

### STUDENT HEALTH CARE POLICY

### **Student Health Policy**

Divine Mercy College promotes student health, manages student health care needs and identifies and minimizes health risks, within the context of the schools' resources and the assistance available from specialist services.

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

### **Procedures**

### **Indentifying Student Health Care Needs**

At enrolment, principals or their nominees will:

- provide parents with the Student Health Care and Medical Update form to complete; and
- request parents to provide a record of their child's immunization history.

### **Managing Students Health Care Needs**

For students whose health care can be managed with the resources available within the school will;

- request parents to complete the give to the school the child's health care / action plans;
- advise staff of their student health responsibilities;
- arrange training for staff on the needs of the students; and
- implement student health care / action plans.

Staff are expected to support the implementation of student health care plans. However, they may decline to conduct medical procedures and or undergo training to provide health care support.

If a parent insists that their child attend school and the principal believes that the child is not well enough to attend, the principal can request the parent to provide a medical certificate to confirm that the child is well enough to attend school.

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### **Managing Student Health Care Records**

School administration will:

- maintain student health records in accordance with the Records Management policy;
- 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.

Refer to Student Medical Records Policy for more information

### **Medical Emergencies**

Refer to First Aid for Accident, Sickness and Emergencies Policy

All staff are provided with opportunities to obtain first aid qualifications
Kindy and Pre Primary staff all to have first aid qualifications, including those on duty in the Early Learning
Centre.

### **Student Medication Storage**

- Some families choose to keep medication at the Student Office e.g. Pain relievers for migraines, ADHD medication, and glucose for diabetes.
- All medication is to be stored in the lockable filing cabinet in the first aid room. Each child will have a
  clearly labeled pencil case which will contain the Health Care Action Plan, Medicine Administration
  Request form and the medicine.
- In each case the families will make an individual agreement with the College regarding the administration of their child's medication APPENDIX 5
- First Aid officer to check first aid kits every term

### **Administration of Medication**

Divine Mercy College will administer medication under the following guidelines:

- 1. Prescription medication for short-term illness, which is left at the Administration Office (first aid room) together with a note from parents requesting the College hold the medication and allow the child to administer the recommended dosage in the office area e.g. Antibiotics for viral infection. See Appendix Five
- 2. Prescription medication for diagnosed conditions such as ADHD where the child is required to take a dosage during the school day and the child may be prone to forget or there is a concern regarding the possibility of medication being removed from their bag or belongings. The homeroom teacher will be in charge of organizing correct storage of medication and sending the child to the office at the appropriate

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time with a buddy student. This medication will be administered by office staff according to the Medicine Administration Request form, the child/ren will then be sent back to the class teacher with the "medicine card" so the classroom teacher knows the medicine has been administered.

- 3. The administration of paracetamol or any other over the counter medication where the child has e.g. a headache and the parent gives permission (via medical form) for the child to take the recommended dosage. This needs to be logged as per, and parent needs to be notified of the dosage, time and medicine over the phone / or in school diary.
- 4. Prescription medication for migraines, where the parent has provided written permission APPENDIX 5) for the College to hold the medication on an ongoing basis, in order to attempt to relieve the symptoms of the migraine before severe affects are felt. In this case the parent would still be contacted to be made aware that medication was given, as the child may need to go home.
- 5. In the case of diabetic emergency emergency kit held in the office. Emergency protocols followed in this case.
- 6. In the case of an excursion each student's medicine may be taken from the storage cabinet. Whole student case is to be taken including, health care plan, medicine and Administration of Medicine Request form. Please ensure you sign these in and out using the sign and out sheet APPENDIX 7

It is not recommended that students keep medication in their College bags as there is a risk of tampering or theft.

A record is kept of all medication administered in the College Office and all medication is kept correctly. APPENDIX 6

### **Managing Specific Health Issues**

### STUDENT IMMUNISATION

Principals will;

- collect and record information on specified vaccine preventable disease,
- ensure the immunisation status of all new enrollee is collected; and
- prevents schools enrolling any student into Kindergarten unless the student's immunisation status is up-to-date or the student is exempt; and
- provide the information regarding the immunization record of any student to the Department of Health on request.

