

# FIRST AID POLICY



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<b>Responsible Person/Author:</b>	Facilities and H&S Manager		
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#### Document Control

Date	Version	Action	Amendments
May 2021	1	Policy amended	Policy reviewed and reformatted
Sept 2023	2	Policy amended	Para 34
Sept 2025	3	Policy amended	<ul style="list-style-type: none"> <li>• Rewritten following solicitors' precedent</li> <li>• Clarified lines of accountability for first aid equipment and medical room</li> <li>• Link EpiPen Responsibility to appointed person</li> <li>• Clarified training for EpiPen use</li> <li>• Claified Allergy and Asthma sections</li> <li>• Clarified responsibility for ensuring sufficient first aiders</li> <li>• Clarified training for appointed persons</li> </ul>

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## Introduction

1. RMAT has overall responsibility for the provision of first aid to the Principal, teachers, non-teaching colleagues, learners, and visitors (including contractors) in RMAT Academies. RMAT understands that decisions about first aid are of paramount importance and will endeavour to ensure that any first aid incidents are dealt with appropriately and in accordance with this policy.
2. Together, we are committed to achieving the following objectives:
  - to provide an accessible first aid policy;
  - to ensure all first aid policies and procedures are based on an up-to-date risk assessment;
  - to ensure all first aid equipment and facilities are suitable for purpose.

## Scope of this policy and Who this policy applies to

3. This Policy applies to all stakeholders across RMAT and outlines the training required to become a First Aid provider, what RMAT is required to offer and what facilities and support must be in place in each academy.
4. There are designated members of colleagues in each academy who have received the required level of training to provide first aid. A list of names can be found in each academy. This policy also applies to all stakeholders who may require First Aid attention.

## Publication of this Policy

5. This policy is accessible via SharePoint.

## Roles and responsibilities

### Overall and final responsibility for health and safety

6. The Board of Trustees, and the Chief Executive carry the key responsibilities for assessing, recording, and implementing the correct first aid procedures. They will do this by:
  - leading by example on all matters relating to First Aid,
  - promoting and following this First Aid Policy,
  - dedicating budget to RMAT's First Aid provision (including appropriate training),
  - communicating effectively with parents, colleagues, and children,
  - monitoring and reviewing First Aid procedures and practice.

**Responsibility for ensuring this policy is put into practice**

7. The Board of Trustees, and the Chief Executive have assigned health and safety responsibilities as follows:
8. The Facilities and Health and Safety Manager will report back on first aid issues raised in Health and Safety Committee meetings to the Finance and Resources Committee of the Board of Trustees.
9. The Facilities and Health and Safety Manager will take the lead in conducting first aid risk assessments and periodic review of this policy. They will seek support from the RMAT executive and if necessary professional advice from external advisors.
10. Academy Senior Leadership Teams and Principals have the following responsibilities:
  - to lead by example
  - ensure that relevant EHCPs/Allergy awareness information/first aid locations are communicated widely and effectively as appropriate.
  - ensuring that all new employees are given the appropriate first aid induction training, relating to both whole-school and any specific provision relating to their role in the academy
  - ensuring that any activity, either on- or off-site, is risk assessed, and consideration has been given to first aid in terms of the wider academy policy
  - keeping up to date with any changes to arrangements surrounding activities and the implications of these on first aid
  - ensuring that all the relevant checks are done on relevant equipment
  - ensuring the competency of contractors that come into the academy
  - ensuring that all colleagues and children are aware of their first aid responsibilities, including what to do in case of a fire, emergency, or medical emergency, and that all those taking part in any given activity are given proper training
  - managing their particular budgets to cover first aid maintenance, checks and provision for activities under their department
11. All other members of colleagues have the following responsibilities:
  - ensuring that they are familiar and up to date with this first aid policy, standard procedures and Education Health Care Plans (EHCPs) and allergy information for learners who they have responsibility for.
  - keeping their managers informed of any developments or changes that may impact on the first aid of those undertaking any activity, or any incidents that have already occurred

- ensuring that all the correct provisions are assessed and in place before the start of any activity
- making sure that learners taking part in the activity are sure of their own first aid responsibilities
- co-operate fully with the Senior Leadership Team to enable them to fulfil their legal obligations. Examples of this would be ensuring that items provided for first aid purposes are never abused and that equipment is only used in line with manufacturers' guidance
- co-operate in the implementation of the requirements of all relevant legislation, related codes of practice and safety procedures /instructions.

