



Department of
Education

STUDENT HEALTH IN PUBLIC SCHOOLS POLICY

STUDENT HEALTH IN PUBLIC SCHOOLS PROCEDURES

This PDF contains the following documents

Document 1:

Student Health in Public Schools Policy v4.0

Effective: 17 July 2023

Document 2:

Student Health in Public Schools Procedures v4.2

Effective: 17 July 2023



Department of
Education

STUDENT HEALTH IN PUBLIC SCHOOLS POLICY

EFFECTIVE: 17 JULY 2023

VERSION: 4.0

1 POLICY STATEMENT

The Department promotes culturally responsive approaches to strengthening student physical and mental health to maximise their engagement with teaching and learning.

It does this in a way that builds shared responsibility for student health between schools, students, parents and the broader community.

2 POLICY RULES

The principal:

- implements a whole school approach to promote student health
- plans for medical emergencies
- implements plans and processes to respond to the health needs of students.

Guidance

In this document, it is the principal's responsibility, as site manager, to manage its implementation. This does not mean the principal will personally undertake the duty, rather to ensure systems, processes and roles are established and staff are aware of these.

In this policy, health incorporates physical and mental health.

Education regions and Statewide Services support schools to promote health in accordance with the Student Health in Public Schools procedures.

Education regional offices:

- *provide advice, guidance and support to schools to support student health*
- *liaise and coordinate support from other agencies within the region that work with families and young people.*

Statewide Services:

- *provides resources and professional learning to enable schools to develop local approaches to supporting student health*
- *develops and implements mechanisms to maintain support, engagement and shared responsibility for student health.*

3 RESPONSIBILITY FOR IMPLEMENTATION AND COMPLIANCE

Principals are responsible for the implementation of this policy.

Compliance monitoring is the responsibility of line managers.

4 SCOPE

This policy applies to all employees.

5 SUPPORTING PROCEDURES

Student Health in Public Schools Procedures

6 DEFINITIONS

Culturally responsive

The ability to understand, interact and communicate effectively and sensitively with people from a cultural background that is different from one's own. It is characterised by respect for culture, ongoing self-reflection, expansion of knowledge and commitment to improving practices and relationships, and is responsive to the diverse needs, backgrounds, experiences and knowledge of all students. In the Western Australian context, this is first and foremost for Aboriginal students.

Health needs

The prevention and management of a disease, illness, injury or disability of a student, in order to maintain or restore physical or mental health. Individualised health care plans are required for students with specific health conditions.

Line manager

A line manager is someone who has day-to-day responsibility for the management of the employee.

Medical emergency

A medical emergency is a sudden or unexpected threat to health which requires an urgent assessment and alleviation of symptoms.

Mental health

A state of wellbeing in which an individual realises their own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to their community.

Physical health

The state of the physical body and how well it is functioning. Physical health covers a wide range of areas including nutrition, activity and hygiene. Disease, injury and disability can impair the functioning of the body.

7 RELATED DOCUMENTS

Relevant legislation or authority

Disability Discrimination Act 1992 (Cth)

Disability Standards for Education 2005

School Education Act 1999 (WA)

School Education Regulations 2000 (WA)

Work Health and Safety Regulations 2022

Related Department policies*Duty of Care for Public School Students**Enrolment in Public Schools**Incident Management on Department of Education Sites**Work Health and Safety**Records Management**Risk and Business Continuity Management***Other documents***Access the Aboriginal Cultural Standards Framework (staff only)**Code of Conduct and Standards (staff only)***8 CONTACT INFORMATION**

Policy manager: Director
Student Engagement and Wellbeing
T: (08) 9402 6100

Policy contact officer: Principal Consultant
Student Engagement and Wellbeing
T: (08) 9402 6448

9 REVIEW DATE

17 July 2026

10 HISTORY OF CHANGES

Effective date	Last update date	Policy version no.	Ref no.	Notes
1 January 2015		3.0	D14/0509529	Major review undertaken, <i>Student Health Care Policy and Procedures</i> endorsed by Director General on 19 September 2014.
1 January 2015	22 February 2016	3.1	D16/0154860	Updated contact information D16/0154847
1 January 2015	11 August 2016	3.2	D16/0524325	Updated contact information D16/0522722
1 January 2015	3 August 2017	3.3	D17/0329610	Updated broken links D17/0329162

1 January 2015	21 February 2018	3.4	D18/0075909	Updated contact information D18/0075906
1 January 2015	29 August 2018	3.5	D18/0383121	Minor changes to include reference to Public Schools D18/0151652 and updated legislation links D18/0207680.
1 January 2015	9 February 2021	3.6	D21/0062243	Minor changes to Broken Links, Titles of Forms, Legislation Titles and Contact Details. D21/0062242
17 July 2023		4.0	D23/0309856	Major review undertaken (D22/0855653) endorsed by Director General on 23 February 2023



Department of
Education

STUDENT HEALTH IN PUBLIC SCHOOLS PROCEDURES

EFFECTIVE: 17 JULY 2023

VERSION: 4.2

Last updated 3 April 2023

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1 POLICY SUPPORTED

Student Health in Public Schools Policy

2 SCOPE

These procedures applies to all employees.

