



# **First Aid**

## **and Managing Medical Conditions**

# **Policy**

## **2024-25**

## Our Mission

The mission of the World Academy of Tirana (WAT) is to cultivate internationally-minded students who connect their acquired knowledge to action in the real world. Our goal is to inspire children to become active, compassionate, lifelong learners who can relate harmoniously with other people and cultures.

WAT offers an international curriculum, through the medium of English, to children of many nationalities. The school community consists of the students, teaching and support staff, administration, parents, and the Board of Governors.

## Our Values

Our school philosophy aligns closely with the IB philosophy in providing a caring environment where everyone involved with the school, including parents, staff and students, has an important role in creating a community of learners.

Healthy relationships and effective communication between all members of the community promote successful learning as do the values we uphold as part of an IB community. The IB learner Profile guides all that we do: We are inquirers, risk-takers, thinkers, communicators, principled, open-minded, caring, knowledgeable, balanced, and reflective.

We believe that learning is personal as each student is unique in his or her own interests, aptitudes and learning styles.

We believe that all children can learn and that the needs of each individual ought to be met so that each student has opportunities to excel.

Internationally-minded people are those who strive to learn about the values and beliefs of their own culture so that they can better understand those found in their host country and elsewhere in the world. Internationally-minded people are world citizens who seek out commonalities and also appreciate differences between cultures so that they can bridge cultural divides and help create a more peaceful world.

## **1. Rationale**

At WAT, teachers and other staff in charge of children are expected to use their best efforts at all times to secure the welfare of the students in the same way that parents might be expected to act towards their children. In general, the consequences of taking no action in an emergency are likely to be more serious than those of trying to assist.

The staff at WAT are not trained medical professionals and so are not expected to provide medical treatment. However, they are expected to provide an appropriate initial response after a medical incident. The purpose of such First Aid is to:

- preserve life;
- prevent the injury or illness from becoming worse;
- help promote recovery;
- provide comfort to the injured or ill;
- provide initial assessment and ascertain whether professional treatment is necessary.

**To use the School Nurse and 'School Nurse Routines' when needed.**

## **2. Aims**

At WAT, we will endeavour:

- to care for sick or injured students until they are collected by the parents;
- to provide First Aid as necessary from trained staff;

- to promote Health & Safety awareness in students and adults, in order to prevent First Aid becoming necessary
- to encourage every member of the school community to take responsibility for their health needs.

This Policy should be considered in conjunction with, and with reference to:

- WAT Health & Safety Policy;
- WAT Admissions Policy;
- WAT Terms & Conditions;
- WAT Staff Handbook;
- Health & Safety At Work Act (ZVZD-1), 2011.

### **3. Roles and Responsibilities**

All staff have basic First Aid Training. The School doctor, Facilities Manager and PE staff have advanced First Aid training and may be called upon to administer First Aid if required. Records of staff members' First Aid training are maintained by the HR Office.

In all cases, staff should immediately notify Reception in the event that First Aid is required

#### **3.1 All Staff**

All staff will:

- ensure that they have read and understand the school's First Aid Policy. They should be able to act safely, promptly and effectively when an emergency occurs.
- have completed EduCare First Aid Essentials within the past two years.
- be aware of specific medical needs of the students in their care.
- be trained in specific aspects of First Aid and the management of specific medical conditions, such as asthma, epilepsy, or the use of an EpiPen (epinephrine auto injector), as necessary.
- understand the importance of personal hygiene in First Aid procedures. • record any incident where First Aid is administered on an *Accident or Incident Log Sheet*, available at Reception.

#### **3.2 Staff with advanced First Aid Training**

Some staff members have gained advanced levels of First Aid certification. These may or may not be current, but the staff member has the skills and knowledge to play a leading role in the management of a medical emergency. Staff with advanced First Aid training who have agreed to the responsibility may be called upon to give additional advice to manage an illness or injury when another staff member feels it is beyond their competence.

Staff with advanced First Aid training should be able to:

- Assist prior to the School Nurse arriving and update the Nurse on any first aid administered.
- administer cardio-pulmonary resuscitation (CPR) promptly and effectively
- administer first aid safely, promptly and effectively to a casualty who:
  - Is wounded or bleeding

- Is suffering from an injury to bones, muscles or joints
- Is unconscious
- Is suffering from shock
- has been burned or scalded
- has an eye injury
- may have been poisoned
- has been overcome by gas or fumes
- recognise common major or minor illness and take appropriate action
- use the first aid equipment provided in the workplace - including the defibrillator (after training).
- transport a casualty safely as required by the circumstances of the workplace; (i.e. where leaving the casualty in a given location would be dangerous)

### **3.3 Facilities Manager**

The Facilities Manager is responsible for leading the management of any injuries incurred on the school premises.

