BLUE GUM MONTESSORI SCHOOL
Health

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Policy statement
At Blue Gum Montessori School the health of the children, staff and families is safeguarded using a broad range of procedures from direct education, school routines, dissemination of information orally and written via letters and the school newsletter.

Policy Definition
The word health covers a range of areas:

1. sun and heat protection
2. First aid kits
3. Staff qualifications in First Aid
4. Accidents
5. Illness
6. Medications
7. Food and Nutrition
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Procedures

1. Sun and Heat protection
Blue Gum Montessori School is registered as a “Sun Smart School”.

Hats
• “No hat, No play” policy applies to all children playing in outside, uncovered areas ALL YEAR ROUND.
• Children are encouraged to wear hats that will protect the face, neck and ears.
• Staff will wear a hat when engaged in outdoor activities.

Hot Weather
• During extremely hot days children will be encouraged to play in fully shaded areas; under verandahs, covered areas, inside classrooms.
• Children will be reminded to drink plenty of water.

Sun Protection
• Sunscreen supply and application is at the parents’ discretion – parental consent must be received for any sunscreen to be applied.
• Parents may supply a personal sunscreen in an easy applicator which is marked with the child’s name & kept in their bag or at school.
• The school will provide a sunscreen for any child who does not have their own provided parent consent has been received.
• **Children with skin sensitivities to certain sunscreens MUST supply their own if parents wish them to wear it.**
• Sunscreen should be applied following instructions on the back of sunscreen product or at last 20 minutes before exposure to the sun.
• Older children will be encouraged to apply their own sunscreen; younger children will have assistance from staff.
• **Shoes**
• Children will be encouraged to wear protective shoes in the playground.
• Children are to wear appropriate footwear for sporting activities and excursions.
• Staff are also expected to wear appropriate footwear.

**Clothing**
• Children and staff are advised to wear clothes that cover the skin and limit the area of exposure to the sun.

**Education**
• The children have regular lessons on the danger of the sun, both the light and the heat, how to counteract the dangers and the need to drink water
• Information on the dangers of the sun, the need to drink water and measures that can be taken, is regularly put into the school newsletter.

2. First Aid Kits

• Each classroom will maintain a basic first aid kit (band aids, antiseptic cleaning solution/cream) readily accessible and administered to a student by a staff member.
• The responsibility for the maintenance of the classroom first aid kits rests with the Teacher of the classroom. The responsibility for the maintenance of the main first aid box in the disabled toilets rests with the Principal.
• The school will maintain a comprehensive, portable first-aid kit including asthma reliever medications and any other medication specific to any child with a life threatening condition. These specific medications are provided by the parents of the child. These specific medications are kept in the classroom First Aid kits.
• On excursions, the teacher in charge will:
  o assemble a first aid kit for the group including any specific medications that a child may need
  o a contact phone list
  o a copy of the child’s medical information sheet if the child has a life threatening condition
• All first aid kits to be checked for full contents and expiry dates at the start of each term by the school’s Safety Officer.
• Snake bite: Pressure bandages are to be kept in a clearly displayed container in the main First Aid box in case of a snake bite.

3. Staff qualifications in First Aid.
**First Aid Certificates**
- The school requires all teachers to maintain a current First Aid Certificate as part of their Professional Development programme.
- The Principal will delegate which staff members the school will reimburse costs to obtain or update such a certificate.
- A register of the First Aid certificates will be maintained in the office and validity reviewed at the start of each New Year.

**4. Accidents**

For any accident at school involving physical injury or emotional upset the following procedure will apply:

**Junior Primary**
- All such incidents will be recorded and reported to the child’s parents as outlined in Accident Records.

**Middle/Upper Primary**
- All incidents in the following categories will be recorded and reported to the child’s parents as outlined in Accident Records.
  - injuries requiring more than a band-aid
  - injuries to the head
  - injuries to the eye – parent to be informed by phone ASAP
  - Bee-stings – if first instance then check personal details card in office then parent to be contacted by phone ASAP to check for possible allergic reaction.

**Accident Records**
- To be kept in duplicate – one given to parents on collecting the child, one kept in the Incident Book kept in each class room or the playground Incident book.
- Report to contain:
  - Name of child
  - Date & time of injury
  - Adult witness (if any)
  - Description of any visible sign of injury
  - Emotional state of child
  - Details of first aid given
  - Signature of adult on duty, countersigned by teacher in charge if duty person is not a teacher (aide, volunteer parent).
- For any injury to an area normally covered by clothing:
  - Child is to be asked if s/he wishes a teacher to check
  - If yes, another staff member must be present
  - If no, and teacher is concerned re the extent of the injury, a parent must be contacted. The teacher is not to proceed.

