



Health Care Policy

Section	Workplace Health and Safety
Number	9a
Version	3
Approval Authority	School Executive
Date	July 2025
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Review	July 2028

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1 POLICY STATEMENT AND PURPOSE

Georgiana Molloy Anglican School (GMAS/the school) assists students to access health care whilst they are attending school or school-based activities. This entails developing close working relationships with parents and others involved in caring for students. The school endeavours to ensure that health care standards are met, that identified health risks are minimised and that good health habits are promoted. Students with specific needs are located in an environment with access to appropriate resources to meet their needs and the safety and welfare of others.

The policy is based on the following principles which are consistent with standards of health care, relevant legislative provisions, and fair and reasonable expectations of stakeholders:

- The health, safety and welfare of students and staff are of paramount concern
- Collaboration between parents/guardians, health agencies and school staff is essential
- Planning ensures that the school is well informed and well prepared for contingencies
- Staff members who provide health care do so on a voluntary basis and are provided with the opportunity for appropriate training
- All staff members have a sound awareness of their legal rights and responsibilities
- Procedures requiring medical training will not be performed by school staff in routine circumstances

The GMAS Health Care Procedures (see [Related Documents](#)) should be consulted for steps to take during a medical emergency.

2 SCOPE OF POLICY

This policy applies to all staff and students of GMAS.

3 DEFINITIONS

ADD/ADHD

ADHD (attention deficit hyperactivity disorder) “is a neurological disorder that impacts the parts of the brain that help us plan, focus on, and execute tasks. ADHD symptoms vary by sub-type — inattentive, hyperactive, or combined — and are often more difficult to diagnose in girls and adults”.¹

Allergy

A condition in which the body has an exaggerated response to a substance (e.g. food or drug). Also known as hypersensitivity

¹ Kalyn, W., & Rodgers, A., (Eds.). (2023, January 19). What Is ADHD? Attention Deficit Hyperactivity Disorder in Children and Adults. ADDitude. Retrieved February 16, 2023, from <https://tinyurl.com/ADHDDRef>.

Allergen

A normally harmless substance that triggers an allergic reaction in the immune system of a susceptible person

Anaphylaxis

Anaphylaxis, or anaphylactic shock, is a sudden, severe and potentially life-threatening allergic reaction to an allergen, usually food, insect stings or bites, or medicines. (More detail of symptoms is posted on common room walls and in Health Management Plans)

AngliSchools

Anglican Schools Commission (trading as AngliSchools)

ASD

Broadly speaking, ASD (autism spectrum disorder) is a developmental condition which affects how people learn, feel and interact with their environment²

Asthma

A condition in which the airways narrow and swell and produce extra mucous. This can make breathing difficult and trigger coughing, wheezing and shortness of breath

Calm Water

A still, slow moving and/or sheltered area of water e.g. swimming pool, inland water body

Diabetes

Diabetes is a serious medical condition in which the body cannot maintain healthy levels of glucose in the blood. It is a permanent disorder with no cure. There are two main types of diabetes, Type 1 (Insulin Dependent) and Type 2 (Non-Insulin Dependent)

Drug

Any substance that may result in physical, psychological or behavioural changes that may cause impaired performance, and include intoxicating products, legal medication (prescribed and non-prescribed) and illicit substances

EpiPen®

Brand name for syringe style device containing the drug Adrenalin which is ready for immediate intramuscular administration

² What is autism? Autism Spectrum Australia (Aspect). (n.d.). Retrieved February 16, 2023, from <https://www.autismspectrum.org.au/about-autism/what-is-autism>

Exclusion

Keeping a student or staff member who has a communicable illness away from school until the period of infection has passed

First aid

The initial treatment of illness or injury in order to maintain life, ease pain and to prevent the deterioration of a person's condition until professional medical help can be obtained

Hypoglycaemia

Condition caused by a very low blood glucose level. The reverse is hyperglycaemia.