### **3.4 Senior Leaders**

The school doctor, Principal should be informed in the event of any serious or potentially serious medical incident. S/He will then decide what action is to be taken, be it calling an ambulance or allowing the student to return to class.

### **3.5 Trip Leaders**

The staff member organising and leading an off-site trip or activity is responsible for taking and returning the required First Aid kit(s). A member of the staff of the trip should be designated to oversee any First Aid incidents as part of the trip planning process.

### **3.6 Parents**

Parents are responsible for ensuring that the school has accurate and up-to-date information about their son/daughter and about arrangements for managing emergencies. Such information includes:

- notification of any medical conditions, either at the time of admission (on the *Application Form* and on the *Home Information Form*?) or at any subsequent point, and of any changes to these conditions and/or treatment;
- immediate notification of any changes in their contact details (phone, mobile or e-mail) or those of relevant emergency contacts.

Parents should not send their children in to school when they are sick.

Parents should comply with the procedures for the administration of medicines during the school day (*see 7 below and appendices 1 and 2*)

Wherever possible, the parents will collect the student from the school after an accident or medical incident, or give their consent by telephone should ambulance transportation to hospital be required and will meet the student at the hospital (see 5.2, below). They then liaise directly with medical professionals with regard to follow-up and further treatment. However, signing the Acceptance Form confirms that parents agree with the Terms & Conditions which state that "*should the school be unable to contact the parents, or the urgency of the situation so dictates, the school shall*

*be authorised to make the decision on the parents' behalf should consent be required for urgent treatment (including anaesthetic or operation) recommended by a doctor."*

### **3.7 School Doctor**

The school doctor is responsible for monitoring the health of students and staff through periodic medical examinations. Implementing preventive measures against infectious diseases, working in collaboration with parents and teachers to remain updated on all health-related information concerning the students. Furthermore, manage emergency situations and provide ongoing education and promotion of healthy nutrition and lifestyle practices among students and staff members.

### **3.8 School Nurse**

The roles and responsibilities of the school nurse are:

- Keeping students safe by working with other professionals.
- Support the mental health and wellbeing of students and teachers.
- Administering first-aid in case of accidents and injuries.
- Promoting an optimal level of wellness among students

## **4. First Aid Supplies**

### **4.1 First Aid Boxes and First Aid Kits**

First Aid boxes are available around the school for use if needed by all staff/adult visitors. First Aid boxes should be accessible to adults but kept out of reach of young children.

Larger First Aid boxes are located in Early Years, the Primary hallway, and the Secondary hallway and the Top Floor hallway. Smaller First Aid kits are kept at Reception, in each Primary classroom, the Science laboratories, beside the Admin offices. First Aid kits are also taken on all school trips. All buses carry a First Aid kit (by law) and First Aid kits are maintained at the sports centre.

### **4.2 Contents of the First Aid Boxes**

First Aid boxes are stocked in accordance with Health & Safety regulations in Albania and contain:

- 1 dressing sheet 80 x 60 cm
- 1 dressing sheet 60 x 40 cm
- 2 large dressings
- 3 medium dressings
- 3 elasticated bandages 4 m x 8 cm
- 3 elasticated bandages 4 m x 6 cm
- 1 elastic dressing support – size 3
- 2 eye pads
- 6 (3x2) viscose dressing sheets 10 x 10 cm
- 1 roll adhesive tape 5 m x 2.5 cm
- 1 pack assorted plasters, including at least:
  - 1 large plaster 10 x 6 cm
  - 5 finger plasters 18 x 2 cm

- 10 elastic plasters 7.2 x 1.9 cm
- 5 fingertip plasters
- 1 triangular bandage
- 1 reflective rescue sheet 210 x 160 cm
- 10 sheets non-woven towel 30 x 20 cm
- 2 re-sealable polythene bags 40 x 30 cm
- disinfectant
- antihistaminic (antiallergic)
- cortizonic for any allergic case
- antidiarrheal sachets
- paracetamol
- Thermometer
- Burn ointment
- 1 pair scissors 19 cm
- 2 pairs vinyl gloves
- 1 First Aid guide

Each First Aid box also contains a checklist and notebook, so that staff can write down and date what items have been used. These are checked periodically by the School doctor so that s/he can replace these items and ensure stock is sufficiently maintained. S/He is responsible for ensuring the First Aid boxes are adequately stocked and for the order and purchase of replacement items.

