

# HEALTH POLICY

FEBRUARY 2024



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# Rationale

Bateman Primary School has developed the Health Policy to support positive health and wellbeing for all students. We promote culturally responsive approaches to strengthen student physical and mental health to maximise their engagement with the teaching and learning programs.

It does this in a way that builds shared responsibility for student health between the school, students, parents and the broader community.

The advancement of student health is key to promote learning and engagement at school. The school does this in its management of whole school approaches as well as each aspect of it. Responding to the various health needs of students at the school through plans and process, including medical emergencies, is vital to maintain student wellness, staff and parent knowledge as well good communication with all.

# Aims

The management of student health is a collective responsibility by staff, parents and students. At Bateman Primary School we aim to:

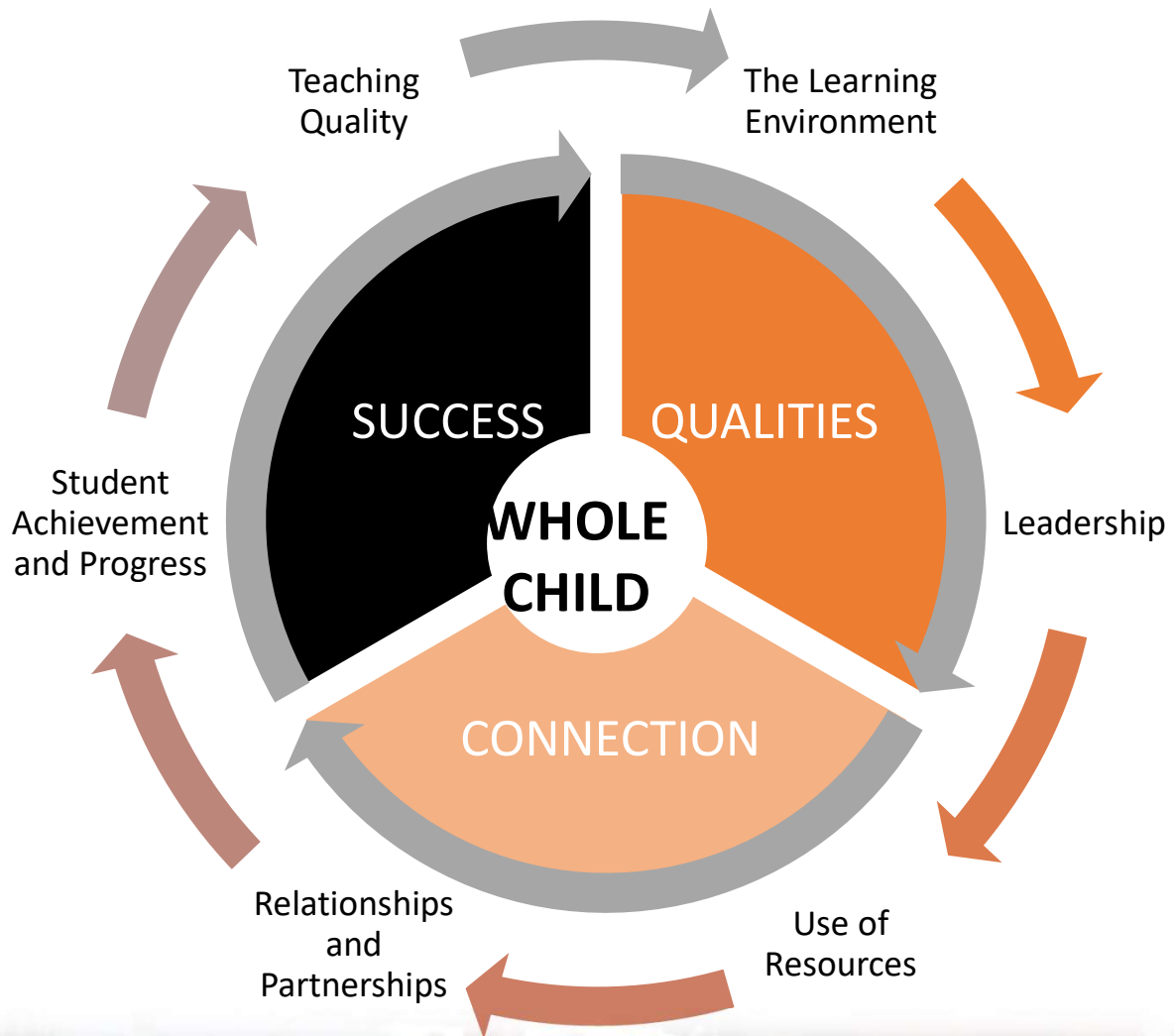
- Be a safe and healthy environment for students to be actively engaged in their learning
- Regularly communicate between the school and home about student health needs and illnesses. This includes student absences
- Generate a caring, supportive school environment where the rights and responsibilities of the individual are recognised, respected and understood by the school community
- Work with families in supporting student health and wellbeing

# Management Information

- Teachers shall refer to and implement the Health Policy and Procedures in accordance with the health needs of individual students. Relevant school based and class-based data shall be recorded
- Effectiveness of the Health policy and procedures shall be reviewed accordingly
- Schools have a responsibility to support student health including the administration of medication and first aid and delivery of PCIS. An employee can decline requests to administer medication, non-emergency first aid and/or deliver PCIS if the employee has reasonable belief, they are not capable of such support or believes it is unreasonable as part of their employment. Reasonable belief may include cultural, physical or medical reasons that impede an employee's ability to provide this support.
- Teachers shall document all injuries and first aid using the current recording systems.

