



# Floreat Park Primary School

An Independent Public School

## *Student Healthcare Policy*



<b>Ratified by</b>	<b>Date</b>
<b>Principal</b>	
<b>SAER Committee</b>	
<b>School Board</b>	<b>May 2019</b>
<b>Review Date</b>	<b>May 2021</b>



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## **Our Vision**

To have an empowered school community, providing the opportunities for all to achieve their potential in an innovative, caring and challenging learning environment.

To prepare the children to flourish in a modern world of expanding opportunities, with self-belief and confidence borne from an exciting, challenging and dynamic school environment that has guided and inspired them to be successful and achieve their personal best in all academic learning and non-academic development.



## 1 Policy statement

Floreat Park Primary School promotes student health, manages student health care needs and identifies and minimises health risks, within the context of the schools' resources and the assistance available from specialist services.

This policy complies with the Department of Education Student Health Care Policy.

<http://www.det.wa.edu.au/policies/detcms/policy-planning-and-accountability/policies-framework/policies/student-health-care>

## 2 Background

The provision of health care is necessary to promote and maintain the health and wellbeing of all students. Health care provision includes:

- promoting the health, safety and welfare of all students;
- managing the health care needs of students who require health care support while under the school's supervision;
- informing and preparing staff to manage student health care needs, and respond to health emergencies; and
- providing staff with access to advice, resources and training when planning to meet the health care needs of students.

## 3 Scope

This policy applies to the principal, teaching staff and non-teaching staff.

## 4 Identifying student health care needs

At enrolment, the principal or their nominee will:

- provide parents with the Student Health Care: Parent Information Brochure;
- provide parents with the Student Health Care Summary form to complete; and
- request parents to provide a record of their child's immunisation history.

## 5 Managing student health care

For students whose health care can be managed with the resources available within the school and/or with assistance from specialist services, the principal or their nominee will:

- if support is required, request parents to complete one or more of the



Department's health care plan/s or provide an alternative plan from their child's medical practitioner;

- advise staff of their student health care responsibilities;
- arrange training for staff to manage the health care conditions or needs of students;
- implement student health care plans;
- display (behind the door in the Medical Room) health information summaries in categories (anaphylaxis, asthma, allergies, nut allergy students) with medications and expiry dates;
- store student medications and health plans alphabetically in the filing cabinet in the Medical Room enabling quick access and portability for off-site excursions and events;
- arrange for first aid bags including asthma medication to be available for off-site excursions and events;
- ensure that any injury involving the neck and/or head will be reported to parents;
- ensure students who are sent to the office ill or injured must be accompanied by Medical Advice Form (located in the duty bags and each classroom)
- ensure that health information, basic first aid items and Medical Advice Forms are held in each duty bag and first aid stations are stocked (located in Medical Room, Library, Computer Room, BER building, Canteen and Gardener's Shed).

For students whose health care needs cannot be met by the school using the resources available, the principal or their nominee will refer the matter to their Regional Executive Director.

## 6 Managing student health care records

The principal or their nominee will:

- maintain student health records in accordance with the Department's Records Management
- policy;
- upload information from the Student Health Care Summary and health care plans into the medical details section of the School Information System (SIS), unless the parent or student specifies that the information is not to be shared; (see appendix 4)
- retain signed, hard copies of all documentation on the student's school file;
- review all student health care records annually or when the student's health needs change; and
- manage confidentiality of student health care information.



## 7 Medical emergencies

The principal will develop plans for medical emergencies as a part of the school's risk management strategy.

In a medical emergency, the principal will:

- organise medical attention for the student; and
- make appropriate transport arrangements.

Staff providing assistance during a medical emergency, will:

- promptly record all actions taken; and
- inform parents and the principal of the actions taken.

## 8 Administration of medication

The principal or their nominee will:

- request parents to provide relevant information regarding long-term administration of medication in the student's health care plan or complete the relevant form for short-term administration of medication;
- maintain a record of all medication administered at school; and
- store all medication appropriately.

Refer to Appendix 1 for specific information about administration of medication.

## 9 Managing of specific student health issues

### Student immunisation

The principal or their nominee will:

- collect and record information on specified vaccine preventable diseases on the School Information System (SIS); and
- provide information regarding the immunisation record of any student to the Department of Health on request.