Emergency contact details, including the nearest medical centre and the School doctor are displayed on the outside of the mounted First Aid Boxes.

#### **4.3 Additional First Aid Items**

Cold packs are kept in the freezer compartment of the fridges in Early Years, the Nutrition Room and the Secondary Staffroom.

An Epipen is located beside the First Aid box in the Primary corridor.

A supply of latex gloves is available in or near the First Aid boxes for dealing with spillages and bodily fluids.

The medicines kept in the First Aid Boxes are OCT (over the counter)

## **5. First Aid Procedures**

**The School Nurse Routines must be followed.**

In the event of injury or medical emergency:

- If a child is unwell in class/during a lesson, and the teacher decides they need further medical attention, the School Nurse must be notified. (a responsible student should be sent to notify Reception/School Nurse directly.
- The School Nurse will contact the Principal.
- The injured person will be taken to the School Nurse's Office (where appropriate).
- An accident and incident log sheet (available at Reception) will be completed by the teacher if present and handed to the School Nurse.
- The School Nurse will assess the student's medical condition.
- Parents will be contacted by phone.

- First Aid will be administered by the School Nurse as appropriate.
- A follow up email with details of the incident and First Aid administered (if applicable) will be sent to the parents.
- Details of the incident and First Aid administered (if applicable) will be entered into the student medical record by the School Nurse.
- Either the student is allowed back in class, receives further on-site medical attention from the School Nurse, or is picked up by parents to be sent for further medical attention off-site.

**All students sent to the School Nurse during lessons will have a phone call home and details of the incident will be entered into the student's medical record.**

Contact: School Nurse

### **5.1 Response to injury or illness**

Depending on the severity of the injury, the injured party should either be sent/taken to School Nurse or the Facilities Manager and a member of the school's Leadership Team should be called to the site of the incident.

The student's parent/guardian should be contacted by the School Nurse as soon as possible.

*However, there should be no delay in obtaining outside medical attention should it be necessary if the parent/guardian is not contactable.*

#### **5.1.1 Serious Injury**

In all cases where an accident involves a serious injury, (e.g. broken bone) or where there is any doubt about the injury, the injured person is not to be moved, unless in danger, until assessed by the School Nurse, School doctor, Facilities Manager and a member of the school's Leadership Team who should be contacted immediately. They will then decide what action is to be taken, such as calling an ambulance. **Parents will be contacted by the School Nurse by phone and email detailing treatment administered. The details will be entered into the Student Medical Record by the school nurse.**

#### **5.1.2 Minor injury**

For cases involving injuries that are less serious but still of concern (e.g. sprains, strains, cuts, etc.), the **parents/guardians will be contacted by the School Nurse by phone and email detailing treatment administered**, teacher (where possible) or Reception, advised of the situation and asked if they would like to collect their daughter/son or if are happy for the child to remain in school if appropriate. **The details will be entered into the Student Medical Record by the School Nurse.**

#### **5.1.3 – No visible injury**

In other cases (e.g. where no injury is visible), the student will be kept under observation by the School Nurse or allowed back into class if advised that this is appropriate by the School Doctor, Facilities Manager or member of the school's Leadership Team. **Parents will be contacted by the School Nurse by email if allowed back in class or by phone if sent home. The details will be entered into the Student Medical Record by the School Nurse.**

#### **5.1.4 – Head injury**

In the event of a head injury, the person will be monitored and not left alone or unsupervised. In all cases the parents/guardians will **be advised and informed of the incident by the School Nurse by phone**. If concerns arise, medical attention should be obtained immediately. **The details will be entered into the Student Medical Record by the School Nurse.**

#### **5.1.5 – Injuries involving bleeding**

Any staff members dealing with injuries involving bleeding must wear appropriate protective clothing. Disposable gloves are provided for this purpose and kept in the First Aid boxes. **Parents will be contacted by the School Nurse by phone. The details will be entered into the Student Medical Record by the school nurse.**

### **5.2 Transfer to medical treatment**

When a student, staff member or other visitor suffers an injury (or onset of ill-health) on site, First Aid will be sufficient for the majority of cases. However, review or further treatment at a hospital or other medical facility may be necessary and, unless a clearly minor incident, the school will always advise this, either immediately or at the end of the school day.

