



BEELIAR PRIMARY SCHOOL

Medical and Health Policies and Procedures



Beeliar Primary School Medical and Health Policies and Procedures

At Beeliar Primary School we ensure that all students remain safe and secure at all times. We follow department policy regarding the health and medical care of each student.

- A) Health Care Planning: forms and timeframe
- B) Storing and sharing of information
- C) Emergency First Aid procedures
- D) Medical Room policy and procedures
- E) Medication
- F) Head lice Management
- G) Excursion Risk Management and Healthcare
- H) School Nurse Roles and Responsibilities
- I) **MEDICAL EMERGENCY POLICY AND PROCEDURES**

A) Health Care Planning: forms and timeframe (Please see accompanying Flow Chart): Appendix A

1. Upon enrolment all parents will be required to complete a "Student Health Care Summary". (Form 1)
2. Any indication of the following conditions parents will be asked to complete the accompanying form.
 - a) Generic Health Care management/emergency response (Form 2)
 - b) Severe Allergy/Anaphylaxis (Form 4)
 - c) Mild – Moderate allergies (Form 5)
 - d) Diabetes (Diabetes WA Management and Action Plans to be completed in consultation with medical team and parents)
 - e) Seizure/Epilepsy (Form 7)
 - f) Asthma (Form 8)
 - g) Activity of daily living (ASD, anxiety or other conditions that do not fall into this category)
3. Details of condition and summary of treatment plan to be added to Integris under Health Care Planning by OFFICE STAFF
 - a) Medical Condition
 - b) Daily Management Plan
 - c) Emergency Response Plan
4. All hard copy forms should be filed and kept on site.
5. Plans to be updated annually – forms sent out for review each February and any changes in details updated in Integris

B) Storing and Sharing of Information

*Note: Student confidentiality will be considered at all times. Information regarding medical conditions is shared with the consent of the parent but with the student's health and safety as the **primary consideration**.*

1. Original Health Care Forms (completed by parents/guardians) should be filed securely. If no condition is noted – or no change is indicated in treatment – the forms will be filed.
2. All Health Care summaries – Forms F2 – F9 (for all conditions) will be stored in Health Care Plan Files in the office clearly labelled as Medical File 2020 (latest year) and in ECE as Health Care – this will be printed in March each year once forms have been returned.
3. Each time a change is made to the Medical Details form on Integris during the year:
Office staff will print 2 copies of the updated plan (3 if medication is required)
 - a) 1 for the School Health Care Plans file (with photo, one student per page)
 - b) 1 to pass on to the classroom teacher
 - c) One for the Medical Excursion Pack (if necessary – due to medication)In the event of a serious diagnosis the SAER Deputy should be informed and consulted on the entering of Health Care planning details (Anaphylaxis, Diabetes, epilepsy – and other serious conditions)
4. Serious Medical and Health Conditions (Anaphylaxis, Diabetes, epilepsy – and other serious conditions)
 - a) Information will be shared widely with all staff – staff meeting (SAER Deputy – Term 1/ongoing)
 - b) Support and training sought from SSEN Medical where necessary
 - c) Duty folders will contain a picture of each child with a serious medical condition and the nature of that condition
 - d) Where necessary an identifier will be given to the student to wear in the playground (e.g. red ribbon and this will be publicised in consultation with parents)
5. Health Conditions wall will be updated as new information is made available by SAER Deputy (Serious Medical Conditions) – Health Care Summary with Photo.
 - a) ECEC in Health Care planning area
 - b) Year 1-6 In the Medical Room

C) Emergency First Aid Procedures

1. Emergency Procedures based on the DRS ABC
Send for support from Admin.
 - a) Red Emergency Card – with location of student requiring support sent to the office
 - b) Parents contacted ASAP/emergency services contacted where applicable

2. Teachers/support staff administer first aid *to the best of their ability*

DOE Statement

- *In an emergency, all school staff owe a duty of care for the safety and welfare of students. In the absence of staff with relevant first aid training, available staff should administer first aid or health care support within their level of experience, until medical assistance can be provided.*
- *The Department supports staff who have fulfilled their duties in good faith. This includes administering health care support and/or emergency first aid.*

