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CHILD SIDE PLAYGROUP AND SCHOOL FOLLOWS CHILD PROTECTION AND PROTECTIVE BEHAVIOUR PROCESSES. WE COLLECTIVELY SUPPORT A HEALTHY PSYCHOSOCIAL TEACHING AND LEARNING ENVIRONMENT.

Sickness, Medical Conditions and Drug Management Policy

Introduction

The school is committed to providing a safe, supportive and healthy environment for all children, staff and visitors. Effective management of illness, health conditions and medication is essential to promote child wellbeing, minimise health risks, and support equitable access to education.

The CSS Sickness, Health and Drug Management Policy establishes clear procedures for the prevention, identification and management of illness, medical conditions and the administration of medication within the school setting. The policy aims to ensure that children receive appropriate care while at school, that prescribed and authorised medications are administered safely and consistently, and that health-related information is managed responsibly.

The school recognises that the health and wellbeing of the children is a shared responsibility between families, healthcare professionals and school staff. Through collaborative partnerships and adherence to relevant legislative and duty of care requirements, the school seeks to safeguard children's health, respond effectively to medical needs, and maintain a learning environment that supports the safety, dignity and educational participation of all children.

Scope and Application

This policy applies to all school staff (paid/unpaid), parents/guardians, children, volunteers, practicum educators, work placement students and visitors (including therapists, contractors, delivery staff, community groups) and any other individuals who may use or visit the school site of Child Side Playgroup and School (CSS).

This Policy applies while at school or engaged in school activities on-site and off-site. This duty of care, in some circumstances, may extend beyond normal school hours.

The use of the word child/children in this policy refers to students in the context of the school environment.

The use of the word Educator/Educators in this policy refers to registered educators/teachers in the context of the school environment.

Related Legislation/Guidelines

- Registration Standards and Other Requirements for Non-Government Schools (Non-Government School Regulation) – Standard 7
- Guide to the Registration Standards and Other Requirements for Non-Government Schools
- Work Health & Safety Act (2020)
- Work Health and Safety (General) Regulations 2022
- Schools Education Act 1999 (WA)
- School Education Regulations 2000 (WA)
- National Principles For Child Safe Organisations
- Educators Registration Act (2012)
- The Education and Care Services National Law (WA) Act 2012
- The Education and Care Services National Regulations, 2012
- National Quality Framework – Regulation 136(2)
- Health, Safety and Civil Liability (Children in Schools and Child Care Services) Act 2011 (WA)
- Disability Discrimination Act 1992 (Commonwealth)

Related Policies

- CSS Attendance Policy
- CSS Absence Procedures
- CSS Critical and Emergency Incidents and Crisis Management Policy
- CSS Code of Conduct – Parents/Guardians
- CSS Code of Conduct – School Staff
- CSS Excursions Policy
- CSS Guiding Children's Behaviour Policy
- CSS Incursions Policy
- CSS Leaving School To Learn: Workplace and Community Learning Policy
- CSS Nutrition, Health, and Hygiene Policy
- CSS Privacy Policy
- CSS Sun Protection Policy
- CSS Volunteers Policy and Procedures for Engaging Volunteers

Definitions

Communicable Disease
Communicable diseases (infectious diseases) are illnesses that spread from one person to another or from an animal to a person, or from a surface or a food. Diseases can be transmitted through the air (airborne or droplet transmission), through direct contact with a sick person or their surroundings (contact transmission), or through contact with faeces (faeco-oral transmission).

Pandemic
A pandemic is an outbreak of a disease that occurs over a wide geographic area (such as multiple countries or continents) and typically affects a significant proportion of the population.

Reportable Incident Categories
(** Relevant to this Policy. See Appendix 1 for more specific information regarding Category 2)
For the purpose of Standard 7, the following are reportable incidents:
1.*The death of a student, staff member or visitor who is at school or during a school related activity or following an incident at school or during a school-related activity.*
**** 2. An actual or potential injury, illness or trauma of a student, staff member or visitor who is at school or during a school-related activity or following an incident at school or during a school-related activity and where the incident has resulted or may result in significant impact.
3. An incident requiring a police or other emergency services response when a student appears to have been taken or removed from the school or from a school-related activity without proper authority or goes missing and cannot be accounted for.
4. An incident requiring the school to be locked down or to evacuate staff and students, or reduce the number of students or staff attending, or to close for any duration for health or safety reasons.
5. The receipt of a complaint or allegation of child abuse, including but not limited to sexual abuse, committed against a student by: (a) a staff member or another student; or (b) another person on the school premises or during a school-related activity; whether the abuse is alleged to have occurred recently or in the past.
6. Issuing a formal warning, a suspension or ceasing the employment of a staff member for a breach of the school's Code of Conduct involving suspected grooming behaviour.

Policy Statement

Communication

CSS will establish and maintain a whole school communication system which all Parents/guardians and Staff have access to for the purposes of receiving communication from the school in regard to (but not limited to) school sickness, medical alerts, and emergency notifications.

Communicable Diseases and Conditions

CSS will develop guidelines and associated procedures to manage, prevent, and control the transmission of communicable diseases at the school. Refer to the *CSS Pandemic Management Policy* for the management of associated workplace risks, and other health and safety responsibilities outlined in the WHS Act.