## 12. Learners

While Academy colleagues carry the main responsibility for the first aid provision, and the correct implementation of RMAT policy and procedure, it is vital that learners understand their role and responsibilities when it comes to the academy and themselves in order for colleagues to be able to conduct their roles effectively. As members of the academy community, and allowing for their age and aptitude, learners are expected to:

- take personal responsibility for themselves and others
- observe all the first aid rules of the academy and in particular the instructions of colleagues given in an emergency
- use and not wilfully misuse, neglect or interfere with things provided for their first aid or equipment provided for others
- behave sensibly around the academy site and when using any equipment
- report first aid concerns or incidents to a member of colleagues immediately
- act in line with the Positive Discipline policy

## 13. Contractors

All Contractors working on RMAT premises, or elsewhere on their behalf, are required to comply with relevant rules and regulations governing their work activities. Contractors are legally responsible for ensuring their own safety on RMAT premises or elsewhere on RMATs behalf, the safety of their workforce and for ensuring that their work does not endanger the safety or health of others. Contractors will be required to demonstrate their competence and adequate resources to conduct specific hazardous work, prior to their engagement.

## Arrangements for Health and Safety

### Risk assessment

14. An appropriate and effective risk assessment needs to be undertaken to assess what procedures need to be in place. RMAAT will take steps to ensure that a risk assessment is conducted by a competent person or persons, and that the risks are recorded and communicated.
15. Risk assessments are stored on SharePoint and will be reviewed:
  - at regular intervals
  - after serious accidents, incidents and/ or near misses
  - after any significant changes to workplace, working practices or colleagues
  - following any identified trends or accident statistics
16. Risk assessments will be based on the size and location of the academy, any specific hazards or risks on site, specific needs, and accident statistics.
17. Specific needs include hazardous substances, dangerous machinery, colleagues or students with special health needs or disabilities.
18. Temporary hazards, such as building or maintenance work, should also be considered and suitable short-term measures put in place.

### First Aiders

19. The risk assessment will determine the minimum number of trained first aiders required, and the Principal will monitor this to ensure that these standards are being met.
20. The Principal of each academy is responsible for ensuring that the number of trained first aiders meets or exceeds the minimum required by the risk assessment. This includes ensuring adequate coverage during all operational hours and for off-site activities.
21. First aiders will be recruited on a voluntary basis. RMAAT will seek to advertise the position of first aiders to members of colleagues.
22. RMAAT will ensure that all voluntary first aiders have undertaken the appropriate training with an organisation approved by the Health and Safety Executive (HSE) and have the necessary qualifications (i.e. First Aid at work certificate or PFA). If required training will also include resuscitation procedures for children. First Aiders will also be required to have an understanding of the reporting requirements set out in the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and in the guidance for notifiable diseases in the Public Health (Control of Disease) Act 1984 and the Health Protection (Notification) Regulations 2010.

23. All First Aiders must receive training in the recognition and management of anaphylaxis, including the use of Adrenaline Auto Injectors (AAIs). This training must be refreshed in line with first aid certification cycles or sooner if required.
24. RMAAT will monitor the expiration date of each first aider's training and seek to arrange refresher training prior to this date. If this is not possible the first aider will be able to administer first aid for a reasonable period until the refresher training is complete and a new certificate administered.
25. Paediatric first aid (PFA) training will be renewed every 3 years and will be relevant for workers caring for young children and where applicable, babies. Colleagues who obtain a level 2 or 3 qualification on or after 30 June 2016 must also have a full PFA certificate within 3 months of starting work in order to be included in the required colleagues to children's ratios.
26. All volunteer first aiders must report to the Facilities and Health and Safety Manager / Academy Principal with any questions or concerns in relation to their post.
27. A list of current first aiders in each Academy will be maintained by the Academy Principal. This list will be displayed in the main reception of the academy and other appropriate areas and updated when necessary.
28. The roles and responsibilities for first aiders are as follows:
- acting as first responder to incidents that require first aid;
  - administering immediate and appropriate treatment;
  - contacting the emergency services when the situation requires;
  - ensuring that the first aid boxes are adequately supplied;
  - ensuring their first aid qualifications are up to date;
  - keeping their contact details up to date;
  - filing an accident report as soon as possible after the incident;
  - reporting the incident to the HSE if required;
  - consenting to having their names displayed around the school on the first aid list.
  - The PFA in primary academies should be on the premises and available at all times when children are present.
29. The **Appointed Person** in the academy is responsible for maintaining the first aid equipment and calling for an ambulance where needed. Appointed persons do not necessarily need to have first aid training but should have the adequate skills, knowledge, and attitude to perform their duties.
30. While the Appointed Person is not legally required to be a trained first aider, RMAAT policy requires that all Appointed Persons receive basic first aid training, including the use of AAIs and emergency procedures, to ensure they can respond effectively in an emergency.

