

Woodbridge Primary School



Student Health Care

Policy & Procedures

1. POLICY STATEMENT

Woodbridge 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.

The policy has been developed in accordance with the Department of Education *Student Health Care Policy* (Updated 2018) and Student Health Care Procedures (Updated 2019).

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. RESPONSIBILITY

The Principal is responsible for the implementation of this policy. Compliance monitoring is the responsibility of all staff.

4. SCOPE

This policy applies to all staff, students and parents/carers at Woodbridge Primary School.

5. PROCEDURES

5.1 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.

The Principal or their nominee will periodically request parents to provide updated student health care needs.

5.2 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, administration staff will:

- advise staff of their student health care responsibilities;
- arrange training to manage the health care conditions or needs of students; and
- 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.

All staff will:

- implement student health care plans; and
- complete training to manage the health care conditions or needs of students.

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.

5.3 Health related absences from school

Staff will:

- arrange provision of an educational program for students who are absent for more than 10 school days due to illness; and

- provide chronically ill students with ongoing engagement and participation in an appropriate education program.
- refer a student and their family to SSEN:MMH for further consultation if necessary.

5.4 Students under notices of arrangement for undertaking alternative courses

If students enrolled at their local school are attending alternative education and training courses under specific notices of arrangement, the principal will establish with course providers, the joint responsibilities and cooperative arrangements for the provision of health care support.

5.5 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;
- 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.

5.6 Medical emergencies

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

In a medical emergency, the principal or nominee 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.

Transporting students in a medical emergency

When arranging transport in a medical emergency, the principal or nominee will:

- take into account the nature of the emergency and local circumstances such as the availability of an ambulance service; and
- in a serious medical emergency, use an ambulance service if it is available within a reasonable timeframe.

If an ambulance is not available, the principal or nominee will:

- seek advice from the ambulance or medical service prior to providing transport in a private vehicle;
- subject to agreement from the ambulance or medical service, transport the student to a health service or medical practitioner; and
- whenever possible, arrange for at least two people to travel with the student, one to drive and the other(s) to monitor the health of the student.

Guidance

Meeting the Cost of the Ambulance Service

The Student Health Care Summary which is completed by all parents at enrolment indicates that parents are expected to meet the cost of an ambulance in an emergency.

Cancellation of an ambulance call out by parents

In an emergency, a school may call an ambulance for a student at risk, but when parents are contacted, they may request cancellation of the ambulance and advise that they will transport the student. The school has a duty of care for the student and arrangements for transport by ambulance should proceed. An ambulance should not be cancelled until parents arrive and the student is handed into their care.

Role of community health nurses in transporting students

School Health Service staff (for example, community health nurses) are not permitted in accordance with a Department of Health directive, to transport students in a private or government vehicle. They may accompany a student in a vehicle driven by a Department of Education staff member in order to manage and monitor the health of the student.

5.7 Administration of medication

The administration of all medications is done in accordance with the Department of Education **Administration of Medication Procedures** which requires written parental notification supported by any necessary documentation from a medical practitioner.

The principal or nominee will:

- require parents to provide information regarding long-term administration of medication in the student's health care plan;
- require parents to complete relevant documentation for the short-term administration of medication;
- require parents to provide any medication the student needs;
- maintain a record of all medication administered at school; and
- arrange for all medication to be stored appropriately.

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

6.0 MANAGING SPECIFIC HEALTH ISSUES

6.1 Student immunisation

The principal or their nominee will:

- collect and record information on the School Information System (SIS) regarding the student's immunisation status; and
- provide information regarding the immunisation record of any student to the Department of Health on request.

Further information in regard to student enrolment and immunisation is available in the Education Department's 'Student Enrolment Policy'.

6.2 Prevention of Infection

Staff will develop and implement school procedures and practices to promote effective hygiene to help reduce the spread of infection. Soap provision and hand washing routines to be implemented as outlined:

- Soap made available at all toilet and external handwashing basins/troughs;
- School Health Plan to include explicit teaching of handwashing procedures and the School Nurse to facilitate this where/when possible; and
- Students instructed to wash hands before eating, after eating, after play and after toileting.

6.3 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.

