



# First Aid Policy

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## 1 Scope

This guidance is applicable to all those involved in the provision of first aid related to school activities including EYFS staff. This Policy is developed with regard to the recommendations and requirements of the EYFS for a range of aspects of health & well-being.

## 2 Objectives

- 2.1** To ensure that there is an adequate provision of appropriate first aid at all times
- 2.2** To ensure that where individuals have been injured there are suitable mechanisms in place to provide remedial treatment.

## 3 Responsibilities & Implementation

- 3.1** The Health & Safety Co-Ordinator & First Aid Co-Ordinators will be responsible for the implementation of this policy.
- 3.2** The Health & Safety Co-Ordinator & First Aid Co-Ordinators will undertake a risk assessment to determine the first aid needs. This will include consideration of the following:
  - Size of the school and whether it is on split sites / levels
  - Location of the school
  - Specific hazards or risks on the site
  - Staff or pupils with special health needs or disabilities
  - Previous record of accidents / incidents at the school
  - Provision for lunchtimes and breaks
  - Provision for leave / absence of first aiders
  - Off-site activities, including trips
  - Practical departments, such as science, technology, PE
  - Out of hours activities
  - Contractors on site and agreed arrangements.

## 4 Principles applying to the provision of First Aid

### 4.1 Responsibilities

All staff will follow the procedure in dealing with accidents as detailed in this policy. Parents hold the responsibility that they are to update the school of any medical changes for their child as and when they needed. School will send reminder emails annually to encourage parents to consider if this is needed or not. Parents notify the school via email of such changes.

### 4.2 Records

Details of any incident, which requires treatment, will be recorded on the Engage system using the Accident Report form.

This includes any incident which requires First Aid to be administered to a member of staff, pupil or other person – either on the School premises or engaged in activities sponsored by the School (including visits). It applies to every case where First Aid is given whether from a remote location or in the Medical Room. RIDDOR reporting requirements must be followed as per Health and

Safety Policy and our H&S Coordinator is responsible for ensuring the competition on RIDDOR reports.

A green wristband is administered to any child who has received First Aid that day to ensure that parents are aware of any child, not just the more serious incidents, who has been treated as the result of an accident.

#### **4.3 First Aid materials**

First Aid materials are held at various locations throughout the School where accidents are considered most likely to happen. Such locations are prominently marked and all staff are advised of their position at induction training and in the Staff Handbook. Listed materials are checked for use-by date, contamination etc and replenished regularly, at least termly, by a First Aid Co-ordinator who signs and dates a sheet to identify when these checks have taken place.

#### **4.4 Out of school activities**

Adequate and appropriate First Aid provision will form part of the arrangements for all out of school activities. All groups will have a qualified First Aider with them (paediatric first aid for EYFS pupils) and the First Aid pack will be comprehensively stocked. A First Aid trip checklist (APPENDIX A) will be completed by the lead teacher. Parents will complete a Medical Form ahead of the residential trip (APPENDIX B)

#### **4.5 First Aiders**

At least one qualified person will be on site when children are present. All such staff will be trained in Paediatric First Aid to a basic minimum level of competence. The names of First Aid Co-ordinators and their working hours are displayed in the School Office. Staff First Aid training is recorded on the Engage system. This is monitored by the Head of Finance & Operations.

First aiders will give immediate help to those with common injuries or illnesses and those arising from specific hazards, and where necessary ensure that an ambulance or other professional medical help is called.

The school has appointed two First Aid Co-ordinators in addition to first aiders. Such persons have received formal training and their duties may include:

- take charge when someone becomes ill or is injured
- look after first aid equipment, e.g., restocking of supplies
- ensure that an ambulance or other professional medical help is called when appropriate.

First aid and First Aid Co-ordinator training will be refreshed every 3 years

#### **4.6 First Aid Policy**

This First Aid Policy will be reviewed annually or immediately if any pupil or staff with a medical condition, that may need special provision, joins the school.

