

Health Policy

Review date: 18/04/2024



inclusive *in*formed *in*vested *in*spired

Contents

Health Promotion	3
Plan for Medical Emergencies.....	3
General Health Planning	3
Procedures (A-Z)	4
<i>Anaphylaxis</i>	<i>4</i>
<i>Asthma</i>	<i>4</i>
<i>Breakfast Club</i>	<i>4</i>
<i>Crunch n Sip.....</i>	<i>4</i>
<i>Defibrillator</i>	<i>5</i>
<i>Head Lice</i>	<i>5</i>
<i>Health Care Plans</i>	<i>5</i>
<i>Heat Management</i>	<i>5</i>
<i>Immunisation</i>	<i>5</i>
<i>Medication</i>	<i>5</i>
<i>SunSmart</i>	<i>6</i>
Appendix 1 – Generating Medical Plans on Compass.....	7
Appendix 2 – Asthma First Aid.....	8

This Policy is based on Education Department WA Student Health in Public Schools Policy and Procedures

Policy Statement

The Department promotes culturally responsive approaches to strengthening student physical and mental health to maximise their engagement with teaching and learning. It does this in a way that builds shared responsibility for student health between schools, students, parents and the broader community.

Health Promotion

At Corrigin District High School, we encourage our students to make health choices on a daily basis. These whole school approaches to promoting student health include:

- Curriculum (teaching, learning and professional learning) – The Health and Physical Education curriculum is delivered to all students on a weekly basis.
- Environment (school ethos and policies) – Through key programs including SunSmart, Crunch 'n Sip and The Resilience Project, we set high expectations for our students. We have also established a culture that supports students to participate (free fruit, spare hats etc).
- Partnerships (student, families and the local community) – We communicate our expectations to the school community through a range of modes (newsletter, compass, workshops). We also receive support from our community to ensure that students can partake in health promotion activities.

Plan for 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 staff have a duty of care for the safety and welfare of our students. Staff are expected to administer first aid or health care support to the best of their ability, until staff with first aid training or medical assistance can be provided. All staff are trained in anaphylaxis and asthma first aid. Key actions in this area include:

- Emergency Response Plans – These are developed in consultation with families and medical professionals, where there is a specific health condition that may require emergency management.
- First Aid – First Aid is the immediate treatment or care of a person who is injured or becomes ill. Key staff are trained in First Aid (the minimum standard being HLTAID011 Provide First Aid) and are aware of their roles and responsibilities in the event of an emergency. We have a fully equipped medical/sick bay to support the administration of first aid.
- Follow-Up – In the event of an emergency, planning for student movement, transport, post-incident support, communication with parents, staff and students and incident reporting is undertaken by the administration team.

General Health Planning

Where a student has ongoing or short-term health needs that are unlikely to result in a medical emergency, the school coordinates a range of processes.

- Enrolment Procedures – Upon enrolment, families are provided with the Student Health: Parent Information Brochure and required to complete a Student Health Care Summary Forms. Health

care summaries are updated annually. [Manage student health care needs and medication - Ikon - The Department of Education](#)

- Health Records – The school officer ensures that up-to-date information regarding student health is input into the school systems (SIS and Compass).
- Supporting Parents – Staff work in collaboration with parents and health professionals to ensure that student health care plans are current, and support the implementation of these with staff.
- Daily Management – Administration and teaching staff support the implementation of student health care plans including administration of medication where required.

Procedures (A-Z)

Anaphylaxis

Anaphylaxis is a severe, allergic reaction which can be life threatening. It must be treated as a medical emergency requiring an immediate response. A whole school approach to the prevention and emergency management of anaphylaxis includes:

- Identification of students at risk.
- The development of a health care plan for students with anaphylaxis which includes an Australian Society of Clinical Immunology and Allergy (ASCIA) emergency action plan (signed by the treating doctor).
- Verifying that all staff have completed online anaphylaxis training every 2 years.
- Providing staff with access to the ASCIA Anaphylaxis e-refresher training and hands-on practice with an adrenaline trainer device with the school nurse (this is recommended to occur every 6 months).
- Establishing procedures for reducing the risk of exposure to known allergens.
- Verifying that parents have provided an up-to-date adrenaline injector (AI) for students with anaphylaxis and monitoring expiry dates.
- Verifying that up-to-date emergency AIs are available in the first aid kit including a lower dose (junior version) if there are students in the school that weigh less than 20 kilograms. Under the School Education Regulations 2000, a staff member may, in the course of their employment, administer an AI to a student if the staff member reasonably suspects the child is suffering an anaphylactic reaction, even if there is no consent to the administration of adrenaline.

Asthma

Asthma is a long-term lung condition. People with asthma have sensitive airways in their lungs which react to triggers, causing a 'flare-up'. In a flare-up, the muscles around the airway squeeze tight, the airways swell and become narrow and there is more mucus. These things make it harder to breathe. Students who suffer from this condition will have a plan and medication provided by parents. In the event of an emergency, the school Ventolin may be used per the instructions at Attachment 2.

