



FIRST AID POLICY

1. Key Points

All staff are expected to use their best endeavors in the event of a first aid emergency. All staff must know:

1. How to call the emergency services – dial 999 and ask for an ambulance. If there is any doubt that an ambulance is required, call an ambulance straight away.
2. The location of the nearest first aid box (*see annex A*) which will contain:
 - a. The name of and how to contact the Appointed Person responsible for the building or area of the School the casualty is in (*see annex A*)
 - b. The name of and how to contact the First Aider (first aid trained person) responsible for the building or area of the School the casualty is in (*see annex A*)
 - c. A basic aide memoir for dealing with first aid emergencies (*see annex B*)
 - d. Basic first aid equipment (*see annex C*)
3. How to contact the Health Centre – dial (01743) 280860; internal extension 860.

2. Appointed Persons are responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring that a member of the Medical Team or an ambulance is summoned if appropriate
- Looking after and restocking the first aid box and any other first aid equipment in their area of responsibility

The Appointed Person is not a First Aider, but it is good practice for the Appointed Person to undertake Emergency First Aid training to help them cope with an emergency. This training, which does not have to be Health and Safety Executive (HSE) approved, would include:

- What to do in an emergency
- Cardiopulmonary resuscitation (CPR)
- First aid for the unconscious casualty
- First aid for the wounded, bleeding or burnt

Appointed Persons may undertake basic and/or advanced regulated first aid training if funding and vacancies allow.

First Aiders are responsible for:

- Giving immediate help to casualties with common injuries or illnesses and those arising from ~~the~~ hazards at School
- Where necessary, ensuring that a member of the Medical Team or an ambulance is called

First Aiders must complete a training course regulated by recognized awarding body. Refresher training is required every three years.

3. Sporting events

It is the responsibility of each sports tutor in charge of any sporting event taking place either on or off the School site to ensure:

- There is a First Aider present (all sports staff are encouraged to undergo first aid training)
- There is a pitch side, suitably equipped first aid bag available at every event
- They have a mobile telephone to contact Health Centre or an emergency ambulance as necessary
- They are aware of the location of the nearest defibrillator (AED)
- They are aware of pupils in their charge who have a medical condition and ensure they have immediate access (pitch side) to their medication prior to any sporting event, if appropriate

4. Responsibility

The provision of first aid at Shrewsbury School is delegated by the Governors to the Headmaster, who in turn delegates responsibility to the Bursar. The Bursar, in his role as Chairman of the Health and Safety Committee, determines the number of Appointed Persons and the number of First Aiders and the level of training they should receive.

The number of Appointed Persons and First Aiders is reviewed annually by the Health and Safety Committee or more frequently when required, for example following an accident or emergency.

When determining the appropriate number of Appointed Persons and First Aiders, the Health and Safety Committee will take into account:

- The number of staff (and pupils) present at any one time
- The distribution of staff
- The number and locations of first aid boxes
- Whether there are inexperienced members of staff
- The number of staff and pupils with disabilities or specific health problems
- The size, nature (split sites/levels) and location of the school premises to which members of staff have access in the course of their employment
- Whether there are travelling, remote or lone staff
- Arrangements for off-site activities
- Arrangements for out of school hour activities such as parent evenings
- Parts of the school premises with different levels of risks
- The types of activity undertaken
- The proximity of professional medical and emergency services
- Any unusual or specific hazards (for example, working with hazardous substances, dangerous tools or machinery); and
- Accident statistics. These indicate the most common types of injuries, times, and locations. It is a useful tool as it highlights areas to concentrate on and tailor first aid provision to.

When selecting staff to be an Appointed Person or First Aider, the Health and Safety Committee will take into account their reliability, communication skills, aptitude to learn, ability to cope with stressful situations and the ability to leave the work that they are doing at the time.

Guidance on the minimum legal requirement for Appointed Persons and First Aiders; the recruitment, selection, and training of First Aiders; the responsibility and accountability of First Aiders; the need for a first aid room and the contents of first aid boxes can be found in the Health and Safety (First Aid) Regulations 1981.

5. Reporting accidents and record keeping

All members of the school community should report any accident or incident, however minor, as soon as possible after it has occurred. When an injured person is unable to complete their own details of the accident, then the Appointed Person, First Aider and/or witness should do it on their behalf.

Complete an accident report form (e-forms can be found on the Shrewsbury School intranet staff page: <https://shrewsburyschool.sharepoint.com/sites/ss-Staff/SitePages/E-Form-Accident-Form.aspx>)

Reports must contain:

- The date, time and place of the event
- Details of those involved
- A brief description of the accident/illness and any first aid treatment given
- Details of what happened to the casualty immediately afterwards - for example went to hospital, went home, resumed normal activities, returned to class
- Whether a First Aid Box was used

The Headmaster, Bursar and Senior Deputy Head should be informed about any incident if it is at all serious or particularly sensitive. For example, when a pupil has had to go to hospital or if one pupil has caused deliberate damage to another or where negligence might be suggested.

