

# **Supporting Pupils with Medical Conditions**

**Reviewed: June 2025**

**Agreed FGB**

**Next Policy Review: 2027**



## OUR SCHOOL VISION

Chisenhale is proud to be a community school. Our community is a rich social and ethnic mix and families are welcomed to become an important part of school life. We have a really committed and hard-working staff team, who want children to enjoy learning through a range of interesting experiences.

Our vision is Learning Together for a Better Future and in order to achieve this vision we aim for all children to be respectful citizens in a world of possibilities.



Our vision and values support Articles 3, 28, 29, 31 the United Nations Convention on the Rights of a Child. Article 3: The best interests of a child must be a top priority in all things that affect children. Article 28: Every child has the right to an education.

Article 29: Education must develop every child's personality, talents and abilities to the full.

Article 31: Every child has the right to relax, play and take part in a wide range of cultural and artistic activities.



**Article 24 (health and health services) Every child has the right to the best possible health.**

Chisenhale Primary School wishes to ensure that pupils with medical conditions receive appropriate care and support at school. This policy has been developed in line with the Children and Families Act 2014, Section 100, the Department for Education's guidance "Supporting pupils at school with medical conditions", 0-25 SEND Code of Practice, DfE December 2015, Mental Health and behaviour in schools: departmental advice for school staff, DfE Updated Nov 2018; Equalities Act 2010; Schools Admissions Code, DfE September 2021; Guidance on the Use of Emergency Salbutamol Inhalers in Schools', March 2015 and 'Guidance on the use of Adrenaline Auto-injectors' September 2017.

See our separate Asthma & Allergies Policy for further details of how we support pupils with asthma and allergies in school.

## **Key Roles and responsibilities**

### **1. The local Authority is responsible for:**

- a) promoting co-operation between relevant partners supporting pupils with medical conditions
- b) providing support, advice/guidance and training to schools and their staff to ensure individual Healthcare plans (IHP) are effectively delivered
- c) working with schools to ensure pupils attend full time or make alternative arrangements for the education of pupils who need to be out of school for 15 days or more due to health needs and who otherwise would not receive a suitable education

### **2. The Governing Body is responsible for:**

- a) Ensuring arrangements are in place to support children with medical conditions
- b) Ensuring the policy is developed collaboratively across services, clearly identifies roles and responsibilities and is implemented effectively
- c) Ensuring that the policy does not discriminate on any grounds including, but not limited to protected characteristics: ethnicity/national/origin, religion or belief, sex, gender, reassignment, pregnancy & maternity, disability or sexual orientation
- d) Ensuring the policy covers arrangements for pupils who are competent to manage their own health needs
- e) Ensuring that all pupils with medical needs are able to play a full and active role in all aspects of school life, participate in school visits/trips/sporting events, remain healthy and achieve their academic potential
- f) Ensuring that relevant training is delivered to a sufficient number of staff who will have responsibility to support children with medical needs and that they are signed off as competent to do so. Staff should have access to information, resources and materials.
- a) Ensuring the school keeps a medical conditions register and records are kept of, any and all, medicines administered to pupils

- g) Ensuring the policy sets out procedures are in place for emergency situations
- h) Ensuring the level of insurance in place reflects the level of risk
- i) Handling complaints regarding this policy as outlined in the schools complaints policy

### **3. The Headteacher is responsible for:**

- a) Ensuring the policy is developed effectively with partner agencies and then making staff aware of this policy
- b) The day today implementation and management of the policy and procedures at Chisenhale
- c) Ensuring the correct level of insurance is in place for staff who support pupils in line with this policy
- d) Assigning appropriate accommodation for medical treatment/care
- e) Ensuring confidentiality and data protection of the register, consent forms, IHCPs and NHS health data shared with the school.
- f) Ensuring confidentiality and data protection
- g) If necessary, facilitation the recruitment of staff for the purpose of delivering the promise made in this policy. Ensuring more than one staff member is identified, to cover holidays/absences and emergencies