3. Principal or their proxy will organise appropriate transport in consultation with medical professionals where this is necessary.
4. After a serious medical/health related emergency
 - a) Review and record actions and complete incident management form (and online incident notification when required
 - b) Provide counselling/debriefing opportunities where an incident may have been traumatic for staff or students
 - c) Evaluate procedures and make any modifications that are necessary
 - d) Ensure that the Principal is informed =

D) Medical Room

1. The Medical Room in the Administration Building is used to house ill or injured students prior to them going home.
2. Teachers will fill in a “Medical Room Referral Form” (see Appendix B) where a student is **deemed ill or seriously injured**.
3. The Office Staff will:
 - a) Inform a member of the Admin team if dubious – or ring a parent directly in obvious cases - as to the presence of a student in the Sick Bay
 - b) File the Medical Room Referral
 - c) Record on Integris if a student has gone home and inform the classroom teacher that this has occurred

E) Administration of Medication

1. Parents are required to complete “*Activities of Daily Living*” plan where students require administration of medication in the long term. Forms to be filed with Medical Details and entered in Integris.
2. Parents required to complete “*Administration of Medication*” form where students require the administration of medication in the short term – forms to be filed with Medical details.
3. Parents are required to provide all/any medication that a student needs. These need to be kept up to date and recorded in Health Details on Integris. *Expired medication to be monitored and maintained by parents. School will record use by date.*
4. All medication administered at school or on school excursions to be documented
5. All medication to be stored securely and appropriately when on school grounds.

F) Head lice Management

1. The school will follow the Head lice Management plan outlined in Appendix C.
2. Parents will be informed according to the letters contained in Appendix D.
 - a) Individual letter and “confirmation of commencement of treatment”

- b) Department of Health Treatment guidelines
- c) Whole class letter alerting parents to case of head lice

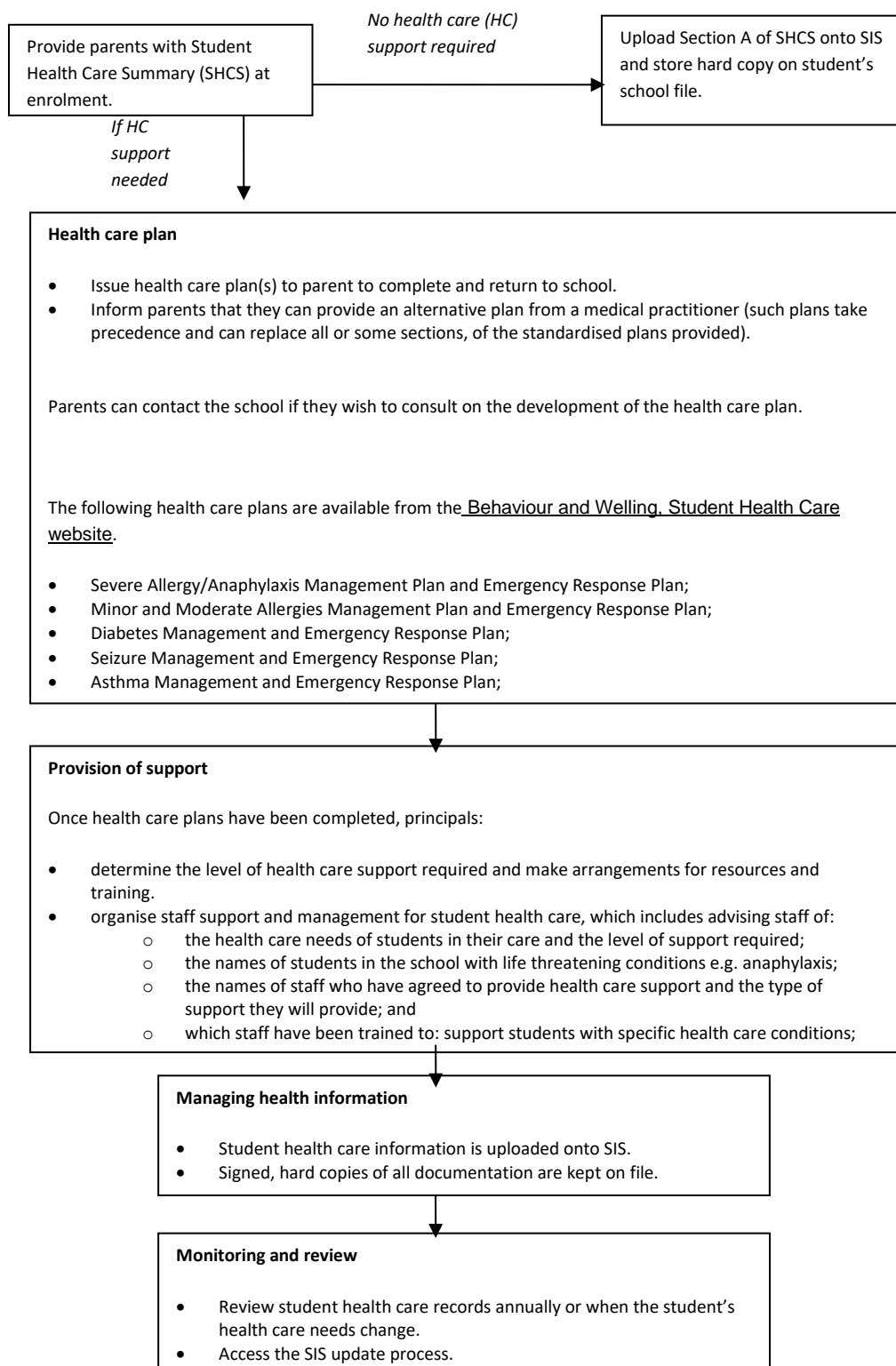
G) Excursion/Camp Risk Management and Health care