The School Doctor/Nurse, or the Principal will determine the most appropriate action to take in each incident:

- where the injury is an emergency, an ambulance will be called (**127**) following which the parents will be notified and advised go direct to a specified clinic/hospital;
- where medical treatment is required but it is not an emergency, then the parents will be contacted for them to come to school and take over responsibility for the student.

If the parents will be meeting the student at hospital, a member of staff or School Nurse will accompany the student in the ambulance and remain with him/her at the hospital until parents arrive. Arrangements will be made for the staff member to return to school or home after this.

If non-urgent treatment is needed but the parents cannot come to collect the student, it is advised that a taxi is used – with the student accompanied by the School Nurse / a member of staff – to go to the hospital, rather than the private car of a staff member because a personal car may only be used to transport school students for school purposes if:

- the staff member has insurance that will cover this;
- the staff member has the written authorisation of the parents;
- the staff member has a written authorisation (Travel Order) from the school;
- the staff member and student are accompanied by another appropriate adult.

### **5.3 Recording and Reporting**

All accidents involving injury to students, staff or visitors are to be recorded by the member of staff who witnessed it on an *Accident Log Sheet*, kept in Reception. Any other medical incident is to be recorded using an *Incident Log Sheet*, also available at Reception. Completed Accident or Incident Logs are sent to the Designated Safeguarding Lead for secure record-keeping.



**The details will be entered into the Student Medical Record by the School Nurse.**

Accidents requiring First Aid and other medical incidents are summarised monthly by the Designated Safeguarding Lead and reported to Orbital Education in the Principal's monthly report.

#### **5.4 Medical incidents Off-Site**

Any accident off-site where First Aid is administered to students is to be recorded by the member of staff who witnessed and/or responded to it. Wherever possible, notes of the incident should be made as soon as possible after the incident took place. These notes can be used to inform what is then written on the *Accident or Incident Log Sheet*, available at Reception, which must be completed as soon as possible upon return to school. **The details will be entered into the Student Medical Record by the School Nurse.**

## **6. Students with Medical Needs**

The school will accommodate students with medical needs (such as asthma, allergies, regular medication, etc.) wherever practicable. Parents should inform the Admissions Manager of any medical needs as part of the enrolment process, and the information is entered into school system. Facilitate a meeting with the School Doctor to obtain detailed information and to develop a personalized health plan for daily care and emergency situation that should be scheduled before the start of school. The relevant Head of Primary/Secondary and the Class Teacher/Form Tutor and relevant teaching staff should be informed of any student who has medical needs.

Staff members should immediately notify the Admissions Manager of any new/further medical information gathered from parents or students, so it is input into the student's file in SMS and relevant staff are informed in a timely manner.

Parent and Emergency contacts are listed in SMS, and are checked at the start of each year through a contact form issued as part of the initial sessions with Class Teachers/Form Tutors and passed on to the Admissions Manager. Parents should inform the Admissions Manager of any changes, but any staff members who become aware of changes in contact details should also inform the Admissions Manager to ensure the SMS records are correct and updated promptly.

### **6.1 Manual Handling**

The school has limited capacity to accommodate students with physical disabilities. Even so, students with temporary movement restrictions may require occasional physical support or manual handling.

In order for these students to access the curriculum or to egress the building in an emergency, there must be a balance between the health and safety considerations and the student's rights to dignity and autonomy and so manual handling is permitted at the level of "as any prudent parent would" when in charge of such a student.

## **7. Administering Medicines**

When students are unwell, they should stay at home. Schoolwork, including homework task or tests, can be rescheduled or sent home where appropriate (see *relevant Section policies*).

Medicines should only be brought to school when necessary, i.e. when it would be detrimental to the child's health if the medicine were not administered during the school day.

- medicines will not be accepted in school that require medical expertise or intimate contact to administer them to the child;
- medicines must be brought to school by an adult, who must complete a 'Request To Administer Medicines' form for the medicine to be administered by school staff;
- medicines must be in the original container labelled with the student's name, dosage and frequency;
- tablets should be counted and recorded when brought in to school and when collected at the end of the school day;
- painkillers, such as paracetamol or ibuprofen, may NOT be brought in to school and antibiotics may only be administered at school if prescribed four (or more) times a day; • administration of any medicines at school must be recorded on the *Record Of Prescribed Medicines Given To A Child At School*.
- some students may self-administer medication (e.g. insulin) if this has been authorised in writing by the parents and countersigned by the relevant Head of Primary/ Secondary, School Doctor.