### **4. The Inclusion Leader is responsible for:**

- a) The day today implementation and management of the policy and procedures at Chisenhale
- b) Ensuring the policy is developed effectively with partner agencies and then making staff aware of this policy
- c) Liaising with healthcare professionals regarding the training required for staff
- d) Liaising with school nurse and other professionals
- e) Identifying staff who need to be aware of a child's medical condition
- f) Developing IHPs
- g) Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHPs in normal, contingency and emergency situations
- h) Overseeing the setting up and maintaining the register of children with medical needs
- i) Storage of controlled drugs and being the key holder
- j) Collection and storage of parental consent forms
- k) Implementation of the IHP
- l) Liaising with parents/carers, teachers/support staff re IHP
- m) Supporting children with managing their medical condition
- n) Ensuring inhalers, anti-epileptic/seizure medication, adrenalin auto-injectors and blood glucose testers are held in an accessible location, following DfE guidance
- o) Ensuring the school hold 'spare' salbutamol asthma inhalers for emergency use, and auto-adrenaline injectors with the correct permissions for emergency use

## **5. Staff members are responsible for:**

- a) Taking appropriate steps to support children with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a pupil with a medical condition needs help
- b) Administering medications and maintaining records
- c) Knowing where controlled drugs are stored and where the key is held
- d) Taking account of the needs of pupils with medical conditions in lessons
- e) Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, with particular specialist training if they have agreed to undertake a medical responsibility
- f) Ensuring that pupils have immediate access to their medicines before, during or after exercise. Staff supervising sporting activities should be aware of all relevant medical condition and emergency procedures.

## **6. School nurses are responsible for:**

- a) Collaborating on developing an IHP in anticipation of a child with a medical condition starting school
- b) Notifying the school when a child has been identified as requiring support in school due to a medical condition at any time in their school career
- c) Supporting staff to implement an IHP and then participate in regular reviews of the IHP. Giving advice and liaison on training needs
- d) Liaising locally with lead clinicians on appropriate support. Assisting the Inclusion Lead in identifying training needs and providers of training

## **7. Parents and carers are responsible for:**

- a) keeping the school informed about any new medical conditions or changes to their child/children's health
- b) participating in the development and regular reviews of the child's IHP
- c) completing a parental consent form to administer medicine or treatment before bringing medication into school
- d) providing the school with the medication their child requires (labelled so that it is clear that it has been prescribed to that child) +and keeping it up to date including collecting leftover medicine
- e) carrying out actions assigned to them in the IHP with particular emphasis on, they or a nominated adult, being contactable at all times
- f) discussing medications with their child prior to requesting a staff member administers the medication.

## **8. Pupils are responsible for:**

- a) Describing how their medical condition affects them
- b) Being involved in their IHP and have a say in making decisions and plans which affect them
- c) Being encouraged to self- managing their medication or health needs, including carrying medicines or devices, if they can and parents agree
- d) Being sensitive to the needs of others

## Definitions

- "Prescription medication" is defined as any drug or device prescribed by a doctor or the NHS.
- A "staff member" is defined as any member of staff employed by Chisenhale Primary School

## Training of staff

Teachers and support staff will receive training on the Supporting Pupils with Medical Conditions Policy as part of their new starter induction.

- Support staff will receive regular and ongoing training as part of their development.
- Support staff who undertake responsibilities under this policy will receive some or all of the following training externally. Some training covers administration of medication generally, other training covers emergency administration, and some covers very specific care and administration of medication for specific conditions. This training may be given by members of specialist teams specifically around the care of individual children.
  - First Aid Training
  - Paediatric Training
  - Asthma Training
  - EpiPen/Allergies Training
  - Diabetes Training
  - Epilepsy Training
- No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the responsibility, including administering
- No staff member may administer drugs by injection unless they have received training in this responsibility
- The Senior Admin Staff will keep a record of training undertaken and a list of staff trained to undertake responsibilities under this policy.

## Medical Conditions Register

- Schools admission forms request information on pre-existing medical conditions, which are then recorded in the Medical Conditions Register which is kept electronically on the school **Arbor** Database and also on the **DFE Medical tracker**. In addition, parents must inform school at any point in the school year if a condition develops or is diagnosed.

- A medical conditions register is kept, updated and reviewed regularly by the Inclusion Lead. Staff have an overview of the list for the children in their care. Supply staff and support staff have access on a need to know basis. Parents should be assured data sharing principles are adhered to.
- For pupils on the medical conditions register transition point meetings take place in advance of transferring to enable parents, school and health professionals to prepare IHP and train staff, if appropriate.