# OUR VISION

With the whole child in focus, we work together to create a learning environment where all students can utilise the values, skills and knowledge to succeed in the opportunities and challenges of today, and into their future.



# Rights and Responsibilities

## Students have the RIGHT to:

- Have medication administered punctually and according to the medical instructions
- Have the appropriate accommodations given to meet their need/s
- Be given First Aid in a timely manner.
- Have a trained first aid staff member oversee the application of first aid, if required
- Be listened to regarding their medical situation

## Students have the RESPONSIBILITY to:

- Take the medication sensibly and appropriately
- Adopt accommodations and use them appropriately
- Remain calm while first aid is being applied
- Listen to the person who is caring for them
- Follow instructions of the person who is caring for them

## Staff have the RIGHT to:

- Easy access to first aid supplies in their classrooms and First Aid Room
- Fully stocked First Aid cupboard through the school year
- Seek assistance with administering first aid
- Administer medication if comfortable and confident with it
- Be provided with First Aid training (identified personnel) and keep up to date with it
- The school has the right to contact an ambulance in an emergency situation
- Kept informed by parents of any changes in a student's medical condition/s and medication requirements
- Be provided with any additional training as required

## Staff have the RESPONSIBILITY to:

- Undertake any training required for the administration of first aid (identified personnel)
- Undertake any training as requested by Admin
- Administer medication according to set instructions
- Administer appropriate first aid
- Seek assistance if unsure what to do when administering first aid
- Notify Admin if there is an emergency and indicate if an ambulance needed
- Maintain written records and pass onto appropriate personnel
- Record all first aid that is administered
- Notify parents of expiry dates of medications

## Parents have the RIGHT to:

- Be informed of the Health Policy and any updates
- Have their child attended to for the administration of first aid
- Be contacted regarding any serious injury or head bump and receive further information as needed
- Have their child be administered with medication according to the doctor's instructions

## Parents have the RESPONSIBILITY to:

- Ensure their child's medical information is updated annually
- All Action Plans and DoE forms are filled in and signed annually or as required
- Ensure all instructions are given for the administration of short-term medication
- Hand over all medications to the class teacher
- As changes occur, update the school with the new medical information.
- Provide all medication with appropriate forms
- Notify the school if their child is unmedicated on their arrival at school.
- Work with the school on all aspects of their child's wellbeing

# First Aid

First aid is the immediate treatment or care of a person who is injured or becomes ill. Staff have a duty of care for the safety and wellbeing of all students, staff and others in an emergency. If there are no first aid trained staff available, staff provide first aid within their level of expertise until medical assistance is available. Staff must inform the Principal or their representative soon as possible of any medical emergency

## First Aid System WA

Using the tiered First Aid System, Staff identify the level of action required and who to contact. In all First Aid situations, follow DRSABCD (Appendix A)

Category	Example	Action	Responsibility	Location
<b>Emergency</b> A severe life-threatening injury that requires immediate first aid and calling 000	<ul style="list-style-type: none"> <li>•Unconsciousness</li> <li>•Profuse bleeding</li> <li>•Anaphylaxis</li> <li>•Severe burns</li> <li>•Head injury (including vomiting after or concussion)</li> <li>•Choking</li> <li>•Snake bite</li> </ul>	<ul style="list-style-type: none"> <li>•Call 000 and follow the ambulance activation plan</li> <li>•Contact Parent</li> </ul>	<ul style="list-style-type: none"> <li>•Teacher to notify Admin who will manage incident</li> <li>•Other staff as required may be called upon to assist</li> <li>•First Aid Officer</li> </ul>	<ul style="list-style-type: none"> <li>•Epi Pens in First Aid Room cupboard by sink</li> <li>•First Aid supplies are in the green boxes or tall cupboard</li> </ul>
An injury considered urgent, but not life-threatening, requiring on demand treatment and parent contact	<ul style="list-style-type: none"> <li>•Abdominal pain</li> <li>•Fever</li> <li>•Nausea</li> <li>•Lacerations</li> <li>•Broken bones</li> <li>•Head bumps</li> </ul>	<ul style="list-style-type: none"> <li>•Provide first aid</li> <li>•Fill in orange form</li> <li>•Contact parent to inform and take student home if required</li> <li>•Monitor for deterioration</li> </ul>	<ul style="list-style-type: none"> <li>•First Aid Officer</li> <li>•Class teacher or</li> <li>•Admin in Wellness Room</li> <li>•EA</li> </ul>	<ul style="list-style-type: none"> <li>• First Aid supplies are in the green boxes or tall cupboard of the Frist Aid Room</li> </ul>
<b>Non-emergency</b> An injury low in severity requiring minimal intervention	<ul style="list-style-type: none"> <li>•Blisters</li> <li>•Insect bite</li> <li>•Minor grazes</li> <li>•Cuts</li> </ul>	<ul style="list-style-type: none"> <li>•Provide first aid if required</li> <li>•Complete form in First Aid Room if first aid given</li> </ul>	<ul style="list-style-type: none"> <li>•Class teacher</li> <li>•EA</li> </ul>	<ul style="list-style-type: none"> <li>•Class first aid boxes in each room</li> <li>•Ice packs in Admin or Science Fridges</li> </ul>

When the First Aid has been administered, record actions taken and complete the appropriate accident/incident report form found at Birak.

