



# The Henrietta Barnett School

## First Aid, Supporting Students with Medical Conditions & the Administration of Medicines Policy

### Purpose of Policy

The First Aid, Supporting Students with Medical Conditions and Administration of Medicines Policy is in operation to ensure that every student, member of staff and visitor will be well looked after in the event of medical conditions or an accident, no matter how minor or major. All members of the School community must be aware of the support available and the procedures in place to support members of the School community. This policy should be read in conjunction with the Health & Safety Policy, Equality Policy and the Special Educational Needs Policy.

The purpose of the Policy is:

- to do all that is reasonably practicable to safeguard and promote the welfare of those in our care.
- to support those with medical conditions, minimising as far as possible the impact of those conditions on their schooling (including academic, social and emotional impact).
- to provide effective, safe first aid cover for students, staff and visitors.
- to ensure that all staff and students are aware of the first aid and medical procedures in place in the School.
- to provide awareness of health and safety issues

The School follows Government guidance, including the DfE statutory guidance “**Supporting pupils at school with medical conditions**” (August 2017). Where appropriate the School uses the “Supporting pupil with medical conditions – templates” or equivalent. The School operates in line with the relevant statutes, including the 2002 Education Act, the 1989 and 2004 Children’s Acts, the 2006 NHS Act and the 2010 Equality Act.

### First Aiders, Lead First Aiders and their Responsibilities

The term “First Aider” refers to those members of the School community who are in possession of a valid First Aid at work certificate or equivalent. There is a list of First Aiders in the Medical Room in the Health and Well-Being Hub/Reception/Staff Room, as well as in the Staff Handbook. A list is also contained in Appendix A to this Policy. A First Aider will quickly be sent to wherever they are needed to treat those requiring assistance. There are some Lead First Aiders who have additional responsibilities (see below).

The School Business Manager will ensure that their qualifications are always up to date; they need to have updated training at least every three years.

The term “Lead First Aider” refers to those members of the School community who have additional responsibilities beyond those of First Aiders. Lead First Aiders are indicated on the lists of First Aiders.

Lead First Aiders will:

- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at School.\*

- Attend a casualty when requested to do so and treat the casualty to the best of their ability in the safest way possible. This includes wearing gloves where any loss of blood or body fluid is evident, and calling for help from other First Aiders or the Emergency Services.\*
- Act as a person who can be relied upon to help when the need arises.\*
- When necessary, and if in any doubt, ensure that an ambulance or other professional medical help is called.\*
- Help fellow First Aiders as and when necessary at an incident and provide support during the aftermath.\*
- Keep a record of each student attended to, the nature of the injury and any treatment given either by adding this directly to the Medical log or by informing the Well-being and Safeguarding Officer by email. \*
- Ensure that everything is cleared away appropriately, using gloves, with no contaminated/used items left lying around.\*
- Administer paracetamol or other medications supplied by parents where parents have sent written authorisation.
- Ensure that their portable first aid kits are adequately stocked and always to hand and liaise with the Well-being and Safeguarding Officer when further stock is required.
- Keep parents informed as appropriate.
- In the case of any head/neck injuries, contact parents as soon as possible.
- Obtain the history relating to the student, particularly in the cases of headaches, to ensure that no injury has caused the student to deteriorate.
- Insist that any casualty who has sustained a significant head injury is seen by professionals at a hospital, either by sending them directly to hospital or by asking parents to pick up a student to take them to hospital.
- Ensure that a student who is sent to hospital by ambulance is either accompanied by a member of staff in the ambulance at the request of paramedics, or followed to a hospital by a member of staff to act *in loco parentis* if a relative is not at School to accompany the student at the time that the ambulance leaves.

In addition, those responsibilities above which are asterisked are the responsibilities of all First Aiders (ie not only Lead First Aiders). However, in the event that there is no Lead First Aider available, a First Aider will take on all the responsibilities above.