6.4 Anaphylaxis

Principals or their nominee, in consultation with staff, will establish a whole school approach to the prevention and emergency management of anaphylaxis which 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;
- displaying health care plans in appropriate places;
- communicating risks and requirements to parents/carers;
- verifying that staff have completed anaphylaxis training;
- professional learning to be included on induction checklist and professional learning schedule;
- establishing procedures for reducing the risk of exposure to known allergens;
- establishing procedures for responding to anaphylaxis emergencies;
- verifying that parents have provided a prescribed adrenaline auto-injector for students with anaphylaxis;
- verifying that up to date emergency adrenaline auto-injectors (AAIs) 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; and
- identifying situations which pose additional risk such as when relief staff are present and establishing procedures to mitigate the risk.

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

6.5 Asthma

The Principal or their nominee, in consultation with staff, will establish a whole school approach to the treatment and management of asthma which includes:

- identification of students at risk;
- the development of a health care plan for students with asthma which includes an Asthma Management Plan;
- displaying asthma health care plans in appropriate places;
- verifying that staff have completed asthma training;
- establishing procedures for responding to asthma emergencies;
- verifying that parents have provided prescribed medications for students with asthma;
- verifying that up to date emergency ventolin and related equipment are available in various locations and for excursions.

Refer to Appendix 3 for the school's Asthma Management Policy.

6.6 Head Lice (Pediculosis)

The principal, or their nominee, in consultation with 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/carers of students in the same classroom, encouraging them to check for head lice and treat if necessary.

6.7 Sun Care

The principal, or their nominee, 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.

Refer to Appendix 4 for the school's Sun Smart Policy.

7.0 OTHER HEALTH ISSUES

7.1 Nutrition

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

Staff will demonstrate compliance with the school's and Department's Healthy Food and Drink Policy.

Refer to Appendix 5a for the school's Healthy Food and Drink Policy. Refer to Appendix 5b for the school's Crunch and Sip Policy.

7.2 Physical Activity

The principal, or their nominee and teaching staff will ensure compliance with the Department of Education's mandated fitness requirements.

Refer to Appendix 6 for the school's Physical Activity Policy.

7.3 Drug Education

The school has developed and reviewed its Drug Education Policy. Refer to Appendix 7 for the school's Drug Education 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

On completion of certified anaphylaxis training with a school/community health nurse, the Department of Health provides schools with an adrenaline auto-injector device for inclusion in the first aid kit (1 per 300 students). It 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-injector for general use is 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.
- It is acknowledged that schools may not have sufficient resources to have an adrenaline auto-injector for general use available at every off-site event.

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 the 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, or their nominee, 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

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/carers are important in helping the student avoid exposure.

Adrenaline given through an adrenaline auto-injector 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/carers of each student at risk of anaphylaxis in assessing risks, 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, or their nominee, will ensure that an Individual Anaphylaxis Health Care Plan is developed in consultation with the student's parents/carers, 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/carers:

- annually, and/or 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 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, or their nominee, will be responsible for providing information to all staff, students and parents/carers 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.

Staff training and emergency response

Teachers and other school staff who have contact with the student at risk of anaphylaxis, will undertake training in anaphylaxis management including how to respond in an emergency. The staff will undergo anaphylaxis training on a regular basis, including the on-line training available through the Department of Education.

At other times while the student is under the care or supervision of school staff, 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/carers.