Emergency Management

Under Standard 7 of the Registration Standards for Non-Government Schools in WA, schools are required to report certain critical and emergency incidents to the Director General of the Department of Education within 48 hours. These incidents must be managed in the best interests of children and may include medical emergencies that have a significant impact on health, safety, or wellbeing

Medical Conditions That May Be Reportable Under Standard 7 Schools should be aware that the following medical conditions and incidents are considered reportable if they result in or have the potential to result in significant impact, such as:

- Asthma
- Anaphylaxis (e.g. severe allergic reaction requiring adrenaline and ambulance attendance)
- Diabetes emergencies (e.g. hypoglycemia or hyperglycemia requiring urgent medical intervention)
- Seizures (especially first-time or prolonged seizures requiring hospitalisation)
- Head injuries or loss of consciousness
- Severe bleeding, burns, or trauma
- Mental health crises, including suicide attempts or severe self-harm
- Choking or breathing difficulties
- Poisoning or overdose
- Heatstroke or hypothermia
- Medical neglect where a child's condition is unmanaged or untreated

The CSS Governing Council will ensure the Director General is notified of every reportable incident as soon as practical, and in any event within 48 hours of the incident, using the form published by the Director General for this purpose.

First Aid Kits

CSS will maintain a variety of fully equipped (St. John Ambulance Australia standards) and accessible *First Aid Kits* for everyday use in school activities, on-site and off-site. The school site houses a defibrillator, externally mounted on the MAG building which is maintained by the Boyanup branch of St. John Ambulance. School Staff receive instruction as to use of the defibrillator and CPR as a part of their first aid training.

Privacy and Confidentiality of Medical Information and Photographs

CSS will establish and maintain a process for the use and management of electronic records and digital report forms for use by staff in relation to the details of all accidents/incidents (including near misses), injuries and treatments carried out.

Under *Australian Privacy Principles 6 – Use or Disclosure of Personal Information* (APP 6) schools are permitted to use or disclose sensitive health information when it is necessary to lessen or prevent a serious threat to life, health or safety.

Educators and relevant staff must be aware of which children have asthma, severe allergies, or other serious medical conditions. Educators and relevant staff must be aware of the medication children are being administered at school (short-term and long-term) and made aware of medication children are being administered at home if it impacts the educational and emotional capacity of the child.

Medical Management/Action Plans are intentionally displayed in classroom kitchens with consent from the child's parent/guardian to ensure easy access and visibility during medical emergencies.

Medication

CSS will establish and maintain a process for the management, maintenance and administering of medication to children. This process includes the appropriate management of the receipt, handling and storage of medication and includes a clear and well-articulated line of accountability and communication process for all stakeholders.

Parents and Guardians Responsibilities

All Parents/guardians are required to supply comprehensive emergency and health Information, including medication requirements and routines at the time of enrolment for EACH of their children. This information should be updated by Parents/guardians at point of need and at least annually.

Parents/guardians are responsible to ensure that all information provided to the school is accurate and current at all times.

Parents/Guardians are required to act promptly and follow the directions and the guidance of the Co-Principals in relation to the management of sick or injured children at CSS.

Parents/guardians are responsible for ensuring they are connected and receive notifications via the *School Communication App* and that they respond appropriately to all communication received from the school in regard to school sickness, medical alerts, and emergency notifications.

School Health Nurse and External Health Services

Child Side supports and values the role of the School Health Nurse (SHN) in promoting the health, wellbeing and educational participation of children. In partnership with local health services, including the WA Country Health Service, School Health Nurses may visit the school to provide a range of health promotion, assessment, screening, early intervention and referral services for children and families.

School Health Nurse services may include health assessments, developmental monitoring, health education, support for identified health needs, advice regarding child development and wellbeing, and referrals to appropriate health and community services where required. School Health Nurses may also coordinate and facilitate access to government-funded school-based immunisation programs delivered in accordance with current public health requirements.

Participation in School Health Nurse services and immunisation programs is voluntary and subject to parent or caregiver consent where required. Information regarding available services, scheduled nurse visits and immunisation opportunities will be communicated to families by the school and/or the relevant health authority.

The school encourages families to engage with School Health Nurse services to support positive health outcomes for children. All nursing and immunisation services are delivered by qualified health professionals and operate in accordance with relevant legislation, professional standards, public health requirements and child safety obligations. Information collected or shared through these services will be managed respectfully and with appropriate regard for confidentiality and privacy requirements.

Staff with Medical Conditions

Staff members have a responsibility to ensure that any medical condition which may affect their ability to safely perform their duties, supervise children, respond to emergencies, or meet the inherent requirements of their role is disclosed to the Co-Principal Business Manager and Administrator.

Staff members are responsible for the ongoing management of their own medical conditions. This includes seeking appropriate medical advice, monitoring their condition, following prescribed treatment plans, and ensuring they are fit to undertake their duties. Where applicable, staff must inform the School of any changes to their condition that may affect workplace safety or their capacity to perform their role.

Personal medication required by staff must be stored securely and out of reach of children. Medication should be kept in the Medication Safe in MAG unless it is required to be carried by the staff member for emergency use, such as a reliever inhaler, adrenaline auto-injector, or other prescribed emergency medication. Staff who require immediate access to emergency medication are responsible for ensuring it is readily available, inaccessible to children and used in accordance with medical advice.