HSM's or Health Centre staff must inform parents when any pupil requires hospital treatment or is kept in the Health Centre overnight.

If, as the result of an accident, an employee is taken to hospital, is unable to work or subsequently becomes absent from work, their line manager/Head of Department and Building Surveyor should be notified immediately.

The Site Safety and Security Officer must report all serious accidents to the HSE as required by RIDDOR.

In an emergency, the Headmaster's office, the Bursary and the relevant Housemaster have contact details of pupils' parents and guardians. The Bursary has details of employees and their next of kin.

6. References

- Education Regulations (Independent School Standards) (England) 2010 (SI 2010/1997) Regulation 3 (14)
- DfEE Guidance on First Aid for Schools
- Health and Safety (First Aid) Regulations 1981, 3rd ed. (2013)

7. Review and Updates

This policy will be reviewed annually. Annex A First aid boxes, Appointed Persons, First Aiders will be updated on a termly basis to coincide with the Health and Safety committee meetings. Where major changes are required, this policy will be approved via the Health and Safety Committee – last major changes were approved in October 2022.

Owner: Chief Operating Officer
Reviewed September 2025 (inc. Annex A)
Next review September 2025

Annex A: First aid boxes, Appointed Persons, First Aiders

Box Number	Location	Location of First Aid Box	Appointed Person	First Aid Trained Person
A1 A2	Admissions	Front Door Kitchen	Vicki Moeller	Naomi Pritchard (E) Jo Haswell (E) (TBT) Sam Griffiths (E)
AH1 AH2 Inhaler	Alington Hall	Foyer Hallway from reception Hallway from reception	Isabell Rocke	Isabell Rocke Helen Brown (E) Diane Hunt
AF1 AF2	Art faculty	Foyer Opposite Ladies toilet	Jarrold Gabbittas	Jarrold Gabbittas (E) Anna Moszynska (E) Isabella Winkley (E) Emma Capps (E)
B1 B2 B3	Aston/Barnes Theatre	Barnes hallway bottom of stairs Technicians Workshop Side entrance	Helen Brown	Sian Stanhope Helen Brown (E)
DB1	Biology faculty - Darwin Building	Entrance Hall	Torin Morgan	William Simper (E) Richard Case (E) Emma Micklewright (E) Torin Morgan (E) Jonathon Turney
BH1 BH2 Inhaler	Boat House	Gym Workshop Main gym area	Athol Hundermark	Andy Clark Athol Hundermark Findlay Ralley (E)
FD1	Futures/Careers	Office – Top of the stairs	Jo Haswell	Naomi Pritchard (E) Jo Haswell (E) Sam Griffiths (E)
CW1	Carpenters' workshop	Workshop	Trevor Thomas	Dave Smith Trevor Thomas (E) Spencer Sonsino (E)
CCF1 CCF2	CCF/Adventure	Lobby area – back of the door Stores – back of the door	Tom Folker	Tom Folker Jason Till Nick David
C1	Chapel	Utility area – rear of chapel	Andy Keulemans	Andy Keulemans (E) (TBT)
CH1 CH2 CH3 CH4 Inhaler	Chatri Design Centre	Main entrance foyer Workshop Table Saw room Acrylic room Ground Floor Next to Common Rm	Kevin Lloyd	Kevin Lloyd (E) Nicola Perkins (E) Rachel Whitcombe (E) Will Reynolds
CHH1	Churchill's Hall	Matron's office	John Wright	John Wright (E) Sarah Foynes Joan Bovill William Mullock (E)
CB1 CB2 CB3 CB4 Inhaler	Craig Building	IT Entrance Top common entrance Car park entrance Chemistry prep room Main entrance	Chris Maines Andy Briggs Seb Cooley Andy Briggs	Chris Maines (E) Andy Briggs (E) Seb Cooley (E) Richard Barrett Sally Hartshorne, K. Davidson, David Wray H Gale (E) Victoria Kirk (E) Andrew Murray (E) Sara Williams (E) Grace Woo Laura Dale (E) Adam Smiter (E)* Paul Pattenden (E) Jane Pattenden (E)

