



STUDENT ENGAGEMENT AND WELLBEING POLICY

School Vision:

Koo Wee Rup Primary School is committed to providing a caring, stimulating and engaging learning environment that fosters respect, responsibility and resilience. We will support and encourage students to achieve their personal best both academically and socially.

| OUR VALUES | OUR BEHAVIOURS |
|-----------------------|---|
| RESPECT | I will respect others by being caring and thoughtful. I will respect differences and treat others as I would like to be treated. |
| RESPONSIBILITY | I will look after my belongings and school property and be responsible for my actions. |
| RESILIENCE | I will accept both positive and negative feedback and will let go of grievances. |
| LEARNING | I will actively listen to others. I will always do my best and work cooperatively with my peers. |

STUDENT POLICIES

Student Engagement

At Koo Wee Rup Primary School, our Student Engagement Policy provides for a safe, non– threatening learning environment which will optimise learning and feelings of connectedness to school. We will offer support to students to enhance the development of positive relationships between students, teachers and the wider community to allow students to reach their full potential academically, socially and emotionally.

Student Expectations

Relationships are the key to creating a culture of 'Together We Learn'. Students are encouraged to respect not only themselves but their Peers, Teachers and the Environment. It is an expectation of all students at Koo Wee Rup Primary School that they will:

- Follow the whole school values and expectations
- Attend school punctually and daily
- Arrive at school prepared to learn and be engaged in their own learning
- Respect the rights of others
- Follow the rules as outlined in the ICT acceptable use policy and refrain from all forms of bullying including cyber bullying
- Show respect for the resources, furniture, equipment and grounds
- Follow the school sun smart policy and wear the school hat daily when outside in Terms 1 and 4

Parents and Caregivers

Parents and Caregivers at Koo Wee Rup Primary School are asked to:

- Build positive relationships with staff, students and the school community
- Respect the rights of staff and approach in a calm and reasonable manner at all times
- Ensure that students attend school daily and are on time
- Provide written notification or a medical certificate when the student returns to school for legal purposes
- Play an active part in their children's learning by supporting home reading and research based homework projects
- Stay up to date with school activities and meet financial obligations
- Enforce the policies of the school, including the eSmart policy and ICT acceptable use agreement
- Communicate regularly with the school in regard to contact details

The Step Program is used across the whole school in all learning areas

All learning spaces are expected to have a copy of our school values, their class expectations and related consequences on display and will be referred to whenever relevant.

Each class abides by the same consequences to promote consistency with our students.

Behavioural Consequences for Inside Behaviour are as follows:-

Step 1- Warning

Step 2- Move to another seat 5 minutes

Step 3- Move to back of classroom 10 minutes

Step 4- Time out (spent in Buddy Class)

Step 5- Time out (spent with PLT Leader)

Step 6- Time out (in the Office)

Behavioural Consequences for Outside Behaviour are as follows:-

(N.B. School Values, Expectations and Related Consequences for Outside Behaviour is attached)

Step 1:

Warning. Identify with student which expectation was not met. Student's name recorded in Yard Duty Folder with a 'W' beside it.

Step 2:

10 minutes on Time Out seat alone or walk with teacher on Yard Duty. Incident recorded in Yard Duty folder. A 'Restorative Chat' is to be had with student before they can return to playground. *Notify classroom teacher

Step 3:

Student excluded from the yard and sent to the Administration building. Student escorted in by teacher on yard duty.

Classroom teacher to be notified and incident to be followed up with Mr Jagoe. The following day student will take responsibility for their actions and fill in a 'reflection plan' and have a restorative chat with a member of the Executive Team. This will be sent home for parents to sign. *30mins duration

Three 'reflection plans' in a term requires the development and implementation of a Behaviour Management Plan and Student Support Group Meeting with parents.

*Please note that for unacceptable behaviours of a severe nature steps may be skipped at teachers discretion.

