



THE
**WALDESLADE
& GREENACRE**
SCHOOLS PARTNERSHIP

First Aid Policy

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Statement of Equality

We have carefully considered and analysed the impact of this policy on equality and the possible implications for students with protected characteristics, as part of our commitment to meet the Public Sector Equality Duty (PSED) requirement to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations.

Purpose

The purpose of our first aid policy is to:

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

Legislation and Guidance

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

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

This policy complies with our Funding Agreement and Articles of Association.



Roles and Responsibilities

Appointed Person(s) and First Aiders

The school's appointed First Aiders are responsible for:

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

First Aiders are trained and qualified to carry out the role (see section - training) and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person and provide immediate and appropriate treatment.
- Administer medication with parental approval.
- Sending students home to recover, where necessary.
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident.
- Keeping their contact details up to date.

Our school's Appointed First Aiders are displayed prominently around the school.

Care Plans - First Aiders/Health and Welfare Officers are responsible for arranging meetings as necessary with the school nurse and parents to discuss a relevant care plan. Once a care plan is in place this is shared across the school. It is the responsibility of all School staff to be aware of the relevant medical needs of the student and for the First Aider to take charge of any specific medication.

The Trust Board

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

The Headteacher

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

- Ensuring that an appropriate number of trained First Aid Staff are present in the school at all times.
- Ensuring that First Aiders have an appropriate qualification, keep training up to date and remain competent to perform their role.



- Ensuring all staff are aware of first aid procedures.
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place.
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place.
- Ensuring that adequate space is available for catering to the medical needs of students.
- Reporting specified incidents to the HSE when necessary (see section – reporting to HSE).

Staff

School staff are responsible for:

- Ensuring they follow first aid procedures.
- Ensuring they know who the First Aiders in school are.
- Completing accident reports for all incidents they attend to.
- Informing the Headteacher or their line manager of any specific health conditions or first aid needs.

First Aid Procedures

In-school procedures

In the event of an accident resulting in injury:

- The closest member of staff present will seek the assistance of a qualified First Aider, if appropriate, who will provide the required first aid treatment.
- The First Aider will assess the injury and decide if further assistance is needed from a colleague in the School Office or the emergency services. Please refer to Appendix D for guidance on what course of action is appropriate. They will remain on scene until help arrives.
- The First Aider will also decide whether the injured person should be moved or placed in a recovery position.
- If the First Aider judges that a student is too unwell to remain in school, parents will be contacted and asked to collect their child/ward. Upon their arrival, the First Aider will recommend next steps to the parents.
- If emergency services are called, the Office Supervisor will contact parents immediately.
- The First Aider/Operations Manager will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury.



In the event of a fire evacuation:

- All emergency medication to be collected by Lead First Aider and taken to assembly point.
- Wheelchair to be taken to assembly point for high risk Students or Staff.

In the event of a lockdown:

- Student with high risk medical conditions will be indicated on Arbor. In the event of them needing emergency treatment during a lockdown, Staff are directed to call 999.

Off-Site Procedures

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

- A mobile phone.
- A portable first aid kit.
- Information about the specific medical needs of students and relevant medication.
- Parent/Carer's contact details.

Risk assessments will be completed by the relevant First Aider/Health and Welfare Lead/or Teacher as appropriate prior to any educational visit that necessitates taking students off school premises.

All trips are processed through Evolve and reviewed with current legislation adhered to. There will always be at least one First Aider with a current paediatric first aid certificate on school trips and visits, as recommended by the HSE.

First Aid Equipment

Careful consideration has been given to the location of first aid kits. These are located in key areas around the individual schools which include the school office and Medical room and each department and Pastoral Hub has access to a First Aid Kit.

First Aiders are responsible for restocking and monitoring first aid kits on a termly basis. All staff have a responsibility to report shortages of stock within first aid kits. No one should add items to the first aid kits without consultation with the First Aid lead in each school. Once an item from the first aid kit has been opened it should be disposed of.

All first aid kits should be returned to their location after use.