If a student refuses to take medicine, staff will not force them to do so. The refusal will be recorded and the parents informed by the school nurse.

## **8. Infectious Diseases**

Students or staff who have contracted infectious diseases should notify the school of this as soon as possible and remain at home until the period of infection (as advised by Ministry of Health guidance) has passed.

Where there are several children in close proximity (class, activity group, etc.) with the same disease (e.g. Chicken Pox or German Measles), School doctor will notify the staff and parents/guardians of that group where appropriate, so that they can be vigilant regarding symptoms.

In times of any national or international health concerns (e.g. H1N1 in 2009), the school will follow the guidance issued by the Ministry of Health and issue advice from other international agencies where appropriate.

## **9. Specific Medical Conditions**

### **9.1 Allergies**

Allergies are the body's immune response to a substance to which it has become hypersensitive.

**Minor Allergic Reactions**, such as the 'hayfever' reaction to pollens can usually be relieved by antihistamines.

**Severe Allergic Reactions (Anaphylaxis)** are often caused by exposure to an allergen such as an insect sting or food substance, and require immediate medical treatment.

<b>If a person is experiencing ANY of the following symptoms after exposure to allergen:</b>	
<b>Signs and Symptoms</b>	<ul style="list-style-type: none"> <li>• Difficulty in breathing or swallowing</li> <li>• Weakness or floppiness</li> <li>• Steady deterioration</li> <li>• Collapse or unconsciousness</li> </ul>
<b>Action</b>	<ul style="list-style-type: none"> <li>• Use EPIPEN immediately</li> <li>• Call the Principal and the School Nurse</li> </ul>
<b>Call Emergency Services (127)</b>	
<p><b>Note:</b> Any student with a severe allergy condition will have this recorded within the student's file on SMS and this record will include an individual care plan. A list of students with allergies is also posted in the Nutrition Room. All staff will be made aware of students with severe allergies, to what they are allergic and details of the care plan.</p>	

One of the most common triggers of severe allergic reactions is food containing the allergen.

- At WAT, peanuts are forbidden. Peanut products should not be brought into school.
- At events where food is provided by parents, all items should be labelled and include a description of ingredients, so that individuals with allergy concerns can avoid products which may trigger a reaction.

## 9.2 Asthma

Asthma is a common long-term inflammatory disease of the airways, characterised by airflow obstruction and bronchospasm. It may commonly be induced by exercise, stress or by an allergic reaction.

Most asthma sufferers carry a reliever inhaler (usually blue) and most asthma attacks can be swiftly relieved by this. If there is no relief, medical treatment is required.

<b>If an asthmatic is experiencing the following symptoms:</b>	
<b>Signs and Symptoms</b>	<ul style="list-style-type: none"> <li>• Coughing</li> <li>• Shortness of breath</li> <li>• Wheezing</li> <li>• Feeling tight in the chest</li> <li>• Being unusually quiet</li> <li>• Having difficulty speaking in sentences</li> </ul>

<p><b>Action</b> • Keep the person calm</p> <ul style="list-style-type: none"> <li>• Encourage the person to sit up and slightly forward</li> <li>• Encourage two puffs of their reliever inhaler (usually blue) immediately</li> <li>• Inform the school nurse</li> <li>• Loosen tight clothing</li> <li>• Call the Principal and the School Nurse</li> </ul>
<p><b>Call Emergency Services (127) if</b></p> <ul style="list-style-type: none"> <li>• there is no improvement in 5-10 minutes</li> <li>• the person is too breathless or exhausted to talk</li> <li>• the person has blue lips</li> <li>• you are in any doubt</li> </ul>
<p><b>Note:</b> Any student with asthma will have this recorded within the student's file on SMS. Additional notes will be shared if the level of asthma reaches the need for medical intervention.</p>

### 9.3 Diabetes

Diabetes is a condition causing high blood sugar levels over a long period of time caused by an imbalance of insulin.

Diabetes is best managed through a carefully-regulated diet and regular physical exercise. The form of diabetes most common among children and young people may require daily insulin injections, and most sufferers quickly learn to self-medicate.