Impairment

The alteration of the normal physical or mental function, which results in diminished ability to perform tasks and activities in a safe manner

Injury Management

A workplace-managed process incorporating the employer and medical management team from the time of injury to facilitate an efficient maintenance in or return to suitable employment

Minimised Risk Environment

An environment where risk management practices have minimised the risk of (allergen) exposure to a reasonable level. Not an allergen risk free environment

Health Management Plan/Emergency Action Plan ("EAP")

A detailed document outlining an individual student's condition, treatment, and action plan for location of EpiPen or other relevant medications

Management System

A record system managed by Heads of School which describes the individual student medical care plans and the particular teachers / coaches who will need to be trained and informed of these plans

Open water

An uncontrolled environment with fast flowing, turbulent water, e.g. surf beach, white water river

Professional Indemnity Insurance

Also called Public Liability Insurance. Protection against the financial risk of being found liable for personal injury, property damage and/or economic loss.

Preventative Curriculum Efforts

Refers to proactive teaching strategies and educational programs designed to prevent problems before they occur, rather than reacting after issues arise

Staff

Includes teachers, education assistants, paid employees, coaches, extra-curricular directors, tutors and group leaders

4 DUTY OF CARE

GMAS has a duty of care to provide/ensure:

- Well maintained first aid facilities and essential first aid supplies in the school at all times
- Sufficient staff trained to an appropriate level of competency in relevant areas
- First aid within the limits of skill, expertise and training is available to all people on the school site during the hours in which the school is open for instruction and at all school sanctioned functions, excursions and camps
- Effective emergency response procedures including the use of the wheelchair, stretcher, defibrillator, and contacting emergency services
- Up to date relevant medical/health information pertaining to all staff and students
- That students with specific disabilities or medical conditions will be located in an environment with access to appropriate resources to meet their needs and the safety and welfare needs of others
- Access to the most appropriate level of professional advice and assistance e.g. Community Health Nurse
- Student and staff needs and records will be dealt with in a professional and confidential manner

Commented [GW1]: Not sure about this point.

4.1 Professional Indemnity Insurance

The school is covered, through AngliSchools, for Professional Indemnity Insurance. The principal is notified of any claim against an employee.

4.2 Student Health Insurance

All students of the school are covered 24 hours a day, every day of the year (as per insurance policy). Claim forms and details can be collected from the Business Manager.

5 ADHD/ADD GUIDELINES

Primary School

The support to be provided may involve some or all of the following:

- The Learner Access and Early Intervention teacher to provide information to a student's teachers regarding classroom management strategies for the student as needed
- Contact as required between the primary class teacher and parents/guardians as deemed necessary by either party and may include the Head of Primary School
- Initiating the provision of learning support for the student by class teachers

Secondary School

When the school is initially informed that a secondary student has ADHD/ADD, a meeting involving the teacher, parent and Learning Support is convened to discuss the student's needs, and determine the nature and level of any extra support that will be provided for the student. Further case conferences can be scheduled when and as needed during the student's time at the school.

Medication

Parents/guardians may leave a supply of the medication to be safely stored, distributed and accounted for by Student Services. When on school camps, medications will be held by the Teacher In Charge. More information can be followed below.

6 ADMINISTRATION OF MEDICATION

GMAS is obliged to comply with reasonable requests for assistance in the administration of medication.

- When students are to take medication during school hours all medication is to be held at Student Services, Primary Admin or Early Childhood with clear written instructions from the parent on the medication regarding the student's name, dosage and times to be administered
- Medication is not permitted anywhere else on campus and must never be in the student's possession.
- It is the responsibility of the child to present at Student Services/Primary Admin/Early Childhood to take medication. Assistance may be given to students in Early Childhood to be taken to Student Services/Primary Admin.
- It is the parents' responsibility to inform the school of any changes regarding the management of a student's medication
- Aspirin or codeine, in any form, may not be administered to any child without written instructions from a medical practitioner or parent/guardian
- Parent/guardian permission will be requested before administering paracetamol to a student under the age of x?

