

Woodbridge Primary School Student Health Care Policy

Policy statement

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

This policy (including all appendices) will be reviewed biennially.

Background

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

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

Scope

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

Identifying student health care needs

At enrolment, the principal or their nominee will:

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

Managing student health care

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

- if support is required, request parents to complete one or more of the Department's health care plan/s or provide an alternative plan from their child's medical practitioner;
- advise staff of their student health care responsibilities;
- arrange training for staff to manage the health care conditions or needs of students; and
- implement student health care plans.

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

Students under notices of arrangement for undertaking alternative courses

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

Residential college students

The principal will establish appropriate protocols with parents and representatives of the residential college for managing student health care while students are under the

school's supervision.

Managing student health care records

The principal or their nominee will:

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

Medical emergencies

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

In a medical emergency, the principal will:

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

Staff providing assistance during a medical emergency, will:

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

Administration of medication

The principal or their nominee will:

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

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

Managing of specific student health issues

Student immunisation

The principal or their nominee will:

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

Prevention of infection

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

Communicable disease management

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

If the communicable disease is notifiable, the principal will:

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

Anaphylaxis

The principal or their nominee will:

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

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

Head lice (pediculous)

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

Sun Care

The principal will:

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

Refer to Appendix 3 for the school's Sun Smart Policy.

Other student health issues

Nutrition

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

Refer to Appendix 4 for the school's Healthy Food and Drink Policy.

Physical activity

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

Refer to Appendix 5 for the school's Physical Activity Policy.

Drug education

Refer to Appendix 6 for the school's Drug Education Policy.

APPENDIX 1: Administration of Medication

Long term administration of medication

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

Short term administration of medication

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

Emergency administration of an adrenaline autoinjector

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

Adrenaline autoinjector for emergency use

On completion of certified anaphylaxis training with a school/community health nurse, the Department of Health provides schools with an adrenaline autoinjector device for inclusion in the first aid kit (1 per 300 students). It can be used:

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

Note:

- The adrenaline auto-injector for general use is not intended to replace a prescribed adrenaline autoinjector for a student who has been previously diagnosed.
- Access to the adrenaline auto injectors for general use is managed at the local level with priority given to high risk situations where there may be limited access to medical support for example, school camps.
- It is acknowledged that schools may not have sufficient resources to have an adrenaline autoinjector for general use available at every off-site event.

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

Dosage

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

Storage of medication

- Medications will be stored safely in accordance with the pharmacy label.

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

Self-administration of prescribed medication by students

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

Principals should check that students self-administering medication:

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

APPENDIX 2: Anaphylaxis Management Policy

Background

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame and certain insect stings (particularly bee stings).

The key to prevention of anaphylaxis in schools is knowledge of the student who has been diagnosed as at risk, awareness of allergens, and prevention of exposure to those allergens. Partnerships between schools and parents/guardians are important in helping the student avoid exposure.

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

Purpose

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

Individual Anaphylaxis Health Care Plans

The principal will ensure that an Individual Anaphylaxis Health Care Plan is developed in consultation with the student's parents/guardians, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

The Individual Anaphylaxis Health Care Plan will be in place as soon as practicable after the student is enrolled and where possible before their first day of school.

The student's Individual Anaphylaxis Health Care Plan will be reviewed, in consultation with the student's parents/guardians:

- annually, and as applicable,
- if the student's condition changes,
- immediately after the student has an anaphylactic reaction.

It is the responsibility of the parent/guardian to:

- provide an ASCIA Action Plan completed by the child's medical practitioner with a current photo,
- inform the school if their child's medical condition changes, and if relevant provide an updated ASCIA Action Plan.

Communication

The principal will be responsible for providing information to all staff, students and parents/guardians about anaphylaxis and development of the school's anaphylaxis management strategies.

Volunteers and casual relief staff will be informed on arrival at the school if they are caring for a student at risk of anaphylaxis and their role in responding to an anaphylactic reaction.

Staff training and emergency response

Teachers and other school staff who have contact with the student at risk of anaphylaxis, will undertake training in anaphylaxis management including how to respond in an emergency. The school will organise anaphylaxis training for the start of each school year and refresher training at the start of Term 3 each year.