Parent Communication

The welfare and management of all students is the responsibility of both school and parents. The development of clear communication channels between teachers and parents is imperative in the enhancement of student learning. It is essential that parents are involved in any discussions regarding the development of Individual Behaviour Management Plans if they are required.

Behaviours where the Step Program is surpassed

- Bullying, this is ongoing harassment, verbal or physical.
- Physical harm with the intent to hurt another individual.
- Physical harm with the intent to endanger the safety of a parent, staff members or students.
- Not following teacher instruction on a continual basis.

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- Racial or sexual vilification.
- Continual verbal abuse/swearing.

Corporal Punishment is prohibited in all Victorian schools. Corporal Punishment must NOT be used at this school under any circumstances.

Restorative Practices

The most profound learning occurs when there is a healthy relationship between teacher and student. Restorative Practices assist teachers, students and parents to build, maintain and restore relationships. Restorative Practices will help build capacity to enable students to self regulate behaviours and contribute to the improvement of learning outcomes.

Koo Wee Rup Primary School is committed to the use of a restorative approach to behaviour management.

Prompts for Restorative Dialogue:

1. What happened and what were you thinking at the time of the incident?
2. What have you thought about since?
3. Who has been affected/upset/harmed by what happened and how?
4. What about this incident has been hardest for you?
5. What do you think needs to be done to make things as right as possible?

Restorative Practices:

- are underpinned by student learning and facilitate an environment of safety, trust and connectedness (Bond et al. 2001, Fuller 1999)
- promote awareness of others, responsibility and empathy (Hopkins 2002)
- involve direct and voluntary participation of those affected by misconduct in its resolution (Braithwaite 2001b)
- promote relationship management rather than behaviour management (Cameron & Thorsborne 2001)
- separate the deed from the doer (Marshall et al. 2002)
- are systematic, not situational (Armstrong 2004)
- are concerned with establishing or re-establishing social equality in relationships; that is, relationships in which each person's rights to equal dignity, concern and respect are satisfied (Morrison 2002).

Student Engagement and Regular Attendance

- Student engagement, regular attendance and positive behaviours will be supported through relationship based whole-school and classroom practices, including:
 - establishing predictable, fair and democratic learning spaces and school environments
 - ensuring student participation in the development of classroom and whole school expectations
 - providing personalised learning programs where appropriate for individual students
 - consistently acknowledging all students
 - empowering students by creating multiple opportunities for them to take responsibility and be involved in decision-making
 - providing physical environments conducive to positive behaviours and effective engagement in

learning

Inappropriate behaviours, including irregular attendance, will be responded to through a staged response, including:

- understanding the student's background and needs
- ensuring a clear understanding of expectations by both students and teachers
- providing consistent school and classroom environments
- scaffolding the student's learning program.

Specific measures to address irregular attendance will include:

- identifying students who are absent for three consecutive days without approval – teacher to follow through with phone call. A support group meeting maybe convened where there are concerns expressed through phone call.
- identifying students whose attendance rates are below expected levels – a support group meeting involving teacher, Principal, SSSO (if appropriate) and parent

Broader support strategies will include:

- involving and supporting the parents/carers
- mentoring and/or counselling
- convening student support group meetings – the student support group is an important component of the staged response for students facing difficulty with engagement, attendance or behaviour
- developing individualised flexible learning, behaviour or attendance plans
- involving community support agencies such as, Windermere or Child FIRST

Mandatory Reporting Policy

Duty of care

School staff have a duty of care to protect the safety, health and wellbeing of children in their care.

If a staff member has concerns about the safety, health and wellbeing of children in their care it is important to take immediate action.

In the case of a child who may be in need of protection or therapeutic treatment, or where there are significant concerns about the wellbeing of a child, school staff can discharge this duty of care by taking action which includes the following:

- Reporting their concerns to the DHS Child Protection or Child FIRST.
- Notifying the principal or a member of the school leadership team of their concerns and the reasons for those concerns.