## 5 Dealing With Accidents

If a pupil has an accident, they should be dealt with by staff present unless it is deemed to require first aid, at this point a First Aider will be requested to lead the first aid on that casualty. In a more serious incident, additional First Aiders may be requested to provide support or a second opinion.

When First Aid is administered a green band given to all children. Staff must date, initial and give a brief description of what first aid was given. Badges must also be given for ice packs and staff must check that no child goes home with a badge and that the ice pack has been returned and restored.

In the case of distress, pupils are taken to the Medical Room for recovery. The staff member accompanying the child will advise a colleague of their whereabouts and a second child will remain with the staff member (where possible) and the patient in line with Child Protection and Safeguarding procedures. The staff member should explain what is happening to the injured child.

For more serious accidents (other than minor cuts and abrasions) the pupil will be sent to hospital with their parent/guardian, if contact has been made in a timely manner, or by ambulance. Instructions on contacting the Emergency Services (Appendix D) are by the phones in the School Office, the swimming pool and in the Site Manager's Office. The Headteacher and members of the SLT will be informed immediately. If a parent/guardian cannot accompany immediately and a child is going to hospital in an ambulance, a member of staff will accompany. The School Secretary will prepare a note of Parent/guardian contact details for the Ambulance crew if the parent can not accompany.

If unable to accompany and an ambulance is called, parents/guardians should be:

- given the name of the hospital to which their child has been taken
- asked to attend the hospital as a matter of urgency
- reassured to prevent parental distress and another possible accident as they travel to hospital

Pupils need to attend hospital in these cases; by ambulance or taken by their parents as indicated by their condition.

- any head injuries and wounds needing stitches
- all suspected fractures
- if there has been any amount of unconsciousness, even for a few seconds.
- If an auto-injector has been administered to any child for anaphylaxis

## 6 Dealing With Sick Pupils

If a teacher feels that a child is not well enough to continue with the School day, a member of staff will phone the office to ask them to contact parents. The child will be brought to the School Office (except in extreme cases) and the parents will be contacted and asked to take direct responsibility for the pupil (removing the pupil from the premises). The responsibility for deciding whether the pupil should go home or not initially resides with the class teacher/tutor, but should be authorised

by a member of SLT. If pupils become unwell at break or lunch times, the teacher(s) on duty should deal with the situation.

## 7 Blood Borne Viruses (BBVs)

If you are a first aider in the workplace, the risk of being infected with a BBV while carrying out your duties is small. There has been no recorded case of HIV or HBV being passed on during mouth-to-mouth resuscitation. The following precautions can be taken to reduce the risk of infection:

- cover any cuts or grazes on your skin with a waterproof dressing
- wear suitable disposable gloves when dealing with blood or any other body fluids
- use suitable eye protection and a disposable plastic apron where splashing is possible
- use devices such as face shields when you give mouth-to-mouth resuscitation, but only if you have been trained to use them;
- wash your hands after each procedure.

## 8 Allergies and Administering Medication to Pupils

### 8.1 The storage and administration of medicines.

Parents complete documentation on registering their pupil to notify the School of any allergies/health issues.

- If the child requires an inhaler or medication the parent completes the Parent Agreement for Windlesham School to Administer Medicine form (APPENDIX C)/asthma care plan and provides the relevant medicine(s) to the School.
- Annually completed forms for inhalers/longer term treatment are kept in the School Office and on Engage.
- Forms for short term treatment such as anti-biotics are kept in the School Office.
- If a child needs medicine during the school day without advance notification by the parent, two different members of staff need to obtain telephone consent from the parent and confirmation that the child is not allergic to the medicine to be administered. The staff should each make a written record of this and the parent then completes the form (APPENDIX C) on their arrival at School. This is a last resort only.
- Any medication that is administered in school must be done by a recognised school First Aider; it must not be given by someone who has not completed this training.
- Teachers' conditions of employment do not include giving medication or supervising a pupil taking it, although staff may volunteer to do this. Any member of staff who agrees to accept responsibility for administering prescribed medication to a pupil should have proper training and guidance. He or she should also be aware of possible side effects of the medication and what to do if they occur. The type of training necessary will depend on the individual case.

