



Baleares International College

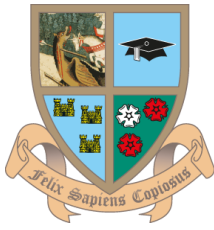
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an Orbital Education School

First Aid

and Managing Medical Conditions

Policy



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1. Rationale

At BIC, 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 BIC 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.

2. Aims

At BIC, we will endeavor:

- 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:

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

3. Roles and Responsibilities

Many staff have basic First Aid Training. Records of staff members' First Aid training are kept on file . All staff complete an annual First Aid course. Advanced First Aid training is given to the core First Aid group of staff. Certificates for Advanced First Aiders are displayed in reception.

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



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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

The school receptionist is the first point of contact and Chief First Aider for First Aid and holds the Advance First Aid training certificate. During Extra Curricular hours, until 5pm, the after school supervisor is the Chief First Aider. During break and lunchtimes, the break and lunchtime supervisors are the first point of contact for first aid and will refer to the Chief First Aider where deemed necessary.

The following is a list of where First Aid equipment can be found in the school:

Primary Office (big)

Secondary office (portable)

Gym (portable)

Chemistry room (portable)

EYs playground (portable)

Staffroom (portable)

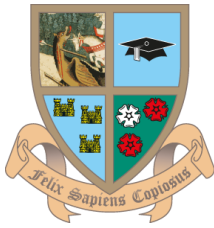
Reception (portable)

3.3 Senior Leaders

The relevant Head of Primary/Secondary or 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.

3.4 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.



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3.5 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 *Medical Information Form* sent out annually to parents for any changes/updates) 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 email) 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 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. They then liaise directly with medical professionals with regard to follow-up and further treatment.

4. First Aid Supplies

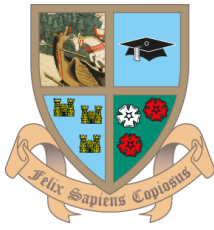
4.1

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 and should be kept locked with the key by the side of each box.

Larger First Aid boxes are located in the Primary and Secondary offices respectively. A smaller portable First Aid kit is kept at Reception, which is taken on all trips. All buses carry a First Aid kit and First Aid kits are maintained at the sports centres and sailing centre.

4.2 Contents of the First Aid Boxes

- 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 c
- 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



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- 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
- 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 Chief First Aiders so that s/he can replace these items and ensure stock is sufficiently maintained.

Emergency contact details, including the nearest medical centre are displayed on the Safeguarding Posters - laminated and in every classroom next to the towel dispenser in Secondary and outside Sec office and in reception and in corridors.

Additional First Aid Items

Cold packs are kept in fridge in Admissions office.

Students' personal Epipens are located in the fridge in the Admissions office. They must be labelled with the student's name, class and date. The SENCO is responsible for following up with parents to ensure that every student who has an Epipen has one in school within date. Information collated from the medical questionnaire relating to Epipens will be update by the SENCO.

A supply of latex gloves is available in reception for dealing with spillages and bodily fluids.

No medicines are kept in the First Aid Boxes.

5. First Aid Procedures

In the event of injury or medical emergency:

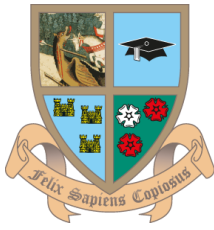
In the event of injury or medical emergency, Reception must be notified, who will contact the Principal and/or the Hos and an Advanced First Aider if required. The injured person should not be left unattended, which may mean that contact with Reception should be done by mobile phone if the injured party is nearby.

5.1 Response to injury or illness

Response to injury or illness

Depending on the severity of the injury, the injured party should either be sent/taken to Reception and the Principal and/or HoS should be called to the site of the incident.

The student's parent/guardian should be contacted by 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.*



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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 a First Aider or Principal and/or HoS who should be contacted immediately. They will then decide what action is to be taken, such as calling an ambulance.

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 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.

5.1.3 – No visible injury

In other cases (e.g., where no injury is visible), the student will be kept under observation at Reception or allowed back into class if advised that this is appropriate by the Principal and/or HoS.

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 of the incident. If concerns arise, medical attention should be obtained immediately. For all head injuries, a phone call will be made to the parents / guardians to inform them of the injury.

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.

5.1.6 – Reporting of injuries

For all injuries, the appropriate form must be completed, photocopied with one copy given to parents and one kept by the school.