Types of child abuse and indicators of harm

Child abuse can have a significant effect on a child's physical or emotional health, development and wellbeing. The younger a child the more vulnerable he/she is and the more serious the consequences are likely to be.

Types of child abuse include:

- physical abuse
- sexual abuse
- emotional abuse
- Neglect
- medical neglect
- family violence.

Court Orders Policy

Parents are required to provide the school with a copy of all Court Orders so that we can help maintain the integrity of the order. Koo Wee Rup Primary School is unable to enforce any orders that have expired. Koo Wee Rup Primary School is required to request and obtain copies of any court order affecting the child, including parenting plans when enrolling or when family circumstances change. If there is a dispute and the parent/s decline to provide copies of the most recent orders, Koo Wee Rup Primary School can obtain assistance through the Legal Services Unit to obtain these directly from the Court Registry.

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Student Expectations

The policy of School Council is that all students in Foundation to Year 6 are required to wear full school uniform each day with the exception of non-uniform days.

- Students are expected and encouraged to maintain a neat, clean appearance at all times.
- The wearing of Sun Smart hats is compulsory in Terms 1 and 4
- Students leaving the school for excursions or sporting activities **must** wear school uniform (unless otherwise directed by the Principal).
- Long hair is to be tied back.
- Unnatural hair colour is discouraged.
- For safety reasons, jewellery is not permitted except for ear studs or small sleepers.

School Uniform - Defined - The School uniform includes:

- plain navy blue windcheater with or without the school logo or sewn on logo
- plain navy blue polo shirt – short or long-sleeved
- blue and white checked dress (Navy blue tights may be worn under dresses)
- tartan pinafore for winter (Navy blue tights may be worn under pinafores)
- plain navy blue skivvies for winter (Skivvies should not be worn under shorts sleeve polo shirts)
- plain navy blue plain cotton shorts, navy blue plain cotton pants – not jeans
- plain navy blue track suit pants
- plain navy blue skirt
- plain navy blue school wide brimmed or legionnaires hat
- suitable and safe black shoes (lace up or Velcro only) or boots (slip on leather), **canvas shoes not permitted.**
- blue rimmed sunglasses (optional)
- Year 6 windcheater (for current year, as approved by the Principal, to be worn by Year 6 students only)
- make up and nail polishes are not allowed
- logos are not permitted. (Except for the school logo)
- during Casual Dress days no singlet tops are to be worn and appropriate footwear must be worn.

Parent Expectations

Parents will ensure that:

- Their child comes to school in the correct uniform.
- They support the school in regard to the Uniform Policy.
- Please note that students who do not have a plain navy blue school wide brimmed or legionnaires hat to wear during Terms 1 and 4 will be asked to sit in an undercover area, e.g BBQ area, for all outdoor activities.

First Aid Policy

All students, staff and visitors have the right to be safe and healthy and at Koo Wee Rup Primary School. We have measures in place to maintain a healthy school environment with trained staff to deal with any health or injury issues within reasonable bounds that may arise.

Purpose:

- To maintain a safe and healthy school.
- To administer First Aid effectively and within the bounds of First Aid trained staff's training.
- To have well stocked First Aid provisions as per the DEECD guidelines.
- To maintain an adequate number of First Aid trained staff.
- To ensure that excursions/camps have sufficient First Aid trained staff in attendance.
- To review protocols as required to meet any specific needs for new enrolments that require specific medical care.

Duty of Care

Principals and teachers are held to a high standard of care in relation to students. The duty requires principals and teachers to take all reasonable steps to reduce risk, including:

- provision of suitable and safe premises
- provision of an adequate system of supervision
- implementation of strategies to prevent bullying
- ensuring that medical assistance is provided to a sick or injured student.
- To ensure that there is a reduced risk for all students please note that our school is a nut free zone. Any food items that contain nuts should not be sent to school with your child (eg. Peanut Butter, Nutella).

The duty is *non-delegable*, meaning that it cannot be assigned to another party.