### Prevention of infection

- The principal will develop and implement school procedures and practices to promote effective hygiene to help reduce the spread of infection.



## **Communicable disease management**

If a student or staff member has a communicable disease, the principal will take action in accordance with the advice provided by the Department of Health in managing communicable diseases.

If the communicable disease is notifiable, the principal will:

- report the matter to the local Public Health Unit and seek their advice before taking any further action; and
- act in accordance with advice provided by the local Public Health Unit staff.

## **Anaphylaxis**

The principal or their nominee will:

- request parents to provide an Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan for Anaphylaxis that has been completed by the student's medical practitioner;
- arrange for the staff including teachers, education assistants, office and library staff to be trained, to participate in the certified Anaphylaxis Training Program delivered by school/community health nurses or other qualified person;
- verify that all students diagnosed with anaphylaxis have their prescribed adrenaline auto-injector available at all times;
- arrange for an adrenaline auto-injector for emergency use to be included in the first aid kit;
- establish the processes for an appropriate emergency response in an anaphylaxis emergency;
- report any anaphylactic response as a medical emergency through the Department's online incident reporting system; and
- establish a process for reviewing anaphylaxis events to identify if there are strategies that could be implemented to reduce the likelihood of future adverse events; and
- implement school processes to:
  - minimise the risk of exposure to known allergens for those students identified as being at risk; and
  - inform staff and all other persons having contact with students about the students at risk.

*Refer to Appendix 2 for the school's Anaphylaxis Management Policy.*



### **Head lice (pediculous)**

The principal in consultation with parents and staff will develop agreed management, communication and education strategies to reduce the impact of head lice infestation. If a student is suspected of having head lice, the parent/guardian will be informed and a communication sent home to all parents/guardians of students in the same classroom encouraging them to check for head lice.

*Refer to Appendix 3 for the school's Head Lice Policy.*

### **Sun Care**

In conjunction the with the school's Sun Smart Policy the principal will:

- consult with parents, staff and where appropriate students, to develop agreed procedures for promoting effective sun protection; and
- modify teaching and learning programs to suit weather conditions.

## **10 Other student health issues**

### **Nutrition**

In conjunction with the school's Healthy Food and Drink Policy, the principal or their nominee will ensure compliance with the Department of Education's Healthy Food and Drink Policy.





## APPENDIX 1: Administration of Medication

### Long term administration of medication

- Long term medication is prescribed or non-prescribed medication that a student is required to take during school hours in response to a long-term or ongoing medical condition.
- Instructions and authorisation for the administration of long term medication will be recorded in the student's health care plan.

### Short term administration of medication

- Parents may request school staff to administer prescribed or non-prescribed medication to students for a short period of time when their child has a condition that does not require a long-term health care plan. For short-term administration of medication, parents are required to complete:
  - an *Administration of Medication* form; or
  - the *Letter to Parents – Short Term Medication*.

### Emergency administration of an adrenaline auto-injector

- The majority of students with anaphylaxis will have been diagnosed by the time they reach school and should have their own prescribed adrenaline auto-injector available to them at all times.
- A small number of students who have not been diagnosed previously and who therefore do not have a prescribed adrenaline auto-injector available may experience their first anaphylactic reaction at school.

### Adrenaline auto-injector for emergency use

Floreat Park Primary School has three auto-injectors for general use. They are located in the medical room, pre-primary and kindergarten. They can be used:

- when a student who has not been previously diagnosed, is experiencing an anaphylactic reaction for the first time as they will not have a prescribed adrenaline auto-injector available;
- when a student with a prescribed adrenaline auto-injector requires a second dose; and
- in an emergency, when a student with a prescribed adrenaline auto-injector does not have their medication available.



### **Note:**

- The adrenaline auto-injectors for general use are not intended to replace a prescribed adrenaline auto-injector for a student who has been previously diagnosed.
- Access to the adrenaline auto injectors for general use is managed at the local level with priority given to high risk situations where there may be limited access to medical support for example, school camps.

Adrenaline auto injectors have a maximum shelf life of approximately 18 months and expiry dates should be checked regularly.

