Supporting pupils with medical conditions and First Aid Policy

LONDON EAST ACADEMY
& AL MIZAN SCHOOL

ISLAMIC SECONDARY SCHOOL FOR BOYS & ISLAMIC JUNIOR SCHOOL

Date agreed	Chair of Governing Body	Headteacher	Review
Sep 2026	Kausar Ahmed	Anamul Khan	Sep 2028

1. Introduction

This policy incorporates the latest DfE[1] guidance and aims to ensure that arrangements are in place to support pupils with medical conditions and ensure that all pupils[2] can access and enjoy the same opportunities as any other pupils regardless of their medical needs.

The schools also aim to work in strong partnership with parents and other relevant professionals to ensure that pupils' needs are being fully met. This policy also aims to ensure adequate arrangements are in place to effectively deal with minor accidents and pupils' medical needs at school.

The schools will ensure that pupils are provided with high quality care, guidance and support so that their medical needs are effectively met and that they are safe from serious injury and accidents. When a pupil is involved in an accident the schools will take all reasonable steps to treat the pupil and inform their parent as detailed in this policy.

2. Medical Conditions

A list of pupils with medical conditions including Anaphylaxis and Asthma is kept digitally. Physical copies are kept in the first aid room. Tutors/teachers and relevant staff members are provided with these lists digitally at the start of each term and are responsible for familiarising themselves with the pupils in their care. This information is collected on admission by the admission officer and passed onto the designated leader who oversees all relating arrangements. The information is updated annually and when advised by parents of changes to their child's condition, by the designated leader.

Parents are responsible for informing the school of their children's medical conditions or any changes. The Admissions officer is responsible for communicating with the designated leader prior to contacting a new school, which includes transfer to secondary schools and providing details of pupils' medical conditions when they move.

3. Individual Healthcare Plans

The headteacher has overall responsibility for the development of IHPs (See **Appendix A - Individual healthcare plan**) for pupils with medical conditions. The schools work in partnership with Parents and other health professionals if required to draw up individual healthcare plans where needed.

[1] DfE, Supporting pupils at school with medical conditions, April 2014
[2] The word Pupil is used to refer to pupils and students at Al Mizan and London East Academy (LEA)

Pupils on short term medication

For pupils with short term medical conditions who require short term medication, and where there is a need for them to take medication during school hours, ie antibiotics, Parents are responsible for informing the schools and will be required to complete "**Appendix B - Parental agreement for setting to administer medicine"**. The designated admin staff will ensure that the medication is in the original container as dispensed by the pharmacy clearly labelled with pupil's name, name of medicine and instructions on dosage and prescription date and store appropriately. Admin staff will also complete "**Appendix C - Record of medicine administered to an individual child "** informing the designated leader who will ensure all necessary forms/ checks/ labeling and storage of medication is adhered too as well as updating the "LEA & AMS Short term medication tracker" and informing other relevant staff.

4. Medicine

First Aid does not include the administering of medicine. For the administering of medicine Long-term/short-term, parents are required to complete **Appendix B - Parental agreement for setting to administer medicine** and submit to the school's office, thereafter the designated leader will oversee the medication is administered by staff who are listed on Appendix F.

Medicine provided for pupils must be clearly labeled, in-date, provided in the original container as dispensed by the pharmacist, and include instructions for administration, dosage and storage. It will be kept in the first aid room. The pupil or the parents are responsible for collecting the medicine at the end of the school day from the school office.

Medicines are stored in individual medicine bags (LEA) or medicine boxes (AMS) clearly marked with the pupil's name, Year group, list of medicines, quantity and expiry dates and stored in the First Aid room.

If a problem arises, the school will contact the parent/guardian for advice.