<b>Academy</b>	<b>Appointed Person</b>
BBG Academy	<i>Megan Clarke &amp; Aimee Bulloch</i>
Brayton Academy	<i>Damian Kinsley &amp; Sophie Addison</i>

Churwell Primary Academy	<i>Janine Burnill &amp; Joanna Nelson</i>
Featherstone Academy	<i>Clare Thompson</i>
Rodillian Academy	<i>Jonny Grayston &amp; Emma Murray</i>
Southway	<i>Dahna Millar</i>
UTC Leeds	<i>George Lindley</i>

### **Mental Health, Wellbeing and work-related stress**

31. RMAT recognises that it has a responsibility to help employees and students who may be suffering from mental ill health. RMAT promotes good mental health, outlines support available and encourages open conversations.
32. RMAT has determined the need for first aiders who have the appropriate training and skills to provide support to an employee who is experiencing mental health issues. RMAT recognises that these first aiders are not trained mental health specialists, but they know how to access professional help and can act promptly, safely and effectively until help is available.
33. RMAT is training the wellbeing champion in each Academy to recognise warning signs of mental ill health and have the skills and confidence necessary to approach and support someone while keeping themselves safe.
34. HR provide support to employees who need it.
35. In respect of students, RMAT will follow the guidance provided by the DfE to create a positive mental health culture. Where students experience more serious mental health problems, support will be accessed from Children and Young People's Mental Health services, voluntary organisations and local GP practices.

### **Equipment**

36. RMAT will have a least one fully stocked first aid container in each academy. The location of first aid equipment will be displayed around the academy.

The contents of the first aid kit will be checked at regular intervals to ensure it is fully stocked and any expired or damaged supplies are discarded and replaced.

37. The contents of the new British Standard BS-8599 Workplace First Aid Kit (Small) are:
  - 1x First-Aid Guidance Leaflet
  - 4x Medium HSE Dressing 12cm x 12cm Sterile.
  - 1x Large HSE Dressing 18cm x 18cm Sterile.
  - 2x Triangular Bandage 90cm x 90cm x 127cm
  - 6x Safety Pins Assorted
  - 2x Eye Pad & Bandage Sterile
  - 40x Assorted Wash proof Plasters Sterile
  - 20x Saline Cleansing Wipes

- 1x Microporous Tape 2.5cm x 5m
- 6x Nitrile Gloves (Pair)
- 2x Finger Dressing with Adhesive Fixing 3.5cm x 3.5cm
- 1x Resuscitation Face Shield
- 1x Emergency Thermal Blanket
- 1x Burn Dressing 10cm x 10cm.
- 1x Small Tuff Cut Scissors Black 6"
- 1x Conforming Bandage 7.5cm x 4m

### Trips and Visits

38. Before undertaking any off-site activities, an assessment must be made of the first aid provision required for the visit. This must be done via a Risk Assessment which is then logged on RMATs external visits system; Evolve. This is depending on the risk level of the visit and numbers of attendees.
39. A travelling first aid kit should be taken on all off-site activities which are away from access to the academy's first aid provision. As a minimum a travel first aid container should contain the following:
- leaflet giving general advice on first aid (see HSE website);
  - six individually wrapped sterile adhesive dressings (assorted sizes);
  - two individually wrapped triangular bandages (preferably sterile);
  - two safety pins;
  - one large (approximately 18cm x 18cm) sterile individually wrapped unmedicated wound dressings;
  - individually wrapped moist cleansing wipes;
  - one pair of disposable gloves.
40. All public service vehicles used by RMAT academies e.g. minibuses must have on board a first aid container with the following items contained:
- ten antiseptic wipes, foil packaged;
  - one conforming disposable bandage (not less than 7.5 cm wide);
  - two triangular bandages;
  - one packet of 24 assorted adhesive dressings;
  - three large sterile unmedicated ambulance dressings (not less than 15 cm x 20 cm);
  - two sterile eye pads, with attachments;
  - twelve assorted safety pins;
  - one pair of rustless blunt-ended scissors.
41. Either the driver of the Academy vehicle used for activities, or another member of colleagues present on the trip must be a trained first aider or the venue must have trained first aiders to a similar level which is reflected in the risk assessment for the visit.