Training and Education of Staff

Under Registration Standard 4, and Education and Care Services National Regulations 2012 – REG 136 schools must ensure:

There is at least one staff member on the school premises, at all times these children are present, with the following:

(i) a current approved first aid qualification;

(ii) current approved anaphylaxis management training; and

(iii) current approved emergency asthma management training.

If children are being educated off the school premises there is always at least one staff member these children are present, with the following:

(i) a current approved first aid qualification;

(ii) current approved anaphylaxis management training; and

(iii) current approved emergency asthma management training.

Child Side School aims to ensure that all staff complete the current *Provide First Aid in an education and care setting* training, unless exempt by agreement between the staff member and the Co-Principal Business Manager and Administrator due to the staff member's capacity.

The *Provide First Aid in an education and care setting* training includes:

HLTAID012* Provide First Aid in an education and care setting
HLTAID011* Provide First Aid
HLTAID010* Provide basic emergency life support
HLTAID009* Provide cardiopulmonary resuscitation

The *Provide First Aid in an education and care setting* training is required to be re-trained every three years, with the *Provide Cardiopulmonary Resuscitation* unit required to be re-trained annually. **Nationally recognised Training numbers may be changed.*

All staff participate in annual refresher training in the use of epi-pens (anaphylaxis), how to access and use the defibrillator, CPR, managing asthma and applying first aid to bee stings during staff dialogue or staff development sessions. All staff are aware of all Medical Condition Plans in place and the requirements associated with the management of the plans. Staff are required to download the free St John Ambulance First Responder App to be used in a medical emergency to follow the current St John Ambulance guidelines.

Note: Generative AI was used to assist in phrasing specific statements within this document. The author retains full accountability for the final content and conclusions.

Policy Review

All policies are reviewed and amended in accordance with the *CSS Policy on Policies* and the *CSS Policy, Guidelines, Procedures and Frameworks Register.*

This policy and associated guidelines will be reviewed every two years; provided that an earlier review is undertaken whenever a matter or other information becomes evident regardless of indicators or not, there has been a policy or procedural failure.

Appendices

Appendix 1	Asthma Guidelines
Appendix 2	Emergency Procedure for an Asthma Attack
Appendix 3	Flow Chart showing the process to be followed in an Asthma
Appendix 4	Allergies & Anaphylaxis
Appendix 5	Allergies & Anaphylaxis Incident Flow Chart
Appendix 6	Diabetes
Appendix 7	Communicable Diseases and other Illnesses
Appendix 8	Epilepsy and Seizure Disorders
Appendix 9	Administration of all Medicines
Appendix 10	Illness, Sickness and Short-Term Health Conditions

Version Management

VERSION	DATE REVIEWED	DATE RATIFIED	CHANGES MADE	AUTHOR OF CHANGES	NEXT REVIEW DATE
1	October 2026	04/11/206	Policy created. New policy replaces the Asthma Policy and parts of previous Sickness, accident and trauma policy included in this new version.	CD	Oct 2028

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Asthma Guidelines

As a common chronic illness in childhood, it is widely recognised that many problems associated with asthma will impact on a child's education. For this reason, Child Side School has opted to become an 'Asthma Friendly School' and in doing so can work towards strategies that actively support the whole school community in the management of asthma.

Parents Responsibility

Parents are responsible for:

- Informing the school of their children's asthma diagnosis.
- Providing a completed Asthma Management Plan from the treating doctor annually.
- Supplying prescribed medication and ensuring it is in-date and correctly labelled.
- Providing written authority for school staff to administer prescribed medications should their child need assistance.
- Updating the school if the child's condition or treatment changes

School Responsibility

Child Side has adopted the following practices to fulfil its responsibility to children with asthma.

Health Information Management

- Collect medical information from parents/guardians for all children.
- Request annual updates to medical records for existing children.
- Keep a current list of children with asthma and severe medical conditions.
- Store children Asthma Records in a secure but accessible location (Office).
- Educators are provided with a list of children in the school who have asthma and have access to their Asthma Care Plans.

Communication and Review

- Inform parents/guardians immediately after any asthma episode.
- Record all medical treatment provided to children.
- Review each incident to improve staff response and update policies.
- Regularly review asthma related policies and procedures.
- Asthma education program is included on the school health curriculum.

Safe Medication Practices

- Each cluster's Outdoor First Aid bags contain a Ventolin Reliever medication and at least two single use spacer devices readily available for staff to administer as required.
- Medication is regularly checked for condition of the device, expiry dates and replaced as needed.
- Children with an asthma diagnosis are required to supply their own asthma medication and spacer, and wherever possible self-administer.
- Any medication administer to a child is documented in the Medication Book.

Outdoor Activities

Outdoor activities including prolonged periods of sport, excursions and camps provide a potential risk for children with asthma. For any of these events the following procedures need to be followed:

- Ensure at least one staff member that is capable of managing an acute asthma attack is present.
- If a child has asthma symptoms, they should not participate in the activity.
- Notify parents/carers that it is their responsibility to ensure that their child has adequate supply of appropriate medication.
- Encourage children to continue taking their usual asthma medications and to always carry their blue reliever puffer.
- One staff member needs to wear an outdoor first aid kit containing Emergency Asthma Kit.

For school camps ensure:

- Child Asthma Records are up to date (parents to provide an update form before camp)
- Catering staff are provided with a record of those children who are known to have food allergies or whose asthma is triggered by food or food additives.