Record-Keeping and Reporting

First Aid and Accident Record Book

- An accident form will be completed by the First Aider/Operations Manager on the same day or as soon as possible after an incident resulting in an injury. Minor accidents are recorded as an internal matter.
- As much detail as possible should be supplied when reporting an accident, including all of the information included in the accident form.
- A copy of the accident report form will also be added to the student's educational record by the Operations Manager.
- Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.
- An accident investigation should be undertaken for an event that could "potentially" be reportable to HSE. The investigation should be undertaken by the Head of Department or Operations Manager depending on nature of the incident, with the assistance of the Lead first aider.
- Accident investigations should be conducted within 48 hours of accident incurring to ensure reasonable time is allowed to review investigation and make a decision on whether it is reportable under the RIDDOR 2013 legislation.

Reporting to the HSE

The Operations Manager with assistance for the Trust Health and Safety Officer will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The Operations Manager/Health and Safety Officer will report these to the Trust Facilities Manager who will confirm if the accident needs to be reported to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences include:

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



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

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

[How to make a RIDDOR report, HSE](#)

Notifying Parents

The First Aider/Operations Manager will inform parents of any accident or injury sustained by a student by text message, unless this is a bump to the head in which case the parent will be called. Parents are advised that should they need more information they are able to call the School Office.

Reporting to Ofsted and Child Protection Agencies

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

The Headteacher will also notify Medway Child Protection Authority/Kent Child Protection Authority of any serious accident or injury to, or the death of, a student while in the school's care.



Training

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

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

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

Monitoring Arrangements

This policy will be reviewed annually by the Operations Manager and Headteacher.