3 PROCEDURES

3.1 IMPLEMENT A WHOLE SCHOOL APPROACH TO PROMOTE STUDENT HEALTH

The principal implements a whole school approach to promote student health in accordance with the requirements set out in the Appendices.

Guidance

In this document, it is the principal's responsibility, as site manager, to manage its implementation. This does not mean the principal will personally undertake the duty, rather to ensure systems, processes and roles are established and staff are aware of these.

A whole school approach recognises that all aspects of the school community can impact positively upon student wellbeing, engagement and achievement. A whole school approach may include consistent practices, procedures and programs, shared messaging or written plans tailored to the school context.

Culturally responsive approaches and practices consider the social, cultural and historical contexts of the school community. Culturally responsive practices aim to create the conditions for Aboriginal students to experience cultural safety.

The Health Promoting Schools Framework can assist schools to develop a whole school approach which considers the broad health needs of the school community. These health needs are addressed using a combination of strategies linked to:

- *curriculum (teaching, learning and professional learning)*
- *environment (school ethos and policies)*
- *partnerships with student, families and the local community.*

3.2 PLAN FOR MEDICAL EMERGENCIES

The principal:

- develops emergency response plans for students with specific health conditions in consultation with parents and informed by health professionals
- plans for the administration of first aid in accordance with Appendix D: first aid and first aid system
- plans for the management of anaphylaxis in accordance with Appendix H: specific health conditions
- plans for when students are engaged in off-site activities or reside in Residential Colleges in accordance with Appendix G: manage student health care
- familiarises staff with their roles and responsibilities
- develops processes to communicate with staff, parents, health services and the principal, if off-site

- plans for:
 - student movement and supervision
 - student transport
 - post-incident support for staff and students.

3.3 IMPLEMENT PLANS AND PROCESSES TO RESPOND TO THE HEALTH NEEDS OF STUDENTS

The principal:

- places the needs of the student at the centre of health care planning
- enacts culturally responsive approaches and practices when working with Aboriginal students, their families and communities
- provides parents with the Student Health: Parent Information Brochure (staff only) and Student Health Care Summary (staff only) form at enrolment;
- works with parents and health professionals to develop student health care plans using one or more of the Department's standardised forms (staff only) or nationally endorsed planning documents
- familiarises staff with their rights and responsibilities
- develops processes to support the implementation of student health care plans in consultation with staff
- arranges the training necessary for staff who deliver Personal Care in Schools (PCIS)
- implements, reviews and updates student health care plans in consultation with parents and staff
- advises parents of long-term changes to school processes that support the implementation of student health care plans
- applies the requirements in Appendix E: manage medical emergencies and Appendix F: administration of medication
- maintain student health records in accordance with Appendix I: record keeping.

Guidance

Parents provide information about their child's health care needs as informed by health professionals. The principal works in partnership with parents and use this information to develop the student's health care plan.

It is important to consider the diverse backgrounds and, where possible, the experiences of families when requesting health information. In circumstances where literacy and/or language is a barrier, it is expected that parents are supported to complete relevant health care documentation. Information is available on how to access interpreting services (staff only).

If parents choose not to provide this information, they should be informed in writing of the possible implications. If parents do not respond to written communication, the principal may:

- *in the case of students who are independent minors as per Section 147 of the School Education Regulations 2000, deal directly with the student who can make their own health care decisions*
- *seek agreement from the parent to liaise directly with the student's medical practitioner*
- *if the school becomes aware that a student has a complex and/or potentially life-threatening condition, seek advice from the regional education office, community health nurse and/or Legal Services, or*
- *report a concern of medical neglect to the Department of Communities, Child Protection and Family Support by following procedure 3.6 for principals in the Child Protection in Department of Education Sites policy.*

Schools have a responsibility to support student health including the administration of medication and first aid and delivery of PCIS. An employee can decline requests to administer medication, non-emergency first aid and/or deliver PCIS if the employee has reasonable belief they are not capable of such support or believes it is unreasonable as part of their employment. Reasonable belief may include cultural, physical or medical reasons that impede an employee's ability to provide this support.