Staff and Cleaners are to follow the correct cleaning procedures to reduce the chance of infection.

# First Aid

## Call 000 if you or another staff member experience

- Chest pain or chest tightness.
- Sudden onset of weakness, numbness or paralysis of the face, arm or leg.
- Breathing difficulties.
- Unconsciousness.
- Uncontrollable bleeding.
- Sudden collapse or unexplained fall.
- Severe burns.
- Severe fracture.

Or any other significant first aid incident.

## If you call 000

- Stay calm.
- Don't shout.
- Speak slowly and clearly.
- Provide the school address and entrance or gate closest to where you are.
- Stay on the phone.

## School address:

2 Bartling Crescent, Bateman, 6150

## Non-Life Threatening Incidents

If your **health** concern is **not** urgent call the health direct **helpline** at any time on **1800 022 222** for free advice and reassurance

School Admin phone number 6258 6900



# Medical Emergencies

A medical emergency is a sudden or unexpected threat to health which requires an urgent assessment and alleviation of symptoms.

In an emergency, all school staff owe a duty of care for the safety and welfare of students. In the absence of staff with relevant first aid training, available staff should administer first aid within their level of experience until medical assistance can be provided.

## Parent consent

The absence of parental consent does not prevent a principal or their representative seeking medical attention in an emergency.

## Transporting students in a medical emergency

When arranging transport in a medical emergency, the principal:

- considers the nature of the emergency and local circumstances such as the availability of an ambulance service
- in a serious medical emergency, uses an ambulance service if it is available within a reasonable timeframe. If an ambulance is not available, the principal:
  - seeks advice from the ambulance or medical service prior to providing transport in a private vehicle
  - subject to agreement from the ambulance or medical service, transports the student to a health service or medical practitioner
  - whenever possible, arranges for at least 2 people to travel with the student, one to drive and the other(s) to monitor the health of the student. In accordance with Department of Health policy, community health nurses are not permitted to travel in a car transporting students in a medical emergency.

## Administration of Medication

The administration of medication must be authorised by the parent and/or a medical practitioner, except in certain emergency situations, such as the administration of adrenaline injectors.



# Administration of Medication

## Requirements:

- All medication must be accompanied with specific written instructions and consent from the parent before it can be administered to the student.
- All medication is to be clearly labelled with the student's name and dosage instructions.
- All ADHD medication is to be stored in a locked container. The container is to be kept in a secured location.
- For short term medication, a letter stating the administration instructions and permission is acceptable.
- For long term medication, such as ADHD medication, no more than one week's worth of medication is to be stored at the school in a seven-day tablet holder. It is to be refilled each week by the parent. The parent is to deliver the tablet holder to the class teacher on Mondays and the empty container can be sent home with the student. If something different needs to occur, it will be negotiated with the parent.
- All controlled substances (ie. Dexamphetamine, Ritalin) are to be stored in a locked container in a locked cupboard/drawer, separate to all other medications such as asthma puffers, antihistamines etc.
- All parents are to be informed of the requirements for the administration of medication at the time of starting the medication.
- When a student is required to start long term medication, an appointment needs to be made with the Deputy to discuss the student's needs and requirements of the medication. The paperwork and plans will be given to the parent to complete and have signed by the GP or prescribing doctor. The paperwork must be completed before the administration of medication can commence.
- Any changes to the administration of long term medication, parents must inform the Deputy and any alterations must be made on the initial paperwork or new paperwork is to be completed and signed off by the prescribing doctor. The class teacher is to direct the parent to the office should they be informed.
- All information on the paperwork – long term medication - is to be entered onto SIS by the Deputy. A copy of the paperwork is to be provided to the class teacher. The original will be stored in the student's file. All completed Form 12s are to be stored in the student's file.
- Current paperwork required for administration of medication is to be kept in the Administration of Medication File in the front office.
- For medication that is administered in the classroom, teachers will be responsible for the safe storage, administration and record keeping for that student.