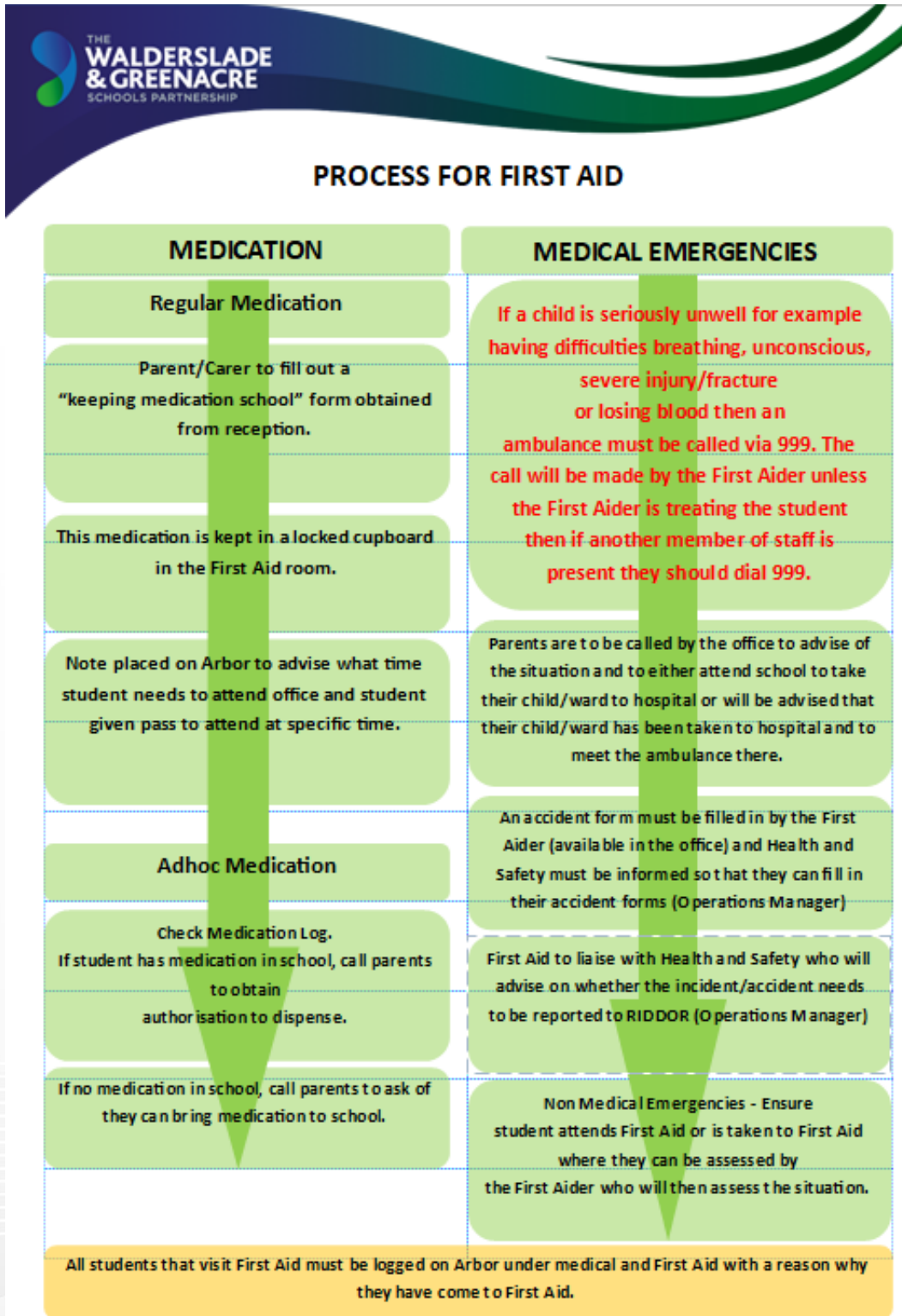
Links with Other Policies

This first aid policy is linked to the:

- Health and Safety Policy.
- Supporting Students with Medical Conditions Policy.



Appendix A – First Aid Procedure: Medication & Medical Emergencies



Appendix B – First Aid Alerts & Accident/Incident Alerts



MAJOR FIRST AID INCIDENT OR ACCIDENT/INCIDENT ON SITE

This applies to:

Major First Aid Incidents—where the Student may require hospital treatment.

Accidents on site involving members of Staff

Incidents that may compromise Site Security.

Serious Safeguarding Incidents.

Alert Email to be sent to wgpslt@slft.org.uk and HOY for Student Injuries

Brief outline of the Accident/Incident to be included.

Use Template below.

Alert!

Date of Incident	
Time of Incident	
Name of Student or Staff Member	
Brief outline of accident / incident	

A member of SLT will then contact the Parent/Guardian or Staff Member to conduct a welfare check.



Appendix C – First Aid Procedure: Hot Weather

PROCESS FOR FIRST AID

HOT WEATHER

During extreme hot weather uniform expectations may be relaxed with blazers allowed to be removed or not worn to school. Headteacher will confirm this.

Encourage parents to ensure students bring water bottles to school and the school will ensure that during break and lunch water facilities are available for these to be topped up.

Email to all parents sent via Arbor to remind them to bring water to school.
Ticket for site team to allocate the water dispensers on the playground at break and lunch times.

Windows in classrooms should be opened at the start of the day. Fans can be used if available. Keep electric lights off where possible as this generates heat.

Keep an eye on students for signs of heat stroke: headache, dizziness and discomfort, restlessness and confusion, hot flushed skin, a deterioration in the level of response and a body temperature above 40 degrees. If there are signs move student to a cool place, call 999/111 and keep student in a cool place with a wet sheet and sponge them down with cool water.

Dehydration signs - complaining of headaches and light headedness, dry mouth, eyes and lips, have muscle cramps.
Help the student sit down and give them plenty of water to drink. If they have cramps encourage them to rest and stretch out muscles. Keep checking how they are feeling.
In the event of overheating and "passing" out follow First Aid medical emergency procedures.

All students that visit First Aid must be logged on Arbor under Medical and First Aid with a reason why they have come to First Aid.

Appendix D – Process for Assessing First Aid Need



Appendix E – Allergies

This policy is concerned with a whole school approach to the healthcare and management of those members of the school community suffering from specific allergies.

We are aware that students who attend WGSP may suffer from food, bee/wasp stings, animal or nut allergies and we believe that all allergies should be taken seriously and dealt with in a professional and appropriate way.

Our position is not to guarantee a completely allergen free environment, but rather to minimise the risk of exposure, encourage self-responsibility, and plan for effective response to possible emergencies.

The Statutory Framework states that the provider must obtain information about any dietary requirements/allergy. As such, parents/Careers are asked to provide details of allergies, which is submitted before starting school.

This policy should be read in collaboration with the Medical Needs, Asthma and First Aid Policies. Aim:

The aim of this policy is to minimise the risk of any child suffering allergy-related illness or allergy-induced anaphylaxis whilst at school.

An allergic reaction to nuts is the most common high-risk allergy and as such demands more rigorous controls throughout the policy.

