



First Aid

and Managing Medical Conditions

Policy



Our Mission

We provide a **high quality British style international education** in English, balancing tradition and innovation.

We aim to be the internationally recognised, **outstanding educational choice** for families in the region.

Our passion is creating a **positive, safe and nurturing learning environment** in which everyone is valued as individuals, empowering them to be versatile, motivated and caring people.

We will endeavour to **create opportunities** to develop creativity, collaboration and critical thinking skills through an **inclusive and personalised experience**.

Our Values

Excellence - We strive for excellence in everything we do.

Respect - We learn at school by showing respect to everyone in the community

Responsibility - We are engaged, promoting actions and behaviours that support a sustainable future.

Integrity - We are transparent, honest and ethical in all our relationships.

Compassion - We are kind and caring, encouraging everyone to succeed.

1. Rationale

At BISL, 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 BISL 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 BISL, 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:

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

3. Roles and Responsibilities

All staff have basic First Aid Training. A few members of 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 logged by the Facility manager. They are displayed on all First aid boxes.

In all cases, staff should immediately notify Reception if First Aid is required, **using the School Nurse or First aiders as needed.**

3.1 All Staff

All staff will:

- ensure that they have read and understand the school's First Aid Policy and Managing Medical Conditions. 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 the 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 Form, available at Reception.
- Forward any Accident logs (completed and signed) to the Director of Student Welfare for secure record-keeping.

3.2 Staff with advanced First Aid Training



Some staff members have gained advanced levels of First Aid certification. Records of staff members' First aiders are logged by the Health and Safety Officer. They are displayed on all First aid boxes.

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 on managing 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 before 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
 - has been overcome by gas or fumes
- recognise common major or minor illnesses 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 Health and Safety Officer

S/He is responsible for ensuring the First Aid boxes are adequately stocked and for the order and purchase of replacement items.

3.4 Senior Leaders

The 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.

The Designated Safeguarding Lead is responsible for leading the management of any injuries incurred on the school premises.

3.5 Trip Leaders

The staff member organizing and leading an off-site trip or activity is responsible for taking and returning the required First Aid kit(s). All staff on the trip are trained in basic first aid.

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 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 appendix 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 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.
- Educating students and teachers about health and medical assistance.
- Promoting an optimal level of wellness among students
- Assistance and advice for parents and young people on health services in Slovenia and finding specialist help.
- Keep records of first aid administered to students, which are shared with the Director of Student Welfare.

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:

- Hibbins building: in Early Years, the Primary hallway, the Secondary hallway and at the Top Floor hallway,



- Dragon building: on the ground floor kitchenet, the second floor and the fourth floor. 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 Ludus sports centre by the PE staff.

4.2 Contents of the First Aid Boxes

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

- first aid bandage type 1 - 5 pieces
- first aid bandage type 2 - 2 pieces
- crepe bandage 8 cm x 5 m - 5 pieces
- crepe bandage 10 cm x 5 m - 2 pieces
- Mule bandage 6 cm x 4 m - 5 pieces
- Mule bandage 10 cm x 4 m - 5 pieces
- patch with pad 10 cm x 4 cm - 5 pieces
- patch with pad 10 cm x 8 cm - 5 pieces
- sanitary cotton wool 100g - 1 pc
- triangular scarf - 5 pieces
- adhesive tape 2 cm x 1 m - 1 pc
- adhesive tape 2 cm x 5 m - 1 pc
- sterile folder 5 cm x 5 cm 16 sl - 5 pcs
- sterile folder 10 cm x 10 cm - 5 pieces
- absorbent sterile gauze 0.4 m² - 1 pc
- absorbent sterile gauze 0.8 m² - 1 pc
- safety clips - 5 pieces
- scissors with a rounded tip - 1 pc
- first bandage for burns (aluplast) compress 50 x 60 cm - 1 pc
- compresses for burns (aluplast) 5 x 9 cm - 10 pieces
- latex gloves - 5 pairs
- first aid manual - 1 pc
- accessories for recording data on the used material - 1 pc

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 Health and Safety Officer, School Nurse and by PE staff (in the case of boxes kept at Ludus), so that items can be replaced and stock is sufficiently maintained.

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

4.3 Additional First Aid Items

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

A supply of latex gloves is available in every First Aid box for dealing with spillages and bodily fluids.