### **Dosage**

Dosage is in accordance with the pharmacy label. However, the principal or their nominee can request advice from a medical practitioner where they believe a student's prescribed dosage may need to be adjusted. A medical practitioner may nominate the range of prescribed dosage.

### **Storage of medication**

- Medications will be stored safely in accordance with the pharmacy label.
- Where appropriate, medication will be stored in a refrigerator or secure area in administration building.
- Some medications may be required on an immediate basis, (for example an adrenaline auto-injector or an asthma reliever) and storage arrangements should take this into account.
- Under the Poisons Act 1964, Schedule 8 medications such as Ritalin and Dexamphetamine are controlled drugs. Controlled drugs are to be stored in a locked cupboard separately from all other non-Schedule 8 drugs.

### **Self-administration of prescribed medication by students**

- The common law duty of care does not extend to administering prescribed medication to students who are reasonably able to self-administer. However, the principal should take reasonable steps to manage those students who self-administer medication so that they do so safely.
- The manner in which a principal manages student self-administration of medication will vary in accordance with the specific student's health care plan or needs. Local issues within the school community may also influence how the school will manage self-administration of medication.
- Principals may request parents of students who self-administer medication at school to complete an *Administration of Medication* form and provide the school with the medication.



Principals should check that students self-administrating medication:

- have parental consent to self-administer their medication;
- dispense the medication from the original pharmacy-labelled container;
- limit the amount brought to school to the daily dose;
- are aware that staff can ask to see the container and speak to parents if necessary;
- store their medication appropriately to protect the safety of the individual and other students; and
- receive supervision to self-administer if deemed age appropriate or necessary because of the nature of the medication involved.



## **APPENDIX 2:**

# **Anaphylaxis Management Policy**

## **Floreat Park Primary School**

### **Background**

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 stings (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 vital in helping the student avoid exposure.

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

### **Purpose**

- To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling.
- To raise awareness about anaphylaxis and the school's anaphylaxis management policy/guidelines in the school community.
- To engage with parents/guardians of each student at risk of anaphylaxis in assessing risks and developing risk minimisation strategies for the student.
- To ensure that staff have knowledge about allergies, anaphylaxis and the school's guidelines and procedures in responding to an anaphylactic reaction.

### **Individual Anaphylaxis Health Care Plans**

The principal 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.



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 an anaphylactic reaction.

It is the responsibility of the parent/guardian to:

- provide an ASCIA Action Plan completed by the child's medical practitioner, together 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.

The school administration will work collaboratively with the P&C Anaphylaxis and Allergy committee to promote our 'Allergy Awareness' message.

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.

### **Staff training and emergency response**

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

All teachers will undertake the online training module located on the DOE portal.

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 can employ a range of practical prevention strategies to minimise exposure to known allergens. The table below provides examples of risk minimisation strategies.

<b>Setting</b>	<b>Considerations</b>
Classroom	<ul style="list-style-type: none"> <li>• Display a copy of the students ASCIA Action Plan in the classroom.</li> <li>• Liaise with parents/guardians about food related activities ahead of time.</li> <li>• Correspondence will be made with parents actively discouraging them to bring products into the school containing nuts. This includes their own children's lunches as well as items for class parties and special events.</li> <li>• If teachers are aware that party food containing nuts is brought to school, they will not distribute the food. Such food will be sealed and returned home at the end of the day.</li> <li>• Use non-food treats where possible. If food treats are used in class, it is recommended that parents/guardians provide a box of safe treats for the student at risk of anaphylaxis. Treat boxes should be clearly labelled. Treats for the other students in the class should be consistent with the school's allergen minimisation strategies (see Step 4 of 'allergy awareness' in schools).</li> <li>• Never give food from outside sources to a student who is at risk of anaphylaxis.</li> <li>• Be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons).</li> <li>• Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.</li> <li>• Casual/relief teachers should be provided with a copy of the</li> </ul>