<p><b>If a diabetic is experiencing ANY of the following symptoms:</b></p>	
<p><b>Signs and Symptoms</b></p>	<ul style="list-style-type: none"> <li>• Hunger</li> <li>• Trembling or shakiness</li> <li>• Sweating, Pallor</li> <li>• Anxiety or irritability</li> <li>• Mood change</li> <li>• Lack of concentration or vagueness</li> <li>• Drowsiness</li> </ul>
<p><b>Action</b> • These are signs of <b>Hypoglycemia</b> - low blood glucose levels •</p> <p style="padding-left: 40px;">Inform the school nurse</p> <ul style="list-style-type: none"> <li>• Immediately give something sugary drink, a juice or other non-diet drink - followed by: <ul style="list-style-type: none"> <li>- a cereal bar or two biscuits</li> <li>- a roll/sandwich</li> <li>- a portion of fruit</li> <li>- a meal</li> </ul> </li> <li>• Call the Principal and the School Nurse School doctor</li> </ul>	

**Call Emergency Services 112 if**

- the person becomes unconscious (*do not try to give food or drink if the person is unconscious*)
- you are in any doubt

**If a diabetic is experiencing ANY of the following symptoms:**

**Signs and**

**Symptoms**

- Sweet smelling breath (pear drops)
- Thirst
- Frequent urination
- Tiredness dry skin
- Nausea
- Blurred vision

**Action** • These are signs of **Hyperglycemia** - high blood glucose levels •  
Inform the school nurse

- Call the Principal and the School Nurse School doctor who will contact the parents to
  - arrange for an immediate blood glucose test
  - bring extra insulin if required

**Call Emergency Services (127) if**

- there is deep and rapid breathing, vomiting or breath smells of nail polish remover
- you are in any doubt

**Note:** Any student with diabetes has this recorded within the student's file on SMS, and this record will include an individual action plan. All staff are made aware of students with diabetes, and details of the care plan.

#### 9.4 Epilepsy

Epilepsy is a condition characterised by fits or seizures. Between 5% and 10% of the population experience a seizure at least once in their life. For many of those for whom seizures recur, epilepsy may managed be medication.

**If a person is experiencing ANY of the following symptoms:**

**Signs and**

**Symptoms**

- Loss of consciousness, body stiffens and falls to the ground
- Seizure - jerking movements for a minute or two
- Blue tinge around the mouth
- Loss of bladder/bowel control
- Consciousness slowly returns

<p><b>Action</b> • Inform the school nurse</p> <ul style="list-style-type: none"> <li>• Protect the person from injury (remove harmful objects from nearby)</li> <li>• Cushion the head</li> <li>• Once seizure has finished place in recovery position and check breathing</li> <li>• Calm and reassure the person, staying with them until recovery is complete</li> <li>• Calm and reassure any bystanders – witnessing a seizure may be a traumatic event for them, too</li> <li>• Call the Principal and the School Nurse School doctor</li> </ul>
<p><b>Call Emergency Services (127) if</b></p> <ul style="list-style-type: none"> <li>• it is the first seizure</li> <li>• the seizure lasts for more than 5 minutes</li> <li>• one seizure immediately follows another</li> <li>• the person is injured which may need require medical attention</li> </ul>
<p><b>Note:</b> Any student with epilepsy has this recorded within the student’s file on SMS, and this record will include an individual action plan. All staff are made aware of students with epilepsy, and details of the care plan.</p>

**9.5 Tick Bites**

Ticks are small, blood-sucking arachnids, ranging in size from as small as a pin’s head to as large as a pencil eraser and in colour from brown to black.

Ticks prefer warm, moist areas of the body. Once a tick gets on a person’s body, it is likely to migrate to the armpits, groin or hair. When it is in a desirable spot, the tick will bite into the skin and begin drawing blood.

Ticks typically remain attached to the body after they bite and, as they take in more blood, ticks grow. After a tick has been drawing blood from the body for several (up to 10) days, it becomes engorged and can turn a greenish blue colour, detach itself and fall off.

<b>If a person is experiencing ANY of the following symptoms:</b>	
<b>Signs and Symptoms</b>	<p>Tick bites are usually harmless and may produce no symptoms.</p> <p>However, if an individual is allergic to tick bites, they may experience:</p> <ul style="list-style-type: none"> <li>• pain or swelling at the bite site</li> <li>• a rash</li> <li>• a burning sensation at the bite site</li> <li>• blisters</li> <li>• difficulty breathing, if severe</li> </ul>

**Action** • Inform the school nurse.

- The most important thing to do when a tick is found is to remove it.
- Notify the parents that a tick has been found and confirm their approval to remove it.
- Using a tick removal device or a pair of tweezers:
  - grasp the tick as close as possible to the skin's surface,
  - pull straight up and away from the skin, applying steady pressure. Try not to bend or twist the tick,
  - check the bite site to see if any of the tick's head or mouth parts remain in the bite. If so, remove those.
  - clean the bite site with soap and water. Dispose of a live tick by putting it in alcohol, placing it in a sealed bag/container, wrapping it tightly in tape, or flushing it down the toilet. For all tick bites, local cleansing and antibiotic cream may be applied.
- Should a parent not give their permission for removal, the parent should come immediately to collect the child and either remove the tick themselves or take the child to a medical facility.