CS1 Inhaler	Cricket School	Office/entrance foyer Next to first aid box	Alita Stephenson	Alita Stephenson Will Hughes Emma Davis
MRR2	Electrician workshop	Workshop	Spencer Sonsino	Dave Smith Trevor Thomas (E)* Neil Salisbury*
EDH1 EDH2 EDH3 EDH4	Emma Darwin Hall	Matrons Office Main door entrance Outside lift 1 st floor Outside tutors flat 2 nd floor	Will Reynolds	Will Reynolds Debbie Myles* Daisy Morse
FO1	Foundation Office	In between office and kitchen	Holly Fitzgerald	(TBT)
GD1	Grounds Department	Workshop	Nicholas Whalley	Jon Preece Adam Portman (E) Edward Smither (E) Nicholas Whalley (E)
G1 G2 G3	The Grove	Main entrance Lobby Back door entrance Top of stair well 2 nd floor	Clare Wilson	Sunita Boolauky* Clare Wilson (E)* Rob Wilson (E) Mascha Van Kuk (E) Sarah Paddock (E)
HH1 HH2 HH3 Inhaler	Hodgson Hall, ground floor Hodgson Hall, first floor Hodgson Hall, second floor	Rear of main foyer Top of stair well 1 st floor Top of stair well 2 nd floor Opposite lift ground floor	Frazer Matthews-Bird Myles Harding Colm Kealy	Frazer Matthews-Bird (E)* Nick David Giles Bell (E) Henry Bennett Morgan Bird (E)* Rhodri Evans Myles Harding (E)* Colm Kealy (E)* Andy Keulemans (E) Naomi Pritchard (E) Gregory Smith James Williams (E) Nick Zafar (E)
IH1 IH2 IH3	Ingram's Hall	Matron's office Top of right hand side stairs 1 st floor Top of right hand side stairs 2 nd floor	Jamie Williams	Jame Williams (E) Fiona Ross Dimitri Portier
KB1 KB2	Kennedy Building	Entrance hallway Top Floor hallway	Paul Fitzgerald	Matthew Clark (E)* Paul Fitzgerald (E) Sarah Latcham (E) Karen Mitchell (E)
KH1 KH2 KH3	Kingsland House, ground floor Kingsland House, Bursary Kingsland House, Bursary	Entrance lobby 1 st Floor Outside accounts office Top of 2 nd floor rear stair well	Maddie Edge Maddie Edge Maddie Edge	Maddie Edge Mathew Bye (E) Amanda Stevens Kelly Evans
KH4 KH5 KH6	Kingsland Hall, dining room Kingsland Hall main kitchens	Bursary side Chances side Outside chefs office by back door	Sodexo Employees	Sodexo Employees
L1	Laundry	Right hand side of laundry area	Teresa Perkins	Nicola Bradey (T)*
M1 Inhaler	Maidment Building (Music School)	Reception area Reception area	Maria McKenzie	James Kellas (E) Maria McKenzie (E)* Richard Robins (E) Chris Shelley (E) Mike Skipper (E) Almaz Razif (E)
MSB1 MSB2 MSB3 MSB4	Main School Building, ground floor Main School Building common room Main School Building, first floor Main School Building, second floor Main School Building,	Main entrance Common room 1 st Floor Central stairwell 2 nd Floor Central stairwell Main entrance	Jenny Davies Frank Tickner Daisy Morse Tim Whitehead	Matt Barratt Alex Brogan Daisy Morse Gerorge Bandy Adam Morris Ana Caraballo Garcia (E) Lisa Carlier (E) Sarah Paddock (E) Sterling Rosado (E)

Inhaler	ground floor			Tony Workman (E) Mark Roberts
MRR1	Maintenance Rest Room	Right hand side behind door	Spencer Sonsino	Dave Smith Thomas Gregory (E) Neil Salisbury
MSH1 MSH2 MSH3	Mary Sidney Hall	Outside Matron's flat Ground floor laundry 2 nd floor top of stairwell	Anita Wyatt	Katherine Little Anita Wyatt (E) Aislinn Currie-Jordan (E) Carol Foster
HC1 Inhaler	Health Centre	Main entrance Next to first aid box	Duty Nurse	Health Centre staff
ML1	Moser Library	Outside the Moser Gallery	Jodie El-Gazzar	Susan Turner (E) Debbie Piper (E)
MH1 MH2 MH3 MH4	Moser's Hall	Ground floor – entrance Matrons office Top of central stairs Basement rear door	Karen Morton Race	Karen Morton Race Fiona Ross Sara Williams (E) Lauren Temple
OH1 OH2 OH3	Oldham's Hall	Next to notice board - ground floor Outside Matrons office Above recycling bins	Henry Exham	Ellie Phillips Fiona Ross Adam Morris
PW1	Painters' workshop	Workshop	Alan Cruise	Lewis Davies (E) Dave Smith
PLW1	Plumbers' workshop	Workshop	Chris Thomas	Neil Salisbury
Q1	Quod - Sixth Form Centre	Bar area	Carolyn Codd	Carolyn Codd* Ellie Phillips
QEH1 QEH2 QEH3	Queen Elizabeth Hall	Ground floor foyer 1 st floor landing 2 nd floor landing	Jo Crisp	Jo Crisp Bella Winkley (E)
R1 R2	Ridgemount	Kitchen Outside Matron's flat	Edward Phillips	Edward Phillips Nicola Bradley*
RH1 RH2 RH3	Rigg's Hall	Matron's office HsM office Entrance Hall	Matthew Barrett	Matthew Barrett Rachel Lister-Jones* Jason Knowles (E) George Bandy
ScH1 ScH2	School House	Matron's office Ground floor central stair well	David Wray	Nadine Jones David Wray Seb Cooley (E)* Alex Brogan
SS1	School Shop	Entrance lobby	Carolyn Codd	Carolyn Codd*
SH1 SH2	Severn Hill	Matron's office Entrance Lobby	Adam Duncan	Adam Duncan (E) Laura Martin* Emma Higgins Henry Bennett
SWO1	Site Wardens Office	Kitchen Area	Ken Hardiman	Ken Hardiman Sean Quigley Ashley Burrage
SF1 SF2 SF3 SF4	Sports Facility	Entrance lobby/Reception Plant room Shallow end (swimming pool) Deep end (swimming pool)	Ed Moore	Duty Lifeguard Ed Moore Kelly Duffy Penny Harrison
SC1	Squash Courts	Kitchen area	Myles Harding	Sport Staff
SP1	Stott Pavilion	Changing room	Kelly Duffy	Sports Staff
TOS1	Top of Shop	Kitchen area	Carolyn Codd	Carolyn Codd* Sports Staff