Environmental Considerations

Potential asthma triggers are minimised within the school environment. If environmental triggers are not able to be controlled then children who suffer from asthma may be asked to stay inside and find an alternative activity to engage in during a high risk trigger time (smoke from controlled burns).

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Emergency Procedure for an Asthma Attack

The severity of an asthma attack can be determined by symptoms which may involve:

- **Mild:** coughing, soft wheeze, minor difficulty in breathing and no difficulty speaking in sentences.
- **Moderate:** Persistent cough, loud wheeze, obvious difficulty in breathing and able to speak in short sentences only.
- **Severe:** Distress and anxiousness, gasping for breath, unable to speak more than a few words, pale and sweaty and may have blue lips.

All children judged to be having a severe attack require emergency medical assistance. Regardless of whether an attack of asthma has been assessed as mild, moderate or severe, emergency procedure (as detailed below) must commence immediately.

What if it is the first attack of Asthma?

If the child has difficulty breathing, follow the Asthma First Aid Plan immediately whether or not the child is known to have asthma. No harm is likely as a result from giving a blue Reliever medication to someone without asthma (National Asthma Council of Australia).

Asthma Medical Emergency Plan

In the event of an attack the First Aid Plan on the child's Asthma Record should be followed. If documentation is not available, the steps below should be taken immediately. Should the child's own Reliever medication (Ventolin, Airomir, Asmol, Epaq or Bricanyl) not be available, a Reliever puffer should be obtained from a First Aid Kit or borrowed from another child/staff member and given without delay. A different brand of prescribed reliever medication may be used where appropriate, as reliever medications act by opening the airways to relieve symptoms. Staff should ensure the medication is administered according to the prescribed instructions and be familiar with the specific inhaler device provided.

Step 1 Sit child upright and provide reassurance. Do not leave the child alone.
Step 2 Give 4 puffs of a blue Reliever puffer, one puff at a time, preferably through a spacer*. Ask the child to take 4 breaths from the spacer after each puff.
Step 3 Wait 4 minutes.
Step 4 If there is little or no improvement, repeat steps 2 and 3. If there is little or no improvement, call an ambulance immediately (Dial 000). Continue to repeat steps 2 and 3 while waiting for the ambulance.
If the attack is severe the child's parents/guardians and doctor should be contacted.

*Use a Reliever puffer on its own if no disposable spacer is available.

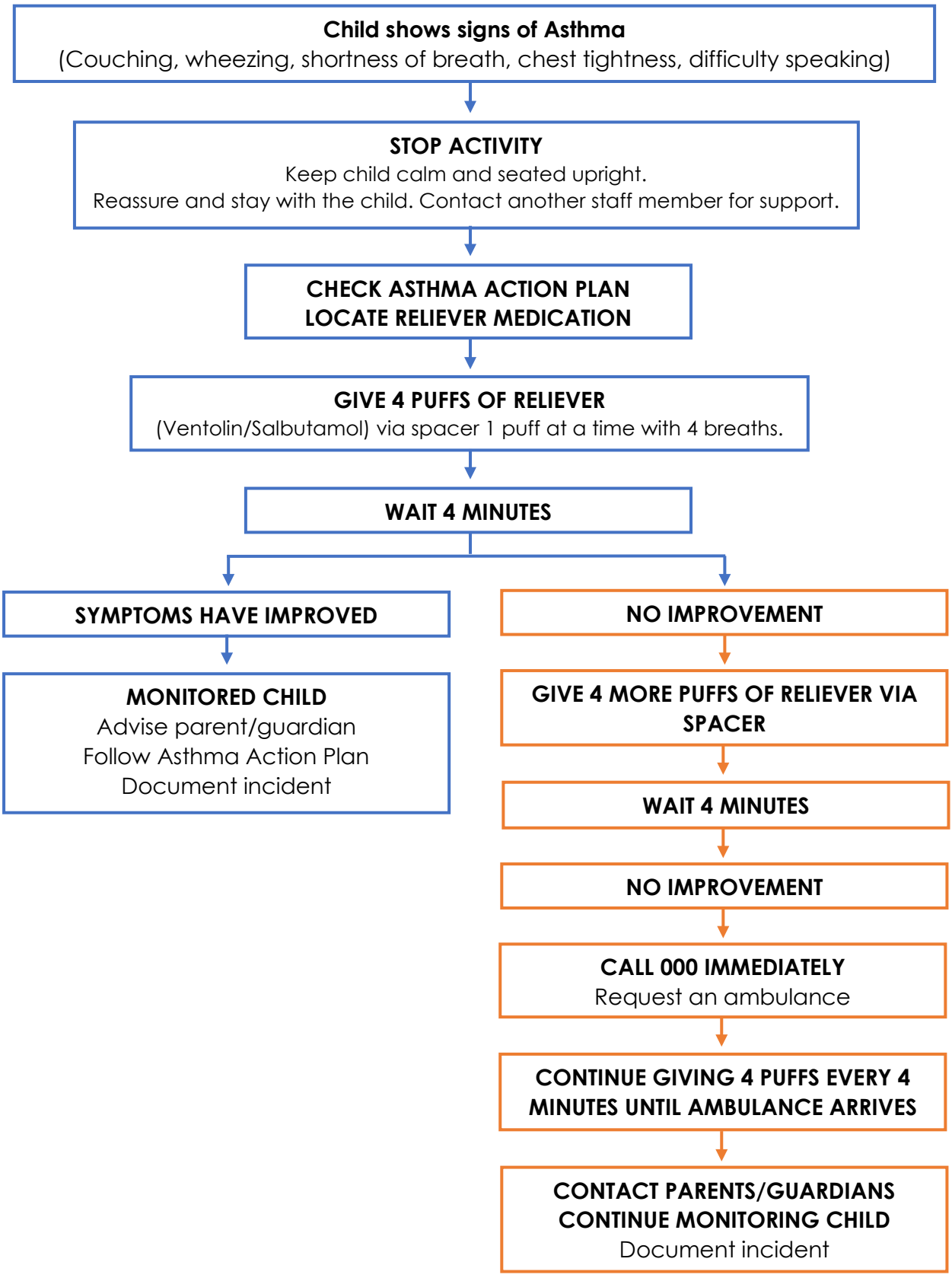
Blue reliever medications are safe. An overdose cannot be given by following the instructions outlined. However, it is important to note that the child may experience harmless side effects of shakiness, tremor or racing heart.