Whenever a teacher-student relationship exists, teachers have a special duty of care. This has been expressed as: "a teacher is to take such measures as are reasonable in the circumstances to protect a student under the teacher's charge from risks of injury that the teacher should reasonably have foreseen." (*Richards v State of Victoria*).

The nature and extent of the duty will vary according to the circumstances. For example, the standard of care required will be higher when taking a group of Foundation for swimming lessons than when teaching a group of Year 6's in the classroom.

The important issue in all cases will be what precautions the school could reasonably be expected to have taken to prevent the injury from occurring. This will involve consideration of the following factors:

- the probability that the harm would occur if care were not taken
- the likely seriousness of the harm
- the burden of taking precautions to avoid the risk of harm
- the social utility of the activity that creates the risk of harm.

Part B –

Identifying requirements

The Department's First Aid Policy and licensed first aid training providers can assist schools to decide:

- how many first aid kits they need
- where they should be located
- the contents of the kits.

It is the responsibility of the teacher in charge of first aid to ensure the amount of first aid trained staff reflects the needs of the school, the school is as safe as practicable and the school has the equipment required to successfully treat injured or ill persons to the level that is required of first aid.

| Stage | Description |
|-------|---|
| 1 | <p>Identify potential causes of injury and illness :</p> <ul style="list-style-type: none"> • check the environment for any potential hazards • review any incident, injury and 'near miss' data available • consider the nature of activities undertaken • consult with staff • obtain specialist or external advice, if required. |
| 2 | <p>Identify the training required to meet the assessed need. Consider:</p> <ul style="list-style-type: none"> • how many staff need to be trained? • what first aid competencies and training is required? • what are the responsibilities and duties of individual teachers? • whether first aid duties may be shared across several members of staff. |
| 3 | <p>Identify the requirements for first aid kits including:</p> <ul style="list-style-type: none"> • how many kits are required? • are the kits easily identifiable? • who is responsible for maintaining the kits? |

Blood Spills and Syringe Disposals Requirements

Blood spills should be treated as if the blood is potentially infectious.

This table describes how schools clean blood spills.

| Step | Action |
|------|---|
| 1 | Put on single-use gloves and avoid direct contact with blood or other fluids. Note: Cover any cuts and abrasions on hands with a waterproof dressing. |
| 2 | Use paper towels to mop up the spill. Dispose of the paper towels in an appropriate bio hazard container. |
| 3 | Wash the area with warm water and detergent, then rinse and dry the area. Note: Take care not to splash excessively. |
| 4 | Remove gloves and place them in an appropriate bio hazard container. |
| 5 | Wash hands in warm soapy water and dry thoroughly. |
| | If re-usable items were used such as scissors or tweezers, then an assessment must take place to consider how the item was used and determine the appropriate decontamination method. |
| 6 | Example: If an item has been biologically contaminated then an alcohol swab is used for decontamination. For further advice on decontamination contact the Department's OHS Advisory Service on 1300 074 715. |

This table describes how schools dispose of needles and syringes.

| Step | Action |
|------|---|
| | If the discarded syringe or needle is: |
| 1 | <ul style="list-style-type: none"> • accessible, continue with the disposal procedure • not accessible: <ul style="list-style-type: none"> - mark the area so that others are not at risk - supervise area - contact the Syringe Disposal Helpline on 1800 552 355. |
| 2 | Put on single-use gloves. |
| 3 | Place the disposal container on the ground next to the syringe. Using tongs, pick up the syringe from the middle keeping the sharp end away from yourself and place it in the disposal container, needle point down. |
| 4 | Note: <ol style="list-style-type: none"> 1. Never try to recap a needle, even if the cap is also discarded. 2. Long metal tongs can be used to reach difficult to access places. |
| 5 | Repeat step 4 for each individual needle or syringe. |
| 6 | Screw the lid of the disposal unit on firmly. |
| 7 | Remove gloves and place them in a plastic bag. Seal the bag and dispose of it in a rubbish bin. |
| 8 | Wash hands in warm soapy water and dry thoroughly. |

| Step | Action |
|------|---|
| 9 | <p>To dispose of the sharps disposal container, contact the:</p> <ul style="list-style-type: none">• Syringe Disposal Helpline on 1800 552 355 for:<ul style="list-style-type: none">- advice about handling syringes- the location of the nearest local council syringe program or public disposal bin• local general practitioner• local hospital. |

Note: Disposal containers or syringes must not be put in normal waste disposal.