5.2 Transfer to medical treatment

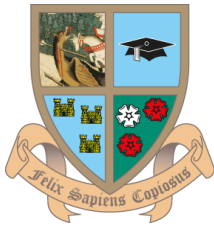
When a student, staff member or other visitor suffers an injury (or onset of ill-health) on site, First Aid will be sufficient for the majority of cases. However, review or further treatment at a hospital or other medical facility may be necessary and, unless a clearly minor incident, the school will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

The Principal will determine the most appropriate action to take in each incident:

- where the injury is an emergency, an ambulance will be called 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, parents will be contacted for them to come to school and take over responsibility for the student.

If parents will be meeting the student at hospital, a member of staff 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 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:



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- the staff member has insurance that will cover this;
- the staff member has the written authorisation of the parents;
- the staff member and student are accompanied by another appropriate adult.

5.2 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. Completed Accident or Incident Logs are sent to the Designated Safeguarding Lead for secure record-keeping. Serious 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.

5.3 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, available at Reception, 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 complete a medical in the application pack to inform the school of any medical needs as part of the enrolment process. New starters medical information is added by Admissions onto the medical needs spreadsheet which is checked by the SENCO. The DSL will oversee the sending out of medical forms to parents twice a year. Information from this will be checked and updated by admin in liaison with the SENCO. The SENCO, relevant Head of Primary/Secondary and the Class Teacher/Form Tutor and relevant teaching staff will be informed by Admissions of any student who has medical needs.

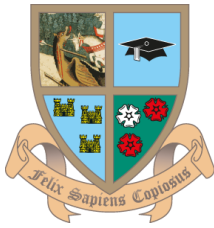
Staff members should immediately notify the SENCO of any new/further medical information gathered from parents or students, so it is input into the student's file in iSAMS and relevant staff are informed in a timely manner.

Parent and Emergency contacts are listed in iSAMS and are checked at the start of each year by the school receptionist. Parents should inform the school receptionist of any changes, but any staff members who become aware of changes in contact details should also inform the school receptionist 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 exit 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 within all reasonable considerations when in charge of such a student.



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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.

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. However, the following points must be noted:

- 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;
- medicines must be in the original container labelled with the student's name, dosage and frequency;
- tablets should be counted and recorded when brought into school and when collected at the end of the school day;
- painkillers, such as paracetamol or ibuprofen, may NOT be brought into school and antibiotics may only be administered at school if prescribed four (or more) times a day;
- some students may self-administer medication (e.g., insulin) if this has been authorised in writing by the parents and countersigned by the Principal.

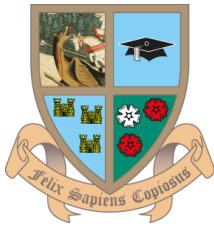
If a student refuses to take medicine, staff will not force them to do so. The refusal will be recorded, and the parents informed.

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, the school will follow the guidance issued by the Ministry of Health and issue advice from other international agencies where appropriate.



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8. Specific Medical Conditions

9.1 Allergies

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

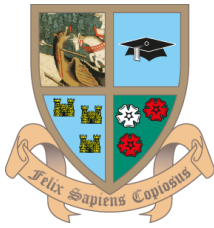
Minor Allergic Reactions, such as the 'hayfever' reaction to pollens can usually be relieved by antihistamines.

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.

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 Head of Primary/Secondary and/or Principal
Call Emergency Services on 061	
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. A list of students with allergies is also posted in the Staff Room. 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.

- One of the most common triggers of severe allergic reactions is food containing the allergen.
- At BIC peanuts are forbidden, due to allergies.
- At events where food is provided by parents, all items should be labeled and include
- a description of ingredients, so that individuals with allergy concerns can avoid products which may trigger a reaction.



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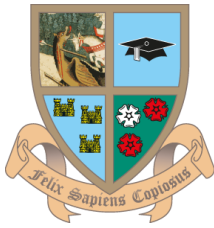
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9.2 Asthma

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.

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 • Loosen tight clothing • Call Head of Primary/Secondary and/or Principal Chief First Aider/s (school receptionist/after school club supervisor/lunchtime supervisors/SENCO)
Call Emergency Services (112) if	
	<ul style="list-style-type: none"> • 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.



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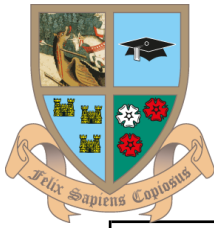
9.3 Diabetes

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.

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 Head of Primary/Secondary and/or Principal
Call Emergency Services 061 <u>if</u>	
<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	<ul style="list-style-type: none"> • These are signs of Hyperglycemia - high blood glucose levels • Call Head of Primary/Secondary and/or Principal who will contact the parents to <ul style="list-style-type: none"> - arrange for an immediate blood glucose test - bring extra insulin if required



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Call Emergency Services (061) 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 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.