Annex A updated 15.5.25

- 1) * - Running out next term
- 2) (T) - Temporary appointment whilst awaiting staff training
- 3) (TBT) – To be trained
- 4) (E) – Emergency First Aid at work trained

The above schedule provides details of appointed persons and first aiders by building or facility. There are other members of staff, not listed above, who have first aid training.

Site Epi pens and diabetic kits

Churchill's Epi-Pen	Boarding House	Sarah Foynes
EDH Epi-Pen	Boarding House	Debbie Myles
Ingram's Epi-Pen	Boarding House	John Wilkes
MSH Epi-Pen	Boarding House	Katherine Little
Moser's Epi-Pen	Boarding House	Karen Morton-Race
Oldham's Epi-Pen	Boarding House	Ellie Phillips
Queen's Epi-Pen	Boarding House	Jo Crisp
Ridgemount Epi-Pen	Boarding House	Camilla Lewis
Riggs Epi-Pen	Boarding House	Rachel Lister Jones
School House Epi-Pen	Boarding House	Pat Downes
Severn Hill Epi-Pen	Boarding House	Laura Martin
The Grove Epi-Pen	Boarding House	Sunita Boolauky
Health Centre	Health Centre	Duty Nurse
Kingsland Hall	Kingsland Hall	Matthew James Warburton

Severn Hill Diabetic Kit		Laura Martin
--------------------------	--	--------------

(Annex A updated May 2025)

ANNEX B: BASIC FIRST AID

Knowing what to do in an emergency is vitally important. Consider getting some first aid training and a first aid kit and familiarise yourself with how to deal with some of the more common situations below. If someone is injured, the following steps will keep them as safe as possible until professional help arrives:

- Keep calm.
- If people are seriously injured call 999 immediately; contact the Appointed Person and First Aider
- Make sure you and the injured person are not in danger.
- Assess the injured person carefully and act on your findings using the basic first aid steps below.
- Continue to monitor the injured person's condition until the emergency services arrive.

Unresponsive – Not breathing normally

If the person is unresponsive, not breathing normally, call 999 and ask for an ambulance. If you or any bystander has the necessary skills, conduct CPR while you wait for the emergency services.

Bleeding

Sit or lay the person down.

Control the bleeding by applying firm pressure to the wound, using a clean, dry dressing. Once the bleeding is controlled apply a sterile dressing to maintain the pressure, reassure the casualty, keep them warm and loosen any tight clothing.

Burns

For all burns, cool with water for at least **20** minutes. Remove any constricting items – but nothing that is stuck to the skin. Apply a dressing – non fluffy i.e. cling film, keep the patient warm and if necessary, call 999.

Broken Bones

Try to avoid as much movement as possible.

Steady and support the injured area and call 999.

In the case of any of the above situations occurring, the Health Centre **MUST** be informed.

ANNEX C: CONTENTS OF FIRST AID BOXES ON SITE

The minimum requirement for a first aid box, according to the HSE, is as follows:

- General first aid guidance leaflet
- individually wrapped sterile plasters (assorted sizes), appropriate to the type of work (hypoallergenic plasters can be provided if necessary)
- sterile eye pads
- individually wrapped triangular bandages, preferably sterile
- safety pins
- large sterile individually wrapped unmedicated wound dressings.
- medium sterile individually wrapped unmedicated wound dressings.
- disposable gloves (see HSE's leaflet *Latex and you*)

Depending on the area (e.g. science block, kitchen) and size of box, additional stock items might be added to provide specific first aid to that area where a certain type of injury is more common. Please note that, for instance, eyewash will be necessary in identified areas such as labs or workshops.

Please do not include known allergenic materials, i.e. Elastoplast, any creams or otherwise. Prescription medication such as inhalers must not be kept in first aid boxes.