1. The level of risk to any individual student should be ascertained and where necessary a Risk Management plan should be created prior to the excursion to consider:
 - a) Supervision requirements
 - b) Medication requirements
 - c) Emergency procedures
2. Excursion organisers will clearly communicate the nature of activities and potential risks to parents – parents will sign a consent form indicating willingness for their child to receive appropriate treatment in the event of an emergency.
3. Excursion organisers will take on the excursion
 - a) Contact details for all students to their excursion
 - b) Medical details form (with photo) of each student with a notified medical condition
 - c) The Medical pack containing any medications that have been provided to the school by the parent.
 - d) First Aid kit


F) School Nurse Roles and Responsibilities

1. Beeliar Primary School Nurse (Janet Hutchison) will prioritise service as according to the 2017 MOU (Appendix E)

Beeliar Health Care Policies and Procedures: APPENDIX A: DOE Flowchart



Medical Room Referral Form: Appendix B



BEELIAR PRIMARY SCHOOL
MEDICAL ROOM REFERRAL

STUDENT NAME	(Full Name)			TA	TIME
CONDITION	PERSISTENT HEADACHE	VOMITED	PERSISTENT COUGH	POSSIBLE INJURY	OTHER
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TREATMENT Has student had rest time in Classroom prior to coming up to office? ☐


Staff member Comment _____

OFFICE USE ONLY

Spoke to parent ☐
 Contacted parent at _____ am / pm Left a message ☐
 Student will be (tick one) Picked up ☐ Remain in Sick Bay ☐ Sent back to class ☐

Admin Comment _____

Signed (Office or Admin staff ONLY) _____



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MEDICAL ROOM REFERRAL

STUDENT NAME	(Full Name)			TA	TIME
CONDITION	PERSISTENT HEADACHE	VOMITED	PERSISTENT COUGH	POSSIBLE INJURY	OTHER
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Admin Comment _____

Signed (Office or Admin staff ONLY) _____

SCHOOL HEAD LICE POLICY

Beeliar Primary School

INTRODUCTION

The aim of this Policy is to ensure a consistent, coordinated and cooperative approach to managing head lice in the school community.