The Department is vicariously liable for an employee's conduct. An employee is extensively covered for liability arising from their employment unless the employee has acted in a deliberately wrongful or outrageous way. This coverage includes duties undertaken to support student health which may or may not be stated in the employee's JDF.

The Department is responsible for compensating a person harmed as a result of the employee's conduct. An employee will be eligible for compensation (staff only) if injured while supporting student health.

Resources available to schools include financial, physical and specialist support (staff only). Principals who believe the school may not be able to provide the level of health care support required to sustain health or life for students with high-risk health conditions should refer the matter to their Director of Education.

4 DEFINITIONS

All school staff

All teaching and non-teaching staff employed by the Department of Education who work on school sites.

Culturally responsive

The ability to understand, interact and communicate effectively and sensitively with people from a cultural background that is different from one's own. It is characterised by respect for culture, ongoing self-reflection, expansion of knowledge and commitment to improving practices and relationships, and is responsive to the diverse needs, backgrounds, experiences and knowledge of all students. In the Western Australian context, this is first and foremost for Aboriginal students.

Cultural safety

Is determined by Aboriginal people, and is experienced when Aboriginal people are in environments and relationships where:

- their presence is welcomed and respected
- their experiences are believed and validated
- their cultures are centred and valued
- their knowledge and skills are recognised and supported
- their advice is listened to and acted upon
- they do not experience racism in any form.

First aid

The immediate treatment or care of a person who is injured or becomes ill.

Health care plans

Specify the support required to cater for a student's health care needs while in the care of the school. Standardised management and emergency response plans (staff only) are available for common health conditions.

Health professional

A practitioner registered with the Australian Health Practitioner Regulation Agency including, but not limited to, medical practitioners, nurses, psychologists, occupational therapists and speech therapists.

Independent minor

Students under 18 years of age, living independently whom the principal determines to be an independent minor (under Regulation 147 of the School Education Regulations 2000), may sign their own consent forms.

Medical emergency

A sudden or unexpected threat to health which requires an urgent assessment and alleviation of symptoms.

Medical practitioner

A person registered or licensed as a medical practitioner, such as a doctor, psychiatrist or medical specialist, under a law of a State or Territory that provides for the registration or licensing of medical practitioners.

Mental health

Mental health is a state of wellbeing in which an individual realises their own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to their community.

Non-emergency first aid

Treatment given to an injury or illness that is considered not urgent or life-threatening.

Non-suicidal self-injury (NSSI)

Is a deliberate act to harm oneself without the intent to die, usually to reduce uncomfortable or distressing emotions and often repetitive in nature. NSSI can be referred to as self-harm (the term deliberate self-harm is also used by health care professionals)

Parent

In relation to a child, means a person who at law has responsibility for the long-term care, welfare and development of the child; or the day-to-day care, welfare and development of the child.

Personal Care in Schools (PCIS)

Is provided in education settings to enable primary and secondary school students to attend school and maximise their safety, comfort, independence, dignity and privacy. Personal care activities can include:

- mealtime management
- toileting and hygiene management
- mobility and positioning
- health care supports.

PCIS can be delivered by people who do not have a health professional qualification whereas medical procedures are those that only medical practitioners are credentialed to perform. Some activities may require formal training.

Suicidal behaviour

Includes suicidal ideation, communications, attempts and suicide.

Whole school approach

A whole school approach involves addressing the needs of students, staff and other members of the school community through a collective and collaborative approach to improving student learning, behaviour and wellbeing, and the conditions that support these.

5 RELATED DOCUMENTS

Relevant legislation or authority

Age of Majority Act 1972 (WA)
Children and Community Services Act 2004 (WA)
Disability Discrimination Act 1992 (Cth)
Disability Standards for Education 2005
Equal Opportunity Act 1984 (WA)
Food Act 2008 (WA)
Food Regulations 2009 (WA)
Health Act 1911 (WA)
Medicines and Poisons Act 2014
Medicines and Poisons Regulations 2016 (WA)
Mental Health Act 2014 (WA)
Privacy Act 1988 (Cth)
Public Health Act 2016 (WA)
Public Sector Management Act 1994 (WA)
School Education Act 1999 (WA)
School Education Regulations 2000 (WA)
State Records Act 2000 (WA)
Work Health and Safety Regulations 2022

