Only complete this side of the form for medication that is given when your child has symptoms (not at set times)

If your child needs their medicine when they exhibit certain symptoms, please also complete this side of the form.

Name of child……**Class** ……

Name of medicine/treatment……

Dosage……

I authorise the School Welfare Officer or nominated member of their team to administer the above medication when my child exhibits the following symptoms:

……

……

Please read carefully and tick the option that applies:	
	This medicine is an emollient cream and can be kept in the class medical cupboard and applied as often as needed. My child can apply their own cream ☐ My child needs assistance to apply cream ☐
	My child does not routinely have their medication in the morning before school, so can be given their medicine in school at any time. I will let Mrs Hales know (by emailing kay.hales@parkside.waltham.sch.uk or by calling 02085594278) if they do have their medicine in the morning before school.
	My child sometimes has their medication before school. If they need their medication in school before 12.30pm, please call parent/carer before administering medication in school to see whether it is appropriate. After 12.30pm, they can be given their medicine as needed.
	My child has a dose of this medicine each morning before school and therefore this medication should not be administered before 12.30pm. After 12.30pm, they can be given their medicine as needed.
	Other (please give details):

Please tick the following statements if they apply:

	My child can have a second dose of this medicine after 4 hours if they need it
	The school can send an email via Medical Tracker to inform parent/carer contact each time my child has their medicine in school (This will not apply to emollient creams)

Signed:……..(parent/carer) Date:…….

Appendix 2

Asthma Form

Name of child……..**DOB** ……

I give permission for my child to use their inhaler at school:

Name of inhaler ……

Dosage (number of puffs)……**Spacer required?: Yes* No***

When (please tick **all that apply** and complete as appropriate):	
	Whenever necessary
	At set time(s) (please specify):
	When my child has the following symptoms:
	Other (e.g. before PE/exercise. Please give details):

Support (please tick **one box**):	
	My child can use their inhaler independently
	My child needs supervision to use their inhaler
	My child needs help to use their inhaler

Details of my child's asthma/breathlessness (please complete as appropriate):		
Triggers (what makes it worse):		
Signs and symptoms:		
Please tick:		The school can keep an inhaler in the classroom throughout the school year
		An inhaler will be brought to school when required
Is your child on medication at home? Yes* No* (*Please circle or delete as appropriate) If yes, please give details (type, name and dose):		
Has your child ever been hospitalised due to an asthma attack?: Yes* No* If yes, please give details (how frequently and for how long):		
Has your child been formally diagnosed with asthma by a doctor?: Yes* No* **If yes, please give the school a copy of your child's asthma plan each time it is updated**		

Parents/Carers must ensure that the school is informed if there are any changes to the information on this form.

Signed:……..(parent/carer) Date:……

Please turn over and sign the asthma plan and consent to use the emergency inhaler

Emergency Asthma Plan

Does child have a personalised asthma plan provided by medical professional? Yes* No*

If yes, that asthma plan supersedes this emergency asthma plan and should be referred to in its place.

Parkside Primary School

Is the child showing signs/symptoms of:

- Wheezing
- Coughing
- Unable to walk
- Shortness of breath
- Chest pain/tightness
- Difficulty talking

REMEMBER: <u>Stay with the child at all times</u> & call for help

Does the child need their inhaler?

- Stay calm and reassure the child
- Ensure the child is sitting upright and leaning slightly forward
- Ask someone to bring the child's blue inhaler +/- spacer

<u>ADMINISTER THE MEDICINE</u>

1. Shake the (blue) inhaler before use
2. Remove the cap +/- place the inhaler in the spacer. Always use spacer if available.
3. Place the spacer/inhaler mouthpiece between the child's teeth and lips (ensure a good seal)
4. Administer 1 puff via spacer and encourage the child to take 10 breaths. If no spacer, child should take a breath in as the puff is administered and hold their breath for up to 10 seconds

Repeat the above steps for each puff of the inhaler administered

Give 2-6 puffs of the inhaler using the spacer (until symptoms resolve)