ROLES AND RESPONSIBILITIES

The Parents' responsibilities are:

- to learn about head lice infestation and management by reading the Department of Health's Head Lice Fact Sheet
- to regularly check their child's hair for head lice infestation;
- to treat their child's hair immediately if the child has head lice, using the advice in the Head Lice Fact Sheet;
- to inform the school and other close contacts if their child has a head lice infestation, and to confirm that treatment of their child's hair has commenced.
- To be aware of and follow the school's head lice management policy

The Community (School) Nurse's role is:

- to provide information, advice and education to parents and the school community about head lice management;
- to provide additional advice for families experiencing persistent head lice infestation;
- to provide additional education about head lice management to 'Head Lice Resource Parents' as requested.

The School's responsibility is:

- to develop, implement and maintain a head lice management policy;
- to ensure that parents and staff are aware of the school's head lice policy, and that parents are provided with a copy of the Department of Health's Head Lice Fact Sheet when their child is enrolled and on request.

HOW HEAD LICE INFORMATION IS DISSEMINATED

The School takes the following steps to ensure that accurate up-to-date head lice treatment advice is provided to the school community:

The Department of Health's Head Lice Fact Sheet:

- is included in the student enrolment package;
- is displayed in the school office waiting area, with extra copies available for parents
- is sent home to the parents of a child with head lice, and to the parents of the other children in the same class, accompanied by an explanatory letter
- is regularly promoted in the school newsletter and through other appropriate channels

Other head lice education and management strategies:

- **Head Lice Coordinator**

The School has nominated a Head Lice Coordinator [*Deputy Principal*] as the contact person for staff and parents for dealing with head lice issues. S/he is responsible for organising dissemination of head lice information, arranging head lice education and management activities, and following up head lice Letters to Parents. Parents

who require information, or who would like to become involved in supporting the school's Head Lice Management Program, should contact the Coordinator via the school office.

- **Head lice management information sessions**

Head lice information sessions are provided at a point of need for staff and parents by the Community (School) Nurse to ensure the school community is well informed.

OR:

Head Lice Management Information Sessions are held several times each year by the Department of Health and may be attended by any interested parent or member of staff. Information on forthcoming dates is available from the school office or from the Department of Health on 9388 4999.

- **Whole school or class-by-class 'Synchronised Weekend Head Lice Checks'**

Synchronised weekend head lice checks at home by parents are promoted at least twice yearly, and more often if necessary. Information about this promotion is provided well in advance via the newsletter and a note home to parents.

- **Class Head Lice education**

Head lice information is included in class activities where appropriate, for example:

- personal development – how to identify head lice and comb them out;
- science - life cycle of the head louse;
- drama - short, humorous play.

WHAT HAPPENS WHEN A CHILD IS FOUND TO HAVE HEAD LICE?

The School undertakes the following steps to ensure that a clearly defined process is followed when a child is found to have head lice:

Day 1:

- The student is given a brief, age-appropriate explanation about the head lice.
- A *Letter to Parents of a Child Found to have Head Lice* is sent home with the student at the end of the day. The *Letter* informs the parents that their child has head lice and advises them that, as required by the *School Education Act 1999*, the child must commence head lice treatment before returning to school. A copy of the Department of Health's *Head Lice Fact Sheet* or copy of 'How to check effectively for head lice' is on the reverse of this letter.
- If available, translations of the Head Lice Fact Sheet are provided to non-English speaking parents. Alternately, where appropriate, parents are advised by telephone. Interpreter services such as a telephone interpreter service are used if required.
- Parents of the other students in the class are sent an information letter on the same day, asking them to check their child's hair for head lice and advising them how to do this more effectively, using the Department of Health recommended hair conditioner method.

Day 2:

- Once treatment has commenced, the parents of the child with head lice should send the child back to school with the completed *Confirmation of Treatment* tear-off section of the *Letter to Parents*. Parents are reminded that treatment must be completed over the 10-day period, as recommended by the Department of Health.
- If the *Confirmation of Treatment* slip, or similar note, is not returned and the student is not able to confirm that treatment has commenced, then the class teacher informs the Head Lice Coordinator or delegate. The Coordinator contacts the parents to check that they have received the *Letter to Parents* and the *Head Lice Fact Sheet*.