ANNEX D: ANAPHYLAXIS

1. What is anaphylaxis?

Anaphylaxis is a severe form of allergic reaction. The cause is often contact with a protein to which your immune system has become sensitive, for example in nuts, in shellfish, in a fruit or vegetable or in the venom from a bee or wasp sting. Various medications and especially antibiotics, strong painkillers and anaesthetics can sometimes cause anaphylaxis. In other cases, anaphylaxis may only occur when a combination of factors come together. An example might be a person who suffers an attack of anaphylaxis during strenuous exercise just after eating a hidden food allergen – a food that normally causes that person no symptoms at all. If, after investigation, no allergy or external trigger can be found, the term idiopathic anaphylaxis is used. Idiopathic anaphylaxis has the same symptoms as anaphylaxis with a known trigger. As with all cases of anaphylaxis, idiopathic anaphylaxis has the potential to be life threatening.

1.1 Medication and control

Medication to treat anaphylactic reactions includes antihistamines, an adrenaline inhaler, or an adrenaline injection.

ADRENALINE AUTO INJECTOR/ 'EPIPEN'

Commonly referred to as Epipens, Adrenaline Auto Injectors can come in different branded forms though Epipen is the one most commonly used in the UK. This syringe injects automatically when pressed or jabbed firmly against the skin (must be the thigh) and contains adrenaline. Adrenaline is one of the best emergency treatments for anaphylaxis as it interrupts the consequences of the immune response that is responsible for the reaction. Use your auto injector as soon as a severe reaction is suspected, for example if the symptoms include tongue or throat swelling, breathing difficulty, weakness, or faintness. Always lie down if the symptoms include weakness or faintness.

All pupils who have anaphylaxis will require an individual health care plan. Spare Emergency Adrenaline Auto Injectors (EAAIs) are stored at the **Health Centre**, in pupils' **Boarding Houses** and in **Kingsland Hall**. Pupils with an Adrenaline Auto Injectors should carry it with them at all times. The Health Centre advise all pupils to carry 2 at all times.

2. Managing pupils with anaphylaxis

- Call for Emergency help (999/112). A pupil that has been given adrenaline must always have a period of observation in hospital.
- Staff should be aware of those pupils under their supervision who have a severe allergy resulting in anaphylaxis.
- Staff should ensure that all pupils, who have an Adrenaline Auto Injector prescribed to them, have their medication on them at all times.
- Staff should ensure that they have some knowledge of what to do if a pupil has an anaphylactic reaction. (Anaphylactic training is part of the first aid training for staff)
- If a pupil feels unwell, the Health Centre staff should be contacted for advice
- A pupil should always be accompanied to the Health Centre when it is safe to do so

3. Away trips: Please refer to the Staff Handbook for full procedures

- Staff should ensure that pupils going on away trips carry their medication with them.
- Staff members trained in the administration of medication must be identified.
- Staff must give consideration to the safe storage of medication.
- Staff supervising the trip must be aware of the pupil's condition and of any relevant emergency procedures

4. Issues which may affect learning

Pupils with anaphylaxis should be encouraged to participate as fully as possible in all aspects of school life. It is not possible to ensure that a pupil will not come into contact with an allergen during the school day, but schools should bear in mind the potential risk to such pupils in the circumstances and seek to minimize risk whenever possible.

5. What are the main symptoms?

- Intense itching and a raised blotchy rash (urticaria) like hives or a nettle rash
- Lip, tongue, throat and/or eyelid swelling.
- Severe wheezing, difficulty breathing or difficulty speaking.
- Feeling faint, unusually terrified or passing out
- Vomiting or abdominal pain

6. What to do if a pupil has an anaphylactic reaction

- Get someone to call 999, as the adrenaline can sometimes just be a short-term treatment and the symptoms may come back
- Stay calm and reassure the pupil
- Encourage the pupil to administer their own medication/ Adrenaline Auto Injector as taught. If unable, then a competent member of staff should administer
- Summon assistance immediately from the Health Centre
- If unsure whether to use the Adrenaline Auto Injector, the general advice is that it is better to use it than not. If administered correctly, adrenaline is a safe drug for most people

ANNEX E: ASTHMA

1. What is Asthma?

Pupils with asthma have airways which narrow as a reaction to various triggers. The triggers vary between individuals, but common ones include viral infections, cold air, grass pollen, animal fur, house dust mites and passive smoking. Exercise and stress can also precipitate asthma attacks in susceptible cases. The narrowing or obstruction of the airways causes difficulty in breathing and can be alleviated with treatment.

Asthma attacks are characterised by coughing, wheeziness, an inability to speak properly, and difficulty in breathing, especially breathing out. The pupil may become distressed and anxious and in very severe attacks the pupil's skin and lips may turn blue.

Shrewsbury School

- Recognises that asthma is a widespread, serious but controllable condition
- Ensures that pupils with asthma can and do participate fully in all aspects of school life, including art, PE, science, educational visits and out of hours activities
- Recognises that pupils with asthma need immediate access to reliever inhalers at all times
- Ensures that all staff (including supply teachers and support staff) who have pupils with asthma in their care, know who those pupils are; a record of all school pupils with asthma is kept and available on ISAMS

2. Asthma medicines

Children with asthma at Shrewsbury School should have their own reliever inhaler on their person to treat symptoms and for use in the event of an asthma attack. Spare prescribed inhalers are kept in their Boarding Houses by the House Matron. An Asthma UK survey found that 86% of children with asthma have at some time been without an inhaler at school, having forgotten, lost, or broken it, or the inhaler having run out.