42. It is the duty of the attending first aider to check that the first aid kit is available, and contents are full.
43. All accidents occurring during any trip and visit must be recorded as soon as practicable.

### **Facility**

44. All RMAAT Academies must allocate a room for first aid/medical treatment as an appropriate environment to render First Aid or allow a person to rest for minor illnesses.
45. This environment should be private, allow access to hand washing facilities, drinking water within proximity, access to toilet facilities and should enable a person to sit or lie down if needed.
46. Areas used as eye wash stations must be sited away from where there is a risk of dust particles, fibres, splashes from hazardous chemicals etc.
47. Infection control and hygiene are of paramount importance. All colleagues and learners should follow basic hygiene procedures at all times. Each first aid room should have both disposable gloves and handwashing facilities available.
48. The Appointed Person(s) in each academy are responsible for the maintenance, cleanliness and readiness of the medical/first aid room, including ensuring that all first aid equipment (including EpiPens and inhalers) is regularly checked, stocked, and compliant with statutory requirements.

### **Adequate Cover**

49. First Aid personnel should be balanced across departments and especially wherever higher risk of injury is considered present (e.g., Physical Education, Science, Food/Design and Technology, working at height etc.)
50. In all RMAAT academies, 1 first aider to every 100 building/site users is the recommended ratio. For trips/visits or activities away from the site, the level of risk must be considered to define the required number of first aiders.
51. E.g., 1 first aider to 10 attendees for high level risk activities. This can include provision of first aiders who are employed by the external venue, but it is strongly recommended that at least 1 first aider from the academy attends.

### **Reporting an incident**

52. An accident report will be completed by a first aider or other relevant member of colleagues without delay after an incident. Not all incidents or accidents will be reportable, and first aiders will be trained to identify when a statutory (RIDDOR) report is required. In most cases a statutory report will be made by the Facilities and Health and Safety Manager or the Principal.
53. When an incident is reported the following information must be included: -

- the date;
  - method of reporting e.g. via HSE website for RIDDOR;
  - time and place of the event;
  - personal details of those involved; and
  - a brief description of the nature of the event or disease (factual account only).
54. This record can be combined with other accident records.
55. The records will be kept for a minimum of 3 years.
56. Parents/carers will be notified of any accident/injury the same day, or as soon as reasonably practical afterwards, along with notification of any first aid treatment given.
57. In Primary Academies, Ofsted will be notified of any serious accident, illness or injury to, or death of any child whilst in their care, and of the action taken. Notification will be made as soon as reasonably practicable, but in any event within 14 days of the incident occurring.
58. In Primary Academies, where students are registered with a child protection agency, the agency will be notified of any serious accident, injury or death of any child and action will be taken to follow any advice from the agency/agencies.

#### **HSE notification**

59. The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) apply to schools. Most incidents that happen in schools or on school trips do not need to be reported. Only in limited circumstances will an incident need notifying to the Health and Safety Executive (HSE) under RIDDOR.
60. Incidents involving contractors working on school premises are normally reportable by their employers. Contractors could be, e.g. builders, maintenance colleagues, cleaners, or catering colleagues. If a self-employed contractor is working in school premises and they suffer a specified injury or an over-seven-day injury, the person in control of the premises (Principal) will be the responsible person.
61. The following work-related accidents must be reported to the HSE:
- accidents which result in death, or a specified injury must be reported without delay;
  - accidents which prevent the injured person from continuing their normal work for more than seven days (not counting the day of the accident but including weekends and other rest days) must be reported within 15 days of the accident.
62. Reportable specified injuries include:
- 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), which:
    - cover more than 10% of the body; or
    - cause significant damage to the eyes, respiratory system, or other vital organs;
  - any scalping requiring hospital treatment;
  - any loss of consciousness caused by head injury or asphyxia.
  - Any injury resulting from working in an enclosed space, where this leads to hypothermia or a heat induced illness, requires resuscitation or means the person is admitted to hospital for more than 24 hours.
63. Some acts of non-consensual physical violence to a person at work, which result in death, a specified injury or a person being incapacitated for over seven days, are reportable. In the case of an over-seven-day injury, the incapacity must arise from a physical injury, not a psychological reaction to the act of violence. Examples of reportable injuries from violence include an incident where a teacher sustains a specified injury because a learner, colleague, or member of the public assaults them while on academy premises. This is reportable because it arises out of or in connection with work.
64. Work-related stress and stress-related illnesses (including post-traumatic stress disorder) are not reportable under RIDDOR. To be reportable, an injury must have resulted from an 'accident' arising out of or in connection with work. In relation to RIDDOR, an accident is a discrete, identifiable, unintended incident which causes physical injury. Stress-related conditions usually result from a prolonged period of pressure, often from many factors, not just one distinct event.

