Fairview Primary School

First Aid and Medical Needs Policy

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FAIRVIEW PRIMARY SCHOOL FIRST AID AND MEDICAL NEEDS POLICY

Index:

Part 1: First Aid Procedures

Our First Aid policy forms part of our policies on pastoral care and health and safety. While conscious of the inherent limitations of school building and grounds, it is our constant aim to strive to limit the potential occurrence of accident or injury to any pupil or member of staff. We aim to achieve this by

- Providing an ordered educational environment;
- Taking all possible practical and reporting measures to ensure buildings, facilities and school equipment are safe and well maintained;
- Providing well-planned, appropriate levels of supervision matched to various school activities and events;
- Encouraging parents to share all relevant up-to-date medical information about their child;
- Encouraging close liaison with parents of pupils whose conditions requires individual health care plans.

In the event of an injury being sustained to a pupil or staff member, unless the injury is obviously superficial, it is our policy to inaugurate a course of action that will place that person under competent medical care at the earliest opportunity.

The school has an easily accessible First Aid case stocked with supplies as recommended by Education Authority guidance. The main First Aid kit is located in the disabled toilets in the main building. This contains:

- plasters (hypoallergenic plasters are provided by parents as required);
- individually wrapped sterile adhesive dressings (assorted sizes);
- sterile eye pads;
- individually wrapped triangular bandages;
- wrapped un-medicated wound dressings;
- non-conforming bandages in a variety of sizes;
- gauze squares;
- instant cool packs;
- scissors;
- adhesive tape;
- disposable gloves.

Ice is available in the freezer located in the staff room. A travelling first aid kit

containing the above items is also available for trips and sports matches.

The teacher with designated responsibility for First Aid is Miss EJ Earls. This role involves:

- Production of school policy
- Requisitioning of all first aid items
- Co-ordination of staff training
- Overseeing of record completion
- Overseeing maintenance of school medical register
- Liasing with teachers, parents, lunch-time supervisors and the Education Authority as appropriate

Many of our teaching and supervisory personnel have been trained in administering First Aid. Training is also provided annually by relevant medical services on the recognition of possible symptoms of allergic reaction and use of epi-pens, CPR and the use of an AED; and relevant staff have also received epilepsy training.

Action to be taken if injury/illness is sustained during the course of normal classes within school grounds.

At the time of occurrence, the class teacher/teacher on duty/supervisory assistant will inspect/question the sick/injured person to assess the nature and severity of the situation.

1. If the member of staff involved feels competent to assess injury/illness as slight, he/she will provide appropriate first aid e.g. superficial cuts to be cleaned and dry dressing applied. Protective gloves are available and should be worn by all persons tending injuries. In cases of pupils becoming unwell, it may be more difficult for school staff to determine and distinguish minor from potentially more severe illnesses. In such instances, school staff will follow procedures outlined in the following section.

2. If the injury/illness appears to be more severe, a second trained member of staff may be required to assist in first aid provision and all necessary assistance offered. In such cases, the school principal (or deputy) will be immediately notified of the situation and parents also contacted and informed. Parents will be requested to come to school and assume responsibility for obtaining medical assistance.

3. In the case of a serious or emergency incident, obtaining qualified medical help will be the priority and a paramedic ambulance will be called prior to contacting parents. The pupil's GP may also be contacted if it is felt that he/she can be on site quickly. In any such case, at least two members of staff will remain with the ill/injured party until professional medical help arrives. The school principal or designated teacher will accompany any pupil to hospital and bring any relevant forms on which parents have previously granted permission for their child to be attended to in such a situation. Continued efforts will be made to contact the child's parents/guardians until they are reunited. In the event of serious accident/injury/illness to adults, the same procedure will apply until next of kin can be contacted.

Accident Reporting Procedures

In the case of all injuries/illnesses at lunchtime, class teacher should be informed of any incidents that have arisen.

Supervisors/teachers concerned must also complete details required by all relevant accident record forms in line with Education Authority procedures (copies attached in Appendix 3).

The First Aid area should be restored to normal and any noted depletion of first aid supplies should be reported to Miss EJ Earls.

Action to be taken if an injury/illness is sustained/reported during the course of an education visit.