Related Department policies*Child Protection in Department of Education Sites**Dress Codes for Students in Public Schools**Duty of Care for Public School Students**Enrolment in Public Schools**Incident Management on Department of Education Sites**Records Management**Risk and Business Continuity Management**Work Health and Safety***Other documents***Access the Aboriginal Cultural Standards Framework (staff only)**Australian Dietary Guidelines 2013**Code of Conduct and Standards (staff only)**Excursions in Public Schools (staff only)**Memorandum of Understanding between the Department of Education, Child and Adolescent Health Service and WA Country Health Service for the delivery of school health services (staff only)***6 CONTACT INFORMATION**

Policy manager: Director
Student Engagement and Wellbeing
T: (08) 9402 6100

Policy contact officer: Principal Consultant
Student Engagement and Wellbeing
T: (08) 9402 6133

7 REVIEW DATE

17 July 2026

8 HISTORY OF CHANGES

Effective date	Last update date	Policy version no.	Ref no.	Notes
1 January 2015		3.0	D14/0509561	Major review undertaken, <i>Student Health Care Policy and Procedures</i> endorsed by Director General on 19 September 2014
1 January 2015	17 August 2015	3.1	D15/0323771	Updated link to Communicable Disease Guidelines. D15/0323757

1 January 2015	22 February 2016	3.2	D16/0154886	Updated contact information D16/0154847
1 January 2015	15 June 2016	3.3	D16/0373942	Amendment to Guidance under Section 3.2. Replaced Schools Plus with Disability Services and Support. D16/0373851
1 January 2015	11 August 2016	3.4	D16/0524333	Updated contact information D16/0522722
1 January 2015	3 August 2017	3.5	D17/0329612	Updated broken links D17/0329162
1 January 2015	21 February 2018	3.6	D18/0075910	Updated contact information D18/0075906
1 January 2015	29 August 2018	3.7	D18/0383115	Minor changes to include reference to Public Schools D18/0151652 and updated legislation links D18/0207680
1 January 2015	22 July 2019	3.8	D19/0326516	Minor changes to include immunisation requirements for enrolment D19/0326508
1 January 2015	2 September 2019	3.9	D19/0407466	Minor changes to clarify immunisation requirements for enrolment D19/0407471
1 January 2015	19 January 2021	3.10	D21/0026885	Minor changes to replace the Regional Executive Director position title with Director of Education D20/0647278
1 January 2015	9 February 2021	3.11	D21/0062244	Minor changes to Broken Links, Titles of Forms, Legislation Titles and Contact Details D21/0062242
1 January 2015	29 October 2021	3.12	D21/0617754	Minor change to Anaphylaxis links D21/0617744
17 July 2023		4.0	D23/0309881	Major review undertaken (D22/0855653) endorsed by Director General on 23 February 2023
17 July 2023	27 February 2023	4.1	D23/0393015	Minor changes to update hyperlinks and

				appendices (D23/0393000)
17 July 2023	3 April 2023	4.2	D23/1031856	Minor update to Appendix A as per D23/1000614

APPENDIX A. MENTAL HEALTH

Schools play an important role in promoting wellbeing through connected, inclusive and culturally safe environments. Whilst it is recognised principals and teachers are not mental health professionals, schools implement strategies that strengthen student mental health literacy and promote student mental health. This includes implementing evidence-based social and emotional learning programs, alcohol and other drug prevention education, and the teaching of mental health resilience and wellbeing through the Health and Physical Education learning area, and personal and social capabilities.

Culturally responsive schools draw on the diversity and strengths of local communities to create opportunities to work collaboratively with them to identify aspirations and set directions for students. These protective factors strengthen a student's mental health.

Every school has access to the Department's school psychology service. School psychologists are registered mental health professionals who apply an educational perspective in understanding the impact of mental health and wellbeing on students in the school context. School psychologists work with school teams to:

- plan and implement effective, evidence-based whole school approaches to mental health promotion
- support prevention and early intervention for cohorts of students
- provide direct and indirect support to individual students who are experiencing mental health difficulties. This may include consultation and collaboration with interagency partners.

Education regions and Statewide Services provide further support to schools to promote mental health in accordance with the Student Health in Public Schools procedures.

Education regional offices provide:

- advice and guidance to schools to support student mental health
- complex case consultation with lead school psychologists.

Statewide Services provides:

- training and resources to support a whole school approach to mental health, social emotional learning, student services teams and responding to student mental health difficulties (staff only)
- assistance to deliver effective alcohol and other drug education (staff only)
- liaison, education and transition support for individual students under the care of Department of Health
- consultation and training for suicide prevention and postvention.

For further information, refer to:

- School Response and Planning Guidelines for Students with Suicidal Behaviour and Non-suicidal Self-injury (staff only)
- Access services provided by the Child and Adolescent Mental Health Service (staff only).