## Procedures

### On Site Procedures

65. In the event of an accident or incident the following procedure should be followed:
- The closest member of colleagues will seek the assistance of a qualified first aider.
  - The first aider will assess the injury and undertake the appropriate first aid treatment.
  - If appropriate, the first aider will contact the emergency services and remain with the injured person until assistance arrives.
  - If deemed appropriate the first aider will contact the injured person's emergency contact or next of kin.
  - The first aider or relevant member of colleagues will complete the first aid and accident report and include the required details.

- If it is judged that a child or young person is too unwell to remain at the academy but does not require the assistance of the emergency services the first aider will contact the learner's parents or next of kin and recommend next steps to them.
- In First Aid cases where there is a suspected head injury, colleagues/learners etc. should not be left unaccompanied. All other First Aid cases must be monitored sufficiently and appropriately in accordance with a risk assessment.
- Report immediately to the Academy Principal and the Facilities and Health & Safety Manager all incidents requiring the attendance of a learner, member of colleagues or other person to hospital.

#### **Off-site procedures**

66. When colleagues take children and young people off the academy premises, they should ensure they have the following:
- a first aid container consistent with paragraph 30;
  - a mobile phone, on which they can contact the academy, and the academy can contact the colleagues member;
  - a list of the specific medical needs of the learners and any required equipment;
  - emergency contact details for the learners.
67. In primary academies, a PFA must always accompany children in EYFS on off site visits

#### **EpiPens in Academies**

68. The Appointed Person(s) in each academy are responsible for ensuring that:
- Emergency AAls are in-date, accessible, and stored in designated locations.
  - Colleagues are aware of the location and use of these emergency medications.
  - Consent and medical authorisation forms are up to date and securely stored.
69. For training requirements see paragraph 21 in the First Aiders section of the policy

#### **Integration with EHCPs and Medical Records**

70. Allergy care plans must be included in the student's EHCP and/or medical record, and shared with relevant colleagues. These plans must be reviewed at least annually or after any significant incident.

#### **Recognition and management of an allergic reaction/anaphylaxis**

71. In the event of suspected anaphylaxis, staff must follow the emergency protocol outlined in this policy and notify the Principal and Facilities and H&S Manager immediately after the incident.
72. **Signs and symptoms include:**

Mild moderate allergic reaction

- Swollen lips, face, or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour



## Watch for signs of ANAPHYLAXIS (life threatening allergic reaction)

- Airway:** Persistent Cough  
Hoarse voice  
Difficulty swallowing, swollen tongue
- Breathing:** Difficult or noisy breathing  
Wheeze or persistent cough
- Consciousness:** Persistent dizziness  
Becoming pale or floppy  
Suddenly sleepy, collapse or unconscious

### IF ANY 1 (or more) of these signs are present

1. Lie Child flat with legs raised (if breathing is difficult, allow child to sit)
2. Use Adrenaline autoinjector **without delay**
3. Dial 999 to request ambulance and say **ANAPHYLAXIS**

**\*\*\*IF IN DOUBT, GIVE ADRENALINE\*\*\***

### After giving Adrenaline:

- Stay with the patient until the ambulance arrives, do **NOT** stand child up
  - Commence CPR if there are no signs of life
  - Phone parent/emergency contact
  - If no improvement after 5 minutes, give a further dose of adrenaline using another autoinjector device, if available.
73. Anaphylaxis may occur without initial mild signs. ALWAYS use adrenaline autoinjector FIRST in someone with a known food allergy who has **SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.
74. Any student with an allergy should carry 2 adrenaline auto injectors (AAIs) with them including their journey to and from school, on school trips and to any sports fixtures.
75. The Appointed Person(s) are responsible for ensuring that spare AAIs are available, in-date, and stored in accessible locations. They must also ensure that colleagues are aware of their location and trained in their use.
76. If there is no medical authorisation or parental consent held then colleagues should call 999 and advice sought as to whether an AAI should be administered.
77. Whenever possible an AAI should be administered by a first aider.