### 8.2 Children requiring Inhalers

Two labelled inhalers are to be supplied to the school by parents with the appropriate administration device if used. Each one is kept in a zipped wallet with a copy of their asthma plan. One inhaler to be kept in the Medical Room and one with the child if the child is old enough to self-administer and manage their inhaler. Children may store their inhaler in their schoolbags or desk as appropriate. For younger children, unable to self-administer, their inhaler should be kept with

the class teacher in a location out of reach of children. Parents must complete a medicine administration form/asthma care plan in the School Office.

The school will also hold a stock of two inhalers and sets of disposable spacers. One set of each will be in the small green labelled First Aid bag kept in the bottom drawer of the medical room for generic use and the other in the First Aid Cupboard in the staffroom. If a child requires use of the emergency inhaler, they must have guardian consent for emergency inhaler use (the list is on Engage, on the medical board in the staff room and in the small green labelled First Aid bag) and any use of this inhaler must be recorded on Engage and parents informed. Administration of the inhaler should be supervised by a qualified First Aider but in the event of an emergency then a suitable competent adult. Any use of the emergency inhaler should be recorded on Engage. Expiry dates for stored inhalers (school and parent-supplied units) will be checked at least monthly and checks recorded in the folder kept in the Staff Room.

### **8.3 Children with allergies requiring medical treatment (including auto-injectors)**

Two sets of their medicines are kept in School. Where possible, these should be kept with the child at all times in a small bag which ideally can be body worn. If it is felt that the child is not able to carry their medicines around then a suitable area will be identified in which to keep the medicines and this information shared with staff. Parent to fill in medical form with details of allergy, how it presents and treatment plan.

For children at risk of an anaphylactic reaction, at least two auto-injectors are required to be supplied for each child. If parents want to supply an additional auto-injector, it will be kept in a secure area out of the reach of children. This may be in the staff room first aid cupboard or a suitable area in the classroom depending on the needs of the child. The availability and location of the additional auto-injector will be specified on the child's individual healthcare plan, located in the staffroom. Auto-injectors will be stored safely away from other children, but will not be locked away as they are essential emergency medication.

Expiry dates for stored auto-injectors will be checked by the First Aid Coordinator at least monthly and checks recorded. Used auto-injectors will be returned to the parents for safe disposal.

## **9 First Aid Procedure**

### **9.1 Procedure in case of an accident**

Teacher in charge to:

- Assess the situation and ensure it is safe to approach
- Assess nature of incident - severity and whether another adult is required for support.
- Call for an appointed First Aider if required. Another adult or two children to fetch them.
- Access First Aid box as required - sited in the Medical Room, outside the main school office, on top floor of Cooper House, in staff room, swimming pool, in Nursery area and in cupboard of L4's cloakroom area.
- Treat at one of these sites for minor cuts and abrasions. Wounds to be washed and dressed if necessary. Waste to be disposed of appropriately.
- Apply a green wristband to the child to inform parents of treatment.

### **9.2 Procedure for head/face area injuries**

When any head injury has occurred, staff should ask questions or engage the child in conversation to check that the child is alert and aware of what has happened. Be aware of the presence of signs

which might indicate a more serious concern. If the child is exhibiting symptoms, then staff should consult with one of the lead first Aiders. In the case of a major head injury call 999 immediately.

Treat injury with ice pack where appropriate or possible, not applied directly to skin and phone office to advise of incident. Parents must be notified immediately and invited to view if they wish and to take child home or to hospital.

A Head Injury Advice leaflet is sent home with the child in these instances. See Appendix F for details of assessment and for copy of Head Injury Leaflet.

If the child remains in school, the teacher or supervising staff in the following lessons should be informed the child has had a head injury so they can know to be alert to any changes in the child's condition.

