



Walpole Primary School  
Nature-Culture-Future

# 2019 Student Health and Healthy Lifestyles Policy



### Rationale

The World Health Organisation (1998) defines a health promoting school as 'a school that is constantly strengthening its capacity as a healthy setting for living, learning and working'.

Walpole Primary School promotes student health and physical activity through Health and Physical Education curriculum lessons, the provision of healthy food and drinks that meet or exceed the minimum standards and a whole school approach to teaching social-emotional skills. These practices are fundamental to good health and contribute to lifelong health and wellbeing for our students, improving their learning and concentration; behaviour; the prevention of disease and mental health issues and healthy growth and weight.

Our school is committed to helping our students achieve these aims through:

- Increasing awareness in the school community of the importance of healthy minds, healthy eating and physical activity;
- Creating learning opportunities that will promote health and wellbeing for students;
- Providing a safe, stimulating and fun environment to learn, work and play;
- Nurturing a sense of pride and commitment where students, staff, parents, health professionals and community groups collaborate to create and maintain a healthy school community.

Public schools must also support student health care needs and identify and minimise risks

All actions at Walpole PS reflect Education Department Policies and Guidelines: Student Health Care in Public Schools Policy: Healthy Food and Drink in Public Schools Policy



### Implementation

#### Health Promotion

Walpole PS will incorporate health and wellbeing concepts into school activities by providing:

- Health Education in the curriculum, where students are explicitly taught about safety, nutrition and healthy choices.
- Whole school approach to enhance students social skills and reduce bullying (Friendly Schools Plus).
- School chaplain to teach resiliency in classrooms and with small groups.
- Daily fitness sessions.
- Opportunities for physical skill development and participation through PE lessons and Faction and Interschool Carnivals.
- Natural play opportunities where students can create their own games and problem-solve using the environment and recyclable materials.
- A vegetable garden where students can grow healthy, natural foods and use these foods in their cooking.
- Aquaponics for environmentally sustainable food production.
- Chickens to provide eggs and use food scraps generated by the students.
- Healthy Wednesday Lunch where the fresh garden produce is used as the basis for a recipe. Mainly using foods that are highly nutritious (green rating) with some foods that have moderate levels of saturated fat, sugar and/or salt (amber rating).
- Crunch and Sip to promote healthy eating and hydration.
- Students will be supplied 'green' and 'amber' foods in school settings, including classroom rewards, classroom cooking activities, school camps and excursions. Students will only be supplied 'red' foods on limited occasions and in small amounts and only when it is essential to the learning program.

Although P&C fundraising events are exempt from the requirement to use 'green' and 'amber' foods, healthy choices are encouraged.

- Sun Smart- no hat, play in the shade policy.

These approaches will lead to positive social habits to allay obesity, bad food choice, ill-health later in life and sedentary habits.



### Identifying and Managing Health Care Needs

#### Identifying Student Health Care Needs

Information is requested of parents to inform the school of a student's health care needs.

- At enrolment, parents will be asked for a record of their child's immunisation history and provided with the [Student Health Care: Parent Information Brochure](#).
- If applicable, on enrolment or at the start of each year, parents will be provided with the [Student Health Care Summary Form](#) and asked to complete a standardised health care plan or provide an alternative from their medical practitioner.
- If a student's [health needs cannot be managed](#) by the school, the Principal will refer the matter to the Regional Executive Director.

These records are kept in accordance with the Department's [Records Management Policy](#).

#### Managing Student Health Care Needs

Once needs are identified, a health care plan will be put in place and reviewed annually or before, if circumstances change. When planning activities off school site such as camps and excursions, health care plans should be reviewed to ascertain whether they provide an appropriate level of care.

If a child is absent for more than ten days or chronically ill, an appropriate education program needs to be provided. If a parent insists that his/her child attend school and the principal believes that the child is not well enough to attend, the principal can request the parent to provide a medical certificate to confirm that the child is fit to attend school.

Principals will advise staff of their rights and responsibilities in regard to student health care. Teaching staff are expected to support the implementation of student health care plans. However, they have the right to decline to conduct medical procedures and/or to undergo training to provide health care support.

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.

In a medical emergency, the Principal will organise medical treatment, make appropriate transport arrangements and inform the parents. Records of action taken will be kept and an Online Notification Report made if required.



### Health Care Needs and Prevention

The Principal will develop and implement school procedures and practices to promote effective hygiene and help reduce the spread of infection. Products and facilities will be made available for effective hand washing and regular cleaning of surfaces will be undertaken to reduce the risk of contamination. Students will be informed how to reduce the spread of infection through coughing and sneezing etiquette and not sharing eating and drinking utensils.