At other times while the student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, the principal must ensure that there is a sufficient number of staff present who have up to date training and know how to recognise, prevent and treat anaphylaxis. Training will be provided to these staff as soon as practicable after the student enrolls.

Wherever possible, training will take place before the student's first day at school. Where this is not possible, an interim plan will be developed in consultation with the student's parents/guardians.

The school's first aid procedures and student's ASCIA Action Plan will be followed when responding to an anaphylactic reaction.

Risk Minimisation

The key to prevention of anaphylaxis is the identification of allergens and prevention of exposure to them. The school will employ a range of practical prevention strategies to minimise exposure to known allergens. The table below provides examples of risk minimisation strategies.

Setting	Considerations
Classroom	<ul style="list-style-type: none"> • Display a copy of the student's ASCIA Action Plan in the classroom. • Liaise with parents/guardians about food related activities ahead of time. • Use non-food treats where possible. If food treats are used in class, parents/guardians will be asked to provide a box of safe treats for the student at risk of anaphylaxis. Treat boxes should be clearly labelled. Treats for the other students in the class should be consistent with the school's allergen minimisation strategies. • Staff should never give food from outside sources to a student who is at risk of anaphylaxis. • Staff should be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons). • Staff will have regular discussions with students about the importance of washing hands, eating their own food and not sharing food. • Casual/relief teachers will be provided with a copy of the student's ASCIA Action Plan in their class file.
Canteens	<ul style="list-style-type: none"> • The food service provider should be able to demonstrate satisfactory training in the area of anaphylaxis and its implications on food handling. • With permission from parents/guardians, canteen staff (including volunteers), will be briefed about students at risk of anaphylaxis, preventative strategies in place and the information in their ASCIA Action Plans. With permission from parents/guardians, the school will have the student's name, photo and the foods they are allergic to, displayed in the canteen as a reminder to staff. • Canteen staff should liaise with parents/guardians about food for the student. • Canteen staff should be aware of the potential for cross contamination when storing, preparing, handling or displaying food. • Canteen staff should ensure tables and surfaces are wiped clean regularly. • The canteen will not stock peanut and tree nut products (including nut

	<p>spreads) as one of the school's risk minimisation strategies.</p> <ul style="list-style-type: none"> • Products labelled 'may contain traces of peanuts/tree nuts' should not be served to the student known to be allergic to peanuts/tree nuts, but may be sold by the canteen.
Yard	<ul style="list-style-type: none"> • Students at risk of anaphylaxis to insects should wear shoes at all times. • Outdoor bins will be kept covered. • Staff trained to provide an emergency response to anaphylaxis will be readily available during non class times (e.g. recess and lunch). • Students' adrenaline autoinjectors are located in the staff room and are centrally located in the school and easily accessible from the yard. • The school has a communication strategy for the yard in the event of an anaphylactic emergency.
On-site events (e.g. sporting events, in school activities, class parties)	<ul style="list-style-type: none"> • For special occasions, class teachers should consult parents/guardians in advance to either develop an alternative food menu or request the parents/guardians to send a meal for the student. • Parents/guardians of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis as well as being informed of the school's allergen minimisation strategies. • Party balloons should not be used if a student is allergic to latex. • Latex swimming caps should not be used by a student who is allergic to latex. • Staff must know where the adrenaline autoinjector is located and how to access if it required. • Staff should avoid using food in activities or games, including rewards. • For sporting events, it may be appropriate to take the student's adrenaline autoinjector to the oval. If the weather is warm, the autoinjector should be stored in an esky to protect it from the heat.
Off-site school settings – field trips, excursions	<ul style="list-style-type: none"> • The student's adrenaline autoinjector, ASCIA Action Plan and means of contacting emergency assistance must be taken on all field trips/excursions. • One or more staff members who have been trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjector will accompany the student on field trips or excursions. All staff present during the field trip or excursion need to be aware if there is a student at risk of anaphylaxis. • Staff will develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction. • The school should consult parents/guardians in advance to discuss issues that may arise, to develop an alternative food menu or request the parent/guardian to send a meal (if required). • Parents/guardians may wish to accompany their child on field trips and/or excursions. This should be discussed with parents/guardians as another strategy for supporting the student. • Consider the potential exposure to allergens when consuming food on buses.