- If the *Letter to Parents* and the *Head Lice Fact Sheet* have been received but no treatment has started, then the parents are asked if they are experiencing any difficulty. Appropriate assistance is offered if parents are experiencing difficulty, e.g. serious financial hardship, or literacy or language difficulty.
- If the parents have no particular difficulty, then they are reminded of their responsibility to the child and to the school community. The parents are advised that the child must not return to school until treatment has begun. Parents must return a note to school with the child, or phone the Head Lice Coordinator, to confirm this.

Day 3:

- Where a student again returns to school without treatment having commenced, the Head Lice Coordinator or the Community (School) Nurse, who represents the Department of Health in the school is to undertake phone contact. The purpose of this is to help identify any undisclosed difficulty, and to assist and advise the parents with the head lice treatment.

[For example, the Deputy or Community (School) Nurse may be able to further explain or, if necessary, demonstrate the head lice treatments. As well, they may assist the family in identifying an extended family member who can help with the treatment. This contact also provides the parents with an opportunity to discuss with the Deputy or Community (School) Nurse any issues they may not wish to, or may feel embarrassed to, discuss with the School staff, such as literacy difficulties or financial problems.]

Day 4:

- Where a student yet again returns to school without evidence of treatment, the Principal or delegate will contact the parents and advise that the student is immediately excluded from school, until treatment has commenced and the school notified. The parents will again be offered assistance by the Deputy or the Community (School) Nurse.
- Home work will be provided for the student, with teacher telephone support where appropriate.

Day 5 – ongoing:

- Where a student continues to be absent from school without due reason, the matter will be dealt with in accordance with the school's Absenteeism Policy. Head Lice infestation is easily treated and is not a disease. Where all parent support and information has been provided, and there is no remaining barrier to treatment, failure to treat is not a valid reason for absence from school

In the last resort only – where considered appropriate by the Principal and Community (School) Nurse, the family may be referred to the Department of Community Development, e.g. where a child is experiencing ongoing psychological distress, or if infected sores result from untreated head lice infestation and the sores remain untreated. Informing parents of this decision prior to referral is at the discretion of the Principal

ADDITIONAL KEY POINTS:

Hairstyles

- Students with long hair must wear it tied back, braided and/or pinned
- Wearing of cotton bandanas (e.g. Canteen fundraiser bandanas) may be permitted, at the discretion of the school principal and parent, as a short term *[e.g. two weeks]* management measure where there have been several students found to have head lice in the same class.

Recommended treatments

- The School advises parents to read the Department of Health's *Head Lice Fact Sheet*, available free from the school office. The 10-Day Hair Conditioner Treatment is the Department's preferred treatment. However, parents who wish to use insecticide treatment should do so according to the Department's instructions in the *Head Lice Fact Sheet*, as labelling on some head lice products may be unclear or even inaccurate.

Checking hair for head lice

- **Class or whole school 'head checks'**

School staff, Deputy and the Community (School) Nurse **do not routinely** undertake class head checks for head lice, as this is not an efficient or effective strategy for head lice control. Head lice can move at up to 30 cm per minute. They move rapidly away from searching hands and so an infestation can easily be missed. Most children do not have head lice, so valuable class time is wasted checking such children unnecessarily. In addition, it is the responsibility of individual parents to check their own child's hair for head lice. *[For a more detailed explanation, see 'Why School Nurses no longer do routine class head lice checks'.]* Screening for head lice is most effectively undertaken by parents combing their child's hair using hair conditioner to slow down the head lice, together with a metal 'nit' comb, as described in the Department of Health's Head Lice Fact Sheet [or see How to check hair effectively for head lice].

- **Checking a student who is believed to have head lice:**

In the case of an individual student, the School Principal has nominated [Deputy] school staff members who may examine a student's hair where there is reason to believe a student may have head lice, i.e. where eggs (nits) or crawling head lice have been sighted or where a child is scratching the head excessively. The School Education Act 1999 authorises the school principal or a delegate to do this.