The school does not provide any medicine. In exceptional circumstances the school will store medicine for dispensing to a student, in these cases the keeping and dispensing of such medicine



must only be done with written parental permission, and with instructions from a doctor. The dispensing of medicine can only be carried out by the school nurse, with the authorization of the Director of Student Welfare. Dispensing of medicines should only be authorized for a short period of up to 2 weeks. If the school nurse is not in school, parents should be notified and the child kept at home for the duration of the nurse's absence. The long term dispensing of medicines is not authorized.

4.4 Automated external defibrillator (AED)

An Automated external defibrillator is located at the reception. It can be used only by the nurse and staff with AED usage training.

5. First Aid Procedures

The School Nurse Routines must be followed. In absence of the School Nurse, school staff should follow the same procedures.

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).
- If applicable, an accident log sheet (available at Reception) will be completed by the teacher supervising/witnessing the accident and handed to the School Nurse for further medical attention, as required.
- The School Nurse will assess the student's medical condition.
- First Aid will be administered by the School Nurse as appropriate.
- Parents will be contacted by phone.
- Details of the accident and/or illness and First Aid administered (if applicable) will be entered into the student medical record by the School Nurse (or Reception, in absence of 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.
- Where a student goes home, an email will be sent to inform teachers by the School Nurse (or Reception in absence of the School Nurse).

All students sent to the School Nurse during lessons will have a phone call home and details of the incident will be entered into student's medical record. The call home can be made by the School Nurse, or by Reception in the absence of the nurse.

Contact: Irena Toros, School Nurse irena.toros@britishschool.si or through Microsoft Teams.



5.1 Response to injury or illness

Depending on the severity of the injury or illness, the student should either be sent/taken to the School Nurse or to Reception/Admin. In the case of serious injuries/medical conditions the Principal and Director of Student Welfare should be informed.

The student's parent/guardian should be contacted by the School Nurse/Reception 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, first aider and the Principal and Director of Student Welfare 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 or Reception by phone. The details will be entered into the Student Medical Record by the school nurse or by the administration team.

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 or Reception by phone and asked if they wish to collect their child or if they wish for them to remain in school, if appropriate. An email should be sent to all staff advising them that the child has been collected by parents (if applicable). The details will be entered into the Student Medical Record by the School Nurse or Reception.

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 an available member of staff and allowed back into class if deemed appropriate. Parents will be contacted by the School Nurse or Reception 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 or Reception.

5.1.4 – Head injury

In the event of a head injury, the person will be monitored and must not be left alone or unsupervised under any circumstances. In all cases, the parents/guardians will be advised and informed of the incident by the School Nurse or Reception as soon as practicably possible 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 or Reception.



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 or Reception by phone. The details will be entered into the Student Medical Record by the School Nurse or Reception.



5.2 Transfer to medical treatment

When a student, staff member or 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 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 (**112**). This is to be immediately followed up by a phone call to the parents/partners etc, with advice as to which hospital/clinic the person is being taken to.
- where medical treatment is required for a student, but it is not an emergency, then parents will be contacted and they will be asked to come to school and take over responsibility for the student.

If the parents are meeting the student at hospital, a member of staff or the 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. A personal car may only be used to transport school students for school purposes if:

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

5.3 Recording and Reporting

All accidents involving injury to students or visitors are to be recorded by the member of staff who witnessed it on an *Accident form*, kept in a file in Reception. **Accidents involving staff should be recorded on the *Staff Accident Report sheet*, kept in reception and HR informed.** Any other medical incidents (illness, feeling unwell etc.) are to be entered into the digital **Student Medical Record**, updated by the School Nurse (with Reception and DSL having access as well). Completed Accident logs are forwarded to the Designated Safeguarding Lead for secure record-keeping.

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 Log Sheet* which must be completed as soon as possible upon return to school.

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 iSAMS. 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 iSAMS and relevant staff are informed in a timely manner.

Parent and Emergency contacts are listed in iSAMS, these are checked at the start of each year through a contact form issued by Admissions. 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 iSAMS 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 tasks or tests, can be rescheduled or sent home where appropriate (see *relevant Section policies*). Medicines should only be brought to school when absolutely 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 Director of Student Welfare.

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), the school 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. Hygiene procedures for dealing with spillage of body fluids

Blood and body fluids (e.g. faeces, vomit, saliva, urine, nasal and eye discharge) may contain viruses or bacteria capable of causing disease. It is therefore vital to protect both yourself and others from the risk of cross infection.