### PREVENTION OF INFECTION

Divine Mercy College has developed and implemented school procedures and practices to promote effective hygiene to help reduce the spread of infection.

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We provide the provision of products and facilities for effective hand washing.

### **COMMUNICABLE DISEASE MANAGEMENT**

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

### **ANAPHYLAXIS**

The principal or nominee will:

- request parents provide an Action Plan for Anaphylaxis that has been completed by the student's medical practitioner;
- arrange for staff to be trained in the Anaphylaxis Training Program
- 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 with the first-aid kit;
- establish the processes for an appropriate emergency response in an anaphylaxis emergency;
- report any anaphylactic response as a medical emergency
- 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 the school's Nut Aware policy (Appendix One)

\*Epi Pens are located in the administration building, however any child with Anaphylaxis should carry their own (primary school students should hand these to their teachers for safe keeping)

### **HEAD LICE (PEDICULOUS)**

Divine Mercy College has developed an agreed management, communication and education policy to reduce the impact of head lice infestation. (Health Care Policies and Programs)

When there is an occurrence of a student with head lice a letter (Appendix Two) must be sent to all students in that year group. Where there are a number of incidents parents will also be notified by the newsletter and email.

If at any time a student is found with Head lice, the parent will be notified immediately and the school will recommend the child be collected child from school.

At no time can the child be discriminated against or singled out during this process.

#### SUNCARE

Divine Mercy College has developed an agreed policy promoting effective sun protection. (Appendix Three)

The school also modifies teaching and learning programs to suit weather conditions. See Hot Weather Policy Appendix 8

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### **ASTHMA**

The principal or nominee will:

- request parents provide an Action Plan for Asthma that has been completed by the student's medical practitioner;
- ensure staff are up to date with Asthma Management Training
- verify that all students diagnosed with asthma have their prescribed ventilin with them at school and during Physical Activity
- arrange for ventilin for emergency use to be included with the first-aid kit;
- establish the processes for an appropriate emergency response to an emergency;
- report any asthmas response as a medical emergency
- establish a process for reviewing severe asthma events to identify if there are strategies that could be implemented to reduce the likelihood of future adverse events; and

### **Health Policies and Programs**

1 Education and awareness of common health problems or issues as they arise e.g.: asthma, epilepsy, bee sting / nut allergies, nits is provided to staff and students.

The school administration will provide information to the school community on the management of common health issues as required.

Information will be made available for teachers of students with serious medical disabilities in student files. Students with Epi-Pens are identified in staff room, first aid room and in duty file.

2 Encouraging personal responsibility for prevention of lifestyle diseases

All sectors of the school will be encouraged to reduce the likelihood of skin cancer, through Sun Smart Policy. Sunscreen is made available to each classroom and PE specialist to be used for all outdoor activities. Students can wear suitable sunglasses if they choose. It is desirable that all staff wears hats, sunglasses and use sunscreen when participating in outdoor activities to set a good example.

Lifestyle diseases such as Cancer, Heart Disease, and Stress are covered briefly in the upper primary and high school classes as part of Health Education.

- Recognising good mental and emotional health as necessary for management of daily life.

  Provide information about mental health to staff and students if required.
- 4 Encouraging physical fitness.

Daily fitness

In addition:

Years 4 -7 have 120mins per week of PE with PE specialist.

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Years 1 – 3 have 40mins per week of PE Edu Dance is an option for 8 weeks.

Healthy attitudes towards fitness and physical fitness are encouraged through the school curriculum and extra curricula activities.

5 Promoting the health education of students through the school curriculum.

The curriculum covers the areas of communication, human sexuality, drug education, lifestyle diseases and nutrition.

- **Encouraging community agencies and parents to be involved in health issues.**Guest speakers from community agencies are invited to speak to the school community
- 7 Monitoring potential physical hazards within the school environment.
  As determined and reported to the Occupational Health and Safety Committee.
- 8 Actively encouraging the use of protective equipment.

The use of appropriate protective equipment is enforced in certain curriculum areas such as Physical Education, Science, and Art.