# *Administration of Medication*

## Administration of Short Term Medication

1. When a parent produces medication that needs to be administered, the class teacher is to direct them to Birak. If the medication is brought to Birak, office staff are to give the parent the paperwork to fill in and bring it to an Admin person to check instructions and storage requirements.
2. If there is information missing, the front office staff (under the guidance of the Admin staff) are to contact the parent to clarify the information and to attach a note to record the missing information and that verbal permission was gained for the administration of the medication. The note is to be signed and dated by Admin. During the contact with the parent, front office staff are also to inform the parent of the correct procedure and to reinforce that correct written information is provided for the continuation of the medication (should it be for longer than that day). Front office staff to generate Form 12 for recording purposes.
3. Store the medication according to the instructions ie, in the fridge, medical cabinet, storage container or locked cupboard in the classroom.
4. For medication kept in the classroom, administer the medication as per instructions and record date and time of administration and who administered it. This should be completed on Form 12 (on the back of Form 3).
5. For medication stored in the office, front office staff are to let the admin staff know the student has arrived. Admin staff to administer the medication and record the details.
6. Medication is to be sent home at the end of the day. The parent/student will need to collect it from the class teacher or Birak (Admin).

# *Administration of Medication*

## Administration of Long Term Medication

1. Prior to the commencement of administration of medication, parents are to contact the Deputy Principal and meet to discuss the medical needs of the student, the school's requirements for the administration of medication and collect the necessary paperwork.
2. Parent to complete paperwork, have the doctor sign it and return it to Birak for the Deputy to check and clarify as needs be.
3. Deputy to discuss student needs with class teacher and determine how this will be done – in the classroom or in the office. This will then be confirmed with the parent. A copy of the paperwork including Form 12 to be provided to the class teacher for class administration in the appropriate bag. Admin Team to also be informed of their role with the medication.
4. If the medication is to be administered in the classroom, the requirements must be adhered to for the provision and storage of medication. Class Teacher is responsible for the administration of medication, completion of paperwork and correct storage once process completed.
5. If the medication is to be administered at the Birak, front office staff are to direct the student to wait in the waiting area, let the admin staff know the student has arrived and provide the file. Admin staff to administer the medication in their office. Students are not to go with the admin person to get the medication. Once given, Admin to record the details on Form 12 and put back into the bag.

# Managing Student Health Care

## Managing Student Health Care – Off Site

When staff are planning off site excursions or camps, students with health care requirements need to be taken into consideration.

- Seek any new knowledge that may be available from parents
- Consult with necessary admin on how to best manage updated plans
- Parents need to be informed about how their child's health requirements or administration of medication will be managed off site
- Ensure teacher supervision and grouping of students allows for best management of student health needs and administration of medication. Only authorised staff are to administer medication or provide first aid outlined in health care plans.



# Specific Health Conditions

To ensure protocol is followed correctly and students are cared for appropriately, these steps must be followed:

- Parents meet with the Deputy Principal to share with the school the information that has been provided by the medical professionals monitoring the student.
- Along with the plans from the medical professionals, DoE paperwork is completed ensuring that it has been signed off by the parent. *Anaphylaxis, Diabetes, Seizures require new paperwork annually. Asthma, if the plan has not changed, can be resigned by the parent to say it is still relevant.*
- Parents supply the required 'in date' medication. This is stored in the appropriate coloured bag along with the medical information and Action Plan. Red bags (Anaphylaxis) are stored in the First Aid Room. Blue (Asthma) and Green (Mild/Moderate allergies) bags are stored in the classrooms.
- Daily and Emergency planning is recorded in SIS and highlighted by the medical bag on the student summary page.
- A summary of all students with specific health needs is created and stored in the First Aid Room, outside Staffroom, in Makuru 11 and in the Kitchen Garden storage room.
- Action Plans are provided to the classrooms for display and for the Teacher Relief Files (TRF).
- As new information is supplied by parents, the bags, SIS, classroom and TRF are updated.

## CLASSROOM

- In a medical emergency with a specific health need, the relevant action plan is followed.
- The class teacher is to ring Birak (Front Office) to notify Admin and who will go directly to the classroom with the required medication (if needed).
- Medication will be administered and the student monitored. If symptoms worsen, an ambulance and parents are called along with MCS (Manager of Corporate Services).
- As necessary, the class will vacate the room, leaving Admin with the unwell student. Parent and/or ambulance will be directed to the right area by MCS.

## BREAK TIME/PE/SPORT

- In a medical emergency with a specific health need, the action plan is followed.
- The duty/sport teacher is to ring Birak (Front Office) or send the relevant assistance required 'Emergency Card' to notify Admin.
- Admin will go directly to the area with the required medication (if needed) and a mobile phone.
- Medication will be administered and the student monitored. If symptoms worsen, an Ambulance and parents are called along with MCS (Manager of Corporate Services).
- As necessary, students will vacate the immediate area leaving Admin with the unwell student. Parent and/or ambulance will be directed to the right area by MCS.

# Anaphylaxis

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame and certain insect venom (particularly bee stings). The key to prevention of anaphylaxis in schools is knowledge of the student who has been diagnosed as at risk, awareness of allergens, and prevention of exposure to those allergens. Partnerships between schools and parents/guardians are important in helping the student avoid exposure.

Adrenaline given through an adrenaline autoinjector (such as an EpiPen® or Anapen®) into the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

## INDIVIDUAL ANAPHYLAXIS HEALTH CARE PLANS

The principal or their representative will ensure that an Individual Anaphylaxis Health Care Plan is developed in consultation with the student's parents/guardians, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis (see Appendix 1).