In the event of a serious asthma flare up the school will observe the requirements of the Critical and Emergency Incidents Policy and if relevant report a "notifiable' incident to the Director General of the Department of Education.

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Flow Chart showing the process to be followed in an Asthma



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Allergies & Anaphylaxis

Definition

Allergy: An allergy is an immune system response to a substance (allergen) that is normally harmless to most people. Allergic reactions can range from mild symptoms, such as itching, hives, or swelling, to severe and potentially life-threatening reactions.

Anaphylaxis: Anaphylaxis is a severe, rapid, and potentially life-threatening allergic reaction that requires immediate medical attention. Symptoms may include difficulty breathing, swelling of the throat or tongue, dizziness, loss of consciousness, and a sudden drop in blood pressure. Anaphylaxis is a medical emergency and may require the prompt administration of an adrenaline (epinephrine) autoinjector and emergency medical assistance.

Intolerance: An intolerance is an adverse reaction to a food or substance that does not involve the immune system. Symptoms are generally less severe than an allergic reaction and may include digestive discomfort, bloating, stomach cramps, nausea, or headaches. While intolerances can cause significant discomfort, they do not cause anaphylaxis.

Trigger: Any substance, food, ingredient, medication, environmental factor, or other agent that is known, or reasonably suspected, to cause an allergic reaction or intolerance in an individual. Reactions may vary in severity from mild symptoms to a severe allergic reaction, including anaphylaxis. Identified triggers are documented in the child's health records and, where applicable, their Individual Health Care Plan, and must be managed through appropriate risk minimisation strategies.

Parents Responsibility

Parents and guardians are responsible for:

- Informing the school of their child's allergy/anaphylaxis diagnosis.
- Providing a completed Management Plan from the treating doctor.
- Supplying prescribed medication (including epi-pen), ensuring it is in date and correctly labelled.
- Updating the school if the child's condition or treatment changes.

School Responsibility

Child Side has adopted the following practices to fulfil its responsibility to children with allergies and anaphylaxis.

Health Information Management

- Collect medical information from parents/guardians for all children.
- Request annual updates to medical records for existing children.
- Keep a current list of children with allergies/anaphylaxis and severe medical conditions.
- Store children Medical Management Plan and documentation in a secure but accessible location (Office).
- Educators are provided with a list of children in the school who have allergies, intolerances and anaphylaxis and have access to their Medical Management Plans (if applicable).

Communication and Review

- Notify and follow-up with parents/guardians after any potential exposure to trigger.
- Record all medical treatment provided to children.
- Review each incident to improve staff response and update policies.
- Regularly review related policies and procedures.

Safe Medication Practices

- Children with an anaphylaxis diagnosis are required to have their own autoinjector supplied and stored in an accessible location inside the child's cluster out of reach of children.
- CS has on hand an adult and child autoinjector (epi-pen) stored in the Meet and Greet (MAG) which is replaced when expired or degraded as necessary.
- Autoinjectors are stored in cool, dry areas (15-25˚C) that are easily accessible, unlocked locations.

Allergy and Anaphylaxis Trigger Minimisation

To support the safety and wellbeing of children and staff with diagnosed allergies, intolerances, or anaphylaxis, the School will:

- Identify and document known triggers through enrolment information, medical documentation, Individual Health Care Plans, and Individual Anaphylaxis Management Plans.
- Undertake risk assessments to identify situations, activities, or environments where exposure to known triggers may occur.
- Implement reasonable risk minimisation strategies based on the individual needs of the children/staff and the nature of their identified trigger(s).
- Communicate relevant allergy and anaphylaxis information to staff, volunteers, relief staff, contractors, and other persons as required to support children/staff safety.
- Consider identified triggers when planning educational programs, excursions, camps, incursions, celebrations, fundraising activities, food-based learning experiences, and other school events.
- Promote effective hygiene practices, including hand washing before and after eating and the routine cleaning of tables, food preparation areas, and shared equipment.
- Implement procedures for the safe storage, preparation, handling, and consumption of food within the School environment.
- Ensure emergency medication is readily accessible in accordance with the child's Individual Anaphylaxis Management Plan and the School's medication procedures.
- Regularly review risk minimisation strategies in consultation with parents/carers and health professionals when required.