Students are encouraged to adhere to the law regarding the wearing of bicycle helmets.

Staffs are made aware of the appropriate manner in which to use equipment such as photocopiers.

Appropriate protective equipment is provided for staff such as gardeners.

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### **APPENDIX ONE - NUT AWARE POLICY**

### **RATIONALE:**

Nut allergies are real. Currently there is no cure for nut allergies. Avoidance of the food is the only way to prevent a reaction. 1:20 children suffer from food allergies and some of them will experience a life-threatening (anaphylactic) reaction.

### **PURPOSE:**

In an effort to provide a safe environment for students with allergies to nuts, Divine Mercy College is seeking the support of the whole school community to help make our school nut free by ensuring sandwiches, cakes, slices, biscuits, muesli bars, chocolate bars, dips and dried fruit and nuts are not bought to school.

### **ROLES AND RESPONSIBILITIES:**

### Principal:

- Organise training for staff to understand anaphylaxis, and first aid response to a reaction.
- Collaborative develop a risk management plan for students in consultation with parent, teacher and Education Assistant.
- Keep action plans up to date.
- Provide a 'hand over' to new staff
- Support staff in carrying out their roles.
- Advise all parents in writing of the enrolment of an 'allergy student' and request their support by
  ensuring all food containing nut substances are avoided at all times.
- Include nut allergy information regularly in the school newsletter and in the schools information booklets.

#### Teacher:

- Regularly liaise with parents
- Ensure EpiPen and Emergency Action Plan are kept in an accessible location
- Initiate First Aid treatment as per Emergency Action Plan if a student has a reaction
- Inform EA of their role in the management of the environment and implementation of the Emergency Action Plan.
- Ensure that all potentially dangerous items in the classroom are removed or cleaned.
- Ensure all students wash their hands on arrival to school and after break times if an allergy student is in the classroom.
- Use safe ingredients during cooking activities. Read labels very carefully.
- Educate students on allergies and inform them of the management plans.
- Education Assistant: Assist the teacher as required with the risk management of the student, including the Emergency Action Plan.
- Use safe ingredients when assisting with planning of activities.

Parent/ Caregiver

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- Be contactable in the case of an emergency.
- Maintain ambulance cover and up to date details.
- Provide own lunch in labeled container.
- Assist staff in selection of ingredients suitable for cooking activities.
- Provide alternative treats for school/class celebrations.
- Provide EpiPen and appropriate storage container with instructions for use included.
- Keep EpiPen current and replace immediately when out of date.
- Provide written approval for school to administer medications associated with a reaction.
- Obtain and supply information from your doctor, which is relevant to the school.
- Provide medic alert number if appropriate
- Initiate Emergency Action Plan review.

### **School Community**

• Refrain from packing any foods containing nuts in lunchboxes i.e. sandwich spreads, cakes, slices, biscuits, muesli bars, chocolate bars, dips, dried fruits and nuts

If any child is found with an item containing nuts a friendly reminder notice will be send home. Please understand this is to keep students with severe allergies to nuts safe at school.

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### APPENDIX TWO - NOTIFICATION OF HEAD LICE

### WHOLE OF CLASS NOTIFICATION LETTER

**Dear Parents** 

There has been an incident of head lice in our class.

Whilst your child may not be affected, head lice are extremely contagious. To quickly resolve the problem we are asking all parents to inspect their child's hair and scalp and take precautions against their spread including treating and regular checks within the 10 day life cycle of head lice.

We suggest you look for the following symptoms or signs, which would indicate the presence of head lice:

- child scratching his/her head excessively
- fine black powder or paler coloured material on the pillow
- 'nits', the lice eggs, seen as cream to coffee coloured specks stuck near the hair roots or in the hair
- small white to greyish coloured lice about the size of a pinhead

If you need further advice please contact your local pharmacist.

Children with head lice need to be treated before being returned to class.

Regards,

**MR ADAM ZYDEK** 

Principal

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### **APPENDIX THREE - SUN SMART POLICY**

As part of Sun Smart strategies all children and staff will use a combination of sun protection measures throughout the day to ensure they are well protected. Particular care is taken between 10am and 3pm when UV levels are at their peak and from the beginning of September to the end of May.