	student's ASCIA Action Plan.
Canteens	<ul style="list-style-type: none"> <li>• Food banning is not recommended, our school community chooses not to stock peanut and tree nut products (including nut spreads) as one of the school's risk minimisation strategies.</li> <li>• Products will be labelled 'may contain traces of peanuts/tree nuts', as required.</li> <li>• Be aware of the potential for cross contamination when storing, preparing, handling or displaying food.</li> <li>• Ensure tables and surfaces are wiped clean regularly.</li> </ul>
Yard	<ul style="list-style-type: none"> <li>• The student with anaphylactic responses to insects should wear shoes at all times.</li> <li>• Keep outdoor bins covered.</li> <li>• The student should keep open drinks (e.g. drinks in cans) covered while outdoors.</li> <li>• Staff trained to provide an emergency response to anaphylaxis should be readily available during non class times (e.g. recess and lunch).</li> <li>• The adrenaline auto injector should be easily accessible from the yard. Generic auto injectors are located in the BER Building 'Teacher's Prep Room' and in the medical room adjacent to the administration area.</li> <li>• In the event of an anaphylactic emergency staff on duty will communicate that there is an anaphylactic emergency without leaving the child experiencing the reaction unattended. This will be done sending senior students (identified by wearing a coloured vest) and/or another staff member also on duty to BER Building 'Teacher's Prep Room' and the office.</li> </ul>
On-site events (e.g. sporting events, in school activities, class parties)	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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 strategies.</li> <li>• Staff must know where the adrenaline auto injector is located and how to access it, if it is required.</li> <li>• Staff should avoid using food in activities or games, including rewards.</li> <li>• 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</li> </ul>





	<p>heat.</p> <ul style="list-style-type: none"> <li>• Unless directed otherwise by the parent the auto injector should be with the supervising teacher or another qualified staff member, as directed by the supervising teacher. This applies to be on-site and off-site activities.</li> </ul>
<p>Off-site school settings – field trips, excursions</p>	<ul style="list-style-type: none"> <li>• The student’s adrenaline auto injector, ASCIA Action Plan and means of contacting emergency assistance must be taken on all field trips/excursions.</li> <li>• One or more staff members who have been trained in the recognition of anaphylaxis and the administration of the adrenaline auto injector should accompany the student on field trips or excursions. All staff present during the field trip or excursion need to be aware if there is a student at risk of anaphylaxis.</li> <li>• Should an anaphylactic event occur off-site the trained staff member will administer the auto injector, if required. Another staff member will call an ambulance, if required, and contact, by telephone the school and the parents.</li> <li>• The school should consult parents/guardians in advance to discuss issues that may arise, to develop an alternative food menu or request the parent/guardian to send a meal (if required).</li> <li>• Parents/guardians may wish to accompany their child on field trips and/or excursions. This should be discussed with parents/guardians as another strategy for supporting the student.</li> <li>• Consider the potential exposure to allergens when consuming food on buses.</li> <li>•</li> </ul>
<p>Off-site school settings – camps and remote settings</p>	<ul style="list-style-type: none"> <li>• When planning school camps, a risk management plan for the student at risk of anaphylaxis should be developed in consultation with parents/guardians and camp managers.</li> <li>• Campsites/accommodation providers and airlines should be advised in advance of any student with food allergies.</li> <li>• Staff should liaise with parents/guardians to develop alternative menus or allow students to bring their own meals.</li> <li>• Camp providers should avoid stocking peanut or tree nut products, including nut spreads. Products that ‘may contain’ traces of peanuts/tree nuts may be served, but not to the student who is known to be allergic to peanuts/tree nuts.</li> <li>• Use of other substances containing allergens (e.g. soaps, lotions or sunscreens containing nut oils) should be avoided.</li> <li>• The student’s adrenaline auto injector and ASCIA Action Plan and a mobile phone must be taken on camp.</li> </ul>





- A team of staff who have been trained in the recognition of anaphylaxis and the administration of the adrenaline auto injector should accompany the student on camp. However, all staff present need to be aware if there is a student at risk of anaphylaxis.
- Staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction.
- Be aware of what local emergency services are in the area and how to access them. Liaise with them before the camp.
- The adrenaline auto injector should remain close to the student at risk of anaphylaxis and staff must be aware of its location at all times. It may be carried in the school first aid kit. Remember, staff still have a duty of care towards the student even if they carry their own adrenaline auto injector (as requested by the parent)..
- The student with allergies to insect venoms should always wear closed shoes when outdoors.
- Cooking and art and craft games should not involve the use of known allergens.
- Consider the potential exposure to allergens when consuming food on buses/airlines and in cabins.