### **Role of the Governing Body**

The Governing Body will:

- Ensure that arrangements are in place to support students with medical conditions, focusing on the needs of the individual student, so that these students can access and enjoy the same opportunities at School as any other student.
- Ensure that arrangements meet statutory responsibilities, with policies and procedures effectively implemented in a way, which gives students and parents' confidence.
- Ensure that arrangements show an understanding of how medical conditions impact on the ability to learn, as well as increasing confidence and promoting self-care.
- Ensure the provision of adequate First Aid cover, and staff training, as outlined in the Health and Safety [First Aid] Regulations 1981.
- Monitor and respond to all matters relating to the health and safety of all persons on School

premises. See the School's Health and Safety Policy.

- Ensure that an appropriate level of insurance is in place that reflects the level of risk. This includes liability cover relating to the administration of medication.

### **Responsibilities of the Junior Deputy Head in conjunction with the Well-Being and Safeguarding Officer:**

The Junior Deputy Head in conjunction with the Well-Being and Safeguarding Officer (or Head in their absence) will:

- At the start of each academic year, provide First Aiders and all staff with a list of students who are known to be asthmatic, anaphylactic, diabetic, epileptic or have any other serious illness and ensure that all staff know how to respond in the first instance in these cases.
- Ensure that all relevant medical information of which the School has been made aware for every student is recorded on the School's Management Information System and that this is readily available for staff responsible for School trips/outings.
- Ensure all new staff are made aware of the first aid procedures set out in this policy and know who the current First Aiders are.
- Ensure that individual healthcare plans are in place for all students who need one (and reviewed annually and when there are changes), and that these are readily available whilst also preserving confidentiality as appropriate.
- Ensure that staff refer students who have sustained an injury to a First Aider for examination.
- Ensure that sufficient staff are appropriately trained and that there is at least one qualified First Aider on the School site at all times when students are present.
- Liaise with outside agencies as appropriate, including CAMHS (Child & Adolescent Mental Health Services), Social Services, the Local Education Authority, medical professionals, and others as appropriate.
- Ensure that risk assessments are done for students on crutches or other situations of raised risk (including mental health concerns when student safety is a concern).

### **Responsibilities of all staff**

All staff will:

- Ensure that when dealing with a student who is feeling unwell, they will always obtain the history, particularly in the cases of headaches, to ensure that no injury has caused the student to deteriorate.
- Familiarise themselves with the procedures set out in this policy and ensure that they know who the current First Aiders are.
- Familiarise themselves with the location of the three defibrillators in School (one at Reception, one in the Medical room of the Health and Well-Being Hub and one in the Key Stage 3 Office in Bigwood).
- Be aware of the information the School holds and shares with staff, giving specific medical details of individual students, as appropriate.
- Ensure that the students in their Form are aware of the procedures in operation.
- Never move a casualty until they have been assessed by a qualified First Aider unless the casualty is in immediate danger.
- In situations of significant medical concern, send for help to the Medical Room (in the Health and Well-Being Hub) or Reception as soon as possible either by a person or phone, ensuring that the messenger knows the precise location of the casualty. Where possible, confirmation that the message has been received must be obtained.

- Reassure, but not treat a casualty unless staff are in possession of a valid Emergency Aid in Schools Certificate or know the correct procedures; all such staff can however start emergency aid until a First Aider arrives at the scene or instigate simple airway measures if needed.
- Send a student (if they are able to walk) who has minor injuries or who feels sufficiently unwell to have to leave lessons to the Medical Room in the Health and Well-Being Hub ; this student should be accompanied if deemed necessary. If the Well-Being Hub is not available, such students should be sent to Reception.
- Ensure that they have current medical information for every student that they take out on a School trip, which indicates any specific conditions or medications of which they must be aware.
- Have regard to personal safety in carrying out first aid and supporting students with medical conditions.
- Write a report on any accidents or incidents they attend to, or at which they are first at the scene.
- Pass on any concerns to the School Business Manager and Estates Manager about near-misses of accidents or anything else which might give rise to an accident. The School Business Manager/Estates Manager will ensure that this is recorded in the log of near-misses.

### **Reporting of accidents or incidents involving students**

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (2013) (RIDDOR) will be complied with.

Appendix B contains a visual guide for the path of action that should be taken in the instance that a student accident occurs and some form of reporting is required. For these purposes, an accident is a type of incident which is separate, identifiable, unintended and causes physical injury. There must be an identifiable external incident that causes the injury, for example a falling object striking someone.