APPENDIX 3: Woodbridge Primary School Sun Smart Policy

Rationale

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

Guidelines

Woodbridge Primary School staff will implement the following strategies:

Behaviours

- Children are required to wear broad-rimmed, bucket or legionnaire style hats whenever they are outside (e.g. recess, lunch, sport and excursions).
- Work with parents/guardians to provide SPF 30+ broad-spectrum, water-resistant sunscreen for staff and student use.
- Encourage daily application of sunscreen prior to outdoor activities.
- Encourage children to use available areas of shade for outdoor activities.
- Educate staff and parents to act as role models by practicing Sun Smart behaviours.
- Staff to actively role model wearing broad-rimmed hats while on duty and undertaking outside activities.

Education

- Programs on skin cancer prevention and sun safety will be incorporated into the curriculum for all grade levels. This material will be updated as required.
- Sun Smart behaviours will be reinforced in a positive way through newsletters, parent meetings and student and teacher activities.
- Staff will ensure the Sun Smart policy is reflected in the planning of all outdoor events (e.g. excursions and sporting events).
- Where possible, staff will attend SunSmart professional development provided by the Cancer Council.

Environment

- Sun protective clothing items will be included as part of the school uniform and sold through the school's uniform shop.
- Outdoor activities will be organised to held in areas where plenty of shade is available where possible. Sun shelters will be provided where possible (e.g. sports carnivals).
- Outdoor activities will be scheduled early in the day or in an area where all students can be in the shade where possible.

Evaluation

Woodbridge Primary School will review the effectiveness of this policy. In doing so, the following issues will be considered:

- Sun Smart behaviour (or lack of) by students, staff, parents/guardians and visitors.
- Availability of access to shade and provisions for access to shade.
- Appropriateness and adequacy of curriculum materials relevant to Sun Smart education.

APPENDIX 4: Healthy Food and Drink Policy

Rationale

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

Principles

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

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

NB: Compliance with the school's anaphylaxis management policy is required for all food related activities.

Relevant Policies and Other Documents

- Anaphylaxis Management Guideline (2011)
- Australian Guide to Healthy Eating (AGTHE)
- Dietary Guidelines for Children and Adolescents in Australia (2003)
- Department of Education Healthy Food and Drink Policy (2008)
- Department of Education Student Health Care Policy (2011)
- What's on the Menu for WA Schools

Procedures

Scope of the Policy

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

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

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

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

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

Canteen Menu

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

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

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

Food Safety and Hygiene

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

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

Food and Drink Rewards

Food and drink rewards are not acceptable.

Fundraising

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

Risk Management

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

APPENDIX 5: Physical Activity Policy

This policy has been developed by a working group that has consulted with parents, students and staff. The worldwide obesity epidemic (including children) and falling levels of physical activity among children necessitates this policy.

The goal of implementing this policy is to increase physical activity levels of students through the provision of physical and social environments conducive to the promotion of physical activity.

Learning Outcomes

(p116 Curriculum Framework)

1. KNOWLEDGE AND UNDERSTANDING

Students know and understand health and physical activity concepts that enable informed decisions for a healthy active lifestyle.

2. ATTITUDES AND VALUES

Students exhibit attitudes and values that promote personal, family and community health, and participation in physical activity.

3. SKILLS FOR PHYSICAL ACTIVITY

Students demonstrate the movement skills and strategies for confident participation in physical activity.

4. SELF MANAGEMENT SKILLS

Students demonstrate self-management skills which enable them to make informed decisions for healthy, active lifestyles.

5. INTERPERSONAL SKILLS

Students demonstrate the interpersonal skills necessary for effective relationships and healthy, active lifestyles.