Accompanying Students in Private Cars or Emergency Vehicles.

Upon the principal's discretion a staff member may accompany a student **transported by emergency services** when one or more of the following applies:

- a parent/guardian or emergency contact person cannot do so
- the age or development of the student justifies it
- the student chooses to be accompanied
- alternative supervision for remaining students can be arranged.

On the rare occasion when a school staff member has to transport a student to emergency care in a **private car** (such as when an ambulance is not available), at least two adults should accompany the student to ensure the:

- driver is not distracted
- student can be constantly supervised
- car has full comprehensive insurance

Camps and Excursions

- All camps and excursions must have at least one qualified staff first aider.
- Must take a Major First Aid Kit with them except when going to an event with specific qualified first aid persons (such as St John Ambulance).
- Must take a portable asthma kit.
- Bus trips to those events staffed by official first aid staff must carry a Minor First Aid Kit.
- An excursion to a place with qualified first aid people who are not specifically there for first aid will require the Major First Aid Kit.
- Permission forms that include medical details must be completed, returned and taken on the excursion by the teacher in charge of the excursion.
- Asthma management forms should be completed. There are two forms, one completed at least a week before the camp and one completed prior to two days to camp. These are to be sent to parents but parents are not obliged to complete and return them.
- Asthma management forms should ideally be completed by the child's treating doctor but can be completed by parents.
- Ideally the main First Aid Teacher should not be in charge of handing out the regular medication for children on camp. The handing out of regular children's medications (asthma preventative medications, antibiotics etc) should be handled by a staff member that is not the main first aid person on the camp or excursion.

Specific Student Healthcare Needs Including the Role of Office Staff

Students that have specific healthcare needs including the need for regular medication, specific medication for emergency situations or medical conditions that will be need to be monitored will have the following **specific** precautions in place:

- Data sheets provided by the office staff based upon enrolment information or information provided by parents/guardians to the **office**.
- These data sheets will be in a blue folder in the First Aid room in a blue folder with an alert list on the wall of the room with the children's names and photo. Their condition will not be listed on the wall for privacy reasons.
- All staff will be given a list of these students with updates made as necessary.
- At the beginning of every term staff will be reminded of children who have these data sheets.

Duty of care

According to the Department's duty of care obligations to students, schools are required to ensure all students feel safe and supported at school. This includes supporting and responding to the health care needs of all students.

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Management strategies

This table outlines the strategies for schools to manage students with identified health care needs.

| | |
|--|---|
| Strategy | Schools must |
| Student health support planning | <p>have a Student Health Support Plan or other specific health management plans (such as an Anaphylaxis Management Plan) for a student with an identified health need, based on:</p> <ul style="list-style-type: none"> • medical advice from the student’s medical/health practitioner • consultation with the student and parents/guardians. <p>The school must have policies and procedures available to the school community for:</p> |
| Policies and procedures | <ul style="list-style-type: none"> • planning for and supporting student health at school • the management of medication. <p style="text-align: center;">have training for school staff:</p> |
| Training | <ul style="list-style-type: none"> • in basic first aid • to meet specific student health needs not covered under basic first aid training, such as managing asthma or for excursions or camps • to meet complex medical care needs. |
| Communication to parents | <ul style="list-style-type: none"> • successes achieved • development and changes • health and educational concerns. <p>Schools must plan for most students to:</p> |
| Encouraging physical activity and camps | <ul style="list-style-type: none"> • attend school camps and special events • take part in physical activities at school. |

The Role of the Office Staff

Schools must follow the 4 stages to develop a Student Health Support Plan or any other specific health management plan (i.e. Anaphylaxis Management Plan).