Commented [GW2]: KCA's query

- If a student requires prescribed medicine whilst at school, parents/guardians must request permission from Student Services. All prescribed medication must be clearly labelled, be in its original packaging and be securely stored
- Student Services/Primary Admin staff are responsible for administering prescribed medications.
- All medication which is to be self-administered (under staff supervision), except asthma puffers, must be clearly labelled with the student's name and securely stored in a personalised bag on the Medical Alerts Board in Student Services
- Conditions such as asthma, diabetes and severe allergic reaction requiring the administration of prescribed medication must be covered by a Medical Action Plan. Staff must be made aware of the plan for any student identified as being 'at risk' by a medical practitioner. These forms are to be updated every year.
- With the exception of asthma reliever medication, no medication belonging to one student may be administered to another
- All forms must be stored in the student's record file until the student is 25 years of age
- Students must be made aware that, if they are carrying medication that has not been handed in to a staff member in the school office (normal school days) or a staff member when on excursion or camp, and the student loses or misplaces the medication, the student must report the incident as a matter of urgency.
- In the event of a student becoming unwell to the point where they cannot stay at school, they will wait in Student Services or sick bay until a parent/guardian is able to come and collect them.

7 ALLERGY MANAGEMENT

GMAS has an obligation to protect those students who suffer from severe allergies. The school is aware of the higher relative prevalence of allergies in childhood and the higher likelihood of accidental exposure to triggers such as food, insect bites and stings, latex and medication. As severe reactions can occur unpredictably, any allergic reaction is to be taken seriously and treated as a potential medical emergency requiring immediate treatment.

The school position is not to guarantee a completely allergen free environment, but rather to cultivate a Minimised Risk Environment, encourage self-responsibility, and plan for effective response to possible emergencies. The school is committed to proactive risk allergy management through:

- the encouragement of self-responsibility and learned avoidance strategies amongst students suffering allergies

- the establishment and documentation of a comprehensive management plan for the management of special student health needs
- the establishment of specific risk exposure minimisation practices and strategies wherever required within school operations
- close liaison with parents/guardians of students who suffer allergies
- a focus on the development of a sensitive and caring compassionate community, including regular newsletter communication with the parent body seeking support of the school's approach
- Age appropriate education of the children with the allergies

This management approach is congruent with contemporary specialist medical advice, and the school believes educating students to self-manage their condition is a skill attuned to their 'real world' situation.

7.1 Responsibilities

- **Parents** are responsible for providing ongoing accurate and current medical information in writing to the school. The school will seek updated information via a medical form at the commencement of each calendar year, to which parents are required to respond.
- Furthermore, should a child develop a condition during a year, or have a change in condition the **parents** must advise the school of the fact, and details are to be clarified accordingly in the individual action plan.
- For students with an allergic condition, the school requires the parents/guardians to provide written advice from a **medical practitioner** which explains the condition, defines the allergy triggers and any required medication. Whilst the school will coordinate such information, the **heads of school** are responsible for ensuring this occurs in their respective areas.
- The **principal** will ensure there is an effective system to ensure this medical information is regularly updated into the school database.
- The **heads of school** will ensure that a Medical Action Plan is established and updated for each child with a known allergy.
- The **heads of school** will ensure the establishment and maintenance of a management system which records the health management plans relevant to their respective areas, and the specific teachers/ coaches / areas of the school who need to be informed of these plans and trained in the emergency response required.

Teachers and education assistants of those students and key staff are required to review and familiarise themselves with the medical information

- Student medical conditions and health management plans with a recent photograph for any students with allergies are posted in the staff common room, and the administration area

The wearing of a medic-alert bracelet is recommended by the school

Where EpiPens® (Adrenalin) are required in the Medical Action Plan:

- **Parents/guardians** are responsible for provision and timely replacement of the EpiPens, in all sections of the school
- The **parents/guardians** will advise the school when the replacement of medication for primary and secondary students is due
- The EpiPens are located securely and are to be clearly labelled with the student's name
- Whilst EpiPens are the **individual's** responsibility, the school will keep an EpiPen suitable for children in emergencies
- **Secondary students** are permitted to carry their EpiPen, and if so are responsible for its security at all times
- The school will ensure those teaching staff and non-teaching staff working with students with allergies, are trained in the use of EpiPens (and other brand autoinjectors), and that records of such training are maintained

7.2 School café

Café management shall be consulted and work with school management in presenting foods under the following guidelines:

- Menu items are not 'aware,' not 'friendly'.
- It is not expected that café management be aware of all possible contamination of foods through processes prior to purchase. It is possible therefore that foods labelled "may contain traces of nuts" can be served.
- Parents are expected to make themselves aware of café foods and train their children to avoid any products they consider 'unsafe'.