5. Record Keeping

Written records are kept of all medicines administered to pupils in the "**Record of medicine administered to an individual child" folder.** All pupils requiring medicine in school have individual "Appendix C – Record of medicine administered to an individual child" forms stored under their name in the folder, in conjunction to consent provided by parents via "**Appendix B - Parental agreement for setting to administer medicine".** This is stored securely, and individual records are updated regularly.

6. Supporting pupils with Asthma

The School recognises that asthma is an important condition affecting many children. The schools will:

- Ensure that children with asthma participate fully in all aspects of school life including PE
- Recognises that immediate access to reliever inhalers is vital
- Keeps records of children with asthma and the medication they take
- Ensures the school environment is favourable to children with asthma
- Ensures that other children understand asthma
- Ensures all staff who come into contact with children with asthma know what to do in the event of an asthma attack
- Will work in partnership with all interested parties including all school staff, parents, governors, doctors and nurses, and children to ensure the policy is implemented and maintained effectively.

The schools can obtain inhalers from a community pharmacist under specific guidelines, ensuring occasional, nonprofit, and small-quantity transactions.

The emergency inhaler kit includes a salbutamol inhaler, two plastic spacers, instructions for use and cleaning, manufacturer's information, and a record of inhalers. AMS and LEA hold their own school emergency inhalers. AMS holds two salbutamol asthma inhalers. LEA holds two salbutamol asthma inhalers.

Storage and Care:

The school's policy designates at least two staff members responsible for monthly checks on inhaler and spacer availability, cleanliness, and proper storage. The inhaler should be stored centrally, accessible to all staff but out of children's reach. Proper temperature control and separation from individual inhalers are emphasized. After use, the inhaler and spacer should be cleaned, and the spacer is given to the child for personal use.

Children Eligible to Use the Inhaler:

The emergency inhaler is exclusively for children diagnosed with asthma, prescribed a reliever inhaler, and with parental consent. A comprehensive asthma register aids in identifying eligible children, with written parental consent recorded.
Responding to Asthma Symptoms:

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

The policy details early and late signs of an asthma attack, advising staff on using the inhaler and spacer. The response includes encouraging the child to sit up, using their inhaler or the emergency inhaler, washing hands if possible, and seeking medical attention if necessary.

Emergency Response:

An ambulance is called if doubt exists about the child's condition, and parents are informed. Records of inhaler use, including time and location, are maintained, and parents are notified in writing for communication with the child's GP.

Staff Responsibilities:

Any staff member may volunteer for responsibilities related to emergency inhaler administration. The policy recommends designated staff members trained to recognise symptoms, access the inhaler, and provide assistance. Training covers recognising asthma attacks, administering inhalers, and making appropriate records.

7. Supporting pupils with Allergies and Anaphylaxis

Introduction

An allergy is a reaction by the body's immune system to usually harmless substances, which can cause symptoms ranging from mild (itching, sneezing, rashes) to severe (anaphylaxis). Anaphylaxis is a life-threatening allergic reaction that affects the whole body within minutes or hours of exposure to an allergen. Common UK allergens include

peanuts, tree nuts, sesame, milk, egg, fish, latex, insect venom, pollen, and animal dander.3

Role and Responsibilities

The Headteacher is the named senior leader responsible for allergy safety across both schools, with overall oversight of this policy and its implementation. This is not currently a statutory requirement for independent schools but is included as good practice, reflecting the direction of forthcoming regulatory change.

Parent Responsibilities

- Inform school staff of any allergies, past severe reactions, anaphylaxis history, and prescribed medication.
- Provide the school with a copy of the Allergy Action Plan (preferably BSACI).
- Ensure required medication is supplied, in date, and replaced as needed.
- Update the school on any changes in allergy management.

Staff Responsibilities

- All staff complete yearly anaphylaxis training.
- Staff are aware of pupils with known allergies and supervise food-related activities cautiously.
- Emergency supplies are carried during school trips.
- Up-to-date Allergy Action Plans are stored in the medical room along with the pupil's medication, kept in a dedicated folder immediately alongside the medication.
- Medication is checked termly, and parents are reminded if it's approaching expiry.