New regulations introduced on 1 October 2014 now allow schools to hold an **Emergency Asthma Kit**.

3. Storage and care of the Emergency Asthma Kit

The Medical Team has overall responsibility for the maintenance of the emergency asthma kits. Emergency asthma kits will be kept in various key locations on the School premises including one at the Health Centre where a nebuliser is also kept. There is also a spare emergency asthma kit available at the Health Centre to be taken on school away trips.



4. Contents of the Emergency Asthma Kit

- A salbutamol metered dose inhaler (salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm. It is essential that the emergency inhaler is used only by pupils who have asthma or who have been prescribed a reliever inhaler.)

- A spacer compatible with the inhaler
- Instructions on using the inhaler and spacer
- Manufacturer's information
- Information contact details of the Health Centre, so that the Medical Team can record use and refill the kit

5. Away trips: please refer to the Staff Handbook for full procedures

Staff should ensure that all pupils going on away trips carry their medication with them. Staff member trained in administration of medication must be identified. Staff must give consideration to the safe storage of medication. Staff supervising the trip must be aware of the pupil's condition and of any relevant emergency procedures.

6. Location of Emergency Asthma Kits

- Alington Hall (opposite reception)
- Boathouse (fixed to the wall in the main gym area)
- Chatri Design Centre (ground floor, near classroom)
- Cricket School (next to first aid box just inside main entrance)
- Gym/Swimming Pool (next to current first aid box in the corridor)
- Hodgson Hall (ground floor next to lift)
- Maidment (main lobby)
- MSB (main central doors, just inside on the left)
- Science (main entrance)
- Health Centre

Each House Matron will have pupils' spare inhalers and spacers in their medical room kept alongside the First Aid Box.

7. HOW TO RECOGNISE AN ASTHMA ATTACK

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (could be breathing fast and with increased effort)
- Nasal flaring
- Unable to talk or complete sentences. Some people will go very quiet
- May try to tell you that their chest 'feels tight'

8. CALL AN AMBULANCE IMMEDIATELY IF PATIENT:

- Appears exhausted
- Has gone blue around the lips and/or nose
- Has collapsed and/or lost consciousness

9. WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the pupil
- Encourage the pupil to sit up and slightly forward
- Encourage the pupil to use their own inhaler – if not available, use an EMERGENCY ASTHMA KIT
- Remain with the pupil while the kit is brought to them
- Immediately help the pupil to take two separate puffs of salbutamol via the spacer
- If there is a noted improvement, escort the pupil to the Health Centre, if safe to do so
- If there is no immediate improvement, continue to give two puffs as often as they need to, up to a maximum of 10 puffs
- Stay calm and reassure the pupil
- If the pupil does not feel better or you are worried at any time before you have reached 10 puffs, call the Health Centre or 999 for an ambulance, if appropriate
- If an ambulance does not arrive in 10 minutes, give another 10 puffs in the same way

10. HOW TO USE A SPACER DEVICE

1. Remove the cap from the inhaler
2. Shake inhaler and insert into device
3. Place mouthpiece in the mouth
4. Press the canister once to release a dose of the drug
5. Take a deep slow breath in
6. Hold breath for about 10 seconds, then breath out through mouthpiece
7. Breath in again but do not press the canister
8. Remove the device from the mouth
9. Wait about 30 seconds before repeating steps 2-8.

ANNEX F: DIABETES

1. What is diabetes?

Diabetes is a condition in which the amount of glucose (sugar) in the blood is too high due to the body being unable to use it properly. This is because of a faulty glucose transport mechanism due to lack of insulin.

Normally, the amount of glucose in the bloodstream is carefully controlled by a hormone called insulin. Insulin plays a vital role in regulating the level of blood glucose and in stopping the blood glucose level from rising too high.

Pupils with diabetes have lost the ability to produce enough insulin or any at all and therefore their systems are unable to control their blood glucose levels. If the blood glucose level is too high, a pupil may show symptoms of thirst, frequent trips to the toilet, weight loss and tiredness. Conversely, if the blood glucose level is too low a pupil may display symptoms which include hunger, drowsiness, glazed eyes, shaking, disorientation and lack of concentration.

2. Medication and control

Diabetes cannot be cured but it can be treated effectively with medication or by injections of insulin and by following an appropriate diet. The aim of the treatment is to keep the blood glucose level close to the normal range so that it is neither too high (hyperglycaemia) nor too low (hypoglycaemia). All pupils with diabetes will require an individual health care plan.