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

Setting	Considerations
Classroom	<ul style="list-style-type: none"> • Display a copy of the student's ASCIA Action Plan in the classroom. • Liaise with parents/carers about food related activities ahead of time. • Use non-food treats where possible. If food treats are used in class, parents/carers will be asked to 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. • Staff should never give food from outside sources to a student who is at risk of anaphylaxis without parent consent. • Staff should be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons). • Staff will have regular discussions with students about the importance of washing hands, eating their own food and not sharing food. • Casual/relief teachers will be provided with a copy of the student's ASCIA Action Plan in their class file/ on display in classroom/staffroom.
Canteens	<ul style="list-style-type: none"> • The food service provider should be able to demonstrate satisfactory training in the area of anaphylaxis and its implications on food handling. • With permission from parents/carers, canteen staff (including volunteers), will be briefed about students at risk of anaphylaxis, preventative strategies in place and the information in their ASCIA Action Plans. With permission from parents/carers, the school will have the student's name, photo and the foods they are allergic to, displayed in the canteen as a reminder to staff. • Canteen staff should liaise with parents/carers about food for the student. • Canteen staff should be aware of the potential for cross contamination when storing, preparing, handling or displaying food. • Canteen staff should ensure tables and surfaces are wiped clean regularly. • The canteen will not stock peanut and tree nut products (including nut spreads) as one of the school's risk minimisation strategies. • Products labelled 'may contain traces of peanuts/tree nuts' should not be served to the student known to be allergic to peanuts/tree nuts, but may be sold by the canteen.
Yard	<ul style="list-style-type: none"> • Students at risk of anaphylaxis to insects should wear shoes at all times. • Outdoor bins will be kept covered. • Staff trained to provide an emergency response to anaphylaxis will be readily available during non-class times (e.g. recess and lunch). • Students' adrenaline auto-injectors are located in the staff room and are centrally located in the school and easily accessible from the yard. • The school has a communication strategy for the yard in the event of an anaphylactic emergency (Duty bags contain an emergency card).
On-site events (e.g. sporting events, in school activities, class parties)	<ul style="list-style-type: none"> • For special occasions, class teachers should consult parents/carers in advance to either develop an alternative food menu or request the parents/carers to send a meal for the student. • Parents/carers 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. • Party balloons should not be used if a student is allergic to latex. • Latex swimming caps should not be used by a student who is allergic to latex. • Staff must know where the adrenaline auto-injector is located and how to access it if required. • Staff should avoid using food in activities or games, including rewards. • 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.
Off-site school settings – field trips, excursions	<ul style="list-style-type: none"> • The student's adrenaline auto-injector, ASCIA Action Plan and means of contacting emergency assistance must be taken on all field trips/excursions. • One or more staff members who have been trained in the recognition of anaphylaxis and the administration of the adrenaline auto-injector will 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. • Staff will develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction. • The school should consult parents/carers 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). • Parents/carers may wish to accompany their child on field trips and/or excursions. This should be discussed with parents/carers as another strategy for supporting the student. • Consider the potential exposure to allergens when consuming food on buses.

APPENDIX 3: Asthma Policy

Rationale

All students at Woodbridge IPS who are known to have asthma are supported via Asthma Friendly policies and procedures and all students, staff and visitors can access Asthma First Aid in an emergency.

Guidelines

Woodbridge IPS commits to being an asthma friendly school. This means:

The majority of staff will have current training in Asthma First Aid and routine management, conducted by the Asthma Foundation.

Asthma Emergency Kits (AEKs) are accessible and include in-date reliever medication and single use spacers/masks. AEKs are taken on all school excursions, along with individual action plans as appropriate. All staff present during the field trip or excursion need to be aware if there is an asthmatic student attending.

Asthma first aid posters are on display and information is available to staff and parents.

Staff trained to provide an emergency response to asthma will be readily available during non- class times (e.g. recess and lunch).

Roles and Responsibilities

Students:

- Are supported to self-manage their asthma in line with their age and stage of development and in accordance with notifications on care plan (See Principal)

Parents/Carers:

- Provide an Asthma Care Plan, signed by the treating Doctor
- Provide their child's medication and a spacer (clearly dated and in original labelled container)
- Alert staff to any changes to their child's asthma management

Staff:

- Document any asthma attack and advise parents/carers as a matter of priority.
- Single use spacer/masks – if used, label with child's name and store in a labelled box in the individual medications cupboard in the medical room. **REPLACE** from stocks to ensure AEK is properly stocked. 2 spacers should be in AEKs at all times. School Officer and Deputy Principal to check kit contents and expiry dates at the commencement of each semester and re-stock as necessary.
- Minimise exposure to known triggers (be familiar with medical notes of individuals)

Principal:

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.
- The Principal 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.

The Principal should check that students' self-administrating medication:

- have parental consent to self-administer their medication;
- dispense the medication from the original pharmacy-labelled container;
- 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.

Management

- Maintain records of student health care needs, including asthma, and review regularly
- Induct new staff in asthma policies and procedures (include in red file)
- Asthma training and information to be periodically available to all staff
- Review policies and practices, annually or more frequently if a need arises

Relevant Policies and Other Documents

- Asthma generic emergency treatment plan (displayed in medical room)
- Single use spacers/masks fact sheet
- “I’ve had asthma first aid today” – sample note to parents (in policies folder)
- Standard asthma plan document to be completed by treating Doctor
- Department of Education Student Health Care Policy (2011)

Newsletter Notices

The following notice will be placed in a school newsletter at the commencement of each year to remind parents to ensure the school has a copy of their child’s latest Asthma Management Plan.