Aims of PE:

- To enable children to develop and explore physical skills with increasing control and co-ordination
- To encourage children to work and play with others in a range of group situations
- To develop the way children perform skills and apply rules and conventions for different activities
- To increase children's ability to use what they have learnt to improve the quality and control of their performance
- To develop the children's enjoyment of physical activity through creativity, imagination and participation
- To develop an understanding in children of how to succeed in a range of physical activities and how to evaluate their own success.

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

These learning outcomes will be achieved by:

1. Fitness

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

Up skilling of staff is to be provided via:

- Provision of equipment resources
- Availability of printed resources – including folder of games taught to students that are suitable for fitness sessions.
- PE teacher teaches students simple activities that increase the heart rate – they then take these to the class teacher
- Detailed communications between class teachers and PE teacher (Weekly notes, email, whiteboard)

2. Physical Education

- a. Every primary class is allocated 50 min per week with the Physical Education Specialist. Physical Education lessons with our specialist include skill development and practise to meet outcomes for each level of development.
- b. Emphasis throughout the year has been placed upon developing FMS by implementing a Fundamental Games Approach.
- c. Kindy and PrePrimary classes- Physical Education is split into fine and gross motor skill time. Fundamental movement skill sets are developed to allow the children to engage and grow the skills they need to join in games and other physical activity.

3. Dance

- a. Classes may be up to 50 min per week with the Dance Specialist.
- b. Selected students participate in the dance extension program which performs regularly

4. Training

- a. All students from year four to seven to participate in various sporting activities every Tuesday afternoon from 1.20pm until 2.45pm in preparation for district winter lightning carnival. (Currently only term 2)
- b. Terms 1,3 and 4 - selected students are trained during this time for various sporting competitions to allow application of skills in a competitive game situation. (This is timetabled as extension group time).

5. Equipment

- a. Equipment is provided for the use of all students during breaks. Content of equipment trolleys is changed according to what is being covered in the PE lessons and also to be season specific. Students are able to request equipment for the trolleys.

Requirements

1. Students must demonstrate SunSmart behaviours (see SunSmart policy) when participating in outdoor physical education/sporting activities. Spare hats to be available for PE sessions to ensure maximum participation. Sun cream to be available in classrooms.
2. Students are encouraged to wear faction tee-shirts for Athletics day.
3. Shoes may be removed under teacher direction for athletics training.
4. “Good standing” is required for participation in extra curricula sporting activities.

Special sporting events to be held

1. Biannual walkathon (Fundraiser in conjunction with P&C) (All students).
2. State Soccer Tournaments – girls and mixed events.(Trial process)

3. Girls Dockers Cup Football Tournament (Swan Districts)
4. Winter sports lightning carnival held at various venues in the Hills and surrounding districts – Term Two (All students)
5. Eagles/Fever/Soccer Cup interschool - Friday afternoons with Swan Christian, Caversham, Herne Hill, Dawson Park and Riverlands Primary Schools. Term 2. (Trial process)
6. Athletics Carnival combination of tabloid and traditional events – Term Three (All students)
7. Interschool Athletics Carnival with Moorditj, Midvale and Clayton View Primary School – early Term Four. Jumps held at Moorditj and running events at Clayton View.
8. Warriors of Woodbridge – Cross Country Training held for ALL students from year 4 –7 throughout Term Two. Participation for selected students in Guildford Cross Country interschool event at end of term 2. Minimum twice/week.
9. Graduate Recreation Program to be implemented annually for graduating students. The program exposes graduates to a wide variety of activities rather than the 'core' sports usually covered in schools and comprises weekly outings for year 7 students during term 4.(Good standing required for participation each week)
10. Swimming – In Term Swimming Classes to be held last weeks of term 4 at Swan Aquatic, Morrison Road Midvale. PP – year 7 students to attend unless medical certificate provided.