### ***Reporting to the Health and Safety Executive (HSE) – reportable accidents***

Most incidents that happen in schools or on school trips do not need to be reported to the HSE. RIDDOR requires that the School reports to the HSE injuries to students (and visitors) who are involved in an accident at School or an activity organised by the School if the accident results in:

- (i) the death of the person, and arose out of or in connection with a work activity; or
- (ii) an injury that arose out of or in connection with a work activity and the person is taken directly from the scene of the accident to hospital for treatment. (Note that this does not include examinations or diagnostic tests or where students are only taken to hospital purely as a precaution, when no injury is apparent).

An accident to a student (or visitor) will be considered to have 'arisen out of or in connection with a work activity' if the incident was caused by:

- (a) a failure in the way a work activity was organised (eg inadequate arrangements or supervision)
- (b) the way equipment or substances were used; and/or
- (c) the condition, design or maintenance of the premises or equipment.

Details of such reportable accidents will be recorded by the member of staff who attends to, or is first at the scene of the incident. These details should be recorded as soon as possible. In addition to reporting to the HSE, the Senior Team will consider and detail any measures which can be put in place to reduce risk of any similar accident in the future.

The School Business Manager (or Head in their absence) will oversee the process and ensure that all appropriate action is taken and recorded.

## Reporting Accidents in the Student Accident Log

In addition to the specific reporting requirements above, **all accidents** (other than those which result in a minor injury only – see below) should be reported in the Student Accident log by the person who attends to or is first at the scene of the accident. Such details should be recorded as soon as possible.

In some circumstances, as identified in the guide in Appendix B, an internal investigation into the incident may also be carried out through which the Senior Team will consider and detail any measures which can be put in place to reduce risk of any similar accident in the future.

It is not possible to provide a definitive list of what constitutes a minor injury but it is likely that, in the absence of any complicating factors, the following would normally be considered minor: small cut/graze, small bruise, minor strain/sprain, blister, splinter, stubbed toe, bite/sting, minor nosebleed or minor sunburn. If in doubt, staff should consult one of the Lead First Aiders.

## Arrangements for students with specific medical conditions

Education, Health and Care plans (EHCPs) or Individual Healthcare plans (IHPs) are drawn up for students with specific medical conditions (for example epilepsy, anaphylaxis, asthma and diabetes), with instructions about care and emergency procedures. The plans are drawn up in consultation with students, parents, the School and healthcare professionals as appropriate. They are reviewed annually and when the situation changes. They include:

- Details of the condition, its triggers, signs, symptoms, treatments
- The student's needs, including medication, access to food/drink to manage their condition, dietary requirements and environmental issues (e.g. crowded corridors, travel time between lessons, etc.)
- Support for the student's educational, social and emotional needs, including how absences will be managed, requirements for extra time in exams, use of rest periods, counselling sessions, etc.
- The level of support needed, including whether the student is self-medicating and what monitoring required
- Who will provide this support, their training needs, and cover when they are not available
- Who in School needs to be aware of the condition
- Arrangements for written permission from parents and Head for medication to be administered by a member of staff or self-medicated
- Arrangements needed for School trips or activities, including risk assessments
- What to do in an emergency and who to contact.

Details of EHCPs and IHPs are circulated as necessary and further information (with access restricted accordingly) is held on the School's Management Information System and the Google Drive. Staff are updated about specific cases at the start of each academic year, and at other times as necessary. Staff must ensure that they are aware of the individual medical needs for any students they come across, whether in the classroom, in activities or on School trips.

Every effort will be made to maximise attendance and minimise the academic, social and emotional impact of medical conditions on schooling. Organisers of trips and activities must consider what, if any, reasonable adjustments they might make to enable students with particular medical conditions to participate fully and safely in all aspects of School life, including visits and activities.

Appendix C contains additional information about specific medical conditions (epilepsy, anaphylaxis, diabetes and asthma), how to manage them, and where to find more information.