[3] DfE, Allergy Safety in Schools (statutory guidance), July 2026; Children's Wellbeing and Schools Act 2026, section 34, amending section 100 of the Children and Families Act 2014. Not yet a statutory requirement for independent schools; included here as good practice ahead of anticipated regulatory change.

- The school maintains a register of pupils prescribed AAIs and records any emergency treatments.

Pupil Responsibilities

- Pupils are aware of their symptoms and inform an adult if they suspect an allergic reaction.
- Pupils trained to use auto-injectors are individually assessed, in consultation with the pupil, their parents/carers and, where appropriate, healthcare professionals, to determine whether they may be permitted to carry their AAI at all times (LEA).

Allergy Action Plans

Parents provide a completed Allergy Action Plan, in collaboration with a healthcare professional, to the school.

Information Sharing

Information about a pupil's allergy is shared with staff who need to know it in order to keep the pupil safe, including tutors, teachers, catering staff and those supervising trips or extracurricular activities. Such information is treated as special category data under UK GDPR and is handled in line with the schools' Data Protection Policy. Information will not be shared more widely than necessary, and pupils and parents will be consulted about what is shared and with whom, save where safety requires wider sharing.

Emergency Treatment and Management of Anaphylaxis

Anaphylaxis is recognised by symptoms such as swelling, difficulty breathing, and rash. Adrenaline is administered immediately using an auto-injector, 999 is called, and parents are informed. Pupils are taken to the hospital even if they appear recovered.

Serious Incidents and "Near Misses"

Any serious incident or "near miss" involving a pupil's allergy (including any occasion where anaphylaxis occurred, where a "spare" AAI was used, or where a reaction was more serious than expected) will be recorded in the Major/Minor incident log book, alongside the pupil's Individual Healthcare Plan.

Following any such incident, the designated senior leader for allergy safety will review the circumstances with relevant staff, in order to identify and act on any lessons for the pupil's Individual Healthcare Plan, this policy, or wider practice. Parents will be informed of any serious incident or near miss involving their child as soon as reasonably possible.

Supply, Storage, and Care of Medication

- Whether a pupil is permitted to carry their own adrenaline injector(s) at all times is assessed on an individual basis (see Role and Responsibilities above). Where a pupil does not carry their own device, it is stored in the medication box (see below), which is accessible to all staff and not locked away, so that it can be reached within five minutes in an emergency.
- Medication is stored in a rigid, clearly labelled box, accessible to all staff (LEA & Al mizan).
- The medication box contains adrenaline injectors, antihistamine, and asthma inhaler (if required) (LEA & AMS). The pupil's Allergy Action Plan is kept in a dedicated folder immediately alongside the medication box for quick reference in an emergency.

'Spare' Adrenaline Auto Injectors in School

LEA & AMS always hold spare AAIs for emergency use, stored in pairs in the medical rooms at both schools. AMS (primary) holds spare AAIs in both the under-6 (150 microgram) and over-6 (300 microgram) dosages, appropriate to its pupil age range; LEA (secondary) holds spare AAIs in the 300 microgram dosage. Spare AAIs are accessible to all staff and are not locked away, so that they can be reached within five minutes of anywhere on site, and are checked monthly by the designated senior leader for allergy safety to confirm they remain in date.

Staff Training

All staff are trained on how to respond to an anaphylaxis. Training includes recognising allergens, understanding Allergy plans and administering treatment as well as updating. All staff receive allergy awareness training at least annually, including at

induction for new staff and for supply/temporary staff where practicable. Training will ensure staff: understand allergy as a spectrum of conditions (including food allergy, asthma, eczema and hay fever) and how they can co-exist; understand the difference between food allergy, coeliac disease and food intolerance; can recognise the signs and symptoms of an allergic reaction and of anaphylaxis; know how to respond in an emergency, including calling 999, informing parents, and locating and administering emergency medication (adrenaline auto-injectors and asthma reliever inhalers); understand how to check whether a pupil is on the school's record of known allergies and how to use an Allergy or Asthma Action Plan; and understand how to report a serious incident or "near miss" relating to allergy.