5. Inhaler use must be recorded on Medical Tracker.

- If symptoms have **NOT** resolved **<u>give a total of 10 puffs of the blue inhaler</u>**
- If you are giving 10 puffs, the child needs **an immediate medical review.**
- **If you are worried or unsure, call 999 and request an ambulance**
- Give the school's postcode E4 6RE or location of school trip
- Note the time of the 999 ca the child's parent/carer
- If the ambulance takes longer than 15mins and there is no improvement in the child's symptoms, you can give another 10 puffs of the blue inhaler

If symptoms have resolved, contact the child's parent/carer and advise them to arrange a GP review or contact 111. If this is happening regularly, contact your school nursing team

Consent for use of Emergency Salbutamol Inhaler

In the event of my child displaying symptoms of asthma/breathlessness & if their own inhaler is not available/unusable, I give consent for my child to receive salbutamol from an emergency inhaler held by the school for such situations.

Signed:……(parent/carer) Date:……

Name of child……**DOB** ……..

Appendix 3

Parkside Primary School
21 Wellington Avenue
Chingford, LONDON, E4 6RE
Tel: 020 8559 4278

Individual Health Care Plan for a Pupil with Medical Needs

Pupil Details:

NAME:	
DATE OF BIRTH:	
CONDITION:	
ADDRESS:	
GP:	
PAEDIATRICIAN:	
NAMED RESPONSIBLE PERSON(S) AT SCHOOL:	

PHOTOGRAPH

DATE OF ORIGINAL CARE PLAN:		
REVIEW DATES:		
NEXT REVIEW DUE:		

FAMILY CONTACT 1	**FAMILY CONTACT 2**
NAME:	**NAME:**
1st PHONE NO (MOB/HOME/WORK):	**1st PHONE NO (MOB/HOME/WORK):**
ALTERNATIVE PHONE NO (MOB/HOME/WORK):	**ALTERNATIVE PHONE NO (MOB/HOME/WORK):**
RELATIONSHIP TO CHILD:	**RELATIONSHIP TO CHILD:**

DESCRIBE CONDITION AND GIVE DETAILS OF PUPIL'S INDIVIDUAL SYMPTOMS:

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

***See Allergy Action Plan**

Mild to moderate allergic reaction: swollen lips, face or eyes, itchy/tingling mouth, hives or itchy skin rash, abdominal pain or vomiting, sudden change in behaviour

Signs of ANAPHYLAXIS:
Airway: Persistent cough, hoarse voice, difficulty swallowing, swollen tongue
Breathing: Difficult or noisy breathing, wheeze or persistent cough
Consciousness: Persistent dizziness/pale or floppy, suddenly sleepy, collapse, unconscious

ADDITIONAL INFORMATION:

Including specific support for the pupil's educational, social and emotional needs, details of other medical conditions which would not require a care plan etc.

DAILY CARE REQUIREMENTS (E.G. BEFORE SPORT/AT LUNCHTIME)

Including arrangements for school visits/trips etc.

Open access to Auto Adrenaline Injector (AAI) at all times

- Kept in medical room/nursery medical cupboard which is always accessible
- To take AAI on all school trips and offsite activities

MEDICATION:

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision
Include medication given at home.

*Cetirizine/Antihistamine - in medical room/nursery medical cupboard
AAI – *brand and dosage – in medical room/nursery medical cupboard
*Has consent to use emergency AAI

ACTIONS TO BE TAKEN IN THE EVENT OF PRESENTING WITH THE FOLLOWING SYMPTOMS:

***See Allergy Action Plan**

Mild to moderate allergic reaction (swollen lips, face or eyes, itchy/tingling mouth, hives or itchy skin rash, abdominal pain or vomiting, sudden change in behaviour): Stay with *name and call for help if necessary, give antihistamine (*dosage – if vomited, dose can be repeated), contact parent/carer.