**Serious Injury**
- Suspected fractures, concussion etc, parents to be informed immediately and medical attention sought.
- All children must have a medical consent form signed by a parent/guardian which is attached to their Personal Details Card (these are updated twice yearly). This gives permission for medical attention to be sought in the event of a serious accident.
- An ambulance will be called to attend any child deemed to have a serious injury or condition. Any charges incurred will be passed on to the child’s family.
5. Illness
• If a child has had a fever, diarrhea or been vomiting during the night, the child should not be brought to school.
• Likewise if a child has infectious conditions such as conjunctivitis, a cough and cold he/she should be kept home.
• If it is obvious that a child is unwell at school then a parent will be contacted and asked to collect that child as soon as possible.
• The Class teacher will contact the Administration Officer who will contact the parents. On arrival at the school the Parent will follow the procedure – children leaving school during school hours (NSSF)

6. Medications
• If it is necessary for a child to take medication during school hours, drugs and instructions must be left with the teacher. The teacher will endeavour to ensure the medication is given but no responsibility will be taken for missed medications. Parents are encouraged to ring the school at the time the medication is due to remind the child/teacher. Appendix 7
• All medications must stay within the possession of an adult at all times i.e. parents to hand medications directly to the teacher in charge.
• The medication must be supplied in a measured single dose clearly labelled with the child’s name, volume, type of medicine and time for administration. (e.g. 5mls of Panadol for John Smith to be given at 12 noon). If specific methods of storage are required, i.e. refrigeration, this should be included as well.
• Medications for ongoing conditions are kept in the child’s classroom with the class First Aid kit.

7. Food and Nutrition
Blue Gum Montessori School recommends a healthy food policy and supports a “No peanuts” environment.

• Parents are asked to provide a nutritious snack and when the child stays all day a lunch in a labelled lunch box.
• Wholesome food such as a sandwich and a piece of fruit is recommended. Chocolate, crisps, lollies, high sugar content foods, processed food are not allowed and food containing colourants and preservatives are to be limited depending on the effect on the child’s behaviour.
• In line with the “no peanuts” environment, no peanuts or peanut derivatives are to be brought to school.
• School cooking shall support these principles.
• Other food restrictions may be introduced if deemed necessary for the well-being of children with life-threatening allergies.
• Every day, each child needs to bring a NAMED water bottle containing water only.
• Children will be asked to take uneaten food home, rather than to throw it away. This helps parents to determine how much their child is eating at lunchtime.

8. Head Lice
• If a child is found to have head lice at home the parents are requested to notify the school immediately and keep their child at home and begin treatment.
• If a child is found to have head lice at school he/she will be sent home from school immediately.
• The infected child is asked to return to school only after effective treatment has been completed.
• The school will put up notices to advise the general school population that head lice have been identified in the school.

9. Communicable Diseases

A communicable disease is one that is capable of being transmitted from one person to another.

When the school is advised by a parent/guardian that a child enrolled at the school has been confirmed as having a communicable disease the Administration Officer will:
• Phone the Dept of Health WA (9388 4999) [http://www.population.health.wa.gov/directory](http://www.population.health.wa.gov/directory) to confirm the disease requires quarantine and ascertain the exclusion period for non-immunized children.
• The School will immediately notify by phone and in writing the parent/guardian of all children in the school who are not immunized – advising of the disease and the recommended length of time they are advised to keep their child/ren excluded from school.
• Post notices on all classrooms advising that the disease has been identified in the school.
• Advise all staff of the disease notification
• Remind the teachers of the non-immunised children, the names and the recommended length of time they have been advised

10. Hazardous Materials

• The school strives to minimize the use of hazardous materials.
• Any potentially hazardous materials (insecticides, toxic cleaning agents, medications) are kept out of the reach of children in a locked or child-proof cupboard.

11. Conditions – Asthma, hyper activity etc

A medical condition in the context of the school is one which may impact of the child’s ability to embrace the educational programme. The condition may be one that is life threatening such as Asthma or one that impacts on the child’s ability to learn such as hyper activity or one that impacts on the child’s socialization skills such as autism.

• The condition is to be recorded on a student’s Personal Detail’s Card and their teachers advised. The procedure for the advisement of the teacher is found under the dissemination of information in enrolment procedure.
• Asthma reliever medications and spacers are kept on the school premises and taken on school excursions.
• Information on how best to aid the child to make the best of the educational environment taking into consideration the condition is made available to the staff concerned by the Principal.
• Children with on going conditions will have their own medication kept with the Classroom First Aid kit.
• All teaching staff are to be familiar with first aid procedures for the conditions.
12. Allergies