### **9.3 Procedure for nose bleeds**

Treat child; notify office; office will then notify parent/carer that the child has had a nose bleed either via email or a note. If it is a significant nose bleed parents will be advised by telephone at the time it occurs.

### **9.4 Procedure for bruising/falls**

Ice packs are in all First Aid boxes. Iced pads are kept in the fridge in the Medical Room. Singles can be applied to small areas.

### **9.5 Shock and other incidents requiring a seated treatment**

In the Medical Room there are chairs, a bed, and blankets for treatment.

### **9.6 Accident Reporting**

All incidents should be recorded on an Accident Report on Engage and the Class Tutor/Teacher should be informed. Parent to be seen by person dismissing the pupil at the end of the day. It is the responsibility of the Class Tutor/Teacher to ensure the Club supervisor knows.

## **10 Items in First Aid Boxes**

The contents of a first aid box will be in accordance with the guidance given in HSE document "Basic advice on first aid at work" INDG 347 and checked weekly by the First Aid Coordinator.

- a leaflet giving general guidance on first aid (for example, HSE's leaflet Basic advice on first aid at work);
- Dressings
- Tape
- Assorted plasters
- Cleansing wipes
- Ice pack
- Large sterile individually wrapped unmedicated wound dressings
- Medium-sized sterile individually wrapped unmedicated wound dressings
- Disposable Gloves
- Individually wrapped triangular bandages, preferably sterile
- Vomit bags
- Resuscitation face shield
- Sterile eye pad
- Safety pins

## 11 Disposal of Waste Materials

All body fluids, blood etc, which are to be thrown away, should be placed in marked bins which in the Medical Room and the cloakroom outside the School Office. These are to be emptied and disposed of by the Site Manager.

Vomit and other fluids can be covered with prepared substance and Site Manager requested to clear.

## 12 Automated External Defibrillator (AED)

The AED is stored on the wall in the corridor close to the swimming pool in Cooper House. It is checked weekly by the First Aid Coordinator as directed by the manufacturer and those checks recorded on a sheet kept in the AED case.

## 13 Legal Requirements & Education Standards

### References:

A: Handbook for the Inspection of Schools - The Regulatory Requirements, Part 3 ([www.isi.net](http://www.isi.net))

B: Reference Guide to the key standards in each type of social care service inspected by Ofsted ([www.ofsted.gov.uk](http://www.ofsted.gov.uk))

C: "Health and Safety at Work" Section H of the ISBA Model Staff Handbook,

D: "Health and Safety and Welfare at Work" Chapter N of the ISBA Bursar's Guide

E: "Insurance" Chapter K of the Bursar's Guide by HSBC Insurance Brokers Ltd

F: Early Years Foundation Stage (EYFS) Checklist and Monitoring Reference for Inspectors ([www.isi.net](http://www.isi.net))

G: DfE "Guidance on First Aid for Schools" ([www.dfe.gov.uk](http://www.dfe.gov.uk))

H: HSE home page, First Aid at Work ([www.hse.gov.uk](http://www.hse.gov.uk))

I: MOSA Guidance: "First Aid Provision and Training in Schools" ([www.mosa.org.uk](http://www.mosa.org.uk))

## Appendix A: Medical Information for Trip Form

## First aid and medical provision

Trip Venue & Year Group: .....

Completed by: ..... Date: .....

Medical forms completed by parents? \_\_\_\_\_ (sign to confirm)

Staff trained to administer medicine? \_\_\_\_\_ (list names)

Staff First Aid qualified? \_\_\_\_\_ (list names)

Medical help available? Local hospital \_\_\_\_\_

Local doctor \_\_\_\_\_

## Emergency Plan

Contact numbers \_\_\_\_\_

Windlesham School: 01273 553645

School Mobile (taken on trip) : \_\_\_\_\_

Party Leader mobile phone (or other) please specify \_\_\_\_\_

Out of hours School number

(i.e. Headteacher or other) \_\_\_\_\_

Pupil list (with names and contact numbers of parents) \_\_\_\_\_ (sign to confirm)

I have read and understood the Windlesham School emergency procedures \_\_\_\_\_ (sign to confirm)

## Appendix B: Residential Trip Consent / Medical Information Sheet

Pupil Details: Surname \_\_\_\_\_ Forename \_\_\_\_\_

I agree to my child taking part in this trip and, having read the information sheet, agree to their participation in any or all of the activities described. I acknowledge the need for good conduct and responsible behaviour on their part.