Clean Up Procedure:

- Make the area safe: keep everyone away from the spill and close off the area if necessary.
- Get some disposable gloves from the nearest First Aid kit. Gloves need to be worn at all times.
- Check for sharps and broken glass. If present, remove safely and place in suitable bin.
- Place absorbent towels over the affected area and allow the spill to absorb. Wipe up the spill using these and then place in a bin (which has a bin liner). If needed put more absorbent towels over the affected area.
- After cleaning discard gloves into a bin and wash and dry your hands thoroughly.



- Contact the Health and Safety Officer for further help. The area has to be washed and disinfected by the cleaners.
- The bin that has had the soiled paper towels put in, needs to be tied up and removed from the school facilities.
- Any article of clothing that has got contaminated with the spill should be wiped, cleaned and then put in a plastic bag and tied up for the parents to take home.
- Any carpets that got contaminated must be removed and deep cleaned.
- If the spillage has been quite extensive then the area may need to be closed off until the area can be cleaned correctly.

10. **Specific Medical Conditions**

10.1 **Allergies**

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

Minor Allergic Reactions, such as the 'hay fever' 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.

If a person is experiencing ANY of the following symptoms after exposure to allergen:	
Signs and Symptoms	<ul style="list-style-type: none">• Difficulty in breathing or swallowing• Weakness or floppiness• Steady deterioration• Collapse or unconsciousness
Action	<ul style="list-style-type: none">• Use EPIPEN immediately• Call the School Nurse and the Principal.
Call Emergency Services (112)	



Note: Any student with a severe allergy condition will have this recorded within the student's file on iSAMS and this record will include an individual care plan. All staff will be made aware of students with severe allergies, to what they are allergic and details of the care plan.

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

- At BISL, 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.

10.2 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.

If an asthmatic is experiencing the following symptoms:	
Signs and Symptoms	<ul style="list-style-type: none">• Coughing• Shortness of breath• Wheezing• Feeling tight in the chest• Being unusually quiet• Having difficulty speaking in sentences
Action	<ul style="list-style-type: none">• Keep the person calm• Encourage the person to sit up and slightly forward• Encourage two puffs of their reliever inhaler (usually blue) immediately• Inform the school nurse• Loosen tight clothing• Call the School Nurse and the Principal.



Call Emergency Services (112) if

- there is no improvement in 5-10 minutes
- the person is too breathless or exhausted to talk
- the person has blue lips
- you are in any doubt

Note: Any student with asthma will have this recorded within the student's file on iSAMS. Additional notes will be shared if the level of asthma reaches the need for medical intervention.

10.3 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.

If a diabetic is experiencing ANY of the following symptoms:	
Signs and Symptoms	<ul style="list-style-type: none">• Hunger• Trembling or shakiness• Sweating, Pallor• Anxiety or irritability• Mood change• Lack of concentration or vagueness• Drowsiness
Action	<ul style="list-style-type: none">• These are signs of Hypoglycemia - low blood glucose levels • Inform the school nurse• Immediately give something sugary - cola or other non-diet drink - followed by:<ul style="list-style-type: none">– a cereal bar or two biscuits– a roll/sandwich– a portion of fruit– a meal (if it is due)• Call the Principal and the School Nurse
Call Emergency Services 112 if	<ul style="list-style-type: none">• the person becomes unconscious (<i>do not try to give food or drink if the person is unconscious</i>)• you are in any doubt



If a diabetic is experiencing ANY of the following symptoms:	
Signs and Symptoms	<ul style="list-style-type: none">• 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 <ul style="list-style-type: none">• Call the Principal and the School Nurse who will contact the parents to<ul style="list-style-type: none">– arrange for an immediate blood glucose test– bring extra insulin if required	
Call Emergency Services (112) if <ul style="list-style-type: none">• 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 iSAMS, and this record will include an individual action plan. All staff are made aware of students with diabetes, and details of the care plan.	

10.4 **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	<ul style="list-style-type: none">• 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



Action • Inform the school nurse

- Protect the person from injury (remove harmful objects from nearby)
- Cushion the head
- Once seizure has finished place in recovery position and check breathing
- Calm and reassure the person, staying with them until recovery is complete
- Calm and reassure any bystanders – witnessing a seizure may be a traumatic event for them, too
- Call the School Nurse and the Principal.

Call Emergency Services (112) if

- it is the first seizure
- the seizure lasts for more than 5 minutes
- one seizure immediately follows another
- the person is injured which may need require medical attention

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

10.5 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.

If a person is experiencing ANY of the following symptoms:

Signs and

Symptoms

Tick bites are usually harmless and may produce no symptoms.