In most cases pupils will have their insulin injections before and after school but some pupils may require an injection at lunchtime. If a pupil needs to inject whilst at school, they will know how to undertake the procedure without adult supervision. However, the pupil may require privacy in which to administer the injection. Some pupils may also need to monitor their blood glucose levels on a regular basis and again privacy may be required for this procedure.

An essential part of the treatment of diabetes is an appropriate diet whereby regular meals and good food choices help to keep the blood glucose level near normal. A pupil with diabetes will have been given guidance on food choices which should be reduced in sugar and fat but high in starch. Most pupils with diabetes will also need to eat snacks between meals and occasionally during class time. These snacks usually consist of cereal bars, fruit, crisps or biscuits. It is important to allow a pupil with diabetes to eat snacks without hindrance or fuss and to ensure that the lunchtime meal is taken at a regular time. It is also important that the School should establish with the pupil and their parents where supplies of fast acting sugar can be kept in case of a hypoglycaemic episode.

The issue of close communication between parents and the School is fundamental to the care of pupils with diabetes, as many aspects of growth and development will have an impact on their diabetes control. It is the parents' responsibility to ensure that any medication retained at the School is within its expiry date.

Following discussion with the pupil and their parents, individual decisions should be made as to whether to provide basic information on a pupil's condition to their peer group so that they are aware of their classmate's needs.

3. Managing pupils with diabetes

- Staff should be aware of those pupils under their supervision who have diabetes
- Sports staff should ensure that all pupils with diabetes have a Lucozade bottle with them (and their emergency medication and blood glucose monitoring kit) prior to commencement of a session
- Staff should ensure that they have some knowledge of what to do if a pupil has a hypoglycaemic episode or a hyperglycaemic episode. (Staff to seek advice from Health Centre staff for training)

- If a pupil feels unwell, the Health Centre staff should be contacted for advice
- A pupil should always be accompanied to the Health Centre if sent by a member of staff

4. Away trips: please refer to Staff Handbook for full procedures

- Staff should ensure that all pupils going on away trips carry their medication with them
- Staff members trained in the administration of medication must be identified
- Staff must give consideration to the safe storage of medication
- Staff supervising the trip must be aware of the pupil's condition and of any relevant emergency procedures

5. Issues which may affect learning

Pupils with diabetes should have no difficulties in accessing all areas of the curriculum including sporting activities which are energetic. However, as all forms of strenuous activity use up glucose there are some simple precautions to follow in order to assist a pupil with diabetes in maintaining an adequate blood glucose level:

- Encourage the pupil to eat or drink some extra sugary food before the activity
- Have glucose tablets or a sugary drink readily available in case the pupil displays symptoms of hypoglycaemia;
- After the activity is concluded, encourage the pupil to eat some more food and take extra fluid - these additional snacks should not affect normal dietary intake.

6. What do in an emergency if a pupil has a hypoglycaemic (low blood sugar) episode

Common causes:

- A missed or delayed meal or snack
- Extra exercise
- Too much insulin during unstable periods
- The pupil is unwell
- The pupil has experienced an episode of vomiting

Common symptoms:

- Hunger
- Drowsiness
- Glazed eyes
- Shaking
- Disorientation
- Lack of concentration

Get someone to stay with the pupil - call for the Medical Team/ambulance. (If they are hypo, do not send them out of class on their own, their blood sugar may drop further, and they may collapse.)

Give fast acting sugar immediately (the pupil should have this):

- Lucozade
- Fresh orange juice
- Glucose tablets
- Jelly babies
- 'Hypo Stop' (discuss with Health Centre whether this should be taken on trips off site)

Recovery usually takes ten to fifteen minutes. In some instance it may be appropriate for the pupil to be taken home from school.

Upon recovery encourage the pupil to eat some starchy food, e.g. a couple of biscuits or a sandwich.

Inform Health Centre/parents of the hypoglycaemic episode.

NB. In the unlikely event of a pupil losing consciousness, call an ambulance (and then contact the Health Centre).

7. What do in an emergency if a pupil has a hypoglycaemic (high blood sugar) episode

Hyperglycaemic episodes occur when the blood glucose level is too high. Pupils may display the following symptoms:

- Excessive thirst
- Passing urine frequently
- A change of behaviour
- Vomiting
- Abdominal pain

Care of pupils in a hyperglycaemic episode:

- Do not restrict fluid intake or access to the toilet
- Contact the Health Centre and/or parents if concerned

In both episodes, staff and Health Centre should liaise about contacting parents/guardians.

ANNEX G: CLEANING UP BODY FLUIDS FROM FLOOR SURFACES

Avoid direct contact with body fluids, as they all have the potential to spread germs. Germs in vomit and faeces may become airborne, so it is very important to clean up body fluids quickly.