LEA & AMS supports pupils with allergies to ensure they can fully participate in school life.

Catering

- The school follows Food Information Regulations 2014 for allergen information.
- School menus list ingredients and allergens.
- Parents can meet the Catering Manager to discuss their child's needs.
- Pupils are not allowed to share food.

School Trips

Pupils carry their medication, and activities are supervised to accommodate allergic pupils. Overnight trips are carefully planned, and venue staff are briefed on dietary needs. All trips have a risk assessment completed prior to departure. Any pupil with medical needs is individually assessed for risk as part of this process and named on the trip risk assessment form.

Allergy Awareness

The school promotes a culture of allergy awareness and education, ensuring all staff and pupils understand how to avoid allergens and manage reactions.

Wellbeing of Pupils with Allergy

The schools recognise that pupils with allergy may experience anxiety related to the risk of exposure to allergens and, in some cases, the possibility of anaphylaxis. Staff will provide reassurance that appropriate steps are in place to minimise risk and that robust emergency arrangements exist.

The schools will not tolerate bullying related to a pupil's allergy, including exclusion from activities because of a known allergen, mockery of dietary restrictions, or threats

to expose a pupil to a known allergen. Any concerns of this nature will be addressed in line with the schools' Anti-Bullying Policy, and staff and pupils will be made aware, as part of allergy awareness training and PSHE, of the seriousness of such behaviour.

Risk Assessment

The school conducts risk assessments for new pupils with allergies or newly diagnosed allergies to identify and address any gaps in safety procedures.

Use of Adrenaline Auto-Injectors (AAI) Devices

- The school recognizes the importance of having Adrenaline Auto-Injectors (AAI) readily available for students diagnosed with severe allergies that may result in anaphylaxis. In line with statutory guidance, the school will ensure the following:
  - Parents/guardians are required to inform the school of their child's need for an AAI device and provide a clearly labelled, in-date AAI for use in school.
  - AAI devices will be stored in easily accessible, secure locations known to all staff, ensuring quick retrieval in the event of an emergency. These devices will not be locked away.
  - The school will maintain spare AAI devices in case of emergency use, and these will only be used in accordance with medical guidelines and the child's Individual Healthcare Plan (IHP).
  - Relevant staff will receive training annually on how to recognize the signs of anaphylaxis and how to administer an AAI, ensuring swift and safe action.
  - In the event of anaphylaxis, the school will follow emergency protocols, including the immediate use of an AAI device and contacting emergency services.

Publishing and Awareness of this Policy

This policy (or the allergy-specific sections of it) will be published on the school website and made available in hard copy to parents and staff on request. All staff will be made aware of the policy as part of annual allergy awareness training, and new joiners will be briefed on it as part of induction.

Review of Allergy Safety Arrangements

While this policy is reviewed in full every two years, the allergy safety arrangements within it will be reviewed at least annually by the designated senior leader for allergy safety, and additionally following any serious incident or "near miss," in line with emerging good practice for allergy safety policies.

8. Arrangements for First Aid

The schools have fully trained first-aiders. Lists of the qualified Fist Aid providers are displayed in the medical room, school office and staff-room.

Portable First Aid boxes are available at playtime; lunchtime; visits and sports outside the school building or off-site activities. A basic First Aid Kit should contain the required contents in accordance with the British Standard *BS 8599.*

9. Responsibilities of the First Aider

The responsibilities of the appointed First Aider/s are:

- To take charge in the situation where personal injury or illness has occurred and where further medical help is needed.
- In cases of serious injury, responsibility of the appointed person ends when the patient is handed over to medical care or parent/carer.
- No attempt to move an injured pupil will be made until appropriate examination and an assessment has been completed. Minor injuries may be treated on a self-help basis or by any members of staff in loco parentis.