Watch for signs of ANAPHYLAXIS:

Airway: Persistent cough, hoarse voice, difficulty swallowing, swollen tongue

Breathing: Difficult or noisy breathing, wheeze or persistent cough

Consciousness: Persistent dizziness/pale or floppy, suddenly sleepy, collapse, unconscious

If any ONE of these signs is present:

1. Lie flat (if breathing is difficult, allow to sit)
2. Give AAI – If in doubt, give AAI
3. Dial 999 for ambulance and state Child Anaphylaxis ("ana-fil-ax-is")
4. Stay with *name and contact parent/carer
5. If no improvement after 5 minutes, give second dose of AAI

WHEN TO CALL FOR EMERGENCY SERVICE (999)

After administering AAI

RESPONSIBILITIES (add more as appropriate):

School:

- Will keep an up to date copy of the care plan in the medical room and the classroom
- Will inform parent of observed symptoms or other relevant information as outlined in care plan
- Provide appropriate training for staff – use of AAIs

Parent:

- Will inform the school of all relevant changes as they occur and provide copies of new allergy
- action plans each time they are updated
- Will provide all medication and equipment and ensure AAIs in school are replaced as needed

Pupil:

- Will inform staff when/if they feel unwell
- Will participate/comply with the requirements of the care plan & attend the initial & review
- meeting if appropriate

ADDITIONAL SUPPORTING DOCUMENTS

- **Allergy Action Plan**
- **Asthma Plan**
- **Medication Form**

Appendix 4 - Emergency Kit Contents

- In the first aid room, at least two salbutamol metered dose inhaler (MDI) and two spacers compatible with these inhalers
- Kitt Anaphylaxis kits with two adrenaline-auto injectors at each available strength. Located in first aid room and year 6 practical (cooking) room.
- Two adrenaline-auto injectors at each available strength located in first aid room for taking out on school trips.
- Instructions on using the inhaler with spacer
- Instructions on using the adrenaline auto-injector are on the side of the device and on the allergy management plan
- Instructions on cleaning and storing the inhaler
- Manufacturers' information for inhalers and adrenaline auto-injectors
- A checklist of adrenaline auto-injectors, identified by their batch number and expiry date, with monthly checks recorded;
- A checklist of expiry dates for inhalers;
- A note of the arrangements for replacing the inhalers, spacers and adrenaline auto-injectors;
- The names of the pupils permitted to use the emergency kit
- A record of any medication administration

Appendix 5 - Maintaining Emergency Kit

- Check termly that the inhalers, spacers and adrenaline auto-injectors (AAIs) are present and in working order, and that the inhaler has sufficient doses available and has greater than 2 months until expiry
- Obtain replacement inhalers and AAIs if the expiry date is within 2 months
- The inhaler can be reused, so long as it hasn't come into contact with any bodily fluids. Following use, the inhaler canister will be removed, and the plastic inhaler housing and cap will be washed in warm soapy water and left to dry in air in a clean, safe place. The canister will be returned to the plastic housing when dry and the cap replaced. Return to emergency kit after cleaning and drying.
- Following use of the spacer, wash in warm soapy water and leave to air dry in a clean, safe place. **DO NOT** towel dry. Return to the emergency kit after cleaning and drying.
- Empty inhaler canisters will be returned to the pharmacy to be recycled.
- Before using a salbutamol inhaler for the first time, shake and release 2 puffs of medicine into the air
- The AAI devices should be stored at room temperature (in line with manufacturer guidance), protected from direct sunlight and temperature extremes.
- Once an AAI has been used it cannot be reused and must be disposed of according to manufacturer's guidance as it contains a needle
- Used AAI can be given to ambulance paramedics on arrival or disposed of in a sharps bin (available from pharmacies or online) for collection by the local council

Appendix 6

Ambulance Procedures

When the decision to call an ambulance for a child has been made, these procedures should be followed: -

- A first-aider stays with the child
- The person calling the ambulance needs to have a verbal report on the child's condition from the first-aider to pass onto the operator, who then gives advice on dealing with the child until the ambulance arrives
- If necessary, a red triangle should be sent to summon help in dealing with the other children (e.g. in the gym or playground) or help via the telephone system
- As soon as the ambulance has been summoned, the Parents/Carers should be contacted
- If they can get to the school quickly, they can go with the child to the hospital
- If not, they should be asked to go straight to the hospital
- The child's details should be copied out for the paramedics
- If Parent/Carers have not arrived, a member of staff should accompany the child to hospital and wait with the child until their Parent/Carer arrives
- The red ambulance book should be completed
- The other children should be reassured and kept informed at a level appropriate to their age and understanding.