## The Storage and Administration of Medicines in School

On admission to the School and at the beginning of each academic year, all parents are prompted to provide

up-to-date information giving full details of:

- medical conditions
- allergies
- regular medication
- emergency contact numbers
- name of family doctor/consultants
- special requirements (e.g. dietary)

A student with medication that needs to be kept in School must hand it in to the Wellbeing and Safeguarding Officer (based in the Health and Well-being Hub. The exception to this is medication that the student needs to keep with them eg adrenaline auto-injectors (usually EpiPens) inhalers, diabetic medication and any other essentials by arrangement between parents and School. Students who require adrenaline auto-injectors and inhalers must keep one with them and also provide a spare which will be kept at Reception. It is the responsibility of parents to ensure that such items are in-date and any student without in-date adrenaline auto-injectors or inhalers will not be permitted to attend day or residential School trips. (For further information about asthma and anaphylaxis, please also see Appendix C).

Parents are responsible for their child's medication, but the School accepts that there are occasions when students may need to take medication whilst at School. The School takes responsibility for the administration of medicines during School time in accordance with School policies which are based on government guidelines. All staff are expected to maintain professional standards of care and must act within their conditions of service and following School policies and guidelines, but have no contractual or legal duty to administer medication.

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Medication to be administered in school must be labelled with the student's name and form, along with instructions, and a form will be completed, indicating:

- name of the student
- date and time of the administration
- who supervised the administration
- the quantity received
- a note of any side-effects

The Well-Being and Safeguarding Officer will ensure that the medical record form is filled in and checked regularly.

**Parents will be expected to notify any requests for the administration of medicines** at the earliest opportunity. The School will decide whether it is possible to administer the medication in School. Where appropriate, a treatment plan will be drawn up in consultation with the parents (and anyone else necessary). Any areas of doubt will be referred to the Head, whose decision is final. The medication must be in a container as prescribed by the doctor and dispensed by a chemist (the only exception to this is insulin, which may be inside an insulin pen or pump), in date and with the student's name and instructions for administration printed clearly on the label. The School will not deal with any requests to renew the supply of the medication. All medicines will be stored safely, and students will know where to access them

**If the student is required and able to administer her own medicine**, the School will check that the student fully understands what has to be done, and will supervise the administration if appropriate. Normally, medication will be kept under the control of the Medical Room in the Health and Well-Being Hub unless other arrangements are made with the parent (for instance with inhalers and adrenaline auto-injectors which need to be carried by the student at all times).

Medicines should only be administered in School when it would be detrimental to a student's health or school attendance not to do so. The School does not, under any circumstances, allow the administration of non-prescription or prescription medicines in School (including painkillers) without written instructions and **signed authorisation from the parents**. In the event that a student needs medication and such authorisation has not been provided, a telephone call to the parents will be made to gain authorisation. From October 1st 2014, Schools are permitted to stock spare asthma inhalers for emergency use. From 1 October 2017, schools are allowed to purchase adrenaline auto-injector (AAI) devices without a prescription, for emergency use on children who are at risk of anaphylaxis but whose own device is not available or not working. The School is committed to providing **appropriate training for staff** who volunteer to participate in the administration of medicines.

The School will not normally allow **intimate or invasive treatment** to take place in School, but in exceptional circumstances, the Head is authorised to agree to it. Two adults must be present when these take place, at least one of whom must be of the same gender as the student.

The School will do all it reasonably can to assist students with long-term needs. Each case will be considered after discussion with the parents, and external medical practitioners as appropriate.

Prior to **School visits**, the Educational Visits Coordinator, will provide a list of those students requiring medication to the visit leader. Emergency contact details will also be supplied. The trip leader will take a First Aid kit, along with any relevant medication held by the School. These will be collected from Reception in advance of the visit.

The School follows the guidance from the UK Health Security Agency on "[Health protection in children and young people settings, including education](#)", which was written to provide a practical guide for staff on managing cases of infectious diseases in children and young people settings, including education, and to help them prevent and respond to infection, incidents and outbreaks. This guidance document includes guidance on hygiene procedures, how best to control the various infectious diseases and information about immunisation programmes.

Should students or parents be dissatisfied with the support provided, they should discuss their concerns with the School. If a satisfactory resolution is not found, then they may make a formal complaint via the School's Complaints Procedure.