1. Before enrolment

2. When a need is identified
3. Planning process
4. Monitoring and reviewing

Stage 1: Before enrolment

Principals should inform parents/guardians about the school's policy for supporting student health prior to and on enrolment.

Stage 2: When a need is identified

Principals should ensure that parents/carers provide accurate information about a student's:

- routine health care support needs, such as supervision for medication
- personal care support needs, such as assistance with personal hygiene, continence care, eating and drinking, transfers and positioning, and use of health-related equipment.
- emergency care needs, such as predictable emergency first aid associated with an allergic reaction, seizure management, anaphylaxis, or diabetes.

Schools should store information on CASES₂₁ about:

- the student's health condition
- medication to be stored and supervised at school.

Note: When information is being collected principals must ensure that parents/guardians and students are informed about how their personal information will be used and who it might be disclosed to, such as school nurses.

Stage 3: Planning process

This table describes how schools plan for a student with health care needs to attend school, camps and excursions.

| Stage | Description |
|-------|--|
| 1 | <p>The student's medical/health practitioner provides a medical advice form that:</p> <ul style="list-style-type: none"> • guides the planning • details: <ul style="list-style-type: none"> ○ the student's medical condition ○ medication required at school ○ recommended emergency and routine health and personal care support for the student. |
| 2 | <p>In relation to camps and excursions, parents/guardians complete a Confidential Medical Information School Council Approved School Excursions form</p> <p>The principal or nominee organises a meeting to discuss the plan with:</p> <ul style="list-style-type: none"> • the student • parents/guardians • other school staff, if required. |

Notes:

1. The plan should be developed shortly after the school has received the medical advice from the student's medical/health practitioner. If there is a time delay between receiving this advice and developing the plan, the school may put in place an interim support plan containing an agreed strategy, such as calling an ambulance.
2. Questions to consider:

- Is it necessary to provide the support during the school day?
- How can the recommended support be provided in the simplest manner, with minimal interruption to the education and care program?
- Who should provide the support?
- Is this support complex and/or invasive?
- Is there staff training required?
- Are there any facilities issues that need to be addressed?
- How can the support be provided in a way that respects dignity, privacy, comfort and safety and enhances learning?
- Are there any care and learning plans that should be completed for students with personal care support?

Stage 4: Monitoring and review

Plans should be reviewed:

- when updated information is received from the student's medical or health practitioner
- when the school, student or parents/guardians have concerns in the support
- if there is a change in support
- at least annually.

The advice received from the medical or health practitioner is reviewed annually unless it is agreed that the annual review of the plan is not required. In this case, it is up to the principal's discretion whether to request updated medical information.

First Aid Kits

It is the role of the first aid team under the direction of the First Aid Coordinator to maintain stock levels and monitor expiry dates of stock.

Major First Aid Kits

Schools must:

- maintain at least one major first aid kit located in the sick bay
- store any medications separately from the first aid kit including any prescribed or non-prescribed medication provided by a student's parent/carer or adult/independent student.

Contents

First aid kit contents should meet the first aid requirements of individual schools. This table lists the general contents recommended by Ambulance Victoria.

Note: Thermometers are not:

- necessary for first aid
- used in general first aid training according to the *National Health Training Package (First Aid Units of Competency) HLT07* (February 2007).