7.3 Student/staff/parent education

- Parents of students with allergies are requested to be involved with the school in developing individual student health care plans. They are also encouraged to contribute to general educational materials to be shared with the school community.

7.4 Anaphylaxis

All students with conditions that may require the use of an auto syringe must provide GMAS with an EpiPen. Individual management plans are in place for each student.

Students who show signs of having an anaphylactic reaction for the first time while involved in a school activity on or off the GMAS campus will be treated by qualified first aid staff and sent to hospital. See [Ambulance](#) for further information.

7.5 Food allergies

- The GMAS Café, Cliff's Kitchen, parent support groups and outside caterers are to be made aware of the risk minimisation aim in this policy (*This extends to those foods labelled "may contain traces of nuts."*)
- Students with dairy product or egg allergies are managed by the school in consultation with the parents/guardians on a case by case basis
- Parental responsibility to build self-management skills within their allergy suffering children is promoted by the school

7.6 Insect allergies

- Diligent management of wasp and ant nests and beehives on campus. This must include an effective system for staff reporting to management, and a system of timely response for eradicating nests.
- Education of students to report any above normal presence of biting/stinging insects in play areas.

7.7 General aspects

- The establishment of clear procedures and responsibilities to be followed by staff and management in meeting the needs of students with additional medical needs.
- The involvement of parents/guardians, staff and the student in establishing individual student medical care plans
- The establishment and maintenance of a management system for effectively communicating individual student medical plans to all relevant teachers, education assistants, and coaches
- The incorporation of allergy management strategies into the risk assessments for all school events, excursions and sporting activities
- Parents/guardians requested to carefully consider eliminating allergenic food items from their child's lunch boxes and for celebratory events

8 AMBULANCE

- A student who suffers a major accident, injury or medical attack (e.g. asthma, diabetes) will be assessed by a qualified first aider and may be taken to hospital by ambulance. All medical and ambulance costs are the responsibility of parents.

- A staff member who suffers a major accident, injury or medical attack (e.g. asthma, diabetes) will be assessed by a qualified first aider and may be taken to hospital by ambulance. All medical and ambulance costs are the responsibility of the staff member. (GMAS insurance policies may cover the cost of the ambulance for staff who do not have ambulance cover).

9 BIOHAZARDS & WASTE DISPOSAL

9.1 Infection Control

Minimising infection from the casualty to the first aider and vice versa is a priority. Please see the Health Care Procedures document ([Related Documents](#)) for steps to take.

9.2 Needles/Syringes

Students should be informed that they are NOT to touch any syringe found on School premises. Please see the Health Care Procedures document ([Related Documents](#)) for steps to take. Information will be kept on file.

10 CHILDHOOD EXERCISE AND EATING

10.1 Healthy eating

GMAS has a healthy eating culture, in order to provide students with the energy required for learning and growing.

The school café supports healthy eating and has adopted a menu full of healthy, nutritious and affordable food and drink. This is consistent with curriculum messages and applies to school camps and excursions.

Nutrition and physical activity messages are being taught in the classroom to promote healthy lifestyles.

For many students the day begins early with a long travel time to school. The school policy is for students in LG – 6 to have a fruit or vegetable break between the beginning of the school day and the first recess break. Parents/guardians are asked to be sure their child has appropriate fruit or vegetables packed for this break.

10.2 Exercise Policy

Our school aim is to provide two hours of physical activity per class per week as mandated by the Federal Minister for Education.

- Primary School students have a daily exercise program imbedded into the curriculum
- Secondary School fulfils the government requirements by Physical Education Staff in 2 x 60 minute PE lessons. Junior and Early Childhood Sub Schools have a combination of

Physical Education Staff (PE lesson x 60 minutes) and their Class Teacher (morning fitness – 15 minutes x 5 mornings per week).