**Monitoring and Review:** This policy will be reviewed and updated annually by the Junior Deputy Head in consultation with the Head.

Updated: November 2025

## APPENDIX A: LIST OF FIRST AIDERS

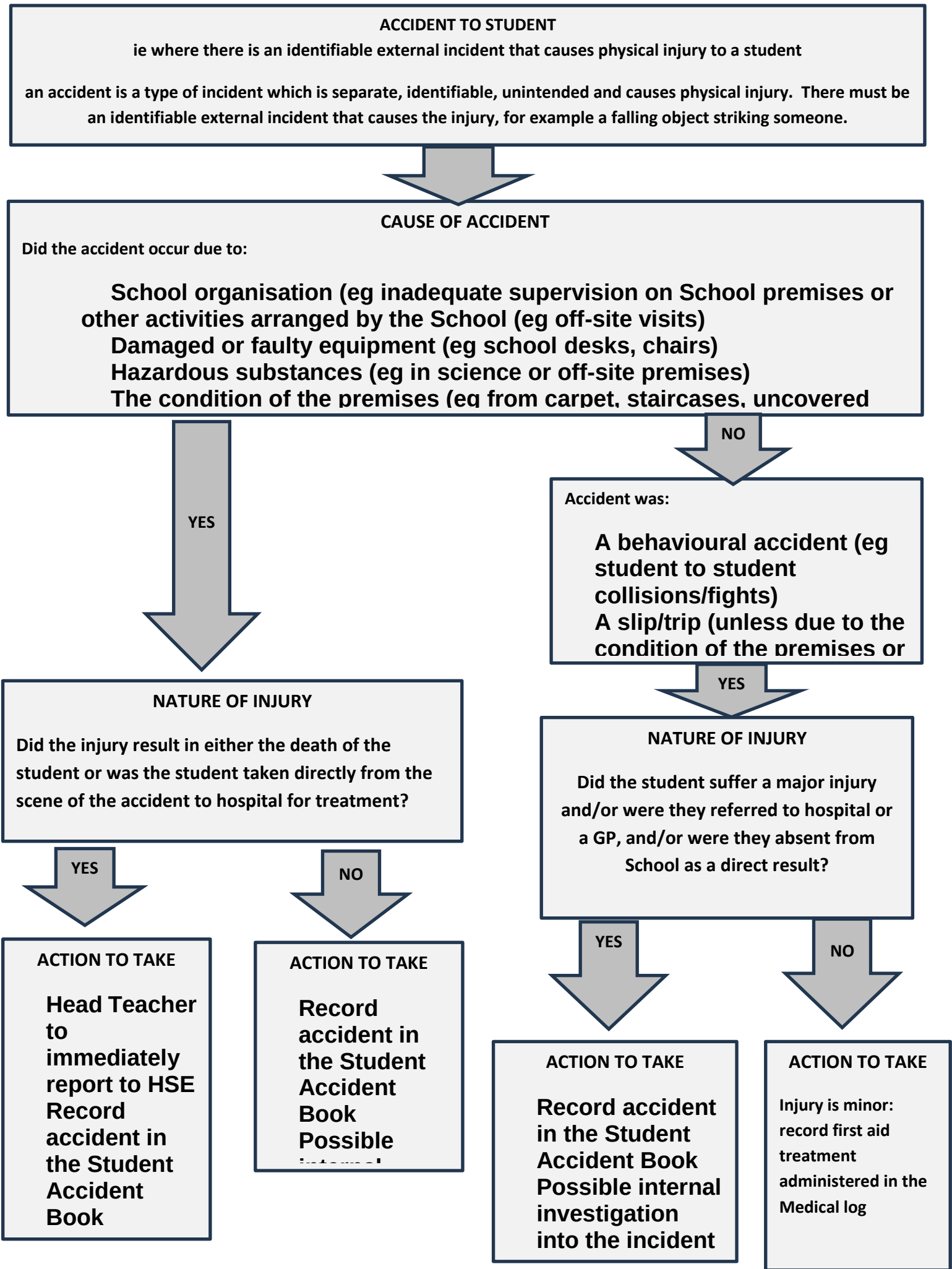
Names also indicated on phone list and in Staff Handbook]