Accident and Incident Reporting via My Compliance Management System

Accidents must be reported on the online form generated by scanning the QR code on the posters which are located around the school, including in the medical room, staff room and office. The form can also be found by clicking on this link: MY Compliance Management - Incidents (my-compliance.co.uk) Staff need to be aware of the accident reporting system. An online form should be completed for ALL:

- Significant accidents/injuries
- Violence and aggression
- Occupational illnesses
- Incidents/near misses

Full details of reportable accidents/incidents can be found in the first aid policy.

Reviewed January 2026

Appendix 7: Qualified First Aiders

Emergency First Aid at Work	Date for Renewal	Full Paediatric First Aid	Date for Renewal
Amy Hartzer-Coyle	8th Jan 2027	Amy Hartzer-Coyle	8th Jan 2027
Erin Naylor	8th Jan 2027	Erin Naylor	8th Jan 2027
Tina Olliver	8th Jan 2027	Tina Olliver	8th Jan 2027
Joanne Ginn	8th Jan 2027	Joanne Ginn	8th Jan 2027
Yasmin Limbada	8th Jan 2027	Yasmin Limbada	8th Jan 2027
Carly Tuttle	8th Jan 2027	Carly Tuttle	8th Jan 2027
Claire Burns	8th Jan 2027	Claire Burns	8th Jan 2027
Michelle Eggington	8th Jan 2027	Michelle Eggington	8th Jan 2027
Amber Grange	8th Jan 2027	Amber Grange	8th Jan 2027
Nicky Williams	8th Jan 2027	Nicky Williams	8th Jan 2027
Andrew Peckham	31st May 2027	Kay Hales	25th Jan 2028
Marios Adamides	31st May 2027	Lauren Austin	25th Jan 2028
Timothea James	31st May 2027	Kelly Brett-Fine	25th Jan 2028
Kay Hales	25th Jan 2028	Liz Bugler	25th Jan 2028
Lauren Austin	25th Jan 2028	Debbie Gayle	25th Jan 2028
Kelly Brett-Fine	25th Jan 2028	Dilek Mahmut	25th Jan 2028
Liz Bugler	25th Jan 2028	Lucy Edwards	25th Jan 2028
Debbie Gayle	25th Jan 2028	Sophia Reilly	25th Jan 2028
Dilek Mahmut	25th Jan 2028	Nikki Moon	25th Jan 2028
Lucy Edwards	25th Jan 2028	Sophia Poppleton	25th Jan 2028
Sophia Reilly	25th Jan 2028	Lesley Pearce	7th Feb 2028
Nikki Moon	25th Jan 2028	Debbie Murphy	7th Feb 2028
Sophia Poppleton	25th Jan 2028	Desire Lubbe	8th Jan 2029
Desire Lubbe	8th Jan 2029	Koulla Giordano	8th Jan 2029
Koulla Giordano	8th Jan 2029	Sanam Mahmood	8th Jan 2029
Sanam Mahmood	8th Jan 2029	Connie Nisbet	8th Jan 2029
Connie Nisbet	8th Jan 2029	Debbie Rowan	8th Jan 2029
Debbie Rowan	8th Jan 2029	Lynne Wearing	8th Jan 2029
Lynne Wearing	8th Jan 2029	Amy Buckle	8th Jan 2029
Amy Buckle	8th Jan 2029	Ayesha Ahmad	8th Jan 2029
Ayesha Ahmad	8th Jan 2029	Emma Chandler	8th Jan 2029
Emma Chandler	8th Jan 2029	Jesy Cordell	8th Jan 2029
Jesy Cordell	8th Jan 2029	Nicola Pond	8th Jan 2029
Nicola Pond	8th Jan 2029		

If Nursery or Reception children are onsite or going on a school trip, at least one First Aider must have a Full Paediatric First Aid Certificate

Those with Certificates in First Aid Awareness cannot be the lead first aider on a school trip as they have not been practically assessed doing CPR			
Certificate in First Aid Awareness	**Date for Renewal**	**Certificate in Paediatric First Aid Awareness**	**Date for Renewal**
Imren Boran	7th Nov 2027	Deborah Dyer	16th June 2027
Tracy Joshua	18th Nov 2027		
Naran Hussein	19th Nov 2027		
Seyran Elginoz	26th Nov 2027		
Salma Hussain	26th Nov 2027		
Sharon Tomlinson	27th Nov 2027		
Sakine Kilinc	6th Jan 2028		