The underlying principles of this policy include:

- The establishment of effective risk management practices to minimise the student, staff, parent and visitor exposure to known trigger foods and allergens.
- Staff training and education to ensure effective emergency response to any allergic reaction situation.

Definitions:

- Allergy – A condition in which the body has an exaggerated response to a substance (e.g. food or drug) also known as hypersensitivity.
- Allergen – A normally harmless substance that triggers an allergic reaction in the immune system of a susceptible person.
- Anaphylaxis – Anaphylaxis, or anaphylactic shock, is a sudden, severe and potentially life-threatening allergic reaction to food, stings, bites, or medicines.
- EpiPen – Brand name for syringe style device containing the drug adrenaline, which is ready for immediate intramuscular administration.
- Minimised Risk Environment – An environment where risk management practices (e.g. risk assessment forms) have minimised the risk of (allergen) exposure.
- Individual Health Care Plan – a detailed document outlining an individual child's condition, treatment, and action plan for location of EpiPen.



Procedures and Responsibilities for Allergy Management:

- The school lead first aider and parents should work together to establish Individual Health Care Plans (Refer to Medical Needs and First Aid Policy).
- These should be updated as needed and include healthcare professional advice, where appropriate.
- Annual staff training in anaphylaxis management, if needed, including awareness of triggers and first aid procedures (including EpiPen/AAI training), is to be followed in the event of an emergency.
- Age-appropriate education of children with severe allergies should be established.
- Where students with known allergies are participating in school trips, the risk assessment must include this information.

Medical Information:

- EpiPens / Adrenaline Auto Injector (AAI) Where EpiPens/AAls are required in the Health Care Plan:
- **Two EpiPens/AAls should be held on the student and available at all times.**
- Parents/guardians are responsible at ensuring they are regularly checked and within the expiration date. All EpiPens/AAls reaching the expiry are replaced within a timely manner.
- EpiPens/AAls should be stored safely and be accessible in the event of an emergency. This is usually in the student's bag. If stored within a case all details will be detailed on the student Arbor.
- EpiPens/AAls should be clearly labelled for identification.
- Where possible, spare Epi Pens are to be kept on school premises on must be within 5 minutes reach in case of emergencies.

The Role of Families:

Families are responsible for filling in an Allergy Action Plan which is held by the school office, detailing the nature of the allergy, including:

- On entry to the school it is the parents' responsibility to inform us of any allergies.
- This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's Allergy Action Plan (BSACI plans preferred) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a Health Care Professional, for example School Nurse, GP, Allergy Specialist.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the school up to date with any changes in allergy management.
- The Allergy Action Plan will be kept updated accordingly.

The Role of Staff

- Staff are responsible for familiarising themselves with the policy and to adhere to health & safety regulations regarding food and drink.
- If a child's School Admissions Form states that they have an allergy then a Health Care Plan, Allergy Action Plan and Risk Assessment is needed.
- Snack time foods are monitored by staff.
- All staff should know the procedures at snack and lunch time to ensure the safety of children with allergies. However, staff cannot guarantee that foods will not contain traces of nuts.
- All tables are cleaned with an approved solution.
- We provide specific EpiPen/AAI use training.



- Emergency medication should be easily accessible, especially at times of high risk.
- Staff should liaise with families about snacks and any food-related activities.

The Role of Students:

- Students are encouraged to have a good awareness of their allergy and symptoms and to let an adult know should they suspect they are having an allergic reaction.
- Allergy Action Plans are designed to function as individual health care plans for children with allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare EpiPen/AAI.
- WGSP recommends using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans to ensure continuity. This is a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK.

It is the parent/carers responsibility to complete the Allergy Action Plan with help from a Healthcare Professional for example School Nurse, GP or Allergy Specialist and provide this to the school.

Nut-Free Policy

Role of all Parents and Staff:

WGSP aspires to be a nut-free school, with the aim of safeguarding students and staff who may experience anaphylactic reactions to nuts. Our approach is to protect our students with nut allergies and educate them about safe food choices.