First newsletter of the year.

If your child has asthma, regardless of the level of severity, it is VERY important that you provide the school with an updated action plan signed by your Doctor and provide your child with current medication and a spacer.

For more information please visit www.asthmawa.org.au

(School officer has this task on year commencement list)

APPENDIX 4: Sun Smart Policy

Rationale

Our Sun Smart policy has been developed to ensure that all students and staff attending Woodbridge Primary School are protected from skin damage caused by the harmful ultraviolet rays of the sun. This policy is to be implemented throughout the year for both on-site and off-site school activities.

Guidelines

Woodbridge Primary School staff will implement the following strategies:

Behaviours

- Children are required to wear broad-brimmed, bucket or legionnaire style hats whenever they are outside (e.g. recess, lunch, sport and excursions). (PE lessons and breaks spare hats are available)
- Work with parents/carers to encourage children to apply SPF 30+ broad-spectrum, water-resistant sunscreen before coming to school.
- Encourage daily application of SPF 30+ or higher broad spectrum, water resistant sunscreen prior to outdoor activities, as required.
- Encourage children to use available areas of shade for outdoor activities. (Provision of table tennis, skipping ropes etc. undercover during breaks)
- Encourage parents and visitors to act as role models by practicing Sun Smart behaviours when participating in or attending outdoor school activities.
- Staff to actively role model wearing broad-brimmed hats while on duty and undertaking outside activities.
- Policy to be included in the red policy/induction folder for all incoming staff as well as the Connect Library and school website.

Education

- Programs on skin cancer prevention and sun safety will be incorporated into the curriculum for all grade levels. This material will be updated as required.
- Sun Smart behaviours will be reinforced in a positive way through newsletters, parent meetings, enrolment meetings and student and teacher activities. (Inc. messages during whole school events such as carnival)
- Sun Smart assembly annually – teaching and reinforcing sun smart behaviours and the need for them.
- Staff will ensure the Sun Smart policy is reflected in the planning of all outdoor events (e.g. excursions and sporting events).
- Where possible, staff will attend Sun Smart professional development provided by the Cancer Council. (Added to the annual PL schedule)

Environment

- Sun protective clothing items are included as part of the school uniform and sold through the school's uniform shop.
- Outdoor activities will be organised to be held in areas where plenty of shade is available (where possible). Sun shelters will be provided where possible (e.g. sports carnivals for participants and spectators).
- P.E. lessons timetabled early in the day.
- Outdoor activities will be scheduled early in the day or in an area where all students can be in the shade where possible. P.E. carnival day to start early.
- Shade provision is a priority for the school. Trees have been planted and fundraising is ongoing for more permanent shelter structures. A new shelter was purchased in 2017 and further plans are in place for shelters in several more locations.
- SPF 30+ or higher broad-spectrum, water-resistant sunscreen is issued to classes at commencement of year and available for all outdoor activities.
- Indoor swimming lessons to negate the necessity for sun cream.

Evaluation

Woodbridge Primary School (Healthy Living Committee) will review the effectiveness of this policy and make recommendations for improvement. (Reviewed: 2019. Next review: 2022)

In doing so, the following issues will be considered:

- Sun Smart behaviour (or lack of) by students, staff, parents/carers and visitors.
- Availability of access to shade and provisions for access to shade. (More shade required for junior grades – continue to apply for grants).
- Appropriateness and adequacy of curriculum materials relevant to Sun Smart education. Scope and Sequence determines timing of full lessons incidentally throughout the year when opportunity arises.

For further information, refer to:

- <http://det.wa.edu.au/studentsupport/behaviourandwellbeing/detcms/school-support-programs/behaviour-and-wellbeing/wellbeing/student-health/best-practice-guidelines/suncare---best-practice-guidelines.en?cat-id=4895346>
- <https://www.cancerwa.asn.au/resources/2013-09-16-SunSmart-schools-policy-guidelines.pdf>

APPENDIX 5a: Healthy Food and Drink Policy

Rationale

The Healthy Food and Drink Policy reflects the value Woodbridge Primary School places on healthy eating practices. The policy encompasses the school canteen and the range of activities undertaken by and within the school that incorporate food, drink and/or nutrition, all of which play an educational, service, social and cultural role in our society. For many students who use the canteen regularly, the food purchased from there makes a significant contribution to total food and nutrition intake.