Educational visits are an integral part of primary education that requires special planning and consideration. All such visits will be planned and staffed with safety and well being as paramount. Each visit will be organised according to conditions, guidelines and advice from DENI, the Education Authority and Board of Governors such as,

- Adequate and appropriate levels of supervision
- Child protection approved supervisory assistance
- Adequate risk assessment checks
- Group organisation/deployment
- Transportation safety
- Planned activities suited to age, aptitude and ability of pupils
- Parental permission for planned activities
- Awareness of medical information/conditions and their treatments (e.g. asthma/inhalers etc)
- Photocopy of class roll/telephone numbers for residential visits
- Portable First Aid kit
- Mobile phone use

1. Should a pupil be injured in what is obviously a superficial manner, he/she will be attended to as appropriate from the First Aid kit.

2. Should a pupil become ill or injured and the teacher does not feel competent to assess the injury/illness, arrangements to place the pupil under local medical care should immediately be implemented.

3. A teacher will remain with the ill/injured pupil at all times and the Principal/Deputy informed so that she may make the necessary arrangements to inform parents and arrange for the best course of appropriate action and necessary procedure in accordance with knowledge available on:

- The nature/severity of the child's injury/condition
- The available medical advice.

Accident Reporting Procedures for trips/visits

All relevant accident report forms must be completed as soon as practicable. If at all possible, it is advisable to keep short notes of injuries, times, treatments given etc. as an aide-memoir to accurate record keeping.

Part 2: Supporting Pupils with medical needs

1.Roles and Responsibilities

- Parents

As defined in the Education Act 1944, parents are a child's main carers. Parents are responsible for

- Making sure that their child is well enough to attend school. A child's doctor is the person best able to advise whether the child is fit to be in school and it is for parents to seek and obtain such advice as necessary
- Making the school aware that their child requires medication
- Reaching agreement with the school principal on the school's role in helping with their child's medication
- Providing the principal with the original written medical evidence about their child's medical condition and treatment or special care needed at school
- Providing the principal with written instructions and making an agreement. Details of the dosage and when the medication is to be administered are essential
- Ensuring any changes in medication are notified promptly
- Providing sufficient medication and ensuring it is correctly labelled
- Collecting and disposing of their child's unused medication and
- Giving written permission for a child to carry his/her own medication

- School Principal

The school principal is responsible for implementing school policy in practice and for developing detailed procedures. The principal's agreement must be sought when teachers volunteer to assist pupils with their medical needs and proper training and support accessed if necessary. Day to day decisions about administering medication in school normally fall to the head teacher. Where there is concern about whether the school can meet a pupil's medication needs, the Principal will seek advice from the School Health Service/Designated Medical Officer. On the basis of information received, the Principal will advise the parents of a child with medication needs on the level of support the school will provide.

- School Staff

There is no legal or contractual requirement for the school principal or any teacher to administer medication to a pupil. When teachers volunteer to give medication or supervise a pupil taking it, minimum requirements include that

  - Proper training and guidance is provided by relevant medical personnel as needed
  - Facilities for safe storage of medicines and record keeping are available
  - Indemnification is provided by the Education Authority against action arising from maladministration
  - Full information is provided on the dosage required, frequency of administration and possible effects on the child concerned
  - Each medicine is kept in a separate container, clearly labelled with contents, dosage, frequency of administration, duration of course, date of prescription and the child's name
  - Brief records of medications administered being maintained (example attached in Appendix 2).

- The School Health Service

The school health service is usually a part of an NHS trust and may be able to provide advice on health issues to children, parents, teachers, education welfare officers and the Education Authority. The main contact for schools is usually the

school nurse or doctor. The School Health Service may also provide guidance on medical conditions and, in some cases, specialist support for a child with medical needs.

- The School Nurse/Doctor

The School Nurse/Doctor may help schools draw up individual health care plans for pupils with medical needs. They may also be able to advise on training and support required for pupils with specific medical needs.

- The General Practitioner (GP)

GPs are part of primary health care teams. Most parents will register their child with a GP. GPs have a duty of confidentiality. Any exchange of information between GPs and the school about a child's medical condition will only occur if all relevant permission has been obtained.

- Other Health Professionals

Other health professionals such as, for example, Regional Integrated Support for Education (RISE), Speech and Language Therapy or Occupational Therapy services may be involved in the care of pupils with medical needs within school.