The Individual Anaphylaxis Health Care Plan will be in place as soon as practicable after the student is enrolled and where possible before their first day of school. The student's Individual Anaphylaxis Health Care Plan will be reviewed, in consultation with the student's parents/guardians:

- annually, and as applicable;
- if the student's condition changes;
- immediately after the student has had an anaphylactic reaction.

It is the responsibility of the parent/guardian to:

- provide an ASCIA Action Plan completed by the child's medical practitioner with a current photo;
- inform the school if their child's medical condition changes, and if relevant provide an updated ASCIA Action Plan.

## COMMUNICATION

- The principal will be responsible for providing information to all staff, students and parents/guardians about anaphylaxis and development of the school's anaphylaxis management strategies. Volunteers and casual relief staff will be informed on arrival at the school if they are caring for a student at risk of anaphylaxis and their role in responding to an anaphylactic reaction.
- Regular information will be published in the school newsletter to promote the 'nut allergy aware' status of the school and ways to minimise the risk of students coming into contact with allergens.
- A letter will also be sent out to all parents whose child is in a classroom with a child who has an anaphylactic allergy to inform them on ways of assisting in the reduction of that allergen coming to school.

# Anaphylaxis

## STAFF TRAINING AND EMERGENCY RESPONSE

Teachers and other school staff who have contact with the student at risk of anaphylaxis, are expected to undertake training in anaphylaxis management including how to respond in an emergency.

At other times while the student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, the principal must ensure that there is a sufficient number of staff present who have up to date training and know how to recognise, prevent and treat anaphylaxis.

Training will be provided to these staff as soon as practicable after the student enrolls.

Wherever possible, training will take place before the student's first day at school. Where this is not possible, an interim plan will be developed in consultation with the student's parents/guardians. The school's first aid procedures and student's ASCIA Action Plan will be followed when responding to an anaphylactic reaction.

## RISK MINIMISATION

The key to prevention of anaphylaxis is the identification of allergens and prevention of exposure to them. The school employs a range of practical prevention strategies to minimise exposure to known allergens. The table over the page provides examples of how Bateman Primary School engages risk minimisation strategies.

SETTING	CONSIDERATIONS
<b>Classroom</b>	<p>Display a copy of the student's ASCIA Action Plan in the classroom.</p> <p>Liaise with parents/guardians about food related activities ahead of time.</p> <p>Use non-food treats/rewards.</p> <p>Never give food from outside sources to a student who is at risk of anaphylaxis.</p> <p>Be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons).</p> <p>Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.</p> <p>Casual/relief teachers are provided with a copy of the student's ASCIA Action Plan.</p>
<b>Yard</b>	<p>The student with anaphylactic responses to insect venom should wear shoes at all times.</p> <p>Keep outdoor bins covered.</p> <p>The student should keep open drinks (e.g. drinks in cans) covered while outdoors.</p> <p>Staff trained to provide an emergency response to anaphylaxis should be readily available during non-class times (e.g. recess and lunch).</p> <p>The adrenaline auto injector should be easily accessible from the yard.</p> <p>It is advised that schools develop a communication strategy (red card) for the yard in the event of an anaphylactic emergency. Staff on duty need to be able to communicate that there is an anaphylactic emergency without leaving the child experiencing the reaction unattended.</p>
<b>On-site events (e.g. sporting events, in school activities, class parties</b>	<p>For special occasions, class teachers should consult parents/guardians in advance to either develop an alternative food menu or request the parents/guardians to send a meal for the student.</p> <p>Parents/guardians of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis as well as being informed of the school's allergen minimisation. Party balloons should not be used if a student is allergic to latex.</p> <p>Latex swimming caps should not be used by a student who is allergic to latex.</p> <p>Staff must know where the adrenaline auto injector is located and how to access it if required.</p> <p>Staff should avoid using food in activities or games, including rewards.</p> <p>For sporting events, it may be appropriate to take the student's adrenaline auto injector to the oval. If the weather is warm, the auto injector should be stored in an esky to protect it from the heat.</p>

# Mental Health

Schools play an important role in promoting wellbeing through connected, inclusive and culturally safe environments. Student mental health and wellbeing is valued at BPS and many programs are in place to ensure a student's wellbeing is maintained.

Staff play an important role in supporting the mental health and wellbeing of students so they can

- realise their abilities
- cope with the normal stresses of life
- work productively
- make a contribution to their community.

Staff support students by:

- being familiar School response and planning guidelines for students with suicidal behaviour and non-suicidal self-injury (Appendix B)
- referring concerns for student wellbeing to the Learning Support Coordinator
- Communicating with parents
- Involving the school psychologist where necessary
- accessing support from the school psychologist
- sharing resources with students

## Support Agencies for Parents

- Kids Helpline – 1800 55 1800
- Youth Beyond Blue – 1300 224 636





# Mental Health

Programs Used By Bateman Primary School

## lyarn/ireflect

Each year, new research shows increasing levels of stress, anxiety, isolation and depression in society. The problem is growing and yet the research is clear: better connection and stronger social relationships are the way forward.

lyarn was established to connect people through simple, powerful and flexible check ins. Purposeful check ins encourage expression and provide others with the opportunity to understand. They are a safe space where people can be vulnerable and their stories can be heard.