| Lead First Aider | Role                                                         | Ext     |
|------------------|--------------------------------------------------------------|---------|
| Kimberley Green  | Well-Being and Safeguarding Officer                          | 208     |
| Jean Boal        | Reprographics / Educational Visits Co-ordinator              | 211     |
| Liza Hack        | Receptionist & Attendance Officer                            | 201/236 |
| Lesley Anderson  | Admissions & Administration Officer / Lettings Administrator | 225     |

| First Aiders           | Role                                                  | Ext     |
|------------------------|-------------------------------------------------------|---------|
| Amon, Dr Wolfgang      | Chemistry (H)                                         | 223     |
| Brophy, Mr Danny       | Caretaker                                             | 232     |
| Chahi, Mr Mohamed      | Design, Tech & Engineering (H)                        | 214/226 |
| Fourtit, Mr Karim      | DT Technician                                         | 214     |
| Fusi, Miss Katie       | Physical Education / Head of Year 8                   | 219/256 |
| Haywood, Mr Paul       | MFL (H)/Professional Mentor                           | 261     |
| Hornick, Mr Gallin     | Caretaker                                             | 232     |
| Leek, Mrs Claire       | Junior Deputy Head (DSL)                              | 207     |
| Makinde, Ms Mercy      | Art (H)                                               | 246/273 |
| Mehta, Miss Chandni    | Chemistry/DofE Co-ordinator                           | 223     |
| Peterson, Mr Simon     | Geography (H)                                         | 238     |
| Regan, Mrs Karmjit     | Economics/Geog/<br>Head of KS4                        | 269     |
| Rodwell, Miss Jess     | Physical Ed (H) / Head of KS4                         | 219/269 |
| Ross, Mr Harvey        | MFL i/c Spanish                                       | 240     |
| Sack, Ms Georgina      | MFL                                                   | 231     |
| Stern, Ms Kat          | Physical Ed / Assistant Head of Sixth Form (Pastoral) | 219     |
| Supperstone, Mr Daniel | MFL i/c German/Head of Year 7                         | 255     |
| Whitfield, Ms Abigail  | Drama (H)                                             | 248     |