While every reasonable effort will be made to minimise exposure to known triggers, CS cannot guarantee a completely allergen-free environment. Children, staff, parents/carers, and visitors share responsibility for supporting allergy and anaphylaxis risk minimisation measures.

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Allergies & Anaphylaxis Incident Flow Chart

CHILD SHOWS SIGNS OF AN ALLERGIC REACTION

ASSESS THE CHILD
Keep child calm and stay with the child.
Contact another staff member for support.

MILD/MODERATE SYMPTOMS
- Mild rash or hives.
- Tingling in mouth.
- Mild swelling of lips/eyes.
- Stomach discomfort.

FOLLOW HEALTH CARE PLAN (if available)
Contact parent/guardian.
Monitor closely.
Observe for worsening symptoms.

MONITOR CHILD
Advise parent/guardian
Follow Asthma Action Plan
Document incident

SUSPECTED ANAPHYLAXIS/SEVERE REACTION
- Difficulty/noisy breathing
- Wheeze or persistent cough
- Difficulty speaking/swallowing
- Pale and floppy (young children)
- Collapse or loss of consciousness

CALL 000 IMMEDIATELY
Send another staff member to call 000 & parents/guardians.
Retrieve adrenaline autoinjector and Action Plan.

LAY THE PERSON FLAT ON THE GROUND
If they are having trouble breathing allow them to sit up.
If unconscious or pregnant place in recovery position.
Do not allow them to stand or walk.

ADMINISTER ADRENALINE AUTOINJECTOR (EPIPEN/ANAPEN)
Follow device & Paramedic instructions.
Record time given.

WAIT 5 MINUTES
If no response to autoinjector, give another dose and continue following medical advice.

CONTINUE MONITORING CHILD
Document incident when appropriate.

Diabetes

Diabetes is a chronic medical condition that affects the body's ability to regulate blood glucose (sugar) levels. In schoolaged children, the most common types are:

Type 1 Diabetes – an autoimmune condition requiring daily insulin administration and regular blood glucose monitoring.

Type 2 Diabetes – typically managed through lifestyle changes, oral medications, and sometimes insulin.

Children with diabetes may require support with:

- Monitoring blood glucose levels
- Administering insulin or other medications
- Managing hypoglycemia (low blood sugar) and hyperglycemia (high blood sugar)
- Responding to medical emergencies

Parents Responsibility

Parents and guardians are responsible for:

- Informing the school of their child's diabetes diagnosis.
- Providing a completed Diabetes Management Plan from the treating doctor.
- Supplying prescribed medication and monitoring devices, ensuring it is in date and correctly labelled.
- Updating the school if the child's condition or treatment changes.

School Responsibility

Child Side has adopted the following practices to fulfil its responsibility to children with diabetes.

Health Information Management

- Collect medical information from parents/guardians for all children.
- Request annual updates to medical records for existing children.
- Keep a current list of children with diabetes and severe medical conditions.
- Store children Medical Management Plan and documentation in a secure but accessible location (Office).
- Educators are provided with a list of children in the school who have diabetes and have access to their Medical Management Plans (if applicable).

Communication and Review

- Notify and follow-up with parents/guardians immediately after any diabetic episode.
- Record all medical treatment provided to children.
- Review each incident to improve staff response and update policies.
- Regularly review diabetes-related policies and procedures.

Safe Medication Practices

- Diabetes medication, including insulin, will only be administered in accordance with the child's Diabetes Management Plan, medical practitioner instructions and parent/carer authorisation.
- All diabetes medications must be clearly labelled with the child's name and supplied in the original packaging or pharmacy-dispensed container.
- Diabetes medications will be stored safely and securely, while remaining readily accessible for timely administration when required.
- Only appropriately trained and authorised staff members will assist with or administer diabetes medication.
- Staff will follow safe medication administration procedures, including verifying the correct child, medication, dose, time and method of administration before administering medication.
- Blood glucose monitoring and medication administration will be undertaken in accordance with the child's individual health care requirements. Children will be supported to self-manage where appropriate.
- A written record of all diabetes medication administered at school will be maintained.

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Communicable Diseases and other Illnesses

The school is committed to supporting the health, safety and wellbeing of all children, staff and visitors through the effective management of communicable diseases and other illnesses. Communicable diseases have the potential to spread rapidly within a school environment and may require monitoring, exclusion, notification, and the implementation of appropriate infection prevention and control measures. The school will manage communicable diseases in accordance with current WA Department of Health requirements and will work collaboratively with families and relevant health authorities to minimise the risk of transmission within the school community.

List of examples of Communicable Diseases and Conditions

- Chickenpox (Varicella)
- Covid-19
- Measles
- Pertussis (Whooping Cough)
- Rubella (German Measles)
- Gastroenteritis
- Impetigo (School Sores)
- Hand, Foot and Mouth Disease
- Head Lice (Pediculosis)

*Refer to the *Government of Western Australia, Department of Health's Communicable Diseases Manual for Educators, Childcare Workers, Local Government Authorities and Health Practitioners* for further information regarding the full list of Communicable Diseases and recommendations for individual diseases.