1. Put on gloves and a disposable apron. Disposable latex or vinyl gloves are the best choice. However, reusable rubber gloves are acceptable as long as they are cleaned and sanitized after each use.
2. Sprinkle 'sanitaire' absorbing powder liberally on all visible material. Allow approximately 90 seconds for the powder to absorb all visible material. Be careful not to agitate the material, so that germ particles do not become airborne.
3. Remove all visible material from the most soiled areas, using paper towel or single use disposable red cloths.
4. Put all used paper towel and cloths into a yellow bag for incineration.
5. The remaining visible material should then be vacuumed using a designated vacuum cleaner. The vacuum cleaner bag MUST be changed after use.
6. Non-carpeted areas: Sanitize the area using 1:10 bleach solution (instructions follow). Because of the level of contamination, the bleach solution is much stronger than the 1:1000 solution used for regular sanitizing. The bleach must contact the affected area for a minimum of 10 minutes. A red mop and bucket are designated for this use.
7. Carpeted areas: The area should be cleaned with detergent 1:10 solution, rather than bleach solution and should contact the affected area for at least ten minutes. The area should then be shampooed, or steam cleaned within 24 hours.
8. Wash the non-disposable cleaning equipment (mops, buckets) thoroughly with soap and water, then rinse with a bleach solution.
9. Discard gloves, disposable apron into yellow bag for incineration. Finally wash your hands thoroughly using soap and water.

Dilution instructions for bleach/detergent sanitizer

1:10 solution

2tbsp (30ml) bleach in 1 cup (250ml) water

OR

2cups (500ml) bleach in 1 gallon (4L) water

Reference; Centre for Disease control and Prevention. DOH 2006

ANNEX H: AUTOMATIC ELECTRONIC DEFIBRILLATORS (AED)

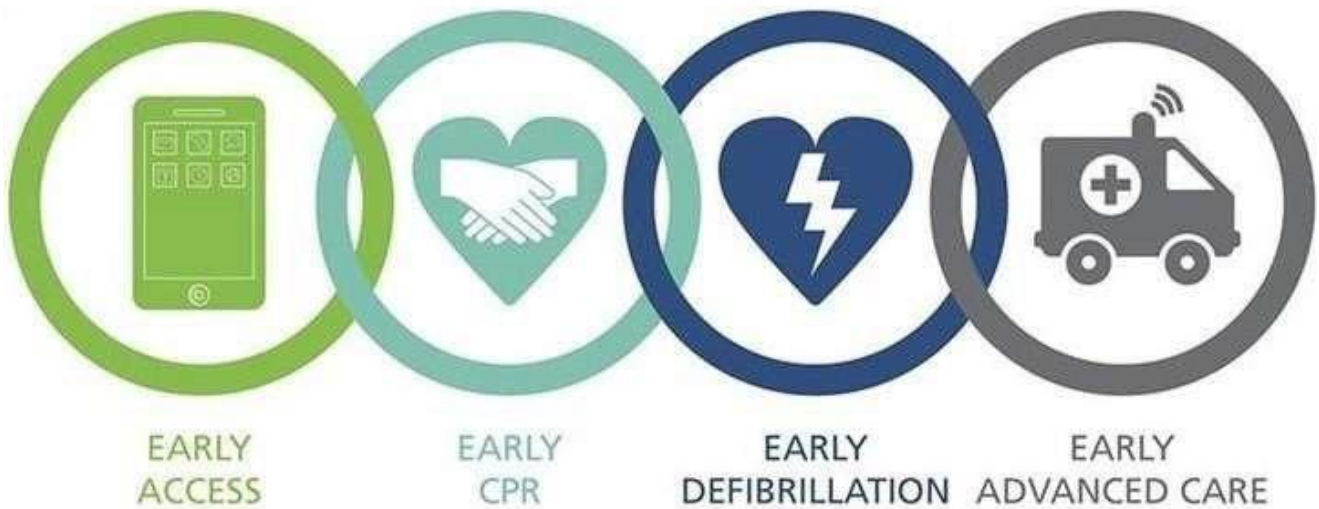
To enhance its first aid provision, the School has five AEDs, situated strategically around the school site, in viable and accessible locations, with appropriate signage.

Shrewsbury School Site Map



Training is provided to an adequate number of staff covering the School's operations (including knowledge of the chain of survival). All staff are encouraged to use an AED in the event of a cardiac arrest. User guidelines are located by each AED. Each AED is fully automatic, utilising voice commands to minimise user error.

THE CHAIN OF SURVIVAL



AEDs are checked on a weekly basis ensuring they display the rescue ready symbol. The following people are responsible for checking the AED and making sure that it is maintained and working:

Squash courts:	Sports Facilities Manager
Cricket school:	Sports Facilities Manager
Swimming pool:	Sports Facilities Manager
Kingsland Hall:	Site Safety and Security Officer
Boathouse:	Director of Rowing

Paediatric pads (under age 8 or 25kg) are available in the AED located at the sports center/swimming pool due to the age range using the facility.

Each AED bag contains gloves, safety razor, pocket mask, paper towels and are stored alongside a first aid kit.

Following use, the AED will be collected by the Emergency Services and the Health and Safety Committee should be informed.