### Clothing

- Students are required to wear a school high school hat whenever they are outside. (e.g. recess, lunch, sport).
- Staff are encouraged to actively model wearing hats while on duty and for outside activities.
- Provide sun protective clothing items as part of the school uniform. (Collars, UV protection fabric, broad brimmed hats.)

#### Shade

- Children are encouraged to use available areas of shade when outside.
- Children not wearing broad brimmed hats will be required to play in the shade.
- Shade provision to be considered in all plans for future buildings and grounds.
- Organise outdoor activities in areas with plenty of shade where possible.
- Schedule outdoor activities before 10.00am and after 3.00pm whenever possible.

### Sunscreen

- Encourage the daily application of sunscreen before school and prior to the lunch break and prior to PE class
- Work with the PE Department to provide SPF 30+ Broad spectrum, water resistant sunscreen for students and staff use.

#### Curriculum

- Incorporate programs on skin cancer prevention and sun safety in the curriculum at all year levels.
- Regularly reinforce Sun Smart behaviour in a positive way through newsletters, meetings and assemblies and on student enrolment.
- Ensure the Sun Smart policy is reflected in the planning of all outdoor events.

#### **Evaluation**

The School OH&S Team will review the effectiveness of this policy every two years.

They will:

- Review the Sun Smart behaviour of students, staff, parents and visitors and make recommendation for improvement.
- Assess shade provision and usage and make recommendations for increases in shade provision.
- Update and promote curriculum material relevant to Sun Smart activities

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### APPENDIX FOUR - STUDENT HEALTH CARE & MEDICAL UPDATE FORM

Full Name of Child			
Class			
Birth date:			
Address			
Emergency Contact Number:			
Do you given permission for your child to land administered you will receive a phone call			
Please circ	ele	YES	NO
remember to call up the School Office during have been a change.		·	mily and personal
	Allergi	ies	
Does your child have any serious allerg	gies? YES	S NO	•
If yes, please complete the following:			
What type of allergy does your child have?	? (e.g. peanut)		
Type of food:			
Type of Medicine			
Type of Material			
Type of environment			
Other			
Does your child have medication to treat the	ne allergy? YE	ES NO	)
If Yes, what type is it?			
Does your child bring it to school?			
Does your child have a Medical Action Pla	ın? YE	S N	0
If 'yes' you need to hand a copy of the Act	ion Plan in with	this form	

**Personal Details** 

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	As	sthma				
<b>Does your child suffer from A</b> Does your child have any asthr		YES YES	NO NO			
If Yes, what type is it?						
Does your child bring it to school	ol?					
We recommend that parents er	ncourage their children	to bring their	own medica	tion to school da	ily	
Does your child know how to ac	dminister his/her own a	asthma medic	ation? YES	NO		
Does your child have their own	Asthma Action Plan th	nat has been	written by a c	doctor?		
YES	NO		•			
If 'yes' you need to hand a copy	of the Action Plan in	with this form				
	Other Med	lical Condition	on			
Does your child have any oth	er medical condition	? YES	NO			
If yes please give details						
Does your child have a Medical	Action Plan for this co	ondition?	YES	NO		
If 'yes' you need to hand a copy of the Action Plan in with this form						
Personal GP and Ambulance Cover						
Does your family have ambul If yes, what type of cover is it?		YES	_(medical ins	NO surance name)		
Does your family have a preferred medical doctor/center where we can send your child in case of an						
emergency?	YES	NO				
If yes, list that name and contact number of the doctor and medical centre?						
Date:	Signature (narent/g	uardian)				
— <u>-</u>						