APPENDIX B. HEALTHY FOOD AND DRINK

The principal implements a whole school approach to healthy eating suited to the school context including:

- planning for the provision of healthy food and drinks with 'green' and 'amber' foods for educational activities, classroom rewards, school camps and excursions
- limiting the supply of 'red' food and drinks to small amounts and only when essential to the learning program.

These requirements apply to food and drink supplied or organised by the school. Parents and Citizens' (P&C) Association fundraising initiatives are exempt from the requirements, however, practices consistent with the promotion of healthy eating are strongly encouraged. The Department does not support the inspection of student lunchboxes for the nutritional content.

When parents provide food to be shared during school activities, parents should be informed prior to the event of the heating/cooling facilities available at the school so that final preparation of high-risk foods is catered for appropriately.

The Department of Health's Fresh School Nutrition Advisory Program delivered by Nutrition Australia assists schools to implement a whole of school approach to healthy eating, through a statewide advisory service and an interactive website that provides the following support to schools:

- advice and online tools to identify 'green', 'amber' and 'red' food and drinks, and assess recipes and menus
- advice, resources and training to support policy understanding and compliance
- resources to promote nutrition education and communications with the school community
- parent information and resources
- networking activities for school and canteen staff
- free phone, email and face-to-face support.

School canteen/food service

A canteen or food service is a school-based outlet or external provider that provides a food service to students and staff during school hours.

The principal:

- only gives permission to use a school's premises as a canteen/food service on the basis that the Student Health in Public Schools policy and procedures are implemented
- confirms canteen/food service menus promote a wide range of healthy food and that it:
 - consists of a minimum of 60% 'green' food and drinks
 - consists of a maximum of 40% 'amber' food and drinks
 - only offers savoury commercial products that are 'amber' foods a maximum of twice per week
 - contains no 'red' food and drinks.

The colour coding of food and drinks is underpinned by the Star Choice™ Nutrient Criteria. Refer to the Star Choice™ Buyers' Guide for manufactured products that meet the nutrient criteria. Where food and drinks not included in the Star Choice™ Buyers' Guide meet the nutrient criteria, they may also be used.

Young children accompanying paid workers, or volunteers and enrolled students working in a canteen, could constitute a hazard or be impacted by hazards found in a canteen. For further information regarding occupational safety and health considerations, refer to the Work Health and Safety policy.

The Western Australian Council of State School Organisations advises against students undertaking tasks in the canteen operated by a P&C for insurance reasons. However, there are exceptions where the work is part of the educational program (Sections 24, 29 and 11(G) *School Education Act 1999*).

Food safety, hygiene and allergy

The principal confirms:

- canteen/food service workers and volunteers have completed *FoodSafe Food Handler* training or its equivalent and *All About Allergens* training
- the canteen/food service is compliant with the Australian New Zealand Food Standards Code.

Training should be completed in a timely manner, preferably prior to commencing work:

- FoodSafe Food Handler packages are available from Environmental Health Australia, some local councils and online
- All About Allergens training is a free 60 minute online course developed to help manage food allergies when preparing and serving food in schools. The Best Practice Guidelines for Anaphylaxis Prevention and Management in Schools recommends the course is completed every 2 years.

The Food Act 2008 (WA) and the Food Regulations 2009 (WA) require that:

- all food services apply for registration with the local council as a food business
- schools notify the local council prior to conducting a charitable or community event involving food such as a cake stall or sausage sizzle
- food prepared for sale is only made in approved premises, for example a food business approved by the appropriate enforcement agency (food prepared in a home that has not been approved as a food business must not be sold in a canteen).

Canteens and food services must meet the Australia New Zealand Food Standards Code, examples of applicable standards include, but are not limited to:

- Food Safety Standard 3.2.2 specifies the requirements for food safety practices and general requirements
- Food Safety Standard 3.2.3 specifies the requirements for food premises and equipment
- Food safety Standard 1.2.3 regarding mandatory food allergen declarations.

APPENDIX C. SUN PROTECTION AND HEAT MANAGEMENT

Schools are uniquely placed to promote sun-protective behaviours and environments given students attend school when daily ultraviolet (UV) radiation levels are at their peak.

Sun protection

The principal implements a whole school approach to promote sun protection (staff only) including:

- evidence-based procedures and practices, developed in consultation with the school community, for:
 - monitoring UV
 - effective protection from overexposure to UV radiation when the UV Index is 3 or above
- modified teaching and learning programs to protect students and staff from high UV radiation levels.

Refer to the Dress Codes for Students in Public Schools procedures to develop dress code requirements for headwear.