Part 3: Supporting Pupils with Medication Needs

1. Supporting Pupils with Short Term Medical Needs

Many pupils will need to take medication (or be given it) at school at some time in their school life. Mostly this will be for a short period only, for example, to finish a course of antibiotics or apply a lotion. However, medication should only be taken to school when absolutely essential.

- Prescription medicines

When medication is to be given in dose frequencies, parents should ask the prescribing doctor or dentist if it can be taken outside school hours. It should be noted that medicines that need to be taken three times a day could be taken in the morning, after school finishes and at bed time. In the few circumstances when this is not possible, all requests for prescribed medication to be administered in school must be put in writing and addressed for the principal's consideration (Appendix 4). The school will not accept medicines that have been taken out of the container as originally dispensed nor make changes to stated dosage on parental instruction.

- Non-prescription medicines

Owing to risks of adverse reactions and in line with official guidance, non-prescription medicines such as paracetamol or anti-histamines are not stocked in school. Guidance on managing medicines in school from the Department of Education and Skills and Department of Health (2006) states that a child under 12 should never be given aspirin unless prescribed by a doctor.

If a pupil regularly suffers from acute pain requiring non-prescription type medicines, parents should submit a written request via the class teacher for the pupil be permitted to carry and take any medications with full written instructions for the school principal's consideration. If the request is agreed, a member of staff should supervise or administer the pupil taking the medication and notify the parents on the day/s they are taken.

2. Supporting Pupils with Long Term Medical Needs

It is important for the school to have sufficient medical information about the medical condition of any pupil with long term-medical needs. If a pupil's medical needs are inadequately supported this can have a significant impact on a pupil's academic attainments and/or lead to emotional and behavioural problems. The Special Educational Needs Code of Practice (2001) advises that a medical diagnosis does not necessarily imply that a child will have special educational needs: it is the child's educational needs rather than a diagnosis that must be considered. Parents should therefore advise the school about any medical needs prior to enrolment or, when the pupil develops the condition.

For pupils who may need to attend hospital on a regular basis, special arrangements may be necessary. In some cases, it may be necessary for the school to have a written health care plan involving parents, health care professionals and all relevant school staff. This may include, for example,

- Details of a pupil's condition
- Special requirements e.g. dietary needs
- Medication and any side effects
- What to do and who to contact in an emergency
- The role the school can play

- Administering/Supervising Medication

When medication is to be given in dose frequencies, parents should ask the prescribing doctor or dentist if it can be taken outside school hours. No pupil will be given medication without his/her parent's written consent. Any member of staff giving medicine to a pupil should check:

- Principal's agreement
- The pupil's name
- Name, contents, dosage, prescription and expiry dates on container
- Written instructions provided by parents or doctor on the label of the container
- That the pupil has not already received medication

If in doubt about any of the procedures, the school will check with the parent or a health professional before taking further action. Items of medication in unlabelled containers will be returned to the parent. School staff will record brief details of medicines administered.

- Self Management

It is good practice to allow pupils who can be trusted to do so to manage their own medication as soon as they are able. If pupils can take their medication themselves, staff may only need to supervise. Where and when it is safe to do so, pupils should carry and self - administer medication. The age at which children are ready to take care of and be responsible for their own medicine is likely to vary.

- Refusing Medication

If pupils refuse to take medication, school staff will encourage but not force them to do so. The school will inform the child's parents as a matter of urgency. If necessary, the school will call the emergency services.

- Record Keeping

Parents are responsible for supplying information about medicines that their child needs to take at school, and for letting school know of any changes to the prescription or the support needed. School staff should check this information is the same as that provided by the prescriber. Medicines should always be provided in the original container and include the prescriber's instructions as follows:

- Name of medication
- Dose
- Method of administration
- Time and frequency of administration
- Other treatment
- Any side effects

School staff involved will record brief details of medication administered (Appendix 2).

Part 4: Circumstances when Special Arrangements may be Needed for Pupils with Special Educational Needs

- School Trips/Visits

The school will encourage pupils with medical needs to participate in school trips wherever safety permits. If there is any doubt, a prior risk assessment will be conducted and ways to manage or mitigate the risks to the pupil and allow for inclusion considered. It should be noted, however, that the issue of safety is always paramount and outweighs all other considerations. If staff are concerned about whether they can provide for a child's safety or the safety of other children on a visit, they may seek the views of parents, medical services and the Education Authority before coming to any decision. While all reasonable steps will be taken, it should be accepted that there may be occasions when it may not be possible to include a pupil on a trip if appropriate supervision cannot be guaranteed.