Type of equipment Content includes

one of the following recommended first aid manuals:

Current first aid manual

- First Aid Emergency Handbook from:
 - Survival Emergency Products
 - local suppliers
 - Ambulance Victoria First Aid
- The First Aid Handbook from Australian Red Cross

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Type of equipment Content includes

- Australian First Aid from St John Ambulance Australia.
- gauze swabs: 100 of 7.5 cm x 7.5 cm divided into small individual packets of five sterile saline ampoules: 12 x 15 ml and 12 x 30 ml
- disposable towels for cleaning dirt from skin surrounding a wound
- sterile, non-adhesive dressings, individually packed:
 - eight 5 cm x 5 cm
 - four 7.5 m x 7.5 m
 - four 10 cm x 10 cm for larger wounds
- combine pads: twelve 10 cm x 10 cm for bleeding wounds
- non-allergenic plain adhesive strips ('band aids'), without antiseptic on the dressing, for smaller cuts and grazes
- steri-strips/wound closures for holding deep cuts together in preparation for stitching
- non-allergenic paper/adhesive type tape, width 2.5 cm–5 cm, for attaching dressings
- conforming bandages for attaching dressings in the absence of tape or in the case of very sensitive skin
- six sterile eye pads, individually packed
- six triangular bandages for:
 - slings
 - pads for bleeding
 - attaching dressings
 - immobilising injured limbs
 - splints etc
- conforming bandages to hold dressings in place:
 - two of 2.5 cm
 - two of 5 cm
 - six of 7.5 cm
 - two of 10 cm
- crepe bandages ("hospital weight") to secure a pad to control bleeding, to support soft tissue injuries (sprains & strains) and for 'Pressure Immobilisation Bandaging technique' for snake bite:
 - two of 2.5 cm
 - two of 5 cm
 - six of 7.5 cm
 - two of 10 cm
 - two 15 cm

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Type of equipment Content includes

- heavy elastic bandages; two 15cm. These are ideal to use for 'Pressure Immobilisation Bandaging technique' for snake bite or severe allergic reaction to other bites and stings.

- stainless steel scissors (medium size)

- trauma shears (heavy duty scissors for cutting clothing, bandages, shoelaces etc. if required)

- disposable splinter probes and a sharps container for waste
- disposable tweezers
- for sprains, strains and bruises, two:
 - gel packs, kept in the refrigerator, or
 - disposable ice packs for portable kits made from small zip-lock plastic bags filled with water, frozen and wrapped in a cloth/bandage/disposable towel before being application
- flexible 'sam' splints for fractured limbs (in case of ambulance delay)
- additional 7.5 m crepe bandages and safety pins to attach splints
- ice packs.
- sun screen, ideally a low allergenic/sensitive skin type, with a sun protection factor of between 15+ and 30+
- single use sterile saline ampoules for the irrigation of eyes

Notes:

Lotions and ointments

1. Creams and lotions, other than those in aqueous or gel form, are not recommended in the first aid treatment of wounds or burns.
2. Antiseptics are not recommended. Cuts and abrasions should be cleaned initially under running water followed by deeper and more serious wounds being cleaned with sterile saline prior to dressing.

Hygiene and cleaning equipment

- single use nitrile gloves in various sizes such as small, medium and large
Note: Some people are allergic to latex gloves.
- blood and vomit spill kits
- disposable hand towels
- adhesive sanitary pads, as a backup for personal supplies
- antiseptic hand wash/germicidal soap and nail brush for hand-cleaning before and after treatment only
- single use antiseptic wipes for hand cleaning when water is not readily available
- one box of paper tissues
- paper towel for wiping up blood spills in conjunction with blood spill kit

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Type of equipment Content includes

- single use plastic rubbish bags that can be sealed, for used swabs
- a waste disposal bin suitable for taking biohazard waste
Note: Biohazard waste should be burnt. There are several companies that will handle bulk biohazard waste.
- ice cream containers or emesis bags for vomit.

Other equipment

- resuscitation face mask such as “pocket mask” type that can be cleaned/reused
- one medicine measure for use with prescribed medications
- disposable cups
- one teaspoon
- pen-like torch, to measure eye-pupil reaction
- blanket and sheet, including a thermal accident blanket for portable kits
- possibly a generic EpiPen® for treating anaphylaxis sufferers see:

Portable First Aid Kits

Schools must maintain portable first aid kits for:

- excursions
- camps

Identifying requirements

The Department's First Aid Policy and licensed first aid training providers can assist schools to decide:

- how many first aid kits they need
- where they should be located
- the contents of the kits.