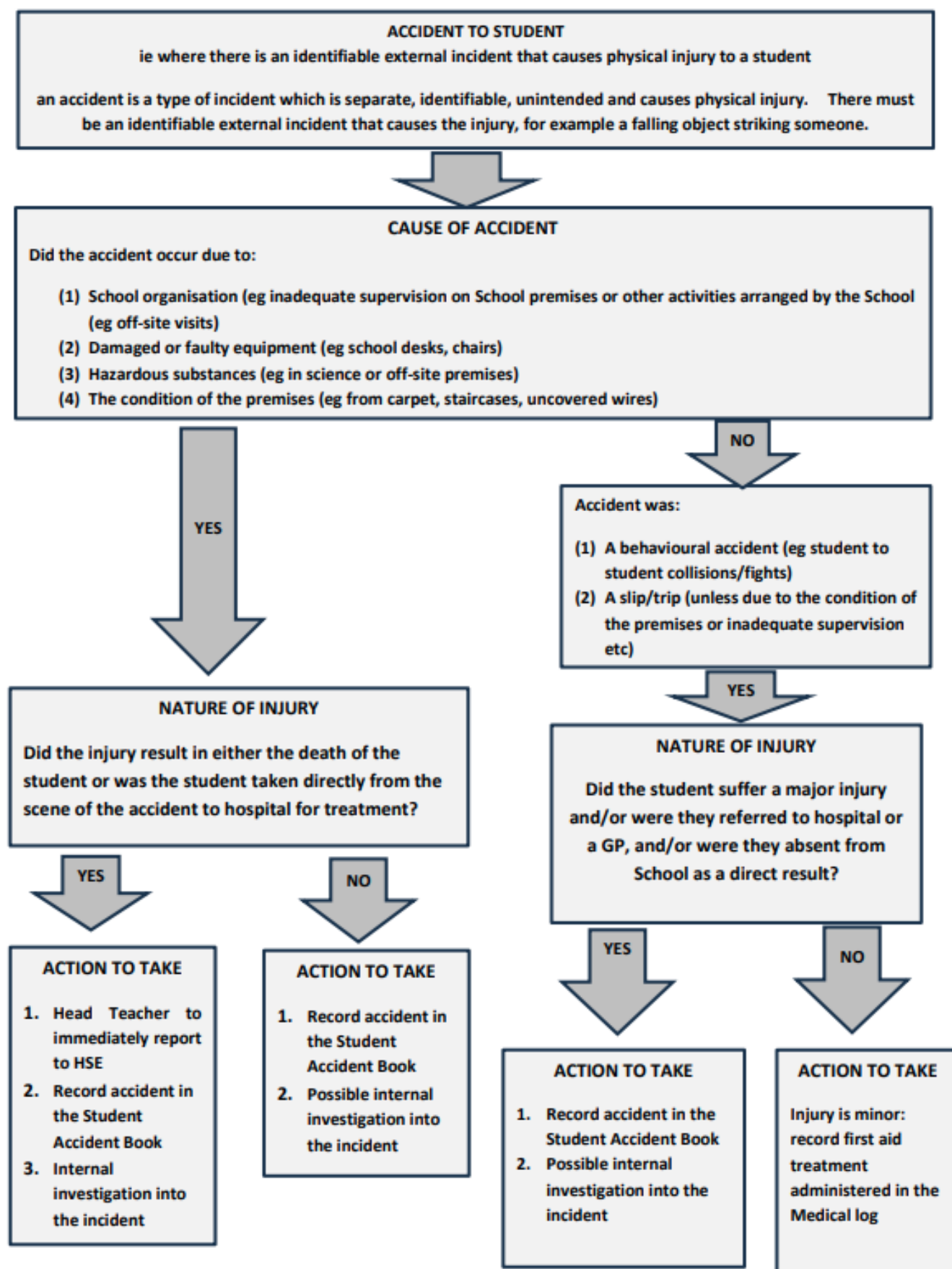
APPENDIX B: Guide to Reporting a Student Accident to the HSE

See also <https://www.hse.gov.uk/pubns/edisi1.htm> and <https://www.hse.gov.uk/riddor/examples-reportable-incidents.htm>



## APPENDIX B: Guide to Reporting a Student Accident to the HSE

See also <https://www.hse.gov.uk/pubns/edis1.htm> and <https://www.hse.gov.uk/riddor/examples-reportable-incidents.htm>



## APPENDIX C: ADDITIONAL INFORMATION ABOUT SPECIFIC MEDICAL CONDITIONS

The following provides additional information about specific medical conditions, how to manage them, and where to find more information:

### Epilepsy

An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time, and it can take a number of different forms e.g. cause changes in a person's body or movements, awareness, behaviour, emotions or senses (such as taste, smell, vision or hearing). Usually a seizure lasts for only a few seconds or minutes and then the brain activity returns to normal. The most common triggers for seizures are tiredness, lack of sleep, lack of food, stress, photosensitivity. If a student experiences a seizure in School, the details will be recorded and communicated to parents. During a seizure, it is important to make sure that:

- the student is in a safe position
- the student's movements are not restricted
- the seizure is allowed to take its course

Any member of staff is able to take measures in this regard, while waiting for a first aider to arrive.

In a convulsive seizure something soft should be put under the student's head to help protect it. Nothing must ever be placed in the mouth. After a convulsive seizure has stopped, the student must be placed in the recovery position and stayed with, until she is fully recovered. An ambulance must be called if any of the following apply:

- it is the student's first seizure
- the student has injured themselves badly
- they have problems breathing after a seizure
- a seizure lasts longer than is normal for them (generally, more than five minutes)
- there are repeated seizures (unless this is usual for the student).