Principles

The policy is underpinned by a whole school approach and recognition that:

- A variety of foods are to be enjoyed every day,
- There are social aspects to food and there are occasions where 'red' food options are appropriate; and
- The primary role of a canteen is to provide a healthy and nutritious food service to students and staff.

NB: Compliance with the school's anaphylaxis management policy is required for all food related activities (Refer to Appendix 1).

Relevant Policies and Other Documents

- Prevention of Anaphylaxis in Schools Guideline (2015)
- Australian Guide to Healthy Eating (2017)
- Dietary Guidelines for Children and Adolescents in Australia (2003)
- Department of Education Healthy Food and Drink Policy (2014)
- Department of Education Student Health Care Policy and Procedures (2016)
- What's on the Menu for WA Schools (2017)

PROCEDURES

Scope of the Policy

The policy applies to all operators of the Woodbridge Primary School canteen, including Parents and Citizens' Associations (P&Cs) and external contractors.

The policy also extends to areas where the Principal is directly responsible for the supply of food and drinks, e.g. classroom rewards, cooking activities, excursions, school camps, fundraising.

The policy does not apply to areas where the Principal is not directly responsible, e.g. fundraising by the P&C and birthday cake supplied by parents.

Teachers are encouraged to engage students in curriculum activities that promote healthy eating practices, e.g. preparing and sampling tasty and nutritious foods.

The policy applies during the school hours of 8:15 – 3:00pm. Food and drink supplied after these times do not need to adhere to the policy.

Canteen Menu

The school canteen will support healthy eating by implementing the 'traffic light' system, as endorsed by the Department of Education's Healthy Food and Drink Policy. Its secondary role will be to function as an efficient business enterprise. The canteen menu will:

- Have available and promote a wide range of foods that comprise the majority of a healthy diet ('green').
- Use healthier alternatives and avoid large serving sizes of foods that should be eaten in moderation ('amber'). Savoury commercial products in the 'amber' category of foods must only be offered twice per week (maximum).
- Not include foods that do not meet specified minimum nutrient criteria ('red').
- Not include foods containing nuts (this does not include foods that *may contain traces of nuts* – Refer to Appendix 1).
- Include a 'summer theme' in Terms 1 and 4, and a 'winter theme' in Terms 2 and 3.

The canteen menu will promote 'green' food and drink and present them in an attractive manner. They will, at minimum, have a menu consisting of 60% 'green' and 40% 'amber' food and drink according to the 'traffic light' system. The canteen manager will use the *What's on the menu in WA Schools* resource and refer to the Star Choice Buyers' Guide when menu planning.

Food Safety and Hygiene

School canteen staff will prepare food in a safe and hygienic environment. They will:

- complete the FoodSafe Food Handler Training program or its equivalent,
- wear hats, hairnets and aprons, which will be provided by the canteen,
- only sell food/drink prepared in a commercial kitchen; and
- ensure that all foods are prepared, cooled, transported and served in such a way as to retain nutrients and to minimise bacterial contamination and growth.
- adhere to the school's anaphylaxis management policy.

Food and Drink Rewards

Food and drink rewards are only to be used in accordance with the Department of Education's Healthy Food and Drink Policy.

Fundraising

It is preferable to have non-food based fundraising activities. If activities involving food and drink occur, only 'green' and 'amber' items will be made available. If fundraising occurs outside of school hours, the Principal will consult with the school community in deciding what food and drink will be made available.

Risk Management

All canteen staff will be aware of and comply with the school's Evacuation Policy, and Emergency and Critical Incident Management Plan, and the Department of Education's Occupational Safety and Health Policy.

APPENDIX 5b: Crunch and Sip Policy

WOODBIDGE IPS CRUNCH&SIP® POLICY

CRUNCH&SIP®

Crunch&Sip® is a health and wellbeing initiative that allows students and staff to eat fruit or salad vegetables and drink water in the classroom. Woodbridge IPS has introduced Crunch&Sip® to support students to establish healthy eating habits whilst at school.

GOAL

All students and teachers at Woodbridge IPS are given the opportunity to eat fruit or vegetables and drink water in the classroom every day.