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### APPENDIX FIVE - MEDICINE ADMINISTRATION REQUEST FORM

Child's Name	
Name of prescribing doctor	
Condition medication is prescribed for	
Name of Medication	
Dosage and time of dosage	
Instructions	
Name of parent	
Contact number of parent	
facilities. The details of the me outlined above and to the best of	be allowed to take medication during the time he/she is at stand this will be either in the College for out on excursions at various other dication, prescribing doctor, dosage and administration guidelines have been of my knowledge are accurate. I understand that depending on the nature of the may need to obtain relevant information from the prescribing doctor or
the coordinator of any changes of Divine Mercy College are no	as imposed by the College and understand that it is my responsibility to inform involving the administration of the medication. I also acknowledge that the staff of responsible in any way whatsoever for any damage or injury that may occur to g of this medication as per the instructions outlined above.
Parent / Guardian signature	
Date:	

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### APPENDIX SIX – MEDICINE ADMINISTRATION LOG

Date	Name of Student	Type of Medicine	Dosage of Medicine Given	Time given	Name and Signature of person administering medication	Has the parent been notified of this?

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# $\label{eq:appendix} \textbf{APPENDIX SEVEN} - \textbf{SIGN IN AND OUT SHEET FOR MEDICINE FOR WHEN LEAVING SCHOOL GROUNDS}$

Date	Student Name	Teacher in Charge	Sign OUT	Sign IN
	<u>l</u>		<u>l</u>	<u> </u>

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# APPENDIX EIGHT – EXTREME WEATHER POLICY AND GUILELINES EXTREME WEATHER POLICY & GUIDELINES

This Policy covers extreme heat, heat when exercising and wet weather guidelines.

### **Heat and Physical Activity**

Most people understand the importance of physical activity for good health but it is just as important that, when levels of activity rise, the risk of harm is minimised. And it is even more important for those who have not recently or regularly taken part in sport or physical activity.

These guidelines are not binding, but reminds all parties that they must act responsibly. DMC encourage a common sense approach and consideration of the comfort and well-being of all individuals including participants and officials. Modification or cancellation of events, training or withdrawal from participation may be appropriate even in circumstances falling outside these recommendations.

Please remember that at any time, high intensity exercise in a hot environment, with the associated elevation of body temperature, can lead to heat illness. Heat illness in sport presents as **heat exhaustion** or the more severe **heat stroke**.

#### **Heat exhaustion**

- Characterised by a high heart rate, dizziness, headache, loss of endurance/skill/confusion and nausea.
- The skin may still be cool/sweating, but there will be signs of developing vasoconstriction (e.g., pale colour).
- The rectal temperature may be up to 40°C and the athlete may collapse on stopping activity.

To avoid heat exhaustion, if people feel unwell during exercise they should immediately cease activity and rest. Further benefit comes if the rest is in a shaded area with some passing breeze (from a fan if necessary) and the person takes extra hydration. Misting or spraying with water can also help.

### **Heat stroke**

- Characteristics are similar to heat exhaustion but with a dry skin, confusion and collapse.
- Heat stroke may arise in an athlete who has not been identified as suffering from heat exhaustion and has persisted in further activity.
- Core temperature measured in the rectum is the only reliable diagnosis of a collapsed athlete to determine heat stroke.

This is a potentially fatal condition and must be treated immediately. It should be assumed that any collapsed athlete is at danger of heat stroke. The best first aid measures are "Strip/Soak/Fan":

- strip off any excess clothing;
- soak with water;
- fan;

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• ice placed in groin and armpits is also helpful.

The aim is to reduce body temperature as quickly as possible. The athlete should immediately be referred for treatment by a medical professional. Important: heat exhaustion/stroke can still occur even in the presence of good hydration.

### **Dehydration**

Dehydration is fluid loss which occurs during exercise, mainly due to perspiration and respiration. It makes an athlete more susceptible to fatigue and muscle cramps. Inadequate fluid replacement before, during and after exercise will lead to excessive dehydration and may lead to heat exhaustion and heat stroke.

### To avoid dehydration, DMC recommends that:

- students drink approximately 500 mls (2 glasses) in the 2 hours prior to exercise;
- during exercise longer than 60 minutes, 2-3 cups (500-700ml) of cool water or sports drink are sufficient for most sports.
- after exercise replenish your fluid deficit to ensure that you are fully rehydrated, but not over-hydrated.