If a student or staff member has a [communicable disease](#), the Principal will act in accordance with advice provided by the Department of Health.

**Head Lice:** The Principal in consultation with parents and staff develops an agreed management, communication and education strategies to reduce the impact of head lice infestation including:

- Authorising a member of staff or P&C 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.

**Anaphylaxis:** The Principal will establish a whole school approach to the prevention and management of anaphylaxis which includes:

- Identification and Care plan.
- Annual staff training.
- Establishing procedures to reduce the risk of known allergen and respond to emergencies.
- Verify that parents provide an adrenaline auto-injector and the school has a spare.

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### Appendix 1

#### Health Curriculum

At Walpole PS, Health is taught for at least an hour a week and may be integrated with other learning areas. The topics taught range from the food pyramid to puberty.

##### **Promoting Positive Mental Health**

*Friendly Schools Plus* has been selected as the whole-school resource for developing mentally healthy students. It addresses different aspects of students' school experiences, peer and teacher relationships and social knowledge and skills. Five areas are covered including self-awareness, self-management, social awareness, relationship skills and social decision-making.

The school chaplain is able to visit classes and deliver messages about resiliency. School chaplains are responsible for supporting the spiritual, social and emotional wellbeing of their students regardless of faith or beliefs. They may also withdraw a small group to participate in a DRUMBEAT program. DRUMBEAT is an acronym for Discovering Relationships Using Music, Beliefs, Emotions, Attitudes and Thoughts. Each DRUMBEAT session focuses on different relationship themes such as identity and social responsibility, values, dealing with emotions, peer pressure, harmony, communication and teamwork.

##### **Cross Country**

During term 2, students begin to set goals to improve their ability to run over a long distance (1-2.4kms). With regular practice, they are then ready to participate in the School Cross Country held at the Country Club. Competitive runners from yr 3-6 are selected to run against other schools in the Interschool Cross Country held at East Manjimup PS.

##### **Winter Carnival**

During term 3, the year 3-6 students participate in a winter inter-school carnival competition in Pemberton. Games include netball, soccer and hockey.

##### **Athletics**

Each year in term 1, the students begin to learn a variety of running, team and ball skills to enable them to participate in the Athletics Carnivals. Teachers explicitly teach these skills and games and provide opportunities for practice during their fitness lesson.

The Faction Carnival is a whole-school event where Year K-6 children compete in a variety of events on the oval. Families are encouraged to attend and the P&C may provide refreshments as a fundraiser.

The Interschool Carnival is held at Pemberton DHS and is attended by Year 1-6 students. They have an opportunity to compare their skills with the wider school community.



### Appendix 1

#### Health Curriculum

##### Swimming

P-6 students currently participate in swimming lessons at Peaceful Bay in term 1. Instructors normally come from Albany and teach beach safety and swimming skills. These skills are important for students living so close to the water.

##### Healthy Wednesday Lunch

Each week, the garden is surveyed and harvested. Senior students select a recipe to produce for lunch on Wednesday. The AEIO helps students to prepare lunch which can be enjoyed by the whole school for a small donation.

Recipes will reflect the [Traffic Light](#) approach to healthy eating. Foods prepared will mostly be green, with some amber. (GREEN FOOD AND DRINKS are good sources of nutrients, contain less saturated fat and/or sugar and/or salt and help to avoid an intake of excess energy (kJ). AMBER FOOD AND DRINKS have some nutritional value, contain moderate levels of saturated fat and/or added sugar and/or salt and can, in large serves, contribute to excess energy (kJ). RED FOOD AND DRINKS lack adequate nutritional value, are high in saturated fat and/or added sugar and/or salt and can contribute excess energy (kJ).)

The preparation, cooking, transportation and serving of food is done in such a way as to retain nutrients and minimise bacterial contamination.

##### Crunch and Sip

The afternoon lessons are interrupted while students 'refuel' on a piece of fruit or vegetable and 'rehydrate' with water. This encourages healthy eating habits and improves student concentration. Students are able to continue working while they quietly '[Crunch and Sip](#)'.

##### [Sun Smart](#)

Students at Walpole PS are required to wear a hat when outdoors to avoid over-exposure to ultraviolet radiation. If they do not wear a hat, they are encouraged to play in the shade.





### Appendix 2

#### Preventative Health Care

##### Head Lice

Identification of children with head lice is essential to prevent person-to-person spread of head lice. Head lice are spread from direct head-to-head contact with another person who has head lice.