To ensure competency, the nominated staff members have received education in identifying active head lice infestation from the Department of Health or the Community (School) Nurse. Head Lice Information Session

Staff are aware that a 'dry' head check may be unreliable. If, on inspection, no signs of infestation are seen, the parent is nevertheless informed and is asked to check using hair conditioner. A Letter to Parents is sent home to inform parents.

Exclusion of a student from school

- Under the *School Education Act 1999*, students found to have head lice may be excluded from school at the discretion of the Principal or delegate until treatment has begun and all live head lice are being removed, in accordance with the Department of Health treatment advice. In practice, this means students can return to school the morning after treatment has commenced, **provided that** effective treatment is completed consistently over the following 10 days. A few remaining eggs are not a reason for exclusion [Regulations of the School Education Act 1999].
- Students found to have head lice will normally be excluded **at the end of the school day**, and not earlier, except in circumstances described above for Day 4 and thereafter, or at the discretion of the Principal or delegate.

Thank you for taking the time to read the school's Head Lice Management Policy. We hope you will find it informative and helpful. Compliance with the Policy helps the whole school community to keep head lice infestation under control and so minimise inconvenience, expense and distress for parents and students.

Head Lice Policy (Continued): Communication – Appendix D

Dear Parent

At school today, your child was found to have head lice. Head lice are tiny insects that live in human hair. They are not caused by poor hygiene and they do not carry diseases. Head lice transfer from child to child when their hair is in close contact, e.g. while playing or doing schoolwork. For this reason, head lice infestation is relatively common in primary school children.

The attached Department of Health **Head Lice Fact Sheet** or the “How to check hair effectively for head lice” explains how to check for and treat head lice. The Department recommends the **10-Day Hair Conditioner Treatment** as an inexpensive and effective method. It is also important to use hair conditioner to check **all** other members of your household for head lice as well. If head lice are found, use the *10-Day Hair Conditioner Treatment* on them too.

Under the *School Education Act (1999), Section 27(2)*, the School Principal can exclude your child from school until all head lice have been removed. A few remaining eggs are not a valid reason for exclusion.

If you have difficulty with screening for or treating the head lice, further advice is available by ringing or making an appointment to see the Community (School) Health Nurse or Department of Health on 9388 4999. Ask the School Registrar for the Nurse’s contact phone number.

Finally, **please complete the section below and send it back to the class teacher** when your child returns to school, to confirm that you have begun the recommended head lice treatment. The Principal has the right to exclude your child until treatment has commenced.

Thank you

Louise O’Donovan

PRINCIPAL

✂ ✂

CONFIRMATION OF COMMENCEMENT OF HEAD LICE TREATMENT

Child’s name:

Date treatment commenced/...../.....

Treatment used:

Hair Conditioner

☐

Insecticide

☐

Other (please describe):

- I understand that head lice treatment must continue over a 10-day period.
- I have read the enclosed Department of Health *Head Lice Fact Sheet* OR the ‘How to screen effectively for Head Lice’ information overleaf.

Parent’s Signature:

Date:...../...../.....

Appendix E: School Nurse MOU

Priority health areas identified for this school are:

1. School Entry Health Assessments (Kindy and Pre Primary)
2. Targeted assessments for students identified with concerns by teacher, parent or nurse
3. Health assessment and monitoring of children in the care of the State.
4. Support for children with medical or developmental concerns
5. Health Education and Health Promotion within school

* Priority health areas - health issues of significance within the school community which could be addressed by health promotion initiatives, including;

- physical activity
- healthy eating
- body image
- sun protection
- mental health and resilience
- injury prevention
- sexual health promotion
- smoking prevention
- use of alcohol and other drugs
- early childhood development and transition to school
- hand and general hygiene.

Preamble

School Level Agreements are intended to operate in the context of the Memorandum of Understanding (MOU) between the Departments of Health and Education for the delivery of School Health Services. School Level Agreements describe the School Health Services which are provided at individual schools. The Agreements are negotiated between the School Health Service staff member who is assigned to the school, and the School Principal. The Agreements will include the activities which are core (central) for health service delivery, and any additional, locally negotiated services.