Sometimes the school may need to take additional safety measures for outside visits. Arrangements for taking any necessary medication and care plans should be considered. Staff supervising outings should be aware of any medical needs, relevant emergency procedures and the ability of chosen venue to make provision for these. Sometimes, an additional member of staff or parent may accompany a particular pupil.

- Sporting Activities

Most pupils with medical conditions can participate in extra-curricular sport or in the PE curriculum. There should be sufficient flexibility for all pupils to follow in ways according to their own abilities. In many cases, participation can benefit overall well-being. Any restrictions on a pupil's ability to participate in PE should be included in their individual health care plan and, if appropriate, special educational needs plan. As far as possible, teachers supervising sporting activities should complete all necessary risk assessments to encourage inclusion of pupils with medical conditions and be aware of the relevant procedures for their management. Issues of privacy, dignity or, if required, access to/use of inhalers should be considered.

- School Transport

It is the Education Authority's responsibility to ensure that any children who are entitled to EA provided home/school transport are safe during their journey.

Part 5: Dealing with Medicines Safely

Medicines may be harmful to anyone for whom they are not prescribed. It is the school's responsibility to ensure that the risks to the health of others are properly controlled (Control of Substances Hazardous to Health Regulations 2004, COSSH)

- Storing Medications

Schools should not store large volumes of medication. If possible and practical, the principal will ask the pupil to bring in the required dose each day.

'*Controlled Medication'*

When the school stores medicines, the class teacher should ensure that it is kept in the supplied container and labelled with the name of the pupil, name and dose of the drug and frequency of administration. If a pupil needs two or more prescribed medicines, each should be in a separate appropriately labelled container. Medicines should not be transferred from their original containers. Containers containing controlled medications will be stored in the school office beside the principal's office and labelled clearly with the pupil's name.

Other medications e.g. inhalers…

Some medications such as inhalers must be readily available. Pupils who are able to manage their own medication safely and without risk to others should carry this themselves once necessary information and agreement has been given (see Appendix 4). Some medications may need to be refrigerated in the staff room refrigerator. These should be clearly labelled.

Use of an emergency Salbutamol inhaler

Arrangements for the supply, storage, care, and disposal of the inhaler and spacers:

- Keeping a copy of the asthma register with the emergency inhaler

• Having written parental consent for use of the emergency inhaler included as part of a child's medication plan

• Ensuring that the emergency inhaler is only used by children with asthma with written parental consent for its use

• Appropriate support and training for staff in the use of the emergency inhaler in line with the schools wider policy on supporting pupils with medication needs

• Keeping a record of use of the emergency inhaler and informing parents or carers that their child has used the emergency inhaler.

Storage and use of an emergency Salbutamol inhaler

The school will store an emergency asthma kit containing a Salbutamol inhaler which will be located in the room next door to the Principal's office which will be kept in its original box and clearly labelled, 'emergency inhaler'. This is for use only when a pupil who has received a diagnosis of asthma or has been prescribed an inhaler becomes breathless and their own inhaler and spare are empty, broken or unavailable. Written parental consent will have been obtained beforehand (see Appendix_). A record will be kept of the use of the inhaler (see Appendix __) and the Parent or Carer will be informed that the child has used the emergency inhaler.

An emergency asthma inhaler kit should include:

- a salbutamol metered dose inhaler;
- at least two single-use plastic spacers compatible with the inhaler;
- instructions on using the inhaler and spacer/plastic chamber;
- manufacturer's information;
- a list of children permitted to use the emergency inhaler.

- Access to Agreed Medications

Pupils will have access to the above medications as required. Special arrangements are made as necessary for pupils who may require emergency medication through individual care plans. Medicines stored in school are only accessible to those for whom they are prescribed. Parents are specifically requested not to send any medication in pupils' school bags without written requests and information to the principal (via the class teacher).

- Disposal of Medicines

School staff should not dispose of medicines. Parents should collect medicines held at school at the end of each term. Parents are responsible for the disposal of date-expired medicines. Sharps boxes should always be used for the disposal of needles.