- The information is to be recorded on the student’s Personal Detail’s Card if that student is known to have allergies and possible immediate reactions/symptoms. The information is taken from the student’s enrolment form by the Office and entered in the School Database. The procedure for dissemination of medical information is found under Dissemination of Medical information.
- It is the parent's responsibility to ensure the school is informed of any allergy affecting their child and that this information is kept up to date.
- For life threatening allergies a photograph of the student with their name and known allergy is displayed clearly in that student’s classroom on an action plan.
- If an Epi pen is required, written authority by the child’s parents is required and recorded on the child’s Personal Details Card.
- The parents need to supply an Epi pen to be kept at school for emergencies and all teaching staff to be familiar with its use.
- As per the schools Food & Nutrition Policy no peanuts or peanut derivatives to be brought to school by ANY student or member of staff.
- To decrease the possibility of allergies arising from insect bites the school will take precautions to remove insect nests on or near the school property, store garbage in well covered containers, restrict eating to a specific place that will be cleaned accordingly, and control the number of mosquitoes in the school area.
- To decrease the possibilities of a food allergic reaction occurring the school will
  - Disallow peanuts, peanut butter or peanut containing foods in the children’s food coming from home or in classroom activities
  - Educate the parent of the dangers of peanut allergy and requests for cooperation restricting peanut use at school are important. This will be via the school newsletter and a letter sent home to all parents in the allergy child’s class.
  - Educate all teachers, staff and students regarding food allergies and in particular peanuts.
  - Have key personnel trained in the management and use of Epi pens

- To decrease the possibilities of a food allergic reaction occurring, the staff will educate the children in the following practices:
  - There shall be no trading and sharing of foods, food utensils and food containers
  - All food allergic children should only eat lunches and snacks that have been prepared at home.
  - Hands are washed before and after eating
  - Surfaces such as tables, equipment etc should be washed clean of contaminating foods
  - The use of food in crafts and cooking activities may need to be restricted depending of the allergies of the students
  - The contents of foods served and brought in for special events should be clearly identified.

12. General Hygiene

Staff will educate children in the following practices, make provision for the practices and oversee them:

- All students must wash hands with soap and water after using the toilets.
- Each student uses their own, named, drinking bottle with no sharing of drink bottles.
- Sharing of food between students is actively discouraged.
- All cutlery and crockery used is washed after use.
- All students must wash hands with soap before and after eating.
• Tissue boxes are kept in each classroom for blowing of noses

13. Medical information dissemination

Medical information should be separated into life threatening and non-life threatening.

On accepting a place at the school the parents/guardians must complete the enrolment form that supplies:
  o Child’s full name
  o Contact details of parents/guardians
  o Emergency contact details
  o Information regarding medical conditions
An update of this information will be requested yearly.

Each child’s form is:
  o Kept in the child’s personal file in the Administration Office

The information from this form is entered on the school’s data base by the Office and updated annually or when required.

Contact details:
The child’s name, the parent’s names, addresses and contact details are kept on a card in the office for daily access.
The contact details are entered into the class lists by the Administration Officer.

Medical Details – non life threatening
• The Administration Officer will give each teacher a class list on which are the details about application of sun cream, provision of sun cream by parent, immunization status and medical conditions.
• The list is to be kept with the Register of Attendance in each classroom.
• Should a teacher need more information on a child’s medical conditions the information will be kept in the child’s personal details file in the Office.
• All personal detail files are filed in a metal, locked cabinet.

Medical conditions – life threatening
If a life threatening condition is notified on the enrolment sheet, the Administration Officer will contact the parents requesting a plan of action.
On receipt of the plan, the Officer will enter the information and a photograph of the child on an action plan sheet.
A copy of each action plan is:
1. Posted in the child’s classroom
2. Posted in the class Register of Attendance
3. Attached to the file for the playground duties
4. Kept in the Admin Office with the child’s personal details.

The Action Plan is reviewed by the class teacher with the parent/guardian and any medication that is required to be kept at school supplied. (E.g. Epi pen)

Outcomes:
The school community, parents, students, and staff are
• Informed and educated in various aspects concerning health issues
• have procedures to follow in specific issues

With the intention of providing a safe and healthy environment for the students to pursue the educational activities and to have the skills and knowledge to guard their health in other arenas.

Appendix
1. Data base for students with allergy/medical condition/disability data
2. Classroom first aid kit
3. Central first aid kit
4. Staff info data base – staff first aid qualifications
5. Incident books
6. Children leaving school during school hours – National Safe School Framework
7. Permission form to administer medicine
8. Entry form
9. Action plan for life threatening condition
10. Action plan for non life threatening condition
11. Medical and emergency contact information cards
12. Immunisation abstention form
13. Immunisation decline letter
MEDICAL INFORMATION DISSEMINATION

Disclosure by Parents on Entry form

<table>
<thead>
<tr>
<th>Life threatening condition</th>
<th>Non life threatening condition</th>
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- Action plan made with parents
- 1 copy child’s personal records in office
- 1 copy to playground file
- 2 copies to classroom
- Students with allergy/medical condition/disability data list distributed to all classes and lodged in playground information file in disabled toilet

- Reaction/behaviour management plan with parents
- 1 copy child’s record’s in office
- 1 copy classroom register
- 1 copy playground file (Principal’s decision)

Medical contact information on cards kept in office

Admin. Officer

Enrolment Officer passes info to Ad. Officer who liaises with child’s teacher

No conditions

Students with allergy/medical condition/disability data list distributed to all classes and lodged in playground information file in disabled toilet

Medical contact information on cards kept in office

Admin. Officer

Enrolment Officer passes info to Ad. Officer who liaises with child’s teacher

No conditions