Nut or nut products are not allowed in school, and WGSP also adheres to a nut-free policy. Prohibited items include, but are not limited to:

- Packs of nuts
 - Peanut butter or other nut spreads
 - Chocolate spread
 - Fruit and cereal bars containing nuts (including Kinder bars or other similar bars)
 - Chocolate bars or sweets containing nuts
 - Sesame seed rolls (as children allergic to nuts may react to sesame)
 - Cakes made with or containing nuts
- Related school policies Medical Needs and First Aid Policy
Asthma Policy First Aid Policy

Emergency Treatment and Management of Anaphylaxis:

What to look for: Symptoms usually come on quickly, within minutes of exposure to the allergen. Mild to moderate allergic reaction symptoms may include:

- A red raised rash (known as hives or urticaria) anywhere on the body.
- A tingling or itchy feeling in the mouth.
- Swelling of lips, face or eyes.
- Stomach pain or vomiting.
- More serious symptoms are often referred to as the ABC symptoms and can include:
- AIRWAY – swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- BREATHING – sudden onset wheezing, breathing difficulty, noisy breathing
- CIRCULATION – dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.



- The term for this more serious reaction is anaphylaxis. If the student has been exposed to something they are known to be allergic to, it is more likely to be an anaphylactic reaction.
- Anaphylaxis can develop very quickly, so a treatment is needed that works rapidly. Adrenalin is the mainstay of treatment, and it starts to work within seconds.

What does adrenalin do?

- It opens up the airways
- It stops swelling
- Raises the blood pressure
- As soon as anaphylaxis is suspected, adrenalin must be administered without delay. Action:
- Keep the child where they are, call for help and do not leave them unattended. Ask someone to contact parent.
- LIE CHILD FLAT WITH LEGS RAISED – they can be propped up if struggling to breath, but this should be for as short a time as possible.
- USE EPIPEN/AAI WITHOUT DELAY and note the time given.
- Call 999 and state ANAPHYLAXIS (Ana-fil-axis).
- If no improvement after 5 minutes, administer second EpiPen/AAI.
- If no signs of life commence CPR.

Whilst you are waiting for the ambulance, keep the student where they are.

Do not stand them up or sit them in a chair even if they feel better. This could lower their blood pressure drastically causing their heart to stop.

All students must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

School Trips:

Staff leading school trips will ensure they are carrying all relevant emergency supplies, for example first aid kits.

Trip leaders will check all staff are aware of students with medical conditions, including allergies and that all medication is taken on the trip. The expiry date is checked and safe to use.

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic students and alternative activities planned to ensure inclusion.

Overnight school trips will be carefully planned alongside parents and members of staff attending.

Sporting Excursions Children with allergies will have every opportunity to attend sports trips.

The school will ensure the adults attending are fully aware of allergies and medical needs of participants.

The school or venue being visited will be notified that a student visiting has an allergy.

A member of staff trained in administering adrenalin will accompany the team.



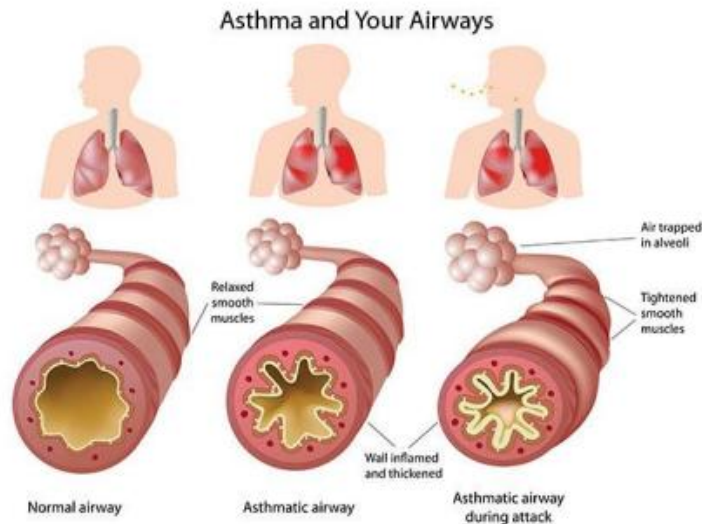
Appendix F – Asthma

What is 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).



At Walderslade and Greenacre Schools Partnership, we recognise that asthma is a widespread, serious but controllable condition affecting many pupils.

Our school encourages students with asthma to achieve their potential in all aspects of school life by having clear policy and procedures that are understood by all school staff, families and pupils.