Parents Responsibility

Parents and guardians are responsible for:

- Notifying the school (Co-principal Business Manager and Administrator, or Administration Assistant) immediately and preferably in writing of any communicable (infectious) diseases or conditions that have been contracted by their child/children.
- Follow any exclusion periods as determined by the school and the Department of Health.
- Collect their sick child promptly or arrange an alternative adult to collect their child. CS does not have the capacity or human resources to sit with sick children for extended periods of time.

School Responsibility

Child Side has adopted the following practices to fulfil its responsibility to children.

Communication and Review

- Communication with the school community via the School Management System of any communicable disease or condition that is being experienced at the school or has been notified by another parent/guardian.
- Inform parents/guardians of the exclusion periods as advised by the Department of Health (WA).

Hygiene Protocols

- The School has established hygiene protocols for all children and Staff including:
    - Hand hygiene facilities, resources, and protocols.
    - Sneezing and nose blowing protocols.
    - The safe management of spills of blood and other body fluids or substances.
    - Safe kitchen hygiene and food safe handling protocols.
    - The safe laundering of communal linen and towels.
    - The capacity to increase hygiene and cleaning protocols in accordance with the Department of Health (WA) recommendations and directions.

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Epilepsy and Seizure Disorders

Epilepsy and seizure disorders are neurological conditions characterized by recurrent seizures, which are sudden bursts of electrical activity in the brain. Seizures can vary in type and severity, ranging from brief lapses in attention or muscle jerks to prolonged convulsions. These conditions affect many school aged children and may be triggered by factors such as stress, fatigue, flashing lights, illness, or missed medication.

Parents Responsibility

Parents and guardians are responsible for:

- Informing the school of their child's epilepsy or seizure disorder diagnosis.
- Providing a completed Epilepsy Management Plan from the treating doctor.
- Supplying prescribed medication ensuring it is in date and correctly labelled.
- Updating the school if the child's condition or treatment changes.

School Responsibility

Child Side has adopted the following practices to fulfil its responsibility to children with epilepsy and seizure disorder.

Health Information Management

- Collect medical information from parents/guardians for all children.
- Request annual updates to medical records for existing children.
- Keep a current list of children with epilepsy or seizure medical conditions.
- Store children Medical Management Plan and documentation in a secure but accessible location (Office).
- Educators are provided with a list of children in the school who have diabetes and have access to their Medical Management Plans (if applicable).

Communication and Review

- Notify and follow-up with parents/guardians immediately after any epilepsy or seizure episode.
- Record all medical treatment provided to children.
- Review each incident to improve staff response and update policies.
- Regularly review diabetes-related policies and procedures.

Safe Medication Practices

- Seizure management medications will only be administered in accordance with the child's Epilepsy Management Plan, medical practitioner instructions and parent/carer authorisation.
- Emergency seizure medications (e.g. prescribed rescue medications) must be supplied by parents/carers, clearly labelled with the child's name and accompanied by current administration instructions.

- Seizure medications will be stored safely and securely while remaining readily accessible for emergency use.

Safe Medication Practices Continued.

- Only appropriately trained and authorised staff members will administer or assist with seizure management medications.
- Staff will follow safe medication administration procedures, including verifying the correct child, medication, dose, time, route and expiry date before administration.
- The child's Epilepsy Management Plan will be readily available to relevant staff and followed during all seizure-related incidents.
- Emergency seizure medication will be administered when required and in accordance with the child's prescribed emergency response procedures.
- An ambulance will be called where indicated by the child's Epilepsy Management Plan, where a seizure is prolonged, repeated, or where staff have concerns for the child's safety.
- A written record of all seizure medications administered at school will be maintained, including the time, dose, staff member administering the medication and the child's response.
- Any medication errors, adverse reactions, incidents or concerns will be managed promptly and reported to parents/carers in accordance with the school's incident reporting procedures.
- Child privacy, dignity and wellbeing will be maintained throughout all medication administration and seizure management activities.
- The school will regularly review medication processes and staff training requirements to support the safe management of children's with epilepsy or seizure disorders.

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Administration of all Medicines

The school is committed to supporting the health, safety, and wellbeing of all children. Where medication is required during school hours, medicines will be administered in accordance with WA Legislation and Health Standards.

Parents Responsibility

Parents and guardians are responsible for:

- Providing the school with the over the counter (OTC), homeopathic, prescription or monitored medication. The medication must be in date, labelled and supplied with adequate dosage for the duration required.
- Provide written consent via the School Management System, text message or email to the Co-Principal Business Manager and Administrator, and the Administration Assistant.

School Responsibility

Child Side has adopted the following practices to fulfil its responsibility to children.

Medication Acceptance

- Over the counter medication and homeopathic remedies are only accepted if in the original labelled container, indicating the child's name, dosage and directions. **The medication provided MUST be in date. All medication received by the school is logged in a medication delivery log located on the top of the medication safe.**
- For prescription and monitored medication, the container must have the pharmacy label with the child's name, prescriber's details and instructions present.

Storage

- All medication is stored in a safe, inside a locked cupboard in the Administration Building (MAG). This includes all over the counter, homeopathic, prescription and monitored medication. For medication that needs to be refrigerated, the medication will be kept in the MAG fridge.

Medication Administration

- The Co-Principal Business Manager and Administrator is responsible for managing the administration of all medication at the school.
- The Co-Principal Business Manager and Administrator, Administration Assistant and one other nominated Staff member is responsible for the administration of all medication at school.
- The administering of all medication, including homeopathic remedies, must be witnessed by two staff members and signed for in the Medication Booklet.
- To support safe and transparent medication practices, medication will be administered to the child in the classroom when appropriate. The school will not actively conceal the administration of medication from other children, while maintaining the child's dignity and promoting self-awareness at all times.