Heat management

The principal modifies teaching and learning programs to protect students and staff from prolonged high temperatures.

During periods of prolonged high temperature:

- schools are not closed
- parents may keep their child at home and provide an explanation of absence to the school which may be considered reasonable cause pursuant to Section 25(2)(a) of the *School Education Act 1999* provided the relevant requirements of Section 25 are met
- parents may also withdraw students from one or more elements of the school program in negotiation with school staff.

APPENDIX D. FIRST AID AND FIRST AID SYSTEM

First aid

First aid is the immediate treatment or care of a person who is injured or becomes ill.

Schools are responsible for ensuring an adequate number of staff are first aid trained. The minimum standard for training is *HLTAID011 Provide First Aid*.

The principal develops clearly defined plans for managing first aid, independent of community health nurse availability. These plans should be developed in consultation with all staff and should include:

- a risk assessment (staff only)
- provision for first aid training and first aid supplies (staff only)
- processes to administer first aid (staff only)
- communication and record keeping processes (staff only).

First aid system

Schools are encouraged to implement a phased system (staff only) for the prevention and management of first aid on school sites:

- prevention involves identifying foreseeable hazards and eliminating or minimising risk of injury or ill-health
- preparedness involves developing plans and processes to ensure the site is well placed to take appropriate action in the event of an incident
- response involves implementing the plans and processes to respond to an incident
- recovery involves taking action after an incident to ensure the impacts are minimised and to implement further prevention and preparation measures.

For further information, refer to:

- Duty of Care for Public School Students policy
- Incident Management on Department of Education Sites policy
- Risk and Business Continuity Management policy

APPENDIX E. MANAGE MEDICAL EMERGENCIES

A medical emergency is a sudden or unexpected threat to health which requires an urgent assessment and alleviation of symptoms.

In a medical emergency, the principal:

- organises medical attention for the student
- makes appropriate transport arrangements if required
- informs parents as soon as possible of actions taken
- promptly records all actions taken
- completes an online incident notification report if required
- arranges a review of the event and support for staff/students if required.

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 within their level of experience until medical assistance can be provided.

Role of the community health nurse

As part of their duty of care and within the scope of their skills, the community health nurse should assist in a medical emergency at school if they are present at the time of an incident or utilised as a secondary consultation where there is concern about the nature of the injury or where incidents are recurrent.

Refer to Understand school health services (staff only) for further information about services delivered by community health nurses.

Parent consent

The absence of parental consent does not prevent a principal seeking medical attention in an emergency.

Transporting students in a medical emergency

When arranging transport in a medical emergency, the principal:

- considers the nature of the emergency and local circumstances such as the availability of an ambulance service
- in a serious medical emergency, uses an ambulance service if it is available within a reasonable timeframe. If an ambulance is not available, the principal:
 - seeks advice from the ambulance or medical service prior to providing transport in a private vehicle
 - subject to agreement from the ambulance or medical service, transports the student to a health service or medical practitioner
 - whenever possible, arranges for at least 2 people to travel with the student, one to drive and the other(s) to monitor the health of the student. In accordance with Department of Health policy, community health nurses are not permitted to travel in a car transporting students in a medical emergency.

Meeting the cost of the ambulance service

The Student Health Care Summary (staff only) 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.

For information relating to the use of private vehicles on Department business, refer to [Find information about insurance](#) (staff only).

Students who frequently require an emergency response

To assist in providing an overview of key health information to ambulance or hospital staff, the principal may use the [Emergency Response Plan for a Student with Special Needs](#) (staff only) for students with health conditions which frequently require an emergency response.

For further information refer to:

- [Duty of Care for Public School Students](#) policy
- [Incident Management on Department of Education Sites](#) policy
- [Risk and Business Continuity Management](#) policy

APPENDIX F. ADMINISTRATION OF MEDICATION

Medication is a chemical substance given with the intention of preventing, diagnosing, curing, controlling or alleviating disease, or otherwise improving the physical or mental wellbeing of people. These include prescription, non-prescription, investigational, clinical trial and complementary medicines, irrespective of how they are administered.

The *Disability Standards for Education 2005* provide information on reasonable adjustments for students with disability, as defined in *Disability Discrimination Act 1992*, which may include the administration of medication. It is reasonable for the principal to request the support of staff to administer medication.

The principal should plan for the administration of medication in consultation with staff. The roles and responsibilities for the administration of medication will vary depending on student need and school context.

The principal:

- requires parents to provide information regarding long-term administration of medication in the student's health care plan (staff only)
- requires parents to complete relevant documentation for the short-term administration (staff only) of medication
- requires parents to provide any medication the student needs in its original packaging and the correct dosage
- maintains a record of all medication administered at school
- arranges for all medication to be stored appropriately (staff only).