### Emergency details

- a. I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.
- b. I may be contacted by telephoning the following number(s):

Home (full number) \_\_\_\_\_ Work (full number) \_\_\_\_\_

Mobile \_\_\_\_\_ Mobile 2 \_\_\_\_\_

Home address \_\_\_\_\_  
\_\_\_\_\_

- c. In case of emergency, please give further contact details:

Telephone number \_\_\_\_\_ Mobile number \_\_\_\_\_

Name and address of contact \_\_\_\_\_  
\_\_\_\_\_

Relationship to child \_\_\_\_\_

d. Child health service details: Medical card/NHS number --

e. Family doctor name, address and telephone number \_\_\_\_\_

## Appendix B (Contd.) Medical information

Does your child suffer from any of the following conditions? (Cross out the YES or NO which does not apply)

Asthma	YES/NO	Bronchitis	YES/NO
Chest Problems	YES/NO	Diabetes	YES/NO
Epilepsy	YES/NO	Fainting Attacks	YES/NO
Heart Trouble	YES/NO	Impaired/Restricted vision	YES/NO
Migraine	YES/NO	Raised Blood Pressure	YES/NO
Tuberculosis	YES/NO		

If YES to any of the above, please provide details:

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Please write if there are any limitations or restrictions for your child as a result of their condition:

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Does your child suffer from any other condition requiring medical treatment, including medication? YES/NO. If YES, please provide full details:

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Is your child allergic or sensitive to any medication, insect bites or food e.g. nut allergy? YES/NO. If YES, please provide full details:

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Has your child been immunised against the following diseases?

Poliomyelitis      YES/NO

Tetanus (lock jaw)      YES/NO

If YES to Tetanus, please give date if known \_\_\_\_\_

Is your child taking any form of medication on a regular basis? YES/NO. If YES, please give full details, indicating the type of medication and dosage:

## Appendix B (Contd.)

### **Please ensure that your child has adequate supplies of medication and dosage.**

To the best of your knowledge, has your child been in contact with any contagious or infectious diseases, or suffered any recent condition that may become infectious or contagious? YES/NO. If YES, please give full details:

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### **Additional Information (e.g. sleeping problems)**

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### **Insurance cover**

I understand that the visit is insured in respect of legal liabilities (third party liability) but that my child has no personal accident cover unless I have been specifically advised of this in writing by the organiser of the visit. I also understand that any extension of insurance cover is my responsibility unless advised by the School.

### **Declaration**

- I have read the attached information provided about the proposed educational visit and the insurance arrangements.
- I consent to my child \_\_\_\_\_ taking part in the visit and, having read the information sheet, declare my child to be in good health and physically able to participate in all the activities mentioned.
- I understand that I am responsible for collecting my child from Windlesham School upon their return
- I am aware of the levels of insurance cover.
- I have completed the required consent and medical form and I will return it to the Class Tutor.
- I will ensure that any change in the circumstances which will affect my child's participation in the visit will be notified to the School prior to the visit.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

## **Appendix C: Parental Agreement for Windlesham School to Administer Medicines**

### **Online Permission to Administer Medicine from Home**

NB: Medicines must be in the original container as dispensed by the pharmacy with the prescription sticker and child's present.

The School will not give your child medicine unless you complete and sign this form. If more than one medicine is to be given, a separate form should be completed for each.