OBJECTIVES

The objectives of Crunch&Sip® are to:

1. increase awareness of the importance of eating fruit or vegetables and drinking water every day.
2. enable students, teachers and staff to eat fruit or vegetables during the day.
3. encourage students, teachers and staff to drink water throughout the day in the classroom, during break times and at sports, excursions and camps.
4. encourage parents to provide students with fruit or vegetables every day.
5. develop strategies to help students who don't have regular access to fruit and vegetables.

PEOPLE INVOLVED IN CRUNCH&SIP® DEVELOPMENT AND REVIEW

The Woodbridge IPS Crunch&Sip® Committee is a sub committee of the Healthy Living Committee and is comprised of *the principal, assistant principal, class teacher representative, student representatives, parents and the health/physical education coordinator.*

The draft of this document was made available for parents and staff to review. The final version of this document was presented to the *school board* and was endorsed.

IMPLEMENTING CRUNCH&SIP®

In the classroom

Teachers will:

- set Crunch&Sip® procedures for their classroom.
- encourage all students daily to eat a piece of fruit or vegetable in the classroom during the day.
- encourage students to drink a bottle of water in the classroom throughout the day.

Students will:

- bring fruit or vegetables to school each day to eat at the break.
- fill their water bottle daily, as directed by their teacher and take it home regularly for cleaning, as directed by their teacher and/or parent.

The school community will:

- promote fruit for a friend
- use donations from local supermarket, collected each Monday to provide fruit/veg
- continue to thank staff that also bring in donated fruit and/veg
- continue to be able to access crunch and sip pots available for purchase from the canteen
- continue to use the 'slinky' service at the canteen at no cost (fruit provided by family)

Disseminating information to parents and staff

The Woodbridge IPS community will be made aware of Crunch&Sip® by including details:

- in the school policy and procedures manual
- in the school parent handbook
- during student enrolment
- on the school website (where possible)
- in reminders for parents and teachers at least four times a year. First newsletter each term.

REVIEW

It is important to check the progress of Crunch&Sip® in our school. We will:

- review Crunch&Sip® annually with recommendations for improvements made if necessary
- formally review the Crunch&Sip® policy every two to three years, as a component of the healthy living policy. The revised document will be made available for parents and staff for comment. The final revised version will be presented to the school board for endorsement.

FRUIT OR VEGETABLES AND WATER GUIDELINES

Fruit

- All fresh fruit is permitted (e.g. whole fruits, chopped melon)
- Dried fruit is permitted, although, fresh fruit or vegetables is the first choice because dried fruit contains high concentration of natural sugar and it tends to cling to teeth, increasing risk of tooth decay (e.g. sultanas)

Vegetables

- All fresh vegetables are permitted (e.g. celery, carrot sticks, broccoli bits etc.)

Water

- Only **plain water** is to be consumed in the classroom.

Foods not permitted at the designated Crunch&Sip® break

- All other foods
- All other drinks (including waters with added vitamins, minerals, or carbonates) are not permitted including:
 - Fruit juice or fruit juice drink
 - Fruit cordial or mineral waters
 - Vegetable juices

CREATING A SUPPORTIVE ENVIRONMENT

Woodbridge IPS *has* created an environment to support the establishment of healthy eating habits for students, teachers and staff. Specifically, eating more fruit and vegetables and increasing water intake, at the following times:

Physical Education and Sport

All students will be encouraged to drink water from a water bottle during physical education and sports classes.

Excursions

All students will be required to bring an individual water bottle for all excursions.

Adult role modelling

Teachers, staff and parents will model appropriate consumption of fruit, vegetables and water to reinforce the Crunch&Sip® policy.

Occupational Safety and Health

- Children are to be reminded by their teacher to take water bottles home to be washed.
- Parents will be informed of the importance of rinsing fruit and vegetables.
- Students will be informed of the importance of hand washing before eating.

School canteen

- The school canteen will sell fruit and / or veg.
- The school canteen provides free service to 'slinky' apples brought from home, available at break times only (Not during class time)

School management

The school management will:

- Maintain a clean and safe water supply for students to refill water bottles.
- Have a plan in place to ensure access to fruit or vegetables for all students, including using the health budget to purchase fruit and vegetables and seeking donations of fruit or vegetables from local orchards, retailers or families. (Class teachers encouraged to have a sharing fruit bowl where students can place a piece of fruit/vegetable for other students to consume)

APPENDIX 6: Physical Activity Policy

Goal

To increase physical activity levels of students through the provision of physical and social environments conducive to the promotion of physical activity. In Physical Education, students learn how to enhance their own and others' health, safety, wellbeing and physical activity participation in varied and changing contexts.