### **Review and Evaluation**

This policy is to be reviewed and evaluated **annually** by SLT, Principal and with the RHoS, and updated as and when changes occur.

**Due for Review:** 04/07/2025

## APPENDIX 1: Accident Log Form

### ACCIDENT REPORT

Date and Time	
Location	
Name of person involved	Student Staff Member Visitor
Staff supervising at the time	
Circumstances	
Nature of injury	
First Aid report	
Senior Leader in attendance	Yes Name: No
Parents informed by	Time:
Follow-up Action	
Senior Leader informed (if not in attendance)	Yes Name:
Action points to prevent such an accident reoccurring (if any)	
Report completed by	Name Signature
Report filed by DSL	Date Signature



## APPENDIX 2: Incident Log Form

### INCIDENT REPORT

Date and Time	
Location	
Type of incident	Medical Behaviour Other
Name of person involved	Student Staff Member Visitor
Staff supervising at the time	
Circumstances	
First Aid report (if required)	
Senior Leader in attendance	Yes Name: No
Parents informed	Yes No
If yes, parents informed by	Time:
Follow-up Action	
Senior Leader informed (if not in attendance)	Yes Name:
Action points to prevent such an incident reoccurring (if any)	
Report completed by	Name Signature
Report filed by DSL	Date Signature

### **APPENDIX 3: Request To Administer Medicines Form**

*In order for the school to consider whether or not to agree to a request to give your child medicine during the school day, it is necessary for you to complete and sign this form. Once you have submitted the completed form at Reception, you need to seek time to discuss your request with the Class Teacher/Form Tutor.*

<b>Student's Name:</b>	<b>Class:</b>
	<b>Date of Birth:</b>
<b>Parent/Guardian's Name:</b>	<b>Relationship to student:</b>
<b>Telephone Numbers:</b> Home: Work: Mobile:	

<b>Condition/Illness:</b>	<b>Class:</b>
	<b>Date of Birth:</b>
<b>Doctor's Name:</b>	<b>Telephone Number:</b>
<b>Clinic/Surgery:</b>	<b>Doctors Note attached: Yes / No</b>

	<b>Medicine to be given:</b>	<b>Dosage:</b>	<b>Frequency:</b>	<b>Time:</b>
1				
2				
3				

<b>Procedures to follow in an emergency:</b>	
<b>Emergency Contact's Name:</b>	<b>Relationship to student:</b>
<b>Telephone Numbers:</b> Home: Work: Mobile:	

*The above information is accurate to the best of my knowledge at the time of writing.*

*I will inform the school in writing of any changes to the above information.*

*I give my consent to the school to administer the medication in accordance with WAT policy.*

**Signed: Date:** *\*\* This form must be attached to the student's 'Record of prescribed medicines given to a child at school' (Appendix 2).*

### **APPENDIX 4: Record of prescribed medicines given to a child at school**

All medicines administered during the school day must be accompanied by a completed and signed 'Request To Administer Medicines' form.

<b>Student's Name:</b>	<b>Class:</b>
	<b>Date of Birth:</b>

	<b>Date</b>	<b>Time</b>	<b>Medicine given</b>	<b>Dose</b>	<b>Signature</b>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

## APPENDIX 5: Minimising risk from food allergies

### Strategies which may be implemented to minimise risk to food allergy sufferers

The general banning of foods or food products is not recommended by health experts as there is a lack of evidence to suggest that banning a food from entering a school is helpful in reducing the risk of anaphylaxis.

Instead, schools are encouraged to become aware of the risks associated with anaphylaxis and implement a broad range of strategies to minimise exposure to the known allergens. These strategies are developed taking into account the needs of the individual student and the context of the particular school.

Schools, however, may decide in consultation with their community to ask families not to bring specific items (e.g. types of nuts or nut products) to the school site or to school activities as one of their risk minimisation strategies.

This will not, however, guarantee a school site is "nut free" and schools should not claim to be so: such a claim cannot reliably be made and, if it were made, could lead to a false sense of security about exposure to nuts or nut products.