More information may be found, for example from:

<http://www.medicalconditionsatschool.org.uk/> and /or <http://www.epilepsysociety.org.uk/>

### Anaphylaxis

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. The whole body is affected, usually within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours. Common causes include foods such as peanuts, tree nuts (e.g. almonds, walnuts, cashews, Brazils), sesame, eggs, cow's milk, fish, shellfish, and certain fruits such as kiwifruit. Non-food causes include penicillin or any other drug or injection, latex (rubber) and the venom of stinging insects (such as bees, wasps or hornets). In some people, exercise can trigger a severe reaction - either on its own or in combination with other factors. Most common symptoms include the following:

- nettle rash (hives) anywhere on the body
- sense of impending doom
- swelling of throat and mouth
- difficulty in swallowing or speaking
- alterations in heart rate
- severe asthma
- abdominal pain, nausea and vomiting
- sudden feeling of weakness (drop in blood pressure).

Even where only mild symptoms are present, the student must be watched carefully. They may be heralding the start

of a more serious reaction. With severe allergic reactions, the adrenaline injection using the student's own adrenaline auto-injectors, must be administered by the student or by an adult (not necessarily a first aider) into the muscle of the upper outer thigh. An ambulance must always be called. Students should carry their adrenaline auto-injectors with them at all times, and a spare one is stored in Reception. It is vital that students take their adrenaline auto-injectors on all trips and that they are kept in-date. A student without in-date adrenaline auto-injectors will not be able to attend day or residential School trips.

More information may be found, for example from: <http://www.medicalconditionsatschool.org.uk/> and/or <http://https://www.anaphylaxis.org.uk/schools/>

## **Diabetes**

Diabetes is a condition in which the body does not produce enough, or properly respond to, insulin. Students with diabetes must be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. It may be necessary to make special lunchtime arrangements for students with diabetes. If a meal or snack is missed, or after strenuous activity, a hypoglycaemic episode (a hypo) may occur. The symptoms include:

- hunger
- sweating
- drowsiness
- pallor
- glazed eyes
- shaking or trembling
- lack of concentration
- irritability
- headache
- mood changes, especially angry or aggressive behaviour.

If these symptoms are ignored the student will rapidly progress to loss of consciousness and a hypoglycaemic coma. If a student has a 'hypo', it is very important that they are not left alone and that a fast-acting sugar, such as glucose tablets, a glucose rich gel, or a sugary drink is given immediately. A first aider should be called but such measures can be taken by any member of staff in an emergency. An ambulance must be called if:

- recovery takes longer than 10 -15minutes;
- the student becomes unconscious.

Hyperglycaemia (high glucose level) may also be experienced by some students. It is usually slow to develop. Treatment is the administration of insulin. Symptoms include:

- a dry skin
- a sweet or fruity smell on the breath rather like pear drops or acetone
- excessive thirst, hunger or the passing of urine
- deep breathing
- fatigue.

The diabetes of the majority of affected students is controlled by injections of insulin each day. Older students may be on multiple injections and others may be controlled on an insulin pump. Most students manage their own injections, but may need a suitable, private place to administer them. More information may be found, for example from: <http://www.medicalconditionsatschool.org.uk/> and/or <http://www.diabetes.org.uk/>

## Asthma

Asthma is a common medical condition, which affects the airways causing breathing difficulties. It may be mild and infrequent lasting for only an hour or so, or it may be very severe, with attacks, in extreme cases, lasting for several days. Childhood deaths from asthma are rare but do occur. It is known that some individuals are allergic to certain substances including house-dust, pollen and certain foods. Triggers can include viral infections (common colds), allergies, exercise, cold weather or strong winds, excitement or prolonged laughter, sudden temperature changes, fumes from glue, paint, aerosol deodorants, vehicle exhausts or tobacco smoke. The signs of an asthma attack include:

- coughing;
- being short of breath;
- wheezy breathing;
- feeling of tight chest;
- being unusually quiet.

A student having an asthma attack must never be left alone, and must be told to use their inhaler immediately. An ambulance must be called if:

- the symptoms do not improve sufficiently in 5-10 minutes
- the student is too breathless to speak
- the student is becoming exhausted
- the student looks blue.

Students with asthma must have immediate access to their reliever inhalers when they need them. Inhalers must be kept in-date and must always be available during physical exercise and educational visits. A student with asthma will not be permitted to attend a day or residential School trip without an in-date inhaler. All staff must be aware of the implications, know that the student could have an attack at any time and know what to do. More information includes the following: <http://www.medicalconditionsatschool.org.uk/> and/or <http://www.asthma.org.uk/>