- Hygiene/Infection Control

All staff are familiar with normal precautions for avoiding infection and must follow basic hygiene procedures such as washing hands thoroughly before and after every incident. Staff have access to protective disposable gloves and take care when dealing with blood or other body fluids and disposing of dressings or equipment.

- Emergency Procedures

All staff know how to call the emergency services. For pupils with potentially critical conditions, the emergency care plan is stored with relevant medication in small office beside principal's room. A copy of the emergency care plan is also held by the relevant class teacher. All staff are aware of key school personnel to call upon in the event of an emergency:

Mr N McAllister (Principal)
Mrs F Norris (Acting Vice Principal)
Mrs I Boyd (Senior Supervisor)
Trained First Aider (See below)

Trained First Aiders in school are:
Miss EJ Earls (Designated Teacher for First Aid)
Mrs F Norris
Miss R Dickson
Mrs D Houston
Mr R Kennedy
Mrs L Morrow
Mrs N McIvor

A pupil taken to hospital by ambulance will be accompanied by a member of staff until the pupil's parent arrives. In an emergency situation, school staff will call an emergency ambulance. School staff should not transport pupils to hospital in their cars.

Part 6: Drawing up a Health Care Plan for a Pupil with Medical Needs

- Purpose of a Health Care Plan

The main purpose of a health care plan is to determine the level of support that is needed at school. A written agreement with parents clarifies for staff, parents and pupils the help that school can provide and receive. Health care plans should be reviewed at least once a year.

In drawing up a health care plan, each pupil's requirements will be determined individually depending on their ability to cope with the challenges they face. Those who may need to contribute to a health care plan are:

- The principal
- The parent/carer
- The child (if sufficiently mature)
- Class teacher
- Care assistant/support staff
- Any other relevant school staff
- The school health services, the child's GP or other health care professionals

- Co-ordinating Information

The school principal or designated teacher for first-aid will be responsible for liasing between agencies/parties concerned as appropriate.

- Information for Staff

Staff who may need to deal with an emergency will need to know about a pupil's medical needs. A 'medical needs' register is maintained and will be available for supply teachers' and after-school staff's information. A list of dietary allergies and requirements is shared with the canteen staff. Class teachers will share relevant medical information with lunch time supervisors.

- Staff Training

It is recognised that school staff may need to have further training/information about particular medical conditions. It is school policy to consult with medical staff and school medical services for advice and training.

- Confidentiality

School staff will treat medical information confidentially. Parents will be consulted on who should have access to medical or other information about a pupil. In giving medical assistance to a pupil who requires it, school staff always will act in good faith on the information available.

- Intimate or Invasive Treatment

In instances of intimate or invasive treatment being required, the school may wish to refer to the Education Authority for advice.

Part 7: The Storage and Use of an Automated External Defibrillators (AED)

Storage

The school has a defibrillator which is located in the main entrance hall to the school. It is in a carry case which also contains a disposable face shield, Tuff Cut scissors, disposable razor, disposable latex-free gloves and disposable towel/absorbent cloth.

Staff training

Most staff receive annual refresher training in CPR and the use of an AED. In the event of a cardiac arrest, it is important that a trained person is sought immediately.

Protocol (see Appendix 7)

1) Send for a trained person;
2) Call 999;
3) Start CPR;
4) Send for the defibrillator;
5) Attach the defibrillator as directed and continue CPR and defibrillation until emergency services arrive.

Maintenance of AED

As per manufacturer/suppliers instructions

Appendix 1: Legislative/ Guidance Framework

Sourced from:

1. *'Supporting Pupils with Medication Needs' (Feb 2008) DENI & Dept. of Health, Social Services and Public Safety*

2. *'Managing Medicines in Schools and Early Years Settings' (March 2005), Department for education and Skills/Department of Health*

3. GUIDANCE FOR THE USE OF EMERGENCY SALBUTAMOL INHALERS IN SCHOOLS ADDENDUM TO SUPPORTING PUPILS WITH MEDICATION NEEDS (2014)

AED Guidelines for School (September 2014)
General Background:

- Staff administering medicines
- Staff Duty of Care
- Admissions
- SEN & Disability Act 2001
- Health and Safety at Work etc. Act 1974
- The Management of Health and Safety at Work Regulations 1999
- Control of Substances Hazardous to Health Regulations 2002
- Misuse of Drugs Act 1971 and associated regulations
- Medicines Act 1968
- The Education (School Premises) Regulations 1999
- Special Education Needs Act 1996

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Appendix 2: Pro-formas/ Record Keeping

Record of Medicine Administered

Name of Child:_____ Name of Medication:_____

Time given:_____ Dosage Amount:_____ Authorised by:_____(Parent Signature)

Date	*Administered by:*	*Counter-signed:*	*Any reactions:*

Appendix 3

FAIRVIEW PRIMARY SCHOOL

ACCIDENT RECORD

1. ABOUT THE PERSON WHO HAD THE ACCIDENT (GIVE FULL NAME, HOME ADDRESS AND DESIGNATION)

Name _____
Address _____
_____ Post Code _____
Please tick one: Pupil ☐ Visitor ☐ Employee ☐ State occupation _____

2. ABOUT YOU, THE PERSON FILLING IN THIS RECORD (IF NOT THE PERSON MENTIONED ABOVE)

Name _____
Address (Base Location) _____
_____ Post Code _____
Occupation _____

3. ABOUT THE INCIDENT (CONTINUE ON BACK OF PAGE IF YOU NEED TO)

When did it happen? Date / / Time: _____
Where did it happen? State which room or place _____
_____
How did the accident happen? Give the cause if you can _____
_____
_____

4. WAS THERE ANY PERSONAL INJURY? SAY WHAT IT WAS

Injury _____
Body part(s) affected (state left or right as appropriate) _____
_____

5. PLEASE SIGN THE RECORD AND DATE IT

Signature _____ Date: _____

If the above incident was <u>other</u> than a non-injury or first aid only accident or if it was an <u>act of violence to a member of staff</u> please also complete Accident Report Form AR1.
Tick if an AR1 form is to be completed Yes ☐ No ☐

Appendix 4

FORM 3B

PARENTAL AGREEMENT FOR SCHOOL/SETTING TO ADMINSTER MEDICINE

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

Name of School/Setting _____

Date _____

Child's Name _____

Group/Class/Form _____

Name and strength of medicine _____

Expiry date _____

How much to give
(ie dose to be given) _____

When to be given _____

Any other instructions _____

Number of tablets/quantity to be
given to school/setting _____

Note: Medicines must be the original container as dispensed by the pharmacy

Daytime phone number of parent
or adult contact _____

Name and phone number of GP _____

Agreed review date to be initiated by
[name of member of staff] _____

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

Parent Signature: _____ Print Name: _____

IF MORE THAN ONE MEDICINE IS TO BE GIVEN A SEPARATE FORM SHOULD BE COMPLETED FOR EACH ONE.

Appendix 5

Form AM3 Name of School _____ TEMPLATE FOR A REQUEST FOR PUPIL TO CARRY HIS/HER MEDICATION This form must be completed by parents/carers. If staff have any concerns discuss this request with healthcare professionals. Details of Pupil Surname _____ Forename(s) _____ Address _____ Date of Birth ____ / ____ / ____ Class _____ Condition or illness _____ Medication Parents must ensure that in date properly labelled medication is supplied. Name of Medicine Procedures to be taken in an emergency Contact Details Name _____ Phone No (home/mobile) _____ (work) _____ Relationship to child _____ I would like my child to keep his/her medication on him/her for use as necessary. Signed _____ Date _____ Relationship to child _____

CONSENT FORM:
USE OF EMERGENCY SALBUTAMOL INHALER
Fairview Primary School

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].

2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day and the school also holds a spare inhaler prescribed for my child.

3. In the event of my child displaying symptoms of asthma, and if their inhaler and spare inhaler are not available or are unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: Date: ……
Name (print)……
Child's name: ……
Class: ……
Parent's address and contact details:
……..

……..
……..
Telephone: ……..
E-mail: ……..

Appendix 6
RECORD KEEPING OF
EMERGENCY SALBUTAMOL INHALER USE

Child's name: ……..……..

Class: ……..…

Date: ……

Time: ……...

Details of place and activity:

……

……

Number of puffs given.....

Air chamber used ……

Appendix 7
AED Flowchart