Record Keeping

- Medication (short-term or long-term) is recorded in the School Management System. Parents or Administrators must update the child's Medication Profile with new medication or changes to existing medication.
- The school maintains a *Medication Book* which provides a centralised record of all children who receive medication. The Medication Book details the date, child's name, dosage, medication name and signed by two witnesses.

Consent

- The school must have consent from a parent/guardian to administer over the counter (OTC), prescription (S2, S4) or monitored (S4 Restricted, S8) or homeopathic medication. Written consent must be obtained either by the parent updating the Medication Profile in the School Management System, text message, email or written note to the Co-Principal Business Manager and Administrator, and the Administration Assistant.

Disposal of Medicines

- Medication that has expired or is no longer required must be disposed of via appropriate medical or pharmaceutical waste or returned to a pharmacy.
- S4R/S8 Medication must be returned to a pharmacy for disposal.
- If a child's enrolment has been ceased, the parent/guardian will be notified of any remaining medication at school and given 14days to collect. If not collected within 14days, or if given consent, the medication is to be appropriately disposed of.

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Illness, Sickness and Short-Term Health Conditions

The school recognises that children may experience temporary illnesses, injuries, medical treatments, or other health-related circumstances that can affect their ability to safely participate in normal school activities. Through collaboration with parents/guardians, staff and, where appropriate, health professionals, the school will implement reasonable measures to support children's wellbeing, minimise health and safety risks, and ensure that children who are unwell receive appropriate care and supervision while at school.

Parents' Responsibilities

- Ensure children who are unwell do not attend school.
- Keep children at home when they are displaying symptoms of illness, including fever, vomiting, diarrhoea, or other symptoms that may impact their wellbeing or the wellbeing of others.
- Notify the school promptly if their child is absent due to illness or injury.
- Submit an absence notification for all absences, including where a child has been sent home or is required to remain at home due to sickness or injury, through the School Management System or other approved method.
- Make prompt arrangements to collect their child if notified by the school that the child is unwell.
- Inform the school of any injury, illness, medical treatment, or temporary condition that may require additional support, supervision, or adjustments during the school day.
- Consult with the Co-Principals and relevant staff prior to the child's return to school where Additional Considerations may be required. (I.e. After an injury that impacts the child's return to regular physical activity).
- Participate in the development of any attendance, support, or medical management plan required to facilitate the child's safe participation at school.
- Accept responsibility for any costs associated with ambulance attendance or transport for their child.

School Responsibilities

- Promote a safe and healthy environment for all children, staff, volunteers, and visitors.
- Require staff who are unwell to remain away from the workplace until they are fit to return.
- Maintain a trained Work Health and Safety (WHS) Officer to support the school's work health and safety obligations.
- Observe and monitor children for signs of illness, injury, or sudden changes in health status.
- Notify parents/guardians or nominated emergency contacts when a child becomes unwell at school.
- Provide appropriate supervision and care for an unwell child while awaiting collection.
- Administer first aid in accordance with current St John Ambulance Australia first aid principles and school procedures.
- Assess requests for attendance where a child requires Additional Considerations and determine whether reasonable adjustments can be safely implemented.
- Develop support, attendance, management, or risk assessment plans where necessary.
- Exercise discretion in contacting external agencies when required to support the management of a health, safety, or emergency incident.

Guidelines

- Children who are unwell are not to attend school.
- Staff members who are unwell are not to attend work.
- Staff will monitor children for symptoms of illness, including but not limited to fever, vomiting, diarrhoea, headache, irritability, seizures, unusual distress, or other signs of deteriorating health.
- Where a child appears unwell, appropriate first aid and care will be provided while an assessment is undertaken.
- Parents/guardians or emergency contacts will be notified if a child becomes ill during the school day or records an elevated temperature through a non-contact temperature assessment.
- Parents/guardians will be required to collect their child as soon as practicable following notification.
- All children's absences resulting from sickness or injury must be recorded through the school's attendance procedures.
- Children returning to school following illness, injury, surgery, concussion, or other health-related circumstances requiring Additional Considerations must have these needs discussed with the Co-Principals and Educator prior to attendance.
- Where required, the school will develop an agreed attendance, support, or risk management plan in consultation with the child, parents/guardians, educators, and relevant stakeholders.
- Additional Considerations may include, but are not limited to:
    - Fractures, sprains, muscle tears, or other physical injuries.
    - The use of casts, splints, braces, slings, moon boots, crutches, wheelchairs, or other mobility aids.
    - Recovery from surgery, concussion, or physical trauma.
    - Medical treatments requiring temporary adjustments to participation.
    - Conditions associated with menstruation.
    - Temporary mental health conditions such as anxiety or depression.
    - Any other circumstance that may affect a child's ability to participate safely in normal school activities.
- In serious illness, injury, or emergency situations, the school may contact external agencies, including Ambulance Services, Police, Fire and Emergency Services, or child protection authorities, where considered necessary to protect the health, safety, or wellbeing of those involved.
- Where ambulance attendance or transport is required, the associated costs remain the responsibility of the child's parent(s)/guardian(s).