We endeavour to do this by:

- An up-to-date Asthma Policy
- An asthma register
- All pupils to always have immediate access to their reliever inhaler
- All pupils are expected to have an up-to-date Child Asthma Action Plan (provided by GP or Asthma Nurse)
- If no Child Asthma Action Plan is provided then a 'My Action Plan' provided by the school MUST be completed
- An emergency Salbutamol inhaler
- Ensure all staff have regular asthma training
- Promote asthma awareness to pupils, parents and staff.



Asthma Medicines

It is recommended that Healthcare Professionals (e.g. GP or Asthma Nurse) complete a Child Asthma Action Plan in collaboration with parent/carers at time of diagnosis or review. A copy of this plan must be given to the school.

It is also recommended that your child is provided with a spacer.

Your GP, Nurse or Pharmacist should show you how to use your inhaler and spacer properly. Both the inhaler and spacer should remain in school. (Source: Asthma+ Lung UK)



All spacers and inhalers must be labelled with the child's name.

Whilst we encourage children to be independent in the use of their medicines, we recognise younger members of the school may need support with this.

Asthma register

We have an asthma register of children within the school which is regularly updated and reviewed annually; this is in collaboration with parents/guardians.

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 and spacer in school
- Signed consent from the parent/carers with permission to use the emergency Salbutamol inhaler if they require it or if their own inhaler is broken, out-of-date, empty or has been lost.

PE and Physical activities

Taking part in sports, games and activities is an essential part of school life for all students at WGSP. Pupils with asthma are encouraged to participate fully in all PE lessons.



Impact on Education

If a student is missing a lot of time from school or is tired because their asthma is disturbing their sleep at night, attendance, lead first aider officer and SENDCo will liaise with parents to work out how to prevent their child from falling behind.

It may simply be that the pupil needs an asthma review, to review inhaler technique, medication review or an updated Asthma Action Plan, to improve their symptoms so we suggest an appointment with your GP or Asthma Nurse is made.

Asthma Attacks

All staff who come into contact with pupils with asthma know what to do in the event of an asthma attack.

Action to take (As defined by Asthma UK)

1. Sit up straight – try to keep calm / use inhaler as directed.
2. Take one puff of your inhaler (usually blue) every 30-60 seconds up to 10 puffs
3. If the child feels worse or does not feel better after 10 puffs call 999 for an ambulance 4. If the ambulance has not arrived after 10 minutes and your symptoms are not improving, repeat step 2
4. If no improvement in symptoms, contact 999 again.

Roles and Responsibilities

School staff have a responsibility to:

- Attend regular training about asthma
- Understand the school asthma policy
- Know which pupils have asthma and be aware of their Asthma Plan
- Allow pupils with asthma immediate access to their reliever inhaler
- Know what to do in the event of an asthma attack
- Ensure pupils have their asthma medicines with them when they go on a school trip or out of the classroom
- Liaise with the SENDCo and parents if a child is falling behind with their work because of their asthma Parents/Carers

Parents/carers have a responsibility to:

- Inform the school of their child's asthma
- Ensure the school has a completed and up-to-date Asthma Action Plan for their child • Inform the school about the medicines their child requires during school hours
- Inform the school of any medicines the child requires while taking part in visits, outings or field trips and other out of school hours activities such as school team sports • Inform the school of any changes to their child's medicines.



- Inform the school of any changes to their child's asthma (for example, if their symptoms are getting worse or they are sleeping badly due to their asthma)
- Provide the school with a spare reliever inhaler (and spacer where relevant) labelled with their child's name
- Ensure their child's reliever inhaler that they keep in their school bag with them is labelled with his/her name.
- Ensure that their child's reliever inhaler is within its expiry date



Equality Impact Assessment

Who is the policy or process intended for?	Students	Employees	Govs/ Trustees	Volunteers	Visitors
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Status of the policy or process:	New policy or process			Existing policy or process	
	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Analysis					
Protected Characteristic	Impact analysis			Explanation of impact analysis	
	Positive	Neutral	Negative		
Age:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Disability:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Sex:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Gender reassignment:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Race:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Religion or belief:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Sexual orientation:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Marriage or civil partnership:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Pregnancy and maternity:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Student groups (PP/SEN/CLA):	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Evaluation and decision making					
Summary of action taken:					
Final decision:					