### **Temperature**

Ambient temperature is the most easily understood guide available, and is most useful on hot, dry days

Ambient temperature	Relative humidity	Risk of thermal injury	Possible modifying action for vigorous sustained activity
15 – 20 degrees	Low	Heat illness can occur in distance running	Caution over- motivation
21 – 25 degrees	<60%	Low – Moderate	Increase vigilance Caution over- motivation
26 – 30 degrees	<50%	Moderate	Reduce intensity and duration of sports and take more breaks
31 – 35 degrees	<30%	High to high	Limit intensity. Limit duration to less than 60 minutes per session
36 degrees and above	<25%	Extreme	Cancellation of PE Lesson

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#### Other factors to consider

- The temperature of the sports hall can be more extreme than outside, therefore the actual temperature may give a false indication of the conditions in the sports hall
- Preventative measures can be undertaken to minimise heat injuries. Examples include the provision of shade, hats, appropriate sunscreen, spray bottles and drinking water.
- It is important to have trained personnel available to manage heat injuries and designated recovery areas for patients.
- In situations where heat problems may be expected, an experienced medical practitioner should be present.

Heat stroke is potentially life threatening. Any indication of this condition should be immediately referred for medical assessment.

### **PE Teacher Considerations**

It is important to note that the PE Teacher is in the hot conditions longer than students and that he/she has no relief from the heat i.e. air conditioned class room or staff room. Therefore she/he may need to cease sport class for his/her own health. The extreme weather conditions for the PE teacher throughout the year should be considered by the school.

### **Extreme Heat and Outside Play**

At DMC when the temperature is 39 degrees or above all outside play is ceased. Recess and lunch breaks will be held inside the classroom where all students and teachers have access to air conditioning.

- Once administration make the decision to have inside lunch all teachers will be notified
- Specialist teachers and non-class / homeroom teachers are to provide teachers with 5 minutes to get their lunch and have a toilet break before they return to their class
- Specialist teachers and non-class / homeroom teachers are to rotate through all classes
- Students will eat their lunch inside the classroom and will also be given toilet breaks as needed

### **Extreme Cold, Storms or Rain and Outside Play**

At DMC in the event of extreme cold, rain or storms all outside play is ceased. Recess and lunch breaks will be held inside the classroom where all students and teachers have access to adequate shelter.

- Once administration make the decision to have inside lunch all teachers will be notified
- Specialist teachers and non-class / homeroom teachers are to provide teachers with 5 minutes to get their lunch and have a toilet break before they return to their class
- Specialist teachers and non-class / homeroom teachers are to rotate through all classes
- Students will eat their lunch inside the classroom and will also be given toilet breaks as needed

Please note in the event of mild storms and rain, duty teachers must ensure children stay under veranda's during breaks to avoid getting wet.

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APPENDIX NINE - TEMPLATE FOR MEDICINE GIVEN CARDS

# MEDICINE HAS BEEN GIVEN

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### APPENDIX ELEVEN – LETTER TO PARENTS ABOUT NUT ALLERGY

Date

**Dear Parents** 

**RE: SEVERE NUT ALLERGY** 

It has come to our attention that a child in year 2, Navaeh Marlowe has a severe allergy to nuts, specifically pistachios and cashews. Ingestions, cross contamination and breathing in these nuts can cause Navaeh a severe allergic reaction (anaphylactic shock).

Since this condition can be life threatening, we are asking for your help in minimising the risk to this child as well as others in the school with nut allergies, by

- by ensuring sandwiches, cakes, slices, biscuits, muesli bars, chocolate bars, dips and dried fruit containing nuts are not bought to school.
- · Avoiding giving children nuts in school lunches
- Avoiding spreads containing nuts such as Nutella and snacks/bars containing nuts or labelled "may contain nut traces" in school lunches
- Asking children **not** to share their lunches.

Due to the severity of the problem, it is important that all parents carry out the suggested measures and reduce the risk of allergic reaction to this child.

We thank you for your co-operation.

Mr Adam Zydek

Principal.

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Emergency?

### APPENDIX TEN – FLOW CHART FOR MANAGING STUDENT HEALTH CARE