Contents

The contents of these kits depends on the:

- number of students and staff
- nature of the activities being undertaken
- location of excursions and the activities to be undertaken.

Ambulance Victoria recommends portable first aid kits should include:

- a first aid manual of a smaller size specialised, if possible, to the activities being undertaken, such as:
 - Emergency First Aid: A Quick Guide, available from St John Ambulance Australia

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- First aid Notes, available from Australian Red Cross
 - two pairs of single use nitrile gloves
 - sterile saline sachets or ampoules for irrigating eyes and minor wounds
 - gauze and band aids
 - a resuscitation face mask
 - if possible, a device to call for assistance such as mobile phone, cordless phone, or two way radio
 - bandage and sling
 - Ventolin
 - vomit bags

Allergy Awareness Policy

Koo Wee Primary School has implemented this Allergy Aware policy to ensure that students, staff and parents are familiar with some common serious allergies and to minimise the chance of severe allergic reactions. While this policy indicates that every effort is made to reduce the risks associated with allergies it cannot guarantee that the School is 'free' of any particular product.

Anaphylaxis is a severe and sudden allergic reaction. It occurs when a person is exposed to an allergen (such as food or an insect bite). Although death is rare, an anaphylactic reaction always requires an emergency response. Prompt treatment with injected adrenaline may halt progression and can be lifesaving. Fortunately, anaphylactic reactions are usually preventable by implementing strategies for avoiding allergens. One in two hundred people in the general population are at risk of anaphylaxis (Royal Children's Hospital EpiPen Training Manual, July 2004).

Common allergens for anaphylaxis are:

- foods (peanuts and tree nuts, shellfish and fish, milk, egg, strawberries);
- insect bites (bees, wasps, jumper ants);
- medications (antibiotics, aspirin);
- latex (rubber gloves, balloons, swimming caps).

Children who are highly allergic to any of the above allergens are at risk of anaphylaxis if exposed. Those who have had a previous anaphylactic reaction are at increased risk. Reactions usually begin within minutes of exposure and can progress rapidly at any time over a period of two hours. A student at risk of anaphylaxis will often recognise the early symptoms of an allergic reaction before any other signs are observable. Common symptoms are:

- flushing and/or swelling of the face;
- itching and/or swelling of the lips, tongue or mouth;
- itching and/or a sense of tightness in the throat, hoarseness, difficulty in breathing and/or swallowing;
- hives, itchy rash, and/or swelling about the face, body or extremities;

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- nausea, abdominal cramps, vomiting; shortness of breath, repetitive coughing and/or wheezing;
- faint, rapid pulse, low blood pressure;
- pale and floppy (young children)
- light headedness, feeling faint, collapse;
- distress, anxiety and a sense of dread.

In the event of an anaphylactic reaction the EpiPen is to be administered and an ambulance called immediately followed by a call to the child's parents.

School Responsibilities

The school must make sure it has staff trained annually in dealing with any allergen related conditions as well as ensuring the information relevant to such issues is communicated to the school community.

Parent Responsibilities

Any student that suffers from anaphylactic reaction must provide an EpiPen and action plan to the school. An additional EpiPen and Action Management Plan with a current photograph must also be supplied by parents to office. The school requires a review of individual Action Plans in consultation with the student's parents/carers on an annual basis.

It is requested that:

- Parents/guardians do not send nuts or nut spreads such as 'Nutella' and peanut butter to school in lunchboxes.
- Parents are aware of our policy when they bring food into the school grounds for special lunch days.
- Parents/guardians discuss this nut ban with their children if they are going to purchase food on the way to school.

Canteen and Special Food Days

- The canteen be made aware and its policy altered to ensure that it also adheres to the 'No nut' element of the Allergens Policy.