### **The role of the child**

- Children who are competent will be encouraged to take responsibility for managing their own medicines and procedures.
- Where possible, pupils will be allowed to carry their own medicines and devices. Where this is not possible, their medicines will be located in an easily accessible location.
- If pupils refuse to take medication or to carry out a necessary procedure, parents will be informed so that alternative options can be explored.
- Where appropriate, pupils will be encouraged to take their own medication under the supervision of a member of staff.

### **Individual Healthcare Plans (IHCPs)**

- Where necessary, an Individual Healthcare Plan (IHCP) will be developed in collaboration with the pupil, parents/carers, Inclusion Leader and medical professionals.
- IHCPs will be easily accessible whilst preserving confidentiality. Scanned copies kept on our MIS system and in-line with our retention policy.
- IHCPs will be reviewed at least annually by the school nurse and if necessary other medical professionals or when a child's medical circumstances change, whichever is sooner.
- Where a pupil has an Education, Health and Care plan, the IHCP will be linked to it or become part of it.
- Where a child is returning from a period of hospital education or alternative provision or home tuition, we will work with the LA and education provider to ensure that the IHCP identifies the support the child needs to reintegrate.

### **Medicines**

- Children with food allergies have their photograph and details displayed in the dinner hall and in designated areas to ensure staff members are aware.

- Where possible, unless it is advised it would be detrimental to health, it is preferable for medicines to be prescribed in frequencies that allow the pupil to take them outside of school hours.
- If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental agreement for a school to administer medicine form.

### **Procedures for accepting medicines**

- Parent completes a form.
- The receiving member of office staff must check:
  - the details on the form are complete and clear.
  - The medicine has been prescribed to the child (check prescribing label)
  - The medicine is clearly labelled with the child's full name
  - The details/instructions match the package or prescription label instructions for both timings and dosage
- If there are any queries or concerns, SLT must be consulted before accepting the medicine.
- The form is initialled by the receiving member of staff after checks are complete (next to their name).
- The receiving member of office staff note the time the medicine needs to be taken and informs the class teacher (email or verbally).
- The member of office staff, not the class teacher or TA, is responsible for collecting the child at the appropriate time and administering the medicine.
- Before administering any medicine, the member of staff must check the child's name is on the medicine bottle/packaging.
- The form is completed and signed after administering the medicine.
- If there is a changeover of office staff, the initial receiving member of staff must ensure that the other member of staff is fully informed of any medication that needs to be administered. The second staff member should also initial the medicine form, once they have read and understood the requirements. (next to their name). That member of staff then becomes responsible collecting the child at the appropriate time and administering the medicine.
- No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances. **The consent form has to be signed by the Headteacher or a member of SLT.**
- No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.
- Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.
- A maximum of four weeks supply of the medication may be provided to the school at one time.



- Controlled drugs may only be taken on school premises by the individual to whom they have been prescribed. Passing such drugs to others is an offence which will be dealt with under our Drug and Alcohol Policy.
- Medications will be stored in the Medical Room if they are not emergency medication (e.g. antibiotics), or if they are the non-prescribed emergency salbutamol inhalers or adrenaline auto-injectors. Otherwise individual children's emergency medication is kept in the classroom boxes. The boxes are checked half termly and expiry dates of medication recorded on our MIS system.
- Any medications left over at the end of the course will be returned to the child's parents.
- Written records will be kept of any medication administered to children.
- Pupils will never be prevented from accessing their medication.
- Chisenhale Primary School cannot be held responsible for side effects that occur when medication is taken correctly.

### **Salbutamol Inhalers**

- The school has a supply of inhalers that may be used in an emergency where a child with asthma cannot access their own inhaler. These are kept in the school office in a labelled box.
- The parent/carer must have given written permission for these to be used.
- The child has to have been diagnosed with asthma and prescribed an inhaler.
- The child has been prescribed an inhaler as a reliever medication.

If our emergency supply is used we will dispose of the spacer and blue inhaler.