The Memorandum of Understanding (MOU)

The MOU provides a broad overarching framework for the delivery of School Health Services. It describes the scope of School Health Services available and identifies those services which are core to health service delivery in each school type. It also identifies additional services which may be negotiated subject to resources available at the local level.

School Level Agreement

Core activity

School Health Services are focussed on working with children, families (guardians) and classroom teachers for the early detection of health and development issues which may impede health, wellbeing and school achievement. Care provided to individual children and their families may entail assessment, brief intervention, health information, referral, monitoring and support. Health Service staff collaborate with student service teams to support children at risk of poor health and developmental outcomes.

Core activities include;

1. The *School Entry Health Assessment* program;
 - a. Vision, hearing and ear health screening for children as required;
 - b. Targeted screening of any child for whom there is an identified concern regarding development;
 - c. Targeted weight assessment if a concern is raised by parent or teacher, and;
 - d. Assessment and/or support for other health concerns as indicated by parent or teacher, such as behaviour, dental health and enuresis;
2. Health assessment and monitoring of children in the care of the State, and;
3. Monitoring and/or supporting children at risk in collaboration with school staff.

Additional services which may be negotiated locally, depending on available resources and priorities;

- Facilitating and/or delivering school-based immunisation programs, if required (and as per local service delivery);
- Supporting school staff and parents to develop health care plans for students with complex health needs;
- Facilitating/providing staff training to support students with health needs;
- Deliver practical demonstrations in use of adrenaline auto injectors (EpiPens);
- Assisting schools to plan systems for delivery of first aid and emergency health care;
- Identifying priority health issues among the student population in order that the school community can address them;
- Assisting the school to plan and implement school health promotion initiatives;
- Helping to develop healthy school policies and practices;
- Supporting teachers in health-related curriculum, and/or;
- Providing information and advice to students and their families so they may make informed decisions about their health, wellbeing and development.

Medical Emergency: Procedures

Scenario	Response	Roles and Responsibilities
1. Life Threatening Emergency e.g. Catastrophic injury, anaphalactic reaction, severe asthma	DRABC Danger Response Airway Breathing Circulation Immediate First Aid Seek support and call Ambulance	<u>First Responder</u> Evaluate risk Minimise danger to others (including self) Send for Support Apply First Aid to the best of ability Call Ambulance (or request others to) when deemed necessary. Be ready to provide: <ul style="list-style-type: none"> - Location - Current risks/dangers - Information regarding access - Known medical conditions Stay with student and monitor – inform paramedics of any change in condition Apply ongoing first aid until ambulance arrives <u>Office Staff</u> Call ambulance if requested Inform Principal (or proxy) Contact Parents Direct ambulance towards casualty <u>Principal (or Proxy)</u> Liaise with all concerned regarding casualty Decide on alternative transport to if Ambulance is delayed (in consultation with Paramedics)
2. Student at Risk from known medical condition/non-life threatening injury e.g. Seizures, asthma, allergic reaction or obviously broken bone	DRABC Danger Response Airway Breathing Circulation Immediate First Aid Follow Medical Plan (where this exists) – where this involves calling an ambulance: <ul style="list-style-type: none"> • Assess immediate risk • Contact School Leadership for support • Contact ambulance 	<u>First Responder</u> Assess risk Provide First Aid to the best of ability (seek support immediately) Ask for support from school leadership and provide information to the office <u>Office Staff</u> Call ambulance if: <ul style="list-style-type: none"> - Request has been made by first responder - This is clearly outlined in student's Medical Plan - Requested to do so by Parents Contact Principal (or proxy) for support Contact Parents Direct Ambulance if necessary <u>Principal (or Proxy)</u> Liaise with all concerned regarding casualty Decide on alternative transport to if Ambulance is delayed (in consultation with Paramedics)
3. Student suffering from minor injury or medical condition e.g. knock, mild allergic reaction, illness	<ul style="list-style-type: none"> • Assess risk (if high follow above) • Seek support if needed • Refer to office 	<u>First Responder</u> Apply First Aid to the best of ability Refer to the office/school Admin Ensure supervised passage to the office <u>Office Staff</u> Provide initial assessment Contact parents if deemed necessary Seek support from school Leadership when unsure