10. Procedure for Dealing with and Recording Accidents, Injuries and Emergencies

- First aid assessment is carried out in the medical room and appropriate first aid is administered.
- After assessment, if the person remains in the medical room, then admin staff are notified.

- Major/Minor incident log book are kept in the medical room and must be completed. The log book can be completed by any staff while the assessment is taking place by first aider.
- Any incident considered being major, parents are immediately informed by admin staff; emergency services are contacted immediately, if required.
- If the major incident log book is completed then, 'Incident information for parents' needs to be completed A copy of this is kept in the incident log book, whilst the other is given to parents.
- All serious injury or major accident/incident must be reported immediately to the headteacher or a senior leader.
- If parents /carers are delayed, then a staff member will accompany the injured person to the hospital and wait with the person until parents / carers have arrived. The member of staff will keep the headteacher informed of any development.

Major accidents/incidents include:

- Badly bumped heads, e.g. heavy bruising, severe headache, distorted sight
- Possible fractured/broken bones
- Severe cuts or external bleeding
- Asthma attacks (not normal)
- Seizure or allergic reaction
- Breathing difficulty
- Other injuries considered by first aider to be serious.

Minor accidents may include:

- Grazed knees, elbows, etc
- Complaints of minor stomach-ache or headache (where a pupil has a known allergy, or there is no other explanation, this should also be considered as a possible sign of an allergic reaction and referred to in accordance with the Supporting pupils with Allergies and Anaphylaxis section of this policy)

- Minor injuries to limbs
- Twisted ankles
- Normal nosebleeds
- Other injury assessed to have no major impact on pupils' well-being

If serious accident occurs an investigation into the accident should be undertaken immediately or at least on the same day. Judgments should be made as to what can be done to reduce the risk of similar accidents occurring again. All accidents / near misses will be reported in accordance with the School's Health and Safety Policy and will be reviewed by the Governing Body.

Reporting procedure for Accidents/injury to staff or visitors
Any accidents involving staff, visitors or parents must be reported to the school office immediately. The school office must report this to the Health & Safety officer for both schools who is the Headteacher of both schools.

11. School Trips & Visits

School visits and trips are of great education and social value for all pupils.
At Al-Mizan and London East Academy, teachers ensure that the highest standards of health and safety are applied at all stages of any trips or visits. Teachers carry out a risk assessment as part of planning a school visit or trip regardless of the distance or number of pupils involved.
The risk assessment ensures that all reasonable steps are taken to avoid exposing pupils to dangers which are foreseeable and beyond what certain pupils can be expected to cope with.

12. Training for Staff

The headteacher will ensure that this policy is implemented effectively and is made available to all stakeholders. The headteacher will also ensure that there are sufficient trained staff members to implement the policy effectively. A training need will be carried out at the end of each academic year and subsequent accredited training will be made available to relevant staff. The school will have at least six fully trained First Aid providers.

13. First Aid at the schools

The school aims to ensure that it provides a safe and secure environment which is conducive to learning. To assist that process the school ensures that there are adequate numbers of trained staff to prevent accidents and administer first aid when required. In particular:

- First Aid provision is available at all times, including out of school trips, during PE and other times the school facilities are used e.g. Parents' Meetings.
- First Aiders must have attended a recognised **First Aid Course** approved and attend refresher courses every 3 years. They will be reliable, have good communication skills, an ability to cope with stress and able to absorb new knowledge.

- All staff, and those parents with responsibility for children in school, are made aware of First Aid personnel, facilities, and the location of First Aid boxes and information. Lists of staff [*Appendix F*] with First Aid responsibilities and/or appropriate training are displayed in the medical room and appropriate offices. There are portable First Aid Kits which staff take on school trips.