However, if an individual is allergic to tick bites, they may experience:

- pain or swelling at the bite site
- a rash
- a burning sensation at the bite site
- blisters
- difficulty breathing, if severe



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.
- 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 the Principal and with the RHoS, and updated as and when changes occur.

Due for Review: August 2026.

Updated by: Mel Hitchcocks (Principal)

Date: 16th July 2025.



APPENDIX 1: STUDENT ACCIDENT REPORT

<u>Date and time</u>	
<u>Location</u>	
<u>Student involved</u>	
<u>Staff supervising at the time</u>	
<u>Circumstances</u>	
<u>Nature of injury</u>	
<u>First-aider report</u>	
<u>Parents informed by</u>	
<u>Follow-up</u>	
<u>Any preventative action points</u>	
<u>Report completed by</u>	
<u>First-aider signature</u>	



APPENDIX 2: 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. Submit the completed form to the School Nurse irena.toros@britishschool.si who will contact you with the school's decision within 24 working hours.

Student's Name:	Class:
	Date of Birth:
Parent/Guardian's Name:	Relationship to student:
Telephone Number (Please note that permission to administer medicine will not be given unless a current phone number is recorded below): Home: Work: Mobile:	

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

	Medicine to be given:	Dosage:	Frequency:	Time:
1				
2				
3				

Procedures to follow in an emergency:	
Emergency Contact's Name:	Relationship to student:



Telephone Number:

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 BISL 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 3: 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.

Student's Name:	Class:
	Date of Birth:

	Date	Time	Medicine given	Dose	Signature
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
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APPENDIX 4: 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.

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.



<p>Curriculum activities that involve food (e.g. cooking or science classes, gardening activity)</p>	<p>Avoid the use of the known food allergen when the student at risk of anaphylaxis is participating in curricular activities.</p> <p>Where practicable, replace known allergens in the recipe prepared in cooking and other classes by the at-risk student.</p> <p>Where not practicable, another recipe should be used by that student.</p> <p>Raise awareness of the possibility of hidden allergens in cooking, science and art classes/activities, e.g. egg or milk containers, peanut butter jars.</p> <p>The use of a particular food may need to be restricted, depending on the allergies of particular students and their age and developmental stage.</p>
	<p>Discuss with classes that prepare food the risks associated with sharing their food outside the classroom.</p> <p>Put food handling and hygiene procedures in place and communicate to all staff and students involved in food preparation to avoid cross contamination.</p> <p>These procedures should include:</p> <ul style="list-style-type: none"> • thorough hand washing before and after handling foods • careful cleaning of food preparation areas including bench top areas and utensils before and after use. <p>Have regular discussions with students about the importance of washing hands, eating their own food, and not sharing food, food utensils or food containers.</p>
<p>Food allergens in the canteen</p> <p>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'.</p>	<p>Identify foods that contain, or are likely to contain, known allergens and replace with other suitable foods.</p> <p>Clearly label foods items on the menu.</p> <p>Inform canteen staff (including volunteers) about students at risk of anaphylaxis and the foods they are allergic to.</p> <p>Display a copy of the student's Action Plan for Anaphylaxis in the Assembly Hall.</p> <p>Have separate areas and utensils for preparing food for students at risk of anaphylaxis.</p> <p>Utensils may be used by any student, so must be thoroughly washed.</p> <p>Put food handling and hygiene procedures in place and communicate to all staff and volunteers the need to avoid cross contamination.</p> <p>These procedures should include:</p> <ul style="list-style-type: none"> • thorough hand washing before and after handling food • careful cleaning of food preparation areas including bench top areas and utensils before and after use. <p>Arrange for canteen staff and volunteers to undertake anaphylaxis training.</p>



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.

Appendix 5: List of trained First Aiders at British International School of Ljubljana.

First aid course: **6 Hours basic course of first aid**

FIRST AIDERS:	DATE OF TRAINING:
Ana Pirnat	18.02.2023
Ana Zvonar	18.02.2023
Andrej Kravanja	18.02.2023
Graeme Chuter	18.02.2023
Katarina Železinger	18.02.2023
Matej Černi	18.02.2023
Sarah Fairchild Gojković	18.02.2023
Irena Toros	08.05.2025

Contents of the course:

- definition of first aid
- approaching to the injured
- basic life support(children) and use of the automatic external defibrillator
- haemorrhage, shock position, treatment of wounds, burns, frostbites and skeletal injuries
- insect stings and snake bites