Breakfast Club

With the support of FoodBank, Central AgCare and the P&C, Breakfast Club is available to all children on a daily basis. This ensures that no child has to start their day hungry. This ethos extends to crunch n sip and lunch breaks, where fruit and sandwiches are provided to children in need.

Crunch n Sip

In all Early Childhood and Primary classes, families are encouraged to send a drink bottle to be used throughout the day. There is also refrigerated water available via school fountains. During a mid-morning break, students are encouraged to snack on fresh fruit and vegetables only.

Defibrillator

Corrigin DHS has a defibrillator onsite. It is located on the external wall near the entrance to Room 5. In the event of a patient with cardiac symptoms (no pulse) please follow the directions on the cabinet to access the defibrillator.



Head Lice

Head lice are tiny insect parasites that live on your head and feed on your scalp (the skin covering your head). They reproduce by laying their eggs (nits) on your hair shaft (the part of your hair closest to the scalp). Head lice are not dangerous, do not carry diseases, and are not a sign of poor hygiene (cleanliness). A staff member can examine a student for head lice. Students who have head lice found in their hair should be treated with sensitivity and referred to Admin for further action.

A child with headlice needs to be treated and all live lice removed before they return to school. There is no need to stay away from school if there are only a few remaining eggs, but we encourage families to continue treatment over the following 10 days to ensure that all eggs and hatchlings have been removed. In extreme circumstances, with consent of the student and family, Corrigin District High School staff may treat a student for head lice in the first aid room.

Health Care Plans

Student Health Conditions and Health Care Plans are available to all staff through Compass. It is the responsibility of staff to ensure they are aware of and are responsive to the health needs of all students in their care (Appendix 1).

Heat Management

The Principal will advise when modified teaching and learning programs are required 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.

Immunisation

Schools must sight and keep a record of acceptable immunisation evidence upon enrolment, with this information being recorded in SIS. This is either an Australian Immunisation Register (AIR) Immunisation History Statement not more than two months old or an Immunisation Certificate issued by the Department of Health for a Kindergarten student. Some scheduled immunisations are carried out by the school nurse at school, with parental consent.

Medication

All student medication (unless refrigeration is required) is stored in the medical room and is clearly labelled with the student's name. Restricted drugs are stored in a locked cupboard away from non-restricted drugs. When student medication is administered it must be recorded on [Record of health care support and administration of medication \(form 12\) \[Word 130.00 kB\]](#). Schools plan for the administration of medication in consultation with staff and require the following:

- Parents to provide information regarding long-term administration of medication in the student's health care plan.

- Parents to complete relevant documentation for the short-term administration of medication.
 - Parents to provide any medication the student needs in its original packaging and the correct dosage to the office. No medication should be kept in student bags.
 - Records to be maintained of all medication administered at school.
 - Arrangements for all medication to be stored appropriately.
 - 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.
-
- [Sample letter to parents for short or long-term medication \(form 11\) \[Word 39.50 kB\]](#)
 - [Administration of medication \(form 3\) \[Word 113.00 kB\]](#)

SunSmart


At all times students must wear a wide brimmed, bucket during recess, lunch and outdoor lessons. Staff also model Sunsmart behaviours, wearing a hat when out in the sun. The school will provide a modified teaching and learning program to protect students and staff from high UV radiation levels when appropriate and to suit weather conditions.

Appendix 1 – Generating Medical Plans on Compass

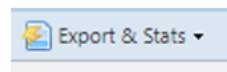
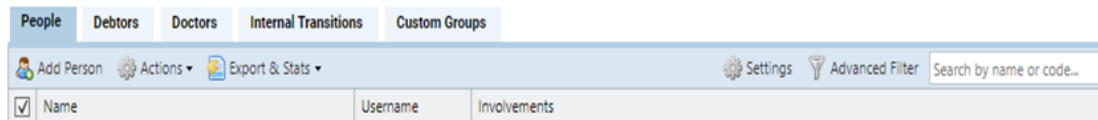
Student Medical Details – How to Access Through Compass

Teachers need to be up to date with student's medical conditions and requirements. Relevant information can be printed and is often used for general classroom knowledge for staff, relief folders, camps, and excursions.



1. In Compass, click on  and then click on **People Management**.
2. Click on an individual student that you require medical information on. You can also select all by clicking on the box next to name and only those with medical requirements will be displayed when printing. Or to only select the students in your class use the **Advanced Filter** tab and go to **Show Year Levels**.

People Management



3. Click the drop-down menu next to **Export & Stats**
4. Click on **Medical and Immunisation** and then **Students with Medical Conditions**.
5. Information can then be printed.

Asthma First Aid

For Salbutamol (eg. Ventolin[®] or Asmol[®])

1



Keep calm and sit up straight

2



Have 4 doses of reliever inhaler

Use a spacer if possible, one dose into the spacer at a time, taking four breaths after each dose.

3



Wait 4 minutes

If there is no improvement, have four more separate doses of reliever inhaler as above.

4



**If no improvement
call an ambulance (dial 000)**

Keep giving four separate doses every four minutes until the ambulance arrives.

Please turn over for the steps for Bricanyl[®] and Symbicort[®]

Follow your Asthma Action Plan



asthmawa.org.au