The administration of medication must be authorised by the parent and/or a medical practitioner, except in certain emergency situations, such as the administration of adrenaline injectors.

APPENDIX G. MANAGE STUDENT HEALTH CARE

Manage health-related absences

- The principal refers to the Student Attendance in Public Schools policy for information on supporting students who are absent from school for health-related reasons.
- Information about supporting students who are absent for extended periods due to ill health can be sought from the School of Special Educational Needs: Medical and Mental Health (staff only) in consultation with the Department of Health.

Alternative attendance arrangements

- Where a student is participating in an alternative attendance arrangement (staff only) under Section 24 of the *School Education Act 1999*, the principal:
 - verifies that the student's duty of care needs will be met
 - informs the alternative school or provider of any information necessary to meet the student's health care requirements.
- If a student under an exemption (staff only) or Notice of Arrangement (staff only) requires health care support, the principal or Director of Education:
 - verifies that the student's duty of care needs will be met
 - advises the student and the student's parents that they will need to communicate with the employer or alternative provider regarding the health care support required.

Residential colleges

- The principal establishes appropriate protocols with parents and representatives of the residential college for managing student health care and responding to medical emergencies while students are under the school's supervision.
- Appropriate protocols may include:
 - gaining informed consent from parents to share student health care information between the school and residential college staff
 - promoting culturally responsive, collaborative approaches and practices between the residential college staff and parents regarding the completion of the Student Health Care Summary and health care plans for students who require health support at school
 - clarification of when responsibility for student health care can be transferred from parents to residential college staff; for example, it could be agreed that residential staff can take responsibility for completing the Administration of Medication form (staff only) for the short term provision of prescribed and non-prescribed medication
 - informing the residential college about the school's processes for responding to a medical emergency
 - establishing communication strategies to ensure that when a medical emergency occurs at school or the residential college, all parties are informed (school, parents, residential college)
 - establishing processes for regularly reviewing student health care needs.

Managing student health when students are off site

Students who require health care support may be at increased risk when engaged in off-site activities such as excursions and camps. When planning these activities, the principal should consider health care planning in the context of the particular activity and with reference to the Department's Excursions in Public Schools procedures and the Duty of Care for Public School Students policy.

Students 18 years and over

Adult students are ultimately responsible for their own health. The principal has a role in supporting students' health, in maintaining a safe and healthy environment and in protecting the school community from infectious diseases.

The principal:

- supports the health care needs of students 18 years and over as a part of their normal responsibilities for all students
- negotiates an appropriate management strategy with the student when they indicate that they require health care support from school staff
- negotiates arrangements with the student for sharing health information
- responds in accordance with the school's emergency management plan in the case of a medical emergency involving adult students.

Adult students should be encouraged to manage their own health where possible and can:

- complete their own health care documentation
- provide consent
- self-medicate
- request access to their school health records.

If the school undertakes to provide health care support to adult students, part of that agreement should be that relevant health information is recorded on SIS in the Medical Details section and documentation is kept on file.

Legislation and Regulations

- The Age of Majority Act 1972 (WA) provides that once a person reaches the age of 18 years, they have full legal capacity. The majority of adult students can therefore take responsibility for managing their own health.
- Documentation completed previously by parents is no longer binding once the student turns 18.
- If a student's capacity to manage their own health is in question, parents can be asked to provide evidence of guardianship or a letter from a medical practitioner to the effect that the student is not competent to manage their own health. In such a case, the health care planning procedures for that student should be the same as those for students under 18, with the student being engaged in the process to the extent that their capacity allows.

APPENDIX H. SPECIFIC HEALTH CONDITIONS

The Department supports state and national endorsed programs for a range of specific health conditions. For further information refer to [manage student health care needs](#) (staff only).

Anaphylaxis

Anaphylaxis is a severe, allergic reaction which can be life threatening. It must be treated as a medical emergency requiring an immediate response.

The principal establishes 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](#)
- verifying that all staff have completed online [anaphylaxis training](#) (staff only) every 2 years
- providing staff with access to the ASCIA Anaphylaxis e-refresher training and hands-on practice with an adrenaline trainer device (this is recommended to occur every 6 months)
- establishing procedures for reducing the risk of exposure to known allergens
- establishing procedures for situations that pose additional risk such as when relief staff are present
- establishing procedures for responding to anaphylaxis emergencies
- familiarising staff with emergency response plans
- verifying that parents have provided an up-to-date adrenaline injector (AI) for students with anaphylaxis
- verifying that up-to-date emergency AIs are available in the first aid kit including a lower dose (junior version) if there are students in the school that weigh less than 20 kilograms.