#### Risk Examples of strategies which may be implemented

**Break and lunch** Request that all parents clearly label lunch boxes, bottles and other drinks with the name of the child for whom they are intended.

Plan regular discussions with students about the importance of washing hands, eating their own food, and not sharing food, food utensils or food containers.

Place visual reminders around the classroom, as appropriate.

If a child in the early primary years (Early Years to Year 4) has a peanut allergy, consider, in consultation with the school community, asking parents not to send peanut butter on sandwiches or in school lunches (due to higher risk of person to person contact in this age group).

Blanket bans, however, are not recommended. We are Nut free school

For early primary school children, consider having the class or year group eat lunch in a specified area which is a focus of supervision, due to higher risk of person to person contact in this age group.

The student/s should not be isolated from their peers in any way.

#### Class parties and whole school events

Liaise with parent of the student at risk of anaphylaxis about activities involving food ahead of time so planning can occur, and where appropriate, they can provide suitable food or the activity may be adjusted to accommodate the student's allergies.

Inform other class members' parents of food allergens that affect students in the class and request these foods are avoided.

Use non-food treats as far as possible.

If food treats are used in class or other activities, discuss this with the parents of students at risk of anaphylaxis ahead of time so they can provide suitable food.

If using alternative foods only for the student at risk (e.g. cupcakes as a replacement for a piece of birthday cake), store food in a clearly-labelled container to prevent cross contamination.

#### Curriculum activities that

##### involve food

(e.g. cooking or science

classes, gardening activity)

Avoid the use of the known food allergen when the student at risk of anaphylaxis is participating in curricular activities.

Where practicable, replace known allergens in the recipe prepared in cooking and other classes by the at-risk student.

Where not practicable, another recipe should be used by that student.

Raise awareness of the possibility of hidden allergens in cooking, science and art classes/ activities, e.g. egg or milk containers, peanut butter jars.

The use of a particular food may need to be restricted, depending on the allergies of particular students and their age and developmental stage.

Discuss with classes that prepare food the risks associated with sharing their food outside the classroom.

Put food handling and hygiene procedures in place and communicate to all staff and students involved in food preparation to avoid cross contamination.

These procedures should include:

- thorough hand washing before and after handling foods
- careful cleaning of food preparation areas including bench top areas and utensils before and after use.

Have regular discussions with students about the importance of washing hands, eating their own food, and not sharing food, food utensils or food containers.

**Food allergens in the canteen**

Risk minimisation strategies for the external food contractor include not using or producing specific nut products, but may not necessarily include those which state 'may contain traces of nuts'.

In our school , we ensure that children receive a balanced intake of all necessary nutrients in their meals, while also avoiding high risk allergenic foods such as nuts, pork, fish, seafood ..... Identify foods that contain, or are likely to contain, known allergens and replace with other suitable foods.

Clearly label foods items on the menu.

Inform canteen staff (including volunteers) about students at risk of anaphylaxis and the foods they are allergic to.

Display a copy of the student's Action Plan for Anaphylaxis in the Assembly Hall.

Have separate areas and utensils for preparing food for students at risk of anaphylaxis.

Utensils may be used by any student, so must be thoroughly washed.

Put food handling and hygiene procedures in place and communicate to all staff and volunteers the need to avoid cross contamination.

These procedures should include:

- thorough hand washing before and after handling food
- careful cleaning of food preparation areas including bench top areas and utensils before and after use.

Arrange for canteen staff and volunteers to undertake anaphylaxis training.

**Trying new foods**  
(e.g. through the canteen, curriculum or extra curricular activities)

Notify parents prior to events that include tasting of new foods at school so planning and consultation can occur with the parent of the student at risk of anaphylaxis.

Staff involved in such events should know which students are at risk of food-induced anaphylaxis and what the student is allergic to.

Provide staff supervision so that no student is pressured to try foods during the promotion and encouragement of new foods.

**off-site activities**  
(e.g. P.E. or trips)

Consider the potential exposure to allergens when consuming food on buses where teachers are supervising students in transit to school-related activities.

Adopt a 'no food sharing' rule on excursions. Including reminders on permission slips.

Advise camps/accommodation providers and airlines in advance of any student food allergies and ensure the adrenaline autoinjector and Action Plan for Anaphylaxis are held by a staff member at all times, including on aircraft.

Arrange for the parent of a student with allergies to discuss the menu with the food provider at the accommodation facility well in advance of the trip.

Liaise with parents/carers to develop alternative menus or allow students to bring their own meals.

Avoid using known food allergens in activities and games, including as rewards.