##### Exclusion

**Under Section 27 of the School Education Act 1999**, a principal may exclude a child with head lice from school until treatment has commenced. Students must be treated with sensitivity if head lice are found. The Department of Health advises that students do not necessarily need to be excluded from class activities until the end of the school day. Students may be given tasks which do not involve close group work and remain at school for the remainder of the day. The principal, however, does have authority to exercise discretion and withdraw a student from school programs at any time.

##### Examining Students' Heads for Head Lice

**Under Part 3, Division 2, r 29, of the Education Regulations 2000, *Head Lice Inspections***, the principal of a government (public) school may authorise a member of the teaching staff or another officer at the school to examine the head of any student for the purpose of ascertaining whether head lice are present.

##### Responding to an Outbreak of Head Lice

If head lice are found, then the parents of all students in the class should be informed and requested to examine and treat their children if required. Parents must be advised that head lice elimination requires at least 10 days of follow up treatment with daily removal of head lice. The Department of Health advises that a few remaining eggs are not a reason for continued exclusion. However, parents should be advised that treatment must continue until all eggs and hatchlings have been removed.

If a student has been found to have head lice, the principal or staff member will check that their hair has been treated. If they have been treated, they will return to class. If head lice persist, the principal will contact the parent and negotiate treatment options. This may include treatment being provided by the school.





### Appendix 2

#### Preventative Health Care

##### Head Lice

##### Policy Requirements

**The Student *Health Care* policy** requires that the principal and staff, in consultation with the school community, develop agreed management, communication and education procedures for reducing the frequency and impact of head lice infestation. School procedures include:

- providing parents with information about head lice including prevention, transmission, detection and effective treatment strategies as described by the Department of Health;
- informing the school community about the processes the school will use to monitor and respond to outbreaks of head lice;
- informing parents about the presence of head lice in their child's hair and the action they will be asked to take at home;
- identifying agreed strategies that will be adopted by the school to manage those students who have been found to have head lice in their hair between the time of identification and the end of the school day;
- advising parents of the information they will need to provide to the school in order to demonstrate the action that has been taken at home prior to re-entry and participation in school programs;
- establishing a hierarchy of management strategies that are available to the principal for responding to ongoing occurrences of head lice; and
- identifying the circumstances in which the principal may exercise discretion in the development of individualised management processes for students in response to repeated infestations of head lice.
- providing management at the school level if necessary, and agreed to.



## Appendix 3

### Preventative Health Care– Letter Home

At school today your child was found to have head lice.

Head lice are tiny insects which can live in human hair. They are not caused by poor hygiene and do not carry disease. Head lice are transferred between children when their heads are close together while playing or doing school work. For this reason, head lice are quite common in schools.

There are four effective head lice treatments available from the chemist. They provide a variety of avenues: preventing the reproductive cycle, dehydration, electronic removal and insecticide. Be sure to follow the directions for your preferred treatment exactly.

Head lice can also be found and removed by applying plenty of hair conditioner to dry hair and then combing, with a fine metal comb, to remove live lice and eggs. The conditioner makes it hard for the lice to move and traps them in the teeth of the comb. The conditioner also detangles hair, making combing easier.

- Apply plenty of hair conditioner to the dry or wet hair until it is saturated. Comb through to remove tangles.
- Divide the hair into 3cm sections and comb thoroughly from the scalp with the fine toothed comb in 4 directions – forwards, backwards, left and right.
- Wipe the comb on a white paper towel to check that the dark adult lice or the paler hatchlings (young lice) are being removed. You may need to use a magnifying glass and a strong light to see the lice and eggs.
- Continue combing the hair in sections until the whole head has been checked.
- Some eggs will be removed by combing but you may need to use your fingernails to remove as many eggs as possible from the base of the hair shaft near the scalp. Hatchlings that emerge from missed eggs will be removed by combing with conditioner over the 10-day period. Only eggs within 1cm of the scalp will hatch. Eggs that have grown further out with the hair shaft will have already hatched or died.

When you have finished checking, rinse the conditioner out and dry the hair.

Repeat this process every 1 to 2 days over the 10-day treatment period. schedule: No matter what treatment you use, it is imperative that you retreat every few days to break the reproductive cycle and ensure all lice and their eggs are removed. Eggs generally hatch 7 to 10 days after being laid on the hair shaft (the part of your hair closest to the scalp). Even if only one or two adult lice are missed, they can lay about 6 eggs per day, and the cycle of outbreaks will continue. Combing out new hatchlings every 1 to 2 days also means they cannot lay further eggs, which can happen about a week after hatching. Also check all other household members for head lice and treat as necessary

#### Stay home from school

Under the *School Education Act 1999*, if your child has head lice a principal may keep him or her away from school until treatment has started.