Under the *School Education Regulations 2000*, a staff member may, in the course of their employment, administer an AI to a student if the staff member reasonably suspects the child is suffering an anaphylactic reaction, even if there is no consent to the administration of adrenaline.

Anaphylaxis training should be completed in a timely manner, preferably prior to commencing work. For further information on emergency response procedures, refer to [support students with anaphylaxis](#) (staff only).

To support peer education and social connection for students with anaphylaxis, schools can access free online resources from the [allergyAWARE](#) resource hub.

Head lice

The principal, in consultation with parents and staff, develop agreed management, communication and education strategies to reduce the impact of head lice infestation. The principal may authorise a member of staff who has volunteered to examine the head of any student to ascertain whether head lice are present.

If head lice are found, students may be given tasks which do not involve close group work but do not necessarily need to be excluded from school. However, the principal has discretion under the *School Education Act 1999* to require that a student does not attend or participate in an educational program until parents confirm that a recommended treatment is being undertaken and all head lice have been removed.

Refer to [Respond to head lice cases at your school](#) (staff only) for further information.

Prevention of infection

The principal implements a whole school approach to promote effective hygiene including:

- access to soap and facilities for hand washing and drying
- explicit instructions to staff and students for effective hand washing and, where relevant, face washing – face washing is relevant in instances of trachoma and when directed by a health professional
- standard precautions for the control of infection to be used by school staff as a matter of routine
- the regular cleaning of environmental surfaces to reduce the risk of contamination
- informing students about reducing the spread of infection:
 - through coughing and sneezing etiquette
 - by not sharing eating and drinking utensils.

Hand hygiene and, in some instances, face hygiene is crucial in reducing the transmission of infections. Hand hygiene can also reduce the risk of exposure to common allergens such as peanuts for those in the school community who are anaphylactic.

Communicable disease management

Communicable diseases, also known as infectious diseases, are caused by infectious agents and can be passed from one person or animal to another.

The principal acts in accordance with the advice provided by the Department of Health in managing communicable diseases. The Department of Health's Communicable Disease Guidelines provides information regarding incubation when a student must stay home and advice on which diseases are notifiable and must be reported to the Department of Health's Population/Public Health Units.

If a school is concerned about a communicable disease, such as a cluster of cases or notifiable diseases, principals can contact the local Population/Public Health Unit and seek advice.

Where an outbreak of a vaccine preventable disease occurs, the Department of Health will ask the principal to generate a school level report which shows all students who are not up-to-date with immunisations. The Department of Health will advise if those students are required to stay home from school.

Principals are encouraged to monitor WA Health for the latest advice on communicable diseases, such as COVID-19.

APPENDIX I. RECORD KEEPING

Student health records are documents relating to health information and interventions that reflect the facts of health care. Examples include the Student Health Care Summary, management and emergency response plans for specific health conditions and risk management plans.

The principal:

- maintains student health records in accordance with the Department's Records Management policy and procedures
- uploads information from the Student Health Care Summary and management and emergency response plans into the Medical Details (staff only) section of the School Information System (SIS), unless the parent specifies that the information is not to be shared
- retains signed, hard copies of all documentation including immunisation records on the student's school file
- reviews all student health records annually or when the student's health needs change (whichever occurs first)
- manages confidentiality of student health information including creating a confidential student file (staff only) as required for psychologists' reports and risk management plans.

Confidentiality

Students' health information is confidential. The principal may share student health information if:

- parents or students who are independent minors provide consent
- there is an imminent threat to the student, for example, potential suicide
- there is a specific agreement in place for sharing health information, for example, there is agreement that the Department will provide the Department of Health with student immunisation data (class lists and student immunisation status) to support school-based immunisation programs, and/or
- there is a legislative capacity or requirement to share the information, for example, mandatory reporting of child sexual abuse.

Student health records, such as management and emergency response plans, belong to the school and may be shared with the community health nurse. Medical or clinical records, such as School Entry Health Assessment records and the HEADSS Adolescent Psychosocial Assessment, are confidential documents which are owned by the health service provider. In most routine circumstances, personal and health information contained in clinical records will not be disclosed to school staff, however, there are some circumstances when collaboration may be crucial to safeguard the welfare and safety of individuals.

Mandatory reporting of child sexual abuse

Principals and staff are required to report information relating to child sexual abuse under the Children and Community Services Act 2004 (WA). For further information, refer to the Child Protection in Department of Education Sites policy.