- Specific emphasis will be given to exercise in all outcome levels within the Health and Physical Education learning area.
- Ongoing participation for students in activities such as “Jump Rope for Heart” will be encouraged.
- Our school promotes walking and bike riding to school for children living closer to the school. A bike enclosure is provided for the safe keeping of student bikes.
- Students are encouraged to use the sporting facilities and to exercise during breaks.
- Our school is committed to the ongoing improvement and provision of exercise facilities for all students
- Our school has a continual promotion of the Co-Curricular Sporting Program to children. As the school matures a great number of sporting teams have emerged in the Saturday morning local sporting competitions.
- Our Multipurpose Activity Centre (MAC) has multi-use facilities and is used by staff and students. Physical Education Studies classes are held in the MAC as well as it being used for a practice venue for GMAS and local sports teams. Staff are able to utilise the MAC’s aerobic and weights facility.

11 COMMUNICABLE AND INFECTIOUS DISEASES

Preventing and controlling the transmission of infectious micro-organisms is a fundamental activity for child care and school facilities. While it is unfeasible to prevent the transmission of some micro-organisms, it is possible to significantly reduce the transmission of many by immunisation or by reducing the exposure of susceptible contacts by excluding the infectious person or disinfecting skin or environmental surfaces that have been contaminated.

11.1 Immunisation

In Western Australia (WA), No Jab No Play legislation came into effect on 22 July 2019. This legislation requires children to be up to date with their immunisations to enrol in pre-kindergarten and kindergarten programs, with limited exceptions.

11.2 Notifiable Diseases*

If the school is notified of a case of measles, immunisation records of students are checked and those not immunised or with no documentary evidence should be excluded until 14 days after the first day of the appearance of the rash in the last case of the measles. If unimmunised contacts are vaccinated within 72 hours of their first contact with the first case they may return to school. Contact should be made with the Communicable Disease Control Program.

** In the event of any notifiable disease such as measles or whooping cough, the Principal/ Deputy Principal must be informed³.*

12 DIABETES

The child with diabetes and their family require support and education in order to manage the diabetes.

- Parent/guardian completes and signs medical information forms at enrolment and as part of regular medical updates
- Staff, including relief, will be informed of students with Diabetes, and management and action plans sent to the relevant areas and available on SEQTA
- Action Plans and individual plans reviewed annually or when changes in Diabetes management occurs
- Staff will consider the needs of the student with Diabetes when planning class parties, excursions, camps, exams and sporting activities
- Students with Diabetes are to carry their “hypo kit” at all times. If age appropriate and able, students to check their own blood glucose levels and manage their insulin injections or insulin pump.
- Staff to administer insulin only with parental permission and appropriate skill level
- A pump manual is available for teachers who have a child with an insulin pump in their class
- Parent/guardian to be contacted if there are any concerns regarding diabetic management at School
- The student with Diabetes should never be sent to Student Services alone or left unattended when feeling unwell or showing signs of hypoglycaemia
- If Student becomes unwell or begins vomiting, parent/guardian will be contacted immediately

12.1 Hypoglycaemia

- Follow the steps listed in the [Health Care Procedures](#)
- Water sports must be very carefully planned and supervised as a hypoglycaemic episode increases the risk of drowning, some features of hypoglycaemia may be masked by the cooler body temperature experienced during water-based activities

³ Ibid

13 DRUGS AND ALCOHOL

GMAS is committed to protecting the health and safety of all employees, clients and members of the public by eliminating accidents, incidents, or injuries arising from the use of drugs or alcohol in the workplace wherever possible.

The school recognises alcohol and/or drug usage becomes a Work Health and Safety (WHS) issue if a worker's ability to exercise judgement, coordination, motor control, concentration and alertness at the workplace is impaired.

It is within this framework of care for the individuals on campus, that the following guidelines concerning drugs and alcohol are written:

- that alcohol and nicotine are a major cause of drug-related harm
- that the goal of no illicit drugs in schools is a stated goal in government policies
- that drug use occurs along a continuum ranging from non-use, experimentation, occasional/situational use, habitual and intensive use and that both prevention and intervention efforts are necessary aspects of an effective drug policy
- that there is a need for a standardised approach to drug education and welfare procedures to be maintained across year levels
- that there is a need to ensure that the school staff will implement this policy with care and support for students
- that this policy will have consequences for the whole school community, including students, staff and parents/guardians

13.1 Drugs

The school recognises that drugs are available in the general community and that some students procure drugs for the purpose of experimentation. The school will do all in its power to educate parents/guardians and students that the safest use of drugs is no use.