- It is the responsibility of the Headteacher, to ensure good First Aid practice is being carried out within the school and at events and activities organised by the school.

- The contents of the First Aid Cabinets/Kits are checked once a month and maintained and replenished by admin and support staff.

14. Procedures for Administering Medicines

At Al Mizan and London East Academy, we have adopted the guidelines issued by the relevant authorities [4] and guidance available on good practice from the local authority.

Parents must fill **in "Appendix- B Parental agreement for school to administer medicine"** form for any medicines to be administered in school.

[4] DfEE, Guidance on First Aid for schools, 2000
DfE, Supporting pupils at school with medical conditions, April 2014

Appendix A - Individual healthcare plan

Child's name	
Year group	
Date of birth	
Medical diagnosis or condition	
Date form filled in	
Review date	

Family Contact Information

Name of parent/carer 1	
Relationship to child	
Home/Mobile Phone no:	
Name of parent/carer 2	
Relationship to child	
Home/Mobile Phone no:	

Clinic/Hospital Contact

Name of Clinic/Hospital	
Name of Dr/Consultant	
Telephone no:	

G.P.

Name and address of GP Surgery	
Name of GP	
Telephone no:	

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

List daily care requirements

Specific support required for the pupil's educational, social and emotional needs if any

Describe what constitutes an emergency and the action to take if this occurs

Arrangements for school visits/trips etc

Other information

FOR SCHOOL USE ONLY
Who is responsible in an emergency *(state if different for off-site activities)*
Plan developed with
Staff training needed/undertaken – who, what, when
Other Notes

Appendix B – Parental agreement for setting to administer medicine

The school will not give your child medicine unless you complete and sign this form.

Date for review to be initiated by	
Name of child	
Date of birth	
Year Group	
Medical condition or illness	

Medicine

Long-term or short-term medication	
Duration of course if short-term	
Name & strength of medicine *(as described on the container)*	
Dosage and frequency	
Dose and time of medicine in school	
Expiry date	
Special precautions/other instructions	
Are there any side effects of the medicine?	
Self-administration – y/n	
Date medicine provided by parent	
Quantity Received	
Date medicine returned/finished	
Quantity returned	
Procedures to take in an emergency	

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

Contact Details

Name of parent carer	
Daytime telephone no	
Relationship to child	

I understand that I must deliver the medicine personally to	[agreed member of staff]

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

Parent Signature: _____ _____ Date: _____

Staff Signature: _____ Date: _____

Appendix C - Record of medicine administered to an individual child *(office use only)*

Name of child	
Date of birth	
Year Group	
Medical condition or illness	

Medicine

Duration of course if short-term	
Name & strength of medicine *(as described on the container)*	
Dosage and frequency	
Dose and time of medicine in school	
Self-administration – y/n	

Record of medicine administered to an individual child

Date	Medicine	Dose	Time	Staff Name

LONDON EAST ACADEMY
& AL MIZAN SCHOOL

Appendix D - USE OF EMERGENCY SALBUTAMOL INHALER CONSENT FORM

Please read and complete parental consent form for use of emergency salbutamol inhaler. The school emergency salbutamol inhaler will be available to your child and any others who are diagnosed with asthma and have a prescribed inhaler in the rare event that they do not have their own asthma inhaler. Please note that the school emergency salbutamol inhaler will only be used in an emergency with disposable spacers. In the event that your child is administered the school emergency salbutamol inhaler, we will inform you. Please complete the attached form giving consent so that your child may benefit from the emergency salbutamol inhaler should he/she require it. Without consent we will not be able to administer the emergency salbutamol inhaler should your child require it.

"A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life" (Department of Health - Guidance on the use of emergency salbutamol inhalers in schools, March 2015)

1. I can confirm that my child has been diagnosed with asthma yes no
2. I can confirm that my child has been prescribed an inhaler yes no
3. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day (LEA pupils) yes no
4. The school currently holds my child's prescribed inhaler yes no
5. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies. Yes no

Signed: ……Date:……

Name (print)……..……

Child's name:…….