- The inhaler can be sent back to the pharmacy to be recycled.
- The spacer, if plastic, can be given to the child to take home.
  - Paper one needs to be disposed of in general waste.

## AED

At Chisenhale we have two automated external defibrillators one is kept in the medical room and the other is stored on the ground floor of the school house.

Staff have been trained in the following:

## The chain of survival

In the event of a cardiac arrest, defibrillation can help save lives, but to be effective, it should be delivered as part of the chain of survival.



Figure 1: The chain of survival

Reproduced courtesy of Laerdal Medical

There are four stages to the chain of survival, and these should happen in order. When carried out quickly, they can drastically increase the likelihood of a person surviving a cardiac arrest. They are:

1. Early recognition and call for help. Dial 999 to alert the emergency services. The emergency services operator can stay on the line and advise on giving CPR and using an AED.
2. Early CPR – to create an artificial circulation. Chest compressions push blood around the heart and to vital organs like the brain. If a person is unwilling or unable to perform mouth-to-mouth resuscitation, he or she may still perform compression-only CPR.
3. Early defibrillation – to attempt to restore a normal heart rhythm and hence blood and oxygen circulation around the body. Some people experiencing a cardiac arrest will have a 'non-shockable rhythm'. In this case, continuing CPR until the emergency services arrive is paramount.
4. Early post-resuscitation care – to stabilise the patient.

## **Epilepsy, Anaphylaxis and Diabetes**

- Parents have a duty and responsibility to notify the school if their child has any of these conditions and should provide details of any treatment and support they may require.
- Relevant health care professionals will liaise between parents/guardians and school Inclusion Lead to ensure staff are aware of, and trained to provide, any relevant or emergency support or treatment.
- An individual health care plan (IHP) will be compiled, detailing the course of action to be taken.
- Written permission will be sought to administer an emergency adrenaline auto-injector should the need arise for any child who has had one prescribed. The school will then purchase the identical medication (auto-injector) in addition to those provided by the parent. This will be kept in the school office.

## **Emergencies**

- Medical emergencies will be dealt with under the school's emergency procedures. See Appendices.
- Where an Individual Healthcare Plan (IHCP) is in place, it will detail:
  - What constitutes an emergency?
  - What to do in an emergency?
- Pupils will be informed in general terms of what to do in an emergency such as telling a teacher or member of the support staff.
- If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

## **Day Trips and Sporting Activities**

- The school will ensure that children with medical conditions participate in school trips, residential stays, sports activities and so on, and will not prevent them from doing so unless on clinical advice from a healthcare professional.
- Risk assessments are undertaken in order to plan for the inclusion of children with medical conditions (including consulting with parents / carers and health professionals as necessary).

## **Residential visits**

- Parents are sent a residential visit form to be completed and returned to school shortly before their child leaves for an overnight or extended day visit. This form requests up-to-date information about the pupil's current condition and their overall health. This provides essential and up-to-date information to relevant staff and school supervisors to help the pupil manage their condition while they are away. This includes information about medication not normally taken during school hours.
- All residential visit forms are taken by the relevant staff member on visits and for all out-of-school hours activities where medication is required.
- These are accompanied by a copy of the pupil's Healthcare Plan. All parents of pupils with a medical condition attending a school trip or overnight visit are asked for consent, giving staff permission to administer medication at night or in the morning if required.

## **Avoiding unacceptable practice**

The following behaviour is unacceptable at Chisenhale Primary School:

- Assuming that pupils with the same condition require the same treatment.
- Ignoring the views of the pupil and/or their parents.
- Ignoring medical evidence or opinion.
- Sending pupils home frequently or preventing them from taking part in activities at school
- Sending the pupil to the medical room or school office alone if they become ill.
- Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.
- Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.
- Creating barriers to children participating in school life, including school trips.
- Refusing to allow pupils to eat, drink or to use the toilet when they need to in order to manage their medical condition.

## **Insurance**

- Staff who undertake responsibilities within this policy are covered by the school's liability insurance for accidental injury to members of the public and pupils and damage to their property.
- Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the Business Manager.