Date \_\_\_\_\_ Child's name \_\_\_\_\_

Class Teacher/Tutor \_\_\_\_\_

Name of medicine \_\_\_\_\_ Expiry date \_\_\_\_\_

Dosage \_\_\_\_\_ When to be given \_\_\_\_\_

Number of tablets/quantity to be given to School \_\_\_\_\_

Further Information \_\_\_\_\_

Parent/Carer daytime telephone number \_\_\_\_\_

Name and contact number for GP \_\_\_\_\_

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

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

## Appendix C (Contd.)

### Windlesham School – Record of Administered Medicine for Individual Child

Child's Name \_\_\_\_\_ Class \_\_\_\_\_

Date	Time	Medicine	Dosage	Reaction?	Staff signature	Print name

## **WINDLESHAM SCHOOL FIRST AID POLICY**

### **Appendix D**

#### **Emergency Services Checklist**

**Dial 9+999 or 9+112**

**Have a pen and paper ready for any instructions.**

**School Office Address is: 190 Dyke Road Brighton BN1 5AA**

**Phone: 01273 553645**

**Entry to car park is 180 Dyke Road BN1 5AA**

# **WINDLESHAM SCHOOL FIRST AID POLICY**

## **Appendix E**

### **Head Injury Symptoms**

Minor Head Injury Symptoms may include:

- Mild headache
- Nausea
- Mild dizziness
- Mild blurring of vision

More serious head injury:

- Look out for unconsciousness even for a brief period
- Seizures
- Problems with senses e.g., hearing loss, double vision
- Repeated vomiting
- Blood or clear fluid coming from ears or nose
- Memory loss

## Appendix F

### Windlesham School Head Bump Notification



#### Head Bump Notification

Your child has bumped their head at School today. This leaflet is a direct copy of advice from the Alex Children's Hospital Emergency Dept on monitoring your child for symptoms and any next steps. The information in this leaflet is for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.

Windlesham School Trust Limited.  
Registered company no. 1172432  
(England & Wales).  
Registered charity no. 269264.  
Registered office:  
190 Dyke Road, Brighton,  
East Sussex, BN1 5AA.

A large blue leaflet titled 'the alex' and 'Head injury advice for children'. The leaflet is in English and includes a 'Multilingual information' section at the bottom. The Brighton and Sussex University Hospitals NHS Trust logo is in the top left corner.

If you require this document in a language other than English please inform your interpreter or a member of staff.

إذا كنت بحاجة إلى ملخص باللغة الأخرى يرجى إخبار المترجم أو أحد الموظفين.

如果您需要将本文件之英文版本以外之语言版本, 请告知我们的口译员或

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Disclaimer  
The information in this leaflet is for guidance purposes  
only and is in no way intended to replace professional  
clinical advice by a qualified practitioner.

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The information in this leaflet is for guidance purposes  
only and is in no way intended to replace professional  
clinical advice by a qualified practitioner.

## Red flag symptoms

If your child:

- is sleepy and you cannot wake them
- has had three or more separate vomiting episodes
- has a bad headache or is persistently irritable, even after pain medicine
- has difficulty speaking or understanding what you are saying
- has weakness in their arms or legs
- or loss of balance
- has a convulsion or fit

## Post-head injury symptoms

After a head injury your child may experience some symptoms called 'post-concussion syndrome':

- mild headache, especially while watching TV or on a computer or phone
- tiredness or trouble getting to sleep
- irritability or bad temper
- concentration problems
- feeling sick and/or dizzy

Advice:

- give your child medicine such as paracetamol or ibuprofen if they are in pain. Always follow the manufacturers' instructions for the correct dose
- make sure your child is drinking enough fluid
- allow them plenty of rest until they are feeling better

## About head injuries

Most head injuries are not serious and simply result in a bump or bruise. Minor bumps and bruises to the head without any red flag symptoms or change in your child's normal behaviour can usually be managed at home:

- observe your child closely for the next 2-3 days. Check that they respond to you normally
- give your child pain medicine such as paracetamol or ibuprofen if they are in pain. Always follow the manufacturers' instructions for the correct dose
- make sure your child is drinking enough fluid
- allow them plenty of rest until they are feeling better

Phone 999  
for an ambulance or go  
straight to the nearest  
A&E Department.