Aims of PE

The Western Australian Curriculum: Health and Physical Education aims to develop the knowledge, understanding and skills to enable students to:

- access, evaluate and apply appropriate information and resources to take positive action to protect, enhance and advocate for their own and others' health and wellbeing across their lifespan
- develop and use skills and strategies to promote a sense of personal identity and wellbeing, and to build and manage respectful relationships
- acquire, apply and evaluate movement skills, concepts and strategies to respond confidently, competently and creatively in a variety of physical activity contexts and settings
- engage in and enjoy regular movement-based learning experiences and understand and appreciate their significance to personal, social, cultural, environmental and health practices and outcomes
- analyse how varied and changing personal and contextual factors shape their understanding of, and opportunities for, health and physical activity locally, regionally and globally.

In all classes there are children of differing physical ability. Whilst recognising this fact, the aim is to provide suitable learning opportunities for all children by matching the challenge of the task to the ability of the child. There is an expected progression from an individual skills focus to a team skills focus. The difficulty level of activities is to increase as children move through the years.

These aims will be achieved by:

Fitness

All primary classes are obligated to participate in fitness sessions to reach the government mandated requirement of physical activity per child per week. Class teachers to conduct fitness sessions with their students. Activities need to increase the heart rate.

Up skilling of staff is to be provided via:

- Provision of equipment resources and corresponding printed resources
- PE teacher teaches students simple activities that increase the heart rate – they then take these to the class teacher
- Detailed communications between class teachers and PE teacher (via staff weekly notes, email, whiteboard)

Physical Education

- Every primary class is to be allocated one lesson per week with the Physical Education Specialist. Physical Education lessons with the specialist to focus on skill development and participation.
- Emphasis is to be placed upon developing FMS by implementing a Fundamental Games Approach.
- Kindy and Pre-primary classes- Physical Education is to be split into fine and gross motor skill time. Fundamental movement skill sets are to be developed to allow the children to engage and grow the skills they need to join in games and other physical activity.

Dance

- All primary classes are to be allocated one lesson per week with the Dance Specialist.
- Selected students participate in the dance extension program which performs regularly.

Training

- All students in years five and six to participate in sport specific training sessions in preparation for district winter lightning carnival and Friday interschool sport. (Tuesday Sport is timetabled as extension group time).
- Selected students to train before school/during breaks for various sporting competitions to allow application of skills in a competitive game situation.

Equipment

- Equipment is to be provided for the use of all students during breaks. Content of equipment trolleys is to change according to what is being covered in the PE lessons and also to be season specific. Students are to be able to request equipment for the trolleys.
- Spare parts in carts (or sheds) – loose parts for play are to be provided via a roster system to the oval, recreation area and junior play areas. Staff to plan the content rotation and student leaders to move the carts daily.
- Sea container to store large and small loose recyclable parts which encourage creative play. The sea container is to be timetabled for use. Recyclables to be added to regularly to maintain student interest.

Requirements

- Students must demonstrate SunSmart behaviours (see SunSmart policy) when participating in outdoor physical education/sporting activities. Spare hats to be available for PE sessions to ensure maximum participation. Sun cream to be available in classrooms.
- Students to be encouraged to wear faction tee-shirts for Athletics day.
- Shoes *may* be removed under teacher direction for athletics training, where individuals have no known bee allergy.
- "Good standing" is required for participation in extra curricula sporting activities.

Special sporting events available (depending on interest of the current cohort)