## URSTRONG

This wellbeing program empowers children with the skills, language, and self-confidence to be better friends and develop healthier friendships. Through a series of sessions, the students will learn language to better express their feelings, stand up for themselves, and put out *Friendship Fires*® (URSTRONG's term for conflict). A key element of **Friendology 101** is teaching students the difference between normal conflict and bullying. We strongly believe this program's focus on teaching the skills to develop healthy relationships, starting at a young age, is the preventative approach and, ultimately, the solution to this bullying epidemic. Friendology 101 also helps students and teachers establish a common language so that they can co-identify social issues and learn to better communicate solutions.

## Zones of Regulation

Zones schools use the lessons, concepts, and strategies within The Zones of Regulation curriculum to create a climate where all students can thrive. Classrooms use these universal practices to proactively teach and support students in their emotional growth:

- All students are taught lessons from The Zones of Regulation curriculum
- Common Zones visuals throughout the school
- Common Zones language used by all staff in all settings
- Regular opportunities for students and staff to check in with their Zones
- Easy access to Zones' regulation tools for students and staff



# ***Sun Protection and Heat Management***

## **Sun protection**

The principal implements a whole school approach to promote sun protection (staff only) including:

- evidence-based procedures and practices, developed in consultation with the school community, for:
  - monitoring UV (completed by the first class of the day in Science or Kitchen Garden)
  - effective protection from overexposure to UV radiation when the UV Index is 3 or above.
- modified teaching and learning programs to protect students and staff from high UV radiation levels.

Hats are required to be worn throughout the year. Students without a hat are required to play in the undercover area during break times and will not be permitted to participate in Sport lessons.

Sunscreen is provided in all classrooms and teachers are to encourage students to apply it when the temperature is above 28 degrees.

## **Heat management**

The school modifies teaching and learning programs to protect students and staff from prolonged high temperatures.

During periods of prolonged high temperature:

- Schools are not closed
- Parents may keep their child at home and provide an explanation of absence to the school which may be considered reasonable cause pursuant to Section 25(2)(a) of the School Education Act 1999 provided the relevant requirements of Section 25 are met
- Parents may also withdraw students from one or more elements of the school program in negotiation with school staff.



# Prevention of Infection

The school implements a whole school approach to promote effective hygiene including:

- access to soap and facilities for hand washing and drying
- explicit instructions to staff and students for effective hand washing (staff only) and, where relevant, face washing (staff only) – face washing is relevant in instances of trachoma and when directed by a health professional
- standard precautions (staff only) for the control of infection to be used by school staff as a matter of routine
- the regular cleaning of environmental surfaces (staff only) to reduce the risk of contamination
- informing students about reducing the spread of infection: o through coughing and sneezing etiquette o by not sharing eating and drinking utensils.

Hand hygiene and, in some instances, face hygiene is crucial in reducing the transmission of infections. Hand hygiene can also reduce the risk of exposure to common allergens such as peanuts for those in the school community who are anaphylactic.

## Communicable diseases

Communicable diseases, also known as infectious diseases, are caused by infectious agents and can be passed from one person or animal to another.

The principal acts in accordance with the advice provided by the Department of Health in managing communicable diseases. The Department of Health's Communicable Disease Guidelines provides information regarding incubation when a student must stay home and advice on which diseases are notifiable and must be reported to the Department of Health's Population/Public Health Units.

Principals are encouraged to monitor WA Health for the latest advice on communicable diseases, such as COVID-19.

### Head lice

- Communication to parents about head lice is done via phone call to parents of the identified student as well as a letter or email sent to the class the student belongs to to minimise the risk of further cases.
- Students are to have their own, labelled hats



# Healthy Food and Drink

Schools are required to offer healthy food and drink options for:

- Lunch orders
- Classroom rewards
- School camp
- Excursions

This is planned using the traffic light system. Food and drinks are categorised into green, amber and red choices (see Appendix D). Our aim is to limit the supply of red food and drinks and only provide them when they are essential to the learning program.

Parents providing food to be shared need to make arrangements with the class teacher to organise storage and ensure no allergic reactions occur.

Some examples of appropriate birthday or special occasion sharing foods are

- Wrapped lollies or chocolates (not containing nuts)
- Purchased baked goods with ingredients clearly labelled

Students need to be approved by Admin to work in a role that includes the handling or selling of food and drinks as it may constitute a hazard.

# Record Keeping

Student health records are documents relating to health information and interventions that reflect the facts of health care. Examples include the Student Health Care Summary, management and emergency response plans for specific health conditions and risk management plans.