Year Group:…….

Appendix E – Informing Parents of Emergency Salbutamol Inhaler Use

Child's name: _____

Year group: _____

Date: _____

Assalamu Alaikum,
Dear Parent/Carer

This letter is to formally notify you that (child's name)
_____

has had problems with his/her breathing today. This happened when _____

_____

_____

A member of staff helped them to use the school's emergency Salbutamol inhaler.

☐ They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given _____puffs.

☐ Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given _____puffs.
[Tick above as appropriate]

Although they soon felt better, we would strongly advise that they be seen by their own doctor as soon as possible.

Yours sincerely,

School's office

LONDON EAST ACADEMY
& AL MIZAN SCHOOL

Informing Parents of Emergency Adrenaline Auto Injector

Child's name: _____

Year group: _____

Date: _____

Assalamu Alaikum,
Dear Parent/Carer

This letter is to formally notify you that (child's name)
_____

has had an allergic reaction today. This happened when _____

_____

_____

A member of staff used the school's emergency Adrenaline Auto Injector.
☐ 999 emergency was called immediately.
(please tick)

Yours sincerely,
School's office

USE OF EMERGENCY Adrenaline Auto Injector CONSENT FORM

Please read and complete parental consent form for use of emergency Adrenaline auto-injector. The school emergency Adrenaline auto-injector will be available to your child and any others who are diagnosed with allergic reaction and have a prescribed Adrenaline auto-injector in the rare event that they do not have their own allergic reaction Adrenaline auto-injector. Please note that the school emergency Adrenaline auto-injector will only be used in an emergency. In the event that your child is administered the school emergency Adrenaline auto-injector, we will inform you. Please complete the attached form giving consent so that your child may benefit from the emergency Adrenaline auto-injector should he/she require it. Without consent we will not be able to administer the emergency Adrenaline auto-injector should your child require it.

"Adrenaline should be administered as soon as anaphylaxis is suspected, followed by calling emergency services immediately."
(Department of Health - Guidance on the use of emergency Adrenaline auto-injectors, 2017)

1. I can confirm that my child has been diagnosed with allergic reaction
   yes no

2. I can confirm that my child has been prescribed an Adrenaline auto-injector
   yes no

3. My child has a working, in-date Adrenaline auto-injector, clearly labelled with their name, which they will bring to school
   yes no

4. The school currently holds my child's prescribed Adrenaline auto-injector
   yes no

5. In the event of my child displaying symptoms of allergic reaction, and if their Adrenaline auto-injector is not available or is unusable, I consent for my child to receive Adrenaline from an emergency Adrenaline auto-injector held by the school for such emergencies. Yes
   no

Signed:
……..Date:
……
Name
(print)……..……
…….
Child's name:…….Year
Group:……

Appendix F – First Aiders in School

[PLACEHOLDER – to be checked and corrected by Anamul Khan before governor approval: names and locations below are carried over from the 2023 First Aid Policy and have not yet been reconfirmed as current.]

Emergency First Aiders in School – First Aid Essentials

Name	Location
Nasima Chowdhury	Schools' Office - LEA
Monjur Ali	AMS - Maryam Centre 4th Floor
Raihan Rahman	LEA – 2nd floor LMC
Minhaj Miah	LEA – 2nd floor LMC
Mizanur Rahman	AMS - Maryam Centre 4th Floor
Boshira Khanom	AMS - Maryam Centre 4th Floor

Emergency First Aiders in School – Level 3 (Additional Defibrillator Training)

Name	Location
Fokrul Amin Noor	LMC Administration Office

Emergency First Aiders – Level 3

Name	Location
Ashraf Ali	Floating between 2 schools
Jamal Islam	Al Mizan, 4th Floor Maryam Centre