- Walkathon/lapathon event (Fundraiser in conjunction with P&C) (All students).
- State Soccer Tournaments – Trial process
- Girls Dockers Cup Football Tournament - years 4-6 when there is interest and depending on availability of competition. (Swan Districts)
- Winter sports lightning carnival held at various venues in the Hills and surrounding districts – Term Three (All students in years 5 and 6, with 4's by invite only)
- Eagles/Fever/Soccer Cup interschool – Timetabled in negotiation with partner schools.
- Athletics Carnival combination of tabloid and traditional events – Term One (All students)
- Interschool Athletics Carnival with Moorditj and Midvale – early Term Two. Jumps held at Moorditj and running events at Host School.
- Warriors of Woodbridge – Cross Country Training held for ALL students from year 1 – 6 throughout Term Two in lieu of fitness sessions for this time (minimum twice/week). Participation for selected students in Guildford Cross Country interschool event at end of term 2. Training can link with Perth Kids Marathon when it is offered.
- Graduate Recreation Program to be implemented annually for graduating students. The program exposes graduates to a wide variety of activities rather than the 'core' sports usually covered in schools and comprises weekly outings for year 6 students during term 4. (Good standing required for participation each week)
- Football competitions (long bomb, kwik kick) to be conducted in PE classes and during breaks, providing opportunity for winners to move to next level of competition. (WAFC)
- Swimming – In Term Swimming Classes to be held at Swan Aquatic, Morrison Road Midvale.
- PP – year 6 students to attend unless medical certificate provided.

Other sporting events

- Active promotion of local community junior sporting bodies. Development officers are to be invited to the school from a wide variety of sporting bodies and the school newsletter/Connect are to be used as a promotional tool for local sporting bodies.
- A staff member is to be an AFLSA and a Cricket Ambassador – promoting both AFL and cricket both in the classroom and on the sporting field. (Provides access to resources)
- Intra-school lunch time events are to be held regularly and may include volleyball, table tennis, tennis, football, soccer and netball competitions.
- Table tennis (Term 3) and skipping ropes (Terms 1-4) are to be provided in the undercover area to ensure those with no hat are provided with a physical option during break times. Other equipment such as totem tennis, hoops etc to be offered on a roster system.
- PE teacher (or other) to use lunch breaks for training sessions where possible, providing another active opportunity for students.
- Term 1 – athletics stations are to be provided during recess and lunch breaks.
- Junior area – sand play toys, loose parts, playground equipment and balls to be provided to ensure a smooth transition from the junior area to the 'big school' and encourage students to maintain positive physical activity during breaks.
- Woodbridge Walkers – to be available on set day/s before school. A walk and talk club for all members of our community which tallies distance walked and provides certificates to recognise this commitment.
- Netball Club can be held lunch time (terms 1, 2 and 4) for interested students from years 4, 5 and 6. (Term 4 includes year 3 students – with the older students' peer tutoring).
- Soccer Club can be held in terms 1 and 2 and part of 3, either before or after school.
- The school encourages links with community sporting organisations and common use agreements will be negotiated.

APPENDIX 7: Drug Education Policy

Rationale and Beliefs

Woodbridge Primary School aims to provide a safe learning environment for all students. We believe that drug education is integral to the well-being of our students.

This policy has been developed in consultation with staff, students, parents and community members to address alcohol, tobacco and other drug related matters in a caring and consistent manner within the Woodbridge Primary School community.

This policy supports the WA Curriculum by providing students with an understanding of health issues and the skills needed for confident participation in sport and recreational activities. This enables students to make responsible decisions about health and physical activity and promotes their own and others health and well-being. Staff are to implement drug education lessons using the School Drug Education and Road Aware (SDERA) Resources.

Schools play an essential role in developing the knowledge, attitudes and skills of its community in order to avoid alcohol and other drug related problems.

A drug is “any substance, with the exception of food and water, which when taken into the body, alters its function physically and psychologically” (World Health Organisation). Drugs include analgesics, alcohol, tobacco, cannabis, amphetamines and solvents (glue and petrol).

Policy Aims

- To create a healthy, safe and supportive school environment and supports the classroom health learning experiences.
- To ensure drug education and relevant topics are covered through Health WA Curriculum in all year levels.
- To teach a balance of knowledge, skills, attitudes and values, which will develop self-esteem and healthy behaviours in students.

Policy Statements

- Teachers will address issues of drug education through age appropriate learning activities within the health and physical education learning area.
- Consumption of tobacco, alcohol, pharmaceutical drugs or illicit drugs is not permitted on the school premises. [Exceptions: prescribed medications with relevant documentation supplied; alcohol at approved social functions, after hours, where appropriate permissions have been obtained in accordance with Department of Education guidelines]

Incident Management

In the event of drug use at Woodbridge PS the first response will always be to ensure the immediate health and welfare of students and staff affected by circumstances relating to drug use. Regional Office and appropriate personnel will be informed and necessary processes followed, which could include a report to the Police and a Critical Incident Report.