## The school:

- maintains student health records in accordance with the Department's Records Management policy and procedures
- uploads information from the Student Health Care Summary and management and emergency response plans into the Medical Details (staff only) section of the School Information System (SIS), unless the parent specifies that the information is not to be shared
- retains signed, hard copies of all documentation including immunisation records on the student's school file
- reviews all student health records annually or when the student's health needs change (whichever occurs first)
- manages confidentiality of student health information including creating a confidential student file (staff only) as required for psychologists' reports and risk management plans.

## Confidentiality

Students' health information is confidential. The principal may share student health information if:

- parents or students who are independent minors provide consent
- there is an imminent threat to the student, for example, potential suicide
- there is a specific agreement in place for sharing health information, for example, there is agreement that the Department will provide the Department of Health with student immunisation data (class lists and student immunisation status) to support school-based immunisation programs, and/or
- there is a legislative capacity or requirement to share the information, for example, mandatory reporting of child sexual abuse.

Student health records, such as management and emergency response plans, belong to the school and may be shared with the community health nurse. Medical or clinical records, such as School Entry Health Assessment records and the HEADSS Adolescent Psychosocial Assessment, are confidential documents which are owned by the health service provider. In most routine circumstances, personal and health information contained in clinical records will not be disclosed to school staff, however, there are some circumstances when collaboration may be crucial to safeguard the welfare and safety of individuals.

## Mandatory Reporting

Principals and staff are required to report information relating to child sexual abuse under the Children and Community Services Act 2004 (WA). For further information, refer to the Child Protection in Department of Education Sites policy.



## First aid fact sheet

# DRSABCD action plan



**Danger** Check for danger and ensure the area is safe for yourself, bystanders and the patient.



**Response** Check for a response: ask name and squeeze shoulders. **NO RESPONSE?** Send for help. **RESPONSE?** Make comfortable; monitor breathing and response; manage severe bleeding and then other injuries.



**Send for help** Call **Triple Zero (000)** for an ambulance or ask a bystander to make the call. Stay on the line. [If you are alone with the patient and you have to leave to call for help, first turn the patient into the recovery position before leaving.]



**Airway** Open the patient's mouth and check for foreign material. **FOREIGN MATERIAL?** Roll the patient onto their side and clear the airway. **NO FOREIGN MATERIAL?** Leave the patient in the position found, and open the airway by tilting the head back with a chin lift.



**Breathing** Check for breathing Look, listen and feel for 10 seconds. **NOT NORMAL BREATHING?** Ensure an ambulance has been called and start CPR. **NORMAL BREATHING?** Place in the recovery position and monitor breathing.



**CPR** Start CPR: 30 chest compressions followed by 2 breaths. Continue CPR until help arrives, the patient starts breathing, or you are physically unable to continue.

**Defibrillate** Apply a defibrillator as soon as possible and follow the voice prompts.

**In a medical emergency call Triple Zero (000)**

**DRSABCD** Danger ► Response ► Send for help ► Airway ► Breathing ► CPR ► Defibrillation

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## GUIDELINES FOR STUDENTS WITH SUICIDAL BEHAVIOUR AND NON-SUICIDAL SELF-INJURY

“Most people considering suicide give signs that they are not coping” (Gatekeeper Training Manual, 2014). If these signs are ignored or interpreted as attention seeking this can be detrimental to the person as they may have difficulty expressing their needs openly to those who can assist. ii A number of young people, however, may show no observable signs or behaviours.

Some examples of common indicators of concern are:

- changes in activity and mood
- anxiety and/or depression
- decrease in academic performance
- difficulty concentrating and/or making decisions
- persistent thoughts about death and/or suicide
- negative view of self and/or world
- significant tiredness and/or loss of energy
- significant grief and loss issues
- alcohol and/or other drug use
- risk-taking behaviours
- persistent or sudden absence from school
- sudden weight loss or gain
- change in appearance (no care for clothes, hair, makeup, etc)
- unexplained injuries such as cuts, burns, bruises
- wearing long sleeves or covering up, even during hot weather (that is not due to religious or cultural reasons)
- changes in eating and/or sleeping.

School staff may observe behaviours or sudden changes in a student that may indicate they are stressed or distressed. If staff have concerns regarding a student, it is important to consult with appropriate school staff to ascertain if further actions need to be taken to support the individual. A process will be followed to ensure the safety of the student in a supportive manner. Contact with appropriate support agencies within the department and parents will be made. Ongoing support and planning will be provided to assist the student to continue to attend school.

Further detailed information can be found in the School Response and Planning Guidelines for Students with Suicidal Behaviour and Non-Suicidal Self-Injury, November 2022,.

<https://www.education.wa.edu.au/web/policies/-/school-response-and-planning-guidelines-for-students-with-suicidal-behaviour-and-non-suicidal-self-injury>.

ii Professor Bryant Stokes, AM. (2012). Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia. Government of Western Australia Department of Health, Mental Health Commission.


See School Response and Planning Guidelines for Students with Suicidal Behaviour and Non-Suicidal Self-Injury quick reference flow chart, November 2022, for assistance in managing and reporting incidents and concerns.

School response to student suicidal behaviour and non-suicidal self-injury quick reference This flowchart is a quick reference guide to be used in conjunction with Section One and Section Two of the Department Guidelines.