## APPENDIX 3:

### Headlice Policy

#### Floreat Park Primary School

To support family and community headlice management.

This school policy outlines the roles and responsibilities of the Floreat Park Primary School community members in community efforts to control headlice. This school policy draws on information obtained from the Department of Education (Head Lice – Best Practice Guidelines) and the Department of Health (Head Lice Fact Sheet).

**Evidence shows that we cannot eradicate headlice but we can reduce the number of cases if all school community members work together in a coordinated manner. In this school community there is a commitment to do this in the following ways:**

- On receiving notification that there is a case of head lice in your child's class a synchronised headlice check needs to be done at home by carers, preferably that evening. All families are asked to participate. If head lice are discovered appropriate treatment needs to follow and this must include all family members and may involve washing bed linen. As the cycle can last up to 10 days, with repeated treatments if necessary, eggs will also need to be removed and this can be effectively done with the use of a fine toothed nit comb. Please ensure all are removed to avoid reinfestation.
- It is recommended that children with long hair should attend school with hair tied back.
- Where an active case is detected, parents will not send their child to school with untreated headlice (Under Section 27 of the School Education Act 1999, a principal may exclude a child with head lice from school until treatment has commenced). The school encourages immediate treatment and return to school the day after appropriate treatment has commenced.
- The principal or their nominee will contact the family to ask that a student be checked and receive treatment if necessary.
- Parents/caregivers will notify the school if their child is found to have live



lice and advise when appropriate treatment was commenced.

- The school will notify parents/caregivers of children in a classroom where an active case of headlice is detected in the classroom in a week, to alert these families of the need to check more frequently.

To support parents/caregivers and the broader school community to achieve a consistent, collaborative approach to headlice management the school will undertake to:

- Distribute up to date and accurate information on the detection, treatment and control of headlice to students, staff and their families at the beginning of the year or more frequently if required.
- Include information and updates in school newsletters
- Accept the notification of parents/caregivers that appropriate treatment has commenced.
- Encourage children to learn about headlice.



## APPENDIX 5: Forms

To ensure the most up-to-date forms are used, please download them from the Department Of Education Portal

- **FORM 12** – RECORD OF HEALTH CARE SUPPORT/ADMINISTRATION OF MEDICATION
- **FORM 11** – SAMPLE LETTER TO PARENTS SHORT/LONG TERM MEDICATION
- **FORM 1** – STUDENT HEALTH CARE SUMMARY
- HEALTH CARE MANAGEMENT & EMERGENCY RESPONSE PLAN
- **WHOLE SCHOOL LETTER** – NEXT PAGE



### **Sample text for school letter (please copy onto school letterhead)**

Dear Parents and Carergivers:

I would like to seek your assistance in establishing a process for managing the administration of medication to students when they are in the school's care. Except in an extreme emergency, e.g. unexpected anaphylaxis, medication can only be administered by school staff if appropriate documentation has been completed by parents/carers. This applies to both prescribed and non-prescribed medication.

### **Short Term Use of Medication (up to two weeks)**

For administration of **short term** medication such as a course of antibiotics, our school requires written authority from parents/carers. This authority can be provided by completing an **Administration of Medication form**. These forms can be obtained from the (Registrar, form teacher, class teacher) or downloaded from the school's website. Forms can also be posted out on request. (Phone: .....).

Alternatively, parents/carers may complete the attached form and provide the medication to the school.

#### **Note:**

- The medication must be clearly labelled with the child's name and provided in packaging from the pharmacy or the manufacturer.
- Documentation must be signed and dated by a parent or carer and provided to the school with the medication.

### **Long Term Use of Medication**

If you require the school to administer medication to your child for a period of more than two weeks, and if you have not already done so, you may need to complete a *Student Health Care Summary* and a *Management/Emergency Response Plan* for your child's particular health need. In most instances, this documentation will have been completed when you enrolled your child or as part of the school's process for updating student health care records. If this is not the case, please discuss with the (Principal, Registrar.....).

Thank you for your help.

Yours sincerely

PRINCIPAL

Date





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**Justine Burnett**  
**School Board Chair**

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**Date**

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**Jane Rowlands**  
**Principal**

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**Date**

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