Other sporting events

1. Kids Tennis Foundation will continue to provide 2 classes with a terms worth of tennis lessons, provided by a qualified coach/player. Cost of these lessons is minimal and is absorbed in the PE budget. PE teacher mimics these lessons for other classes ensuring all students have equal opportunity.
2. Active promotion of local community junior sporting bodies. Development officers are to be invited to the school from a wide variety of sporting bodies and the school newsletter is to be used as a promotional tool for local sporting bodies.
3. A staff member is to be an AFLSA and a Cricket Ambassador – promoting both AFL and cricket both in the classroom and on the sporting field. (Provides access to resources)
4. Intraschool lunch time events are to be held regularly and may include volleyball, tabletennis, tennis, football, soccer and netball competitions.
5. Table tennis and skipping ropes are to be provided in the undercover area to ensure those with no hat are provided with a physical option during break times.
6. PE teacher (or other) to use lunch breaks for training sessions where possible, providing another active opportunity for students.
7. Term 3 – athletics stations are provided during recess and lunch breaks and are very well utilized by students.
8. Junior area – sand play toys, playground equipment and balls to be provided to ensure a smooth transition from the junior area to the 'big school' and encourage students to maintain positive physical activity during breaks.

The school encourages links with community sporting organisations and common use agreements will be negotiated.

APPENDIX 6: Drug policy

Rationale and Beliefs

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

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

The policy supports the Curriculum Framework by providing students with an understanding of health issues and the skills needed for confident participation in sport and recreational activities. This enables students to make responsible decisions about health and physical activity and promotes their own and others health and well-being.

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

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

Policy Aims

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

Policy Statements

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

Incident Management

In the event of students breaching policy, the first response will always be to ensure the immediate health and welfare of students and staff affected by circumstances relating to drug use

INCIDENT MANAGEMENT

Situation

Student/s are thought to be:

- drug affected
- in possession of a legal drug
- in possession of a suspected illicit drug.

Immediate Actions

1. Keep calm
2. Consider staff support
3. Inform student/s of concerns
4. Ensure safety of student/s
5. Get the facts
6. Inform Principal
7. Escort student/s for interview
8. Hand responsibility to Principal and document details
9. Attend to other students involved

Initial Follow-up Actions

1. Principal receives drug-related evidence – witnessed and documented
2. Inform student/s of process
3. Contact and involve parent/s
4. Establish facts
5. Determine further actions – following process for either legal or illicit drug use
6. Consider need to send home
7. Inform broader staff team
8. Document details/actions

Substance is a legal drug

1. Substance is a legal drug being used on school premises where use is prohibited
2. Substance is a legal drug being used by students who are under-age
3. Substance is a legal drug being used outside the parameters of the intended purpose (e.g. use of a volatile substance or sale/inappropriate use of prescription medication)

Legal drug – Follow-up Actions

1. Consult with parent/s
2. Determine actions
3. Provide Intervention Support
4. Document, monitor and evaluate

Substance is possibly an illicit drug

1. Substance is an illicit drug
2. Substance is suspected of being an illicit drug
3. Substance is being represented as an illicit drug

Illicit drug – Follow-up Actions

1. Report to Principal
2. Police are notified
3. Police conduct enquiries
4. Illicit activity suspected
5. Student searches required
6. Nature of substance uncertain
7. Determine actions
8. Provide intervention support
9. Document, monitor and evaluate

Special Note- Medication

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

Support Services/Resources

A number of services and agencies are available to provide information in the form of education and support to individuals and their families if and when necessary.

- School Drug Education Project 08 9264 4743
- Alcohol and Drug Information Service (ADIS) 08 9442 5000
- 1800 198 024
- Parent Drug Information Service (PDIS) 08 9442 5050
- Parent Helpline 1300 301 300
- Poisons Information Service 13 1126
- Drug and Alcohol Office 08 9370 0333
- Local Drug Action Group 94575479
- Relationships Australia 1300 364277
- Lifeline National 24 hour counselling 131114
- Australian Drug Foundation www.adf.org.au
- Australian Drug Information Network www.adin.com.au
- Community Drug Service Teams www.wa.gov.au/drugwestaus
- Department of Health www.health.wa.gov.au
- Holyoake www.holyoake.org.au
- Next Step www.nextstep.health.wa.gov.au
- Relationships Australia www.relationships.com.au
- School Drug Education Project www.sdep.wa.eddept.edu.au
- WA Drug Abuse Strategy www.wa.gov.au/drugwestaus
- Youth Legal Service www.ctl.com.au/yls