78. The 999 operators should be provided with:
- Location of the incident including post code
  - If the condition of the patient deteriorates, particularly if a second dose needs to be given.
  - Tell the paramedics if the patient has an allergy, what might have caused the reaction, e.g. recent food, the time the AAI was given.
79. The AAI should be injected through the upper outer thigh, through clothing in line with the manufacturer's instructions.
80. Any use of an AAI should be recorded, including:
- Where and when the reaction took place
  - How much medication was given and by whom
  - Confirmation that the person who was given the medication was transferred to hospital.
81. Further guidance on the use of EpiPens is available here:
- [https://assets.publishing.service.gov.uk/media/5a829e3940f0b6230269bcf4/Adrenaline\\_auto\\_injectors\\_in\\_schools.pdf](https://assets.publishing.service.gov.uk/media/5a829e3940f0b6230269bcf4/Adrenaline_auto_injectors_in_schools.pdf)

### **Asthma attacks and treatment**

82. The Appointed Person(s) in each academy are responsible for ensuring that:
- Emergency salbutamol inhalers are in-date, accessible, and stored in designated locations.
  - Colleagues are aware of the location and use of these emergency medications.
  - Consent and medical authorisation forms are up to date and securely stored.
83. For training requirements see the First Aiders section of this policy at paragraph 21.
84. Asthma care plans must be included in the learner's EHCP and/or medical record, and shared with relevant colleagues. These plans must be reviewed at least annually or after any significant incident.
85. All asthma incidents must be logged in the accident/incident reporting system, and parents/carers must be informed in writing the same day.

### **How to recognise an asthma attack**

86. The signs of an asthma attack are:
- Persistent cough (when at rest)
  - A wheezing sound coming from the chest (when at rest)
  - 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 people will go noticeably quiet.
  - May try to tell you that their chest "feels tight" (younger children may express this as tummy ache)

## **CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD**

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

### **WHAT TO DO 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
- Immediately help the child to take two separate puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every 2 minutes 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 normal lessons when they feel better.
- If the child does not feel better or you are worried at **ANYTIME** before you have reached 10 puffs, **CALL 999 FOR AN AMBULANCE**
- If an ambulance does not arrive in 10 minutes, give another 10 puffs in the same way.

87. Each RMA academy should have an emergency salbutamol inhaler which can be obtained without prescription for use in emergencies for learners at risk of an asthma attack where parental consent has been given who have been diagnosed with asthma and have been prescribed with an inhaler or prescribed an inhaler as relived medication. The Appointed person(s) are responsible for ensuring that there is a supply of in-stock emergency salbutamol inhalers

88. The RMA inhaler can be used if the learner's prescribed inhaler is not available (for example, because it is broken, or empty)

89. Any use of an inhaler should be recorded, including:

- Where and when the asthma attack took place
- How much medication was given and by whom
- Confirmation that the child's parents must be informed in writing so that this information can also be passed into the child's GP.

90. Further guidance on the use of inhalers is available here:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/416468/emergency\\_inhalers\\_in\\_schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf)

## Summary for allergy and asthma sections

Condition	Emergency Medication	Responsible Person	Training Required	Consent Needed
Anaphylaxis	Adrenaline Auto Injector (AAI)	Appointed Person	Yes (First Aiders)	Yes
Asthma	Salbutamol Inhaler	Appointed Person	Yes (First Aiders)	Yes

## References

91. This policy should be read in conjunction with the managing Medicines Policy

## Monitoring

92. The Facilities and H&S Manager will monitor the implementation and effectiveness of the policy by monitoring reports made under the policy.

## Diversity

93. RMAT is committed to a policy of celebrating diversity, promoting equality of opportunity, providing an inclusive workplace, and eliminating any unfair treatment or unlawful discrimination. This overriding objective applies to all policies and procedures relating to colleagues and students. The Trust will always comply with the requirements of the Equality Act 2010 and associated guidance produced by the Department for Education.