Please tell your child's teachers if they still have any symptoms when they go back to school  
See your GP if things don't get better in one week

# Appendix G

**My asthma triggers**  
List the things that make your asthma worse so you can try to avoid or treat them.

**I will see my doctor or asthma nurse at least once a year (but more if I need to)**

Date my asthma plan was updated:

Date of my next asthma review:

Doctor/asthma nurse contact details:

**Parents and carers – get the most from your child's action plan**

- Take a photo and keep it on your mobile (and your child's mobile if they have one)
- Stick a copy on your fridge door
- Share your child's action plan with their school

Learn more about what to do during an asthma attack [asthmaandlung.org.uk/child-asthma-attacks](http://asthmaandlung.org.uk/child-asthma-attacks)

**ASTHMA QUESTIONS?**  
Parents and carers ask our respiratory nurse specialists  
Call 0300 222 5800  
WhatsApp 07999 377 775  
(Monday-Friday, 9am-5pm over 16 only)

**Always keep your reliever inhaler (usually blue) and your spacer with you. You might need them if your asthma gets worse.**

Last reviewed and updated 2021; next review 2024.  
Asthma and Lung UK, a charitable company limited by guarantee with company registration number 01863614, with registered charity number 329730 in England and Wales, SC03845 in Scotland, and T177 in the Isle of Man.

**1 My every day asthma care**

I need to take my preventer inhaler every day.  
It is called: \_\_\_\_\_  
and its colour is: \_\_\_\_\_

I take \_\_\_\_\_ puff/s of my preventer inhaler in the morning and \_\_\_\_\_ puff/s at night. I do this every day even if my asthma's OK

Other asthma medicines I take every day:  
My preventer inhaler helps when I have symptoms.  
It is called: \_\_\_\_\_  
and its colour is: \_\_\_\_\_

I take \_\_\_\_\_ puff/s of my preventer inhaler when I wheeze or cough, my chest hurts or it's hard to breathe.

**2 My asthma is getting worse if...**

- I wheeze, cough, my chest hurts, or it's hard to breathe **or**
- I need my reliever inhaler (**usually blue**) three or more times a week **or**
- I'm waking up at night because of my asthma (this is an important sign and I will book a next day appointment with my GP or nurse).

**If my asthma gets worse, I will:**

- Take my preventer medicines as normal
- And also take \_\_\_\_\_ puff/s of my reliever inhaler (**usually blue**) every four hours if needed
- See my doctor or nurse within 24 hours if I don't feel better.

**URGENT!**  
If your reliever inhaler is not lasting four hours, you need to take emergency action now (see section 3)

**Remember to use my spacer with my inhaler if I have one.**  
If I don't have one, I'll check with my doctor or nurse if it would help me.

Other things my doctor or nurse says I need to do if my asthma is getting worse (e.g. check my peak flow)

**3 I'm having an asthma attack if...**

- My reliever inhaler isn't helping or I need it more than every four hours **or**
- I can't talk, walk or eat easily **or**
- I'm finding it hard to breathe **or**
- I'm coughing or wheezing a lot or my chest is tight/hurts.

**If I have an asthma attack I will:**

- Call for help. Sit up – don't lie down. Try to keep calm.
- Take one puff of my reliever inhaler (with my spacer, if I have it) every 30 to 60 seconds, up to a total of 10 puffs.
- If I don't have my reliever inhaler, or it's not helping, or if I am worried at any time, call **999 for an ambulance**.
- If the ambulance has not arrived after 10 minutes and my symptoms are not improving, repeat step 2.
- If my symptoms are no better after repeating step 2, and the ambulance has still not arrived, contact **999 again immediately**.

**If I need my reliever inhaler (**usually blue**) when I do sports or activity, I need to see my doctor or my asthma nurse.**

**Even if I start to feel better, I don't want this to happen again, so I need to see my doctor or asthma nurse today.**