## FIRST AID REPORT FORM

 <b>Bateman</b> PRIMARY INDEPENDENT PUBLIC SCHOOL	<b>BATEMAN PRIMARY SCHOOL SICK OR INJURED STUDENT FORM</b>	
Date: _____	Time: _____	Teacher: _____
Students Full Name: _____	Year: _____	Room: _____
Please detail the reason this student has been sent to the office and outline the action you wish to be taken:		
<input type="checkbox"/> Illness	<input type="checkbox"/> Injury	<input checked="" type="checkbox"/> Sensory Break/Rest in Wellness Room
Please detail action already by taken by Teacher/Deputy/Principal and/or action to be taken by MCS/SO:		
_____		
_____		
<b>Office Use Only</b>		<b>Action Taken</b>
Attended By _____	Time _____	Resting <input type="checkbox"/>
Comments _____		Parent Collecting <input type="checkbox"/>
_____		Other <input type="checkbox"/>
_____		
Signature of person collecting student _____		Time _____

Links to Accident forms:

[Accident+incident+report+students+and+visitors.docx](#)

[Accident+incident+report+form+volunteers.docx](#)

[Accident+incident+report+form+for+contractors.docx](#)

[Accident+incident+investigation+report+\(AIIR\)+form \(1\).docx](#) (staff)

## TRAFFIC LIGHT FOOD SYSTEM

<b>Fill the Menu</b> <b>&gt;60%</b>	<b>Select Carefully</b> <b>&lt;40%</b>	<b>Off the Menu</b>
<p><b>Green</b> food and drinks</p> <ul style="list-style-type: none"> <li>• Cereal foods — wholegrain cereals, pasta, noodles, rice, cous cous, quinoa</li> <li>• A variety of bread types including wholegrain/ wholemeal</li> <li>• Vegetables and legumes e.g. stuffed potatoes, corn-on-cob, baked beans, 4 bean mix, garden salads, potato salad, coleslaw (using reduced fat dressings )</li> <li>• Fruit, fresh and frozen, whole, fruit salad, sliced fruit</li> <li>• Fruit canned in natural juice</li> <li>• A variety of sandwich/roll fillings, preferably served with salad e.g. Egg, reduced fat cheese, tuna, lean meats, yeast spreads, hummus</li> <li>• Lean meats, fish, poultry</li> <li>• Meals; especially those with vegetables e.g. pasta bake, curry and rice, frittata, soup, sushi, rice paper rolls</li> <li>• Reduced fat dairy products including: plain milk, flavoured milk (375mL or less), cheese, plain and flavoured yoghurt</li> <li>• Plain water</li> <li>• Plain mineral water</li> </ul>	<p><b>Amber</b> food and drinks</p> <ul style="list-style-type: none"> <li>• Savoury breads such as garlic, herb and pizza bases</li> <li>• Reduced fat pastry items</li> <li>• Frankfurts and sausages for hot dogs and/or sausage sizzles</li> <li>• Savoury commercial products, e.g. fish, chicken, potato portions, pizza</li> <li>• Hamburger patties</li> <li>• Processed meat e.g. ham, skin free processed chicken</li> <li>• Assorted cakes/biscuits or Muffins</li> <li>• Sweet and savoury snack foods</li> <li>• Plain dried fruit</li> <li>• Ice creams and icy poles</li> <li>• Reduced fat flavoured milk (more than 375mL &amp; less than 600mL)</li> <li>• High schools only: reduced fat coffee flavoured milk (375mL or less)</li> <li>• Full fat dairy products e.g. plain milk, yoghurt, cheese</li> <li>• Full fat flavoured milk (375mL or less)</li> <li>• 99% fruit juices (250mL or less) and no added sugar</li> <li>• Dairy desserts# e.g. reduced fat custard, ice cream and mousse (milk/milk alternative listed as first ingredient)</li> </ul> <p>NOTE: Reduced fat dairy recommended for children over the age of 2 years</p>	<p><b>Red</b> food and drinks</p> <ul style="list-style-type: none"> <li>• Full-fat pastry items</li> <li>• Deep fried food</li> <li>• Sweet sandwich fillings e.g. jam, honey, confectionery sprinkles</li> <li>• High fat meats e.g. polony and salami</li> <li>• Confectionery e.g. chocolate, liquorice, cough lollies, jellies</li> <li>• Sweet or savoury snack items that do not meet the criteria e.g. potato chips</li> <li>• Soft drinks, cordial, sports drinks, energy drinks</li> <li>• Reduced fat flavoured milk (more than 600mL)</li> <li>• Reduced fat coffee flavoured milk drink (more than 375mL)</li> <li>• Full fat flavoured milk (more than 375mL)</li> <li>• Chocolate coated icecreams</li> <li>• Jelly; fruit with jelly</li> <li>• Croissants, cream or iced buns/cakes, doughnuts, sweet pastries, slices</li> <li>• Fruit juice (more than 250mL) and/or with added sugar or sweetener</li> <li>• Water flavoured with fruit juice, sugar and/or sweetener</li> </ul>