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 be managed by 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

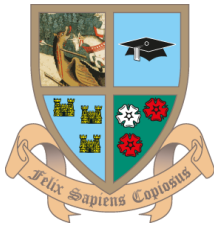
Action

- 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 Head of Primary/Secondary and/or Principal

Call Emergency Services (061) 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.



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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.

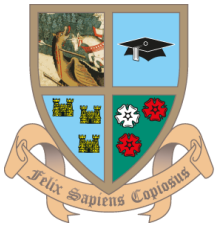
Due for Review:

31/08/2022

PREPARED BY:

Principal -

01/07/2021



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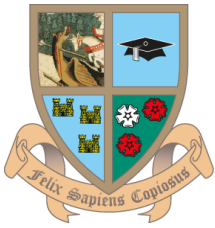
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APPENDIX 1: Accident Log Form

ACCIDENT REPORT

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



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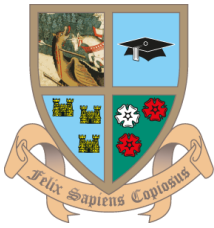
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APPENDIX 2: Incident Log Form

INCIDENT REPORT

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



Baleares International College

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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.

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

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

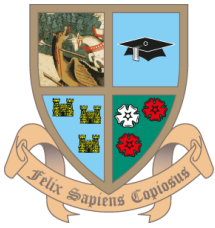
	Medicine to be given:	Dosage:	Frequency:	Time:
1				
2				
3				

Procedures to follow in an emergency:			
Emergency Contact's Name:		Relationship to student:	
Telephone Numbers:			
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 BIC policy.

Signed: _____ Date: _____

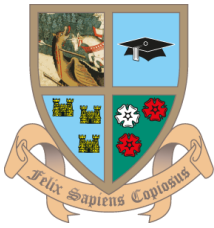


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*** This form must be attached to the student's 'Record of prescribed medicines given to a child at school' (Appendix 2)*



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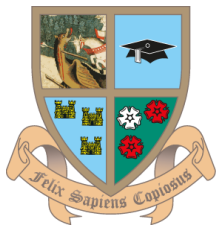
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APPENDIX 4: Record of prescribed medicines given to a child at school

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

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					
13					
14					
15					
16					
17					
18					
19					
20					



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APPENDIX 5: Minimising risk from food allergies

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

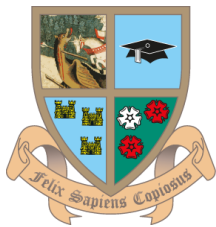
The general banning of foods or food products is not recommended by health experts as there is a lack of evidence to suggest that banning a food from entering a school is helpful in reducing the risk of anaphylaxis.

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.
	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 effect 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-labeled 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.



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	<p>Discuss with classes that prepare food the risks associated with sharing their food outside the classroom.</p> <hr/> <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. <hr/> <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 replaced with other suitable foods.</p> <hr/> <p>Clearly label foods items on the menu.</p> <hr/> <p>Inform canteen staff (including volunteers) about students at risk of anaphylaxis and the foods they are allergic to.</p> <hr/> <p>Display a copy of the student's Action Plan for Anaphylaxis in the Assembly Hall.</p> <hr/> <p>Have separate areas and utensils for preparing food for students at risk of anaphylaxis.</p> <hr/> <p>Utensils may be used by any student, so must be thoroughly washed.</p> <hr/> <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. <hr/> <p>Arrange for canteen staff and volunteers to undertake anaphylaxis training.</p>
<p>Trying new foods (e.g. through the canteen, curriculum or extra- curricular activities)</p>	<p>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.</p> <hr/> <p>Staff involved in such events should know which students are at risk of food-induced anaphylaxis and what the student is allergic to.</p> <hr/> <p>Provide staff supervision so that no student is pressured to try foods during the promotion and encouragement of new foods.</p>
<p>off-site activities (e.g. P.E. or trips)</p>	<p>Consider the potential exposure to allergens when consuming food on buses where teachers are supervising students in transit to school-related activities.</p> <hr/> <p>Adopt a 'no food sharing' rule on excursions. Including reminders on permission slips.</p> <hr/> <p>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.</p> <hr/> <p>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.</p> <hr/> <p>Liaise with parents/carers to develop alternative menus or allow students to bring their own meals.</p> <hr/> <p>Avoid using known food allergens in activities and games, including as rewards.</p>