## **Complaints**

- The details of how to make a complaint can be found in the Complaints Policy:
  - Stage 1 – Complaint heard by staff member
  - Stage 2 – Complaint heard by Headteacher
  - Stage 3 – Complaint Heard by Chair of Governors
  - Stage 4 – Complaint heard by Governing Bodies' Complaints Appeal Panel (CAP)

### **Individual healthcare plan implementation procedure**

- ✓ Inclusion Lead co-ordinates meeting to discuss child's medical needs and identifies member of school staff who will provide support to the pupil.
- ✓ Meeting held to discuss and agree on the need for IHCP to include key school staff, child, parent and relevant healthcare professionals.
- ✓ Develop IHCP in partnership with healthcare professionals and agree on who leads.
- ✓ School staff training needs identified.
- ✓ Training delivered to staff - review date agreed.
- ✓ IHCP implemented and circulated to relevant staff.
- ✓ IHCP reviewed annually or when condition changes. Parent/carer or healthcare professional to initiate if changes occur.

## Individual healthcare plan template

### Chisenhale Primary School Individual Health Care Plan

Child's name

Class

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date for plan

#### Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

#### Clinic/Hospital Contact

Name

Phone no.

#### G.P.

Name

Phone no.

Who is responsible for providing support in school

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

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

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision.
Daily care requirements
Specific support for the pupil's educational, social and emotional needs
Arrangements for school visits/trips etc.
Other information
Describe what constitutes an emergency, and the action to take if this occurs
Who is responsible in an emergency ( <i>state if different for off-site activities</i> )
Plan developed with
Staff training needed/undertaken – who, what, when
Form copied to

## Parental agreement for a school to administer medicine template

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.



# Chisenhale Primary School Medical Conditions Policy

## Chisenhale Primary School medicine administering form

Date for review to be initiated by

Name of child

Date of birth

Tutor group

Medical condition or illness


### Medicine

Name/type of medicine  
(as described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the  
school/setting needs to know about?

Self-administration – y/n

Procedures to take in an emergency


**NB: Medicines must be in the original container as dispensed by the pharmacy**

### Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the  
medicine personally to

Kim Glynn/Christine Dorrington

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent Signature-----

Date:-----

Headteacher \_\_\_\_\_

Date:-----

Record of medicine administered to an individual child template

## Chisenhale Primary School record of medicine administered to an individual child

Name of child	
Date medicine provided by parent	
Tutor group	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature \_\_\_\_\_

Signature of parent \_\_\_\_\_

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
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Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

### Record of medicine administered to all children

Chisenhale Primary School

[illegible]

### Staff training record – administration of medicines

Name of school/setting:

Name:

Type of training received:

Date of training completed:

Training provided by:

Profession and title:


I confirm that \_\_\_\_\_ has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated by \_\_\_\_\_.

Trainer's signature \_\_\_\_\_

Date \_\_\_\_\_

**I confirm that I have received the training detailed above.**

Staff signature \_\_\_\_\_

Date \_\_\_\_\_

Suggested review date \_\_\_\_\_

### **Emergency Procedures**

Children with conditions that are generally controlled by medication, can in some instances escalate to a medical emergency. For example this can be severe symptoms during a medical episode e.g. asthma attack or non-response to prescribed medication or an emergency as defined per instruction in a pupils IHCP.

Where an ambulance is needed the emergency services must be called immediately.

Contacting emergency services

**Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.**

**Speak clearly and slowly and be ready to repeat information if asked.**

- Your telephone number – **0208 980 2584**
- Your name.
- Your location as follows: **Chisenhale Primary School, Chisenhale Road, Bow, London. E3 5QY**
- The exact location of the patient within the school.
- The name and age of child.
- Brief description of child's symptoms and any medication administered.
- The best entrance to use and state that the crew will be met and taken to the patient.

When the ambulance arrives they will need the child's records from the RM Integris system, specifically:

Full name

DOB

Medical conditions

GP Practice Name

The signs of an allergic reaction are:

## **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

## **ACTION:**

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact



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

<b>AIRWAY:</b>	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
<b>BREATHING:</b>	Difficult or noisy breathing Wheeze or persistent cough
<b>CONSCIOUSNESS:</b>	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious

## **IF ANY ONE (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:**

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes**, give a further dose of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

## **HOW TO RECOGNISE AN ASTHMA ATTACK**

### **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 children will go very 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 two 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 school activities 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