Your child may return to school when all live head lice have been removed. There is no need to stay away from school if there are only a few remaining eggs, but you must continue treatment over the following 10 days to ensure that all eggs and hatchlings have been removed. Finally, please complete the section below and send it to the school office when your child returns to school following head lice treatment.

#### CONFIRMATION OF COMMENCEMENT OF HEAD LICE TREATMENT

Child: \_\_\_\_\_ Date of Treatment: \_\_\_\_\_

Treatment used:  
Hair conditioner:

Insecticide:

Electronic:

Other (please describe):

I understand that head lice treatment must continue over a 10 day period to remove all head lice and eggs.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Appendix 4

### Preventative Health Care– Letter Home

#### HEAD LICE CHECK

Could all parents please check their children's hair for head lice and treat if necessary. We have had cases of head lice and if we all check and treat, it may assist with the problem escalating.

**PS Don't forget to treat again 8 to 10 days later** as not all eggs are killed during the first treatment and this gives them time to hatch, yet not be mature enough to lay their own eggs.





### Appendix 5

#### Preventative Health Care

##### Anaphylaxis

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

##### **Identification of students at risk**

- Identify students at risk and their known allergens when parents complete the Student Health Care Summary (at enrolment or when the student's health care needs change).
- Inform all staff, including relief staff about students at risk.

##### **Daily management of students with anaphylaxis**

- Confirm that an Individual Anaphylaxis Health Care Plan that incorporates an Australian Society of Clinical Immunology and Allergy (ASCIA) Action Plan is completed for students at risk.
- Record relevant information on SIS.
- Confirm parents have provided a prescribed Adrenaline Autoinjector (AAI) that is within date. Keep plan and AAI together.
- Return medication at the end of the year to the parent and check dates on new medication at the start of each term.
- Emergency AAIs should be included in first aid kits for use.
- A junior (lower dose) version of the AAI should also be available in the first aid kit if there are students in the school who weigh less than 20 kgs (under 5 years of age).
- AAIs should be stored at room temperature, in a safe, unlocked and readily accessible location (Sick Room).

##### **Staff training**

- All school staff should undertake the ASCIA online anaphylaxis training program, including prevention strategies and how to recognise and respond to anaphylaxis at least every two years.
- The Community Health nurse provides a practical demonstration of how to administer an AAI, with hands-on training undertaken at least twice yearly.
- Students should be informed of the risk of anaphylaxis and how to respond.

##### **Reducing the risk of exposure to known allergens**

For students at risk, schools need to take **reasonable** steps to minimise the risk of exposure to known allergens. This can include:

- confirming that students anaphylactic to insect stings wear shoes at all times;
- establishing rules precluding the sharing of food;
- supervising young children with anaphylaxis during meal breaks;
- ensuring students wash their hands before and after eating;
- regular cleaning of environmental surfaces; and
- advising parents that the school is nut aware and requesting them not to send foods with whole nuts or nut pastes to school.



### Appendix 5

#### Preventative Health Care

##### Anaphylaxis

##### Responding to anaphylaxis emergencies

- If a child is showing signs of anaphylaxis, do not leave them unattended.
- Call for the adrenaline autoinjector and have it ready to use. Use if the child is experiencing difficulty breathing, has swelling of the tongue or throat and/or loses consciousness. A further dose can be given if there is no response after five minutes.
- If available, an ambulance should be called for all anaphylaxis emergencies even when a student has responded well to the administration of an AAI. Students who have experienced anaphylaxis should be monitored in a medical facility for up to four hours as there is a risk of relapse.
- Lay the patient flat and elevate their legs.
- Contact the parents.
- Report any anaphylactic response as a medical emergency through the Department's [online incident notification system](#).
- Consider debriefing or counselling staff or students after the event if it was traumatic.
- Review anaphylaxis events to identify if there are strategies that could be implemented to reduce the likelihood of future adverse events.
- If used, arrange for the AAI to be replaced immediately.

##### Situations which pose additional risk

- Non-routine and off-site activities such as camps, excursions and incursions, pose additional risks for students with anaphylaxis. In these circumstances, strategies should be implemented for students at risk to: avoid exposure to known allergens; confirm that they have ready access to trained staff and their prescribed adrenaline autoinjector; and confirm medical emergency response plans can be implemented effectively.
- Principals are advised to make particular effort to inform relief staff about students at risk of anaphylaxis. The absence of a student's regular teacher(s) has been identified as posing a potential additional risk by ASCIA the peak medical body for allergy in Australia and New Zealand.