The school's goal is drug prevention/harm prevention. The principle aim in its drug education program is to promote abstinence and harm prevention in the student body.

Regardless of legalisation of drugs in the wider community, the school will view providers/suppliers of mood-altering drugs as people who endanger the health and future potential of others and consequently may terminate their membership of the school community.

The school acknowledges that some students may need specialist intervention and treatment.

13.1.1 Sanctioned drug use (prescribed or medicinal)

Students who need to use prescribed and medicinal drugs within the school's jurisdiction must

- always do so under the supervision of school staff
- have written approval of their parents/guardians, and
- if asthmatic, carry an inhaler with them at all times. Additional inhalers, i.e. Ventolin, will be kept in the Student Services Office. Students will be required to identify and recognise the inhaler type as appropriate for their use when self-administering an inhaler borrowed from the school.

13.1.2 Unsanctioned drug use

Save for medical reasons, students are not permitted, when under the school's jurisdiction, to use, or to be under the influence of, any drug or substance.

The following substances are prohibited:

- Tobacco and tobacco products
- Solvents and industrial products
- Illegal drugs
- Performance enhancing substances (including legal substances such as creatine, body building powders, vitamin supplements, sodium bicarbonate etc)

13.2 Sanctions

Students who are enrolled at the school who provide/supply mood-altering drugs (regardless of their legality) to others **may be asked to forfeit their enrolment at the school.**

The response of the school to other drug-related offences will take into account the nature and circumstances of the offence, and prior record of the student. The physical, mental, emotional and spiritual health and well-being of students is the priority of the school.

Sanctions available to the school include:

- (i) informing and consulting parents/guardians
- (ii) providing counselling
- (iii) loss of privileges
- (iv) suspension from school
- (v) referral to external agencies
- (vi) notification to police
- (vii) termination of enrolment

Sanctions will be taken as appropriate to the individual case. The principal retains the right to decide upon appropriate sanctions in all circumstances.

13.3 Students affected by drugs

In the event of a student appearing to be under the influence of a drug, school administration will seek medical advice. The school will attempt to notify parents/guardians before any referral to any medical agencies is made, or as soon as is possible. The school reserves the right to check lockers, bags etc to ascertain if drugs are on the premises.

13.4 Due process

In the event of an investigation by the school staff into suspected or apparent drug use or drug possession, due processes will be followed with as much discretion as is possible in the circumstances. The Head of School will be involved from the outset in the interests of providing maximum pastoral care to students and families during a difficult time.

13.5 Intervention

The school will provide an intervention component for those students for whom preventative curriculum efforts have been unsuccessful.

Incidents will be dealt with in a positive, supportive manner and in the best interests of the student, staff, school and general school community.

The identification of problems can occur in three ways:

- (i) students may voluntarily approach staff members
- (ii) students may be identified through action resulting from inappropriate use of drugs
- (iii) School staff can approach the Principal, Deputy Principal, heads of school, School Psychologist, home room teachers or Chaplain to express concerns about a particular school member

Judgements can then be made as to whether further action is warranted. If so, a confidential interview can be arranged with the student to attempt to determine whether a problem exists and to select a course of action. If an illegal drug is involved, then the police may be informed.

13.6 Notification of police

In the event of a suspected or apparent drug offence being notified to police, the school will ensure that any student under such investigation will receive due and adequate representation. The Head of School or other pastoral care teachers may accompany students to any interviews to give background on the student. The parents or guardians of any student so concerned will be notified as soon as possible in this event.

13.7 Alcohol

It is an offence under Australian law to obtain alcohol for, or supply alcohol to, people under 18 years of age. If alcohol is served at a school function or within the school where students are present, a warning concerning this legislation must be issued to adults conducting the function.

13.7.1 Consumption of alcohol during school activities on or off-site

The consumption or use, possession and/or sale of alcohol is permitted on some occasions at school that are sanctioned by the School Executive. Where alcohol is to be provided by GMAS at a school sponsored function, it will be provided in a properly authorised and responsible manner and staff and guests will be reminded of their legal obligations including those under the Road Traffic Act concerning driving and alcohol consumption.

At any school function where it is proposed that alcohol be served the function organiser is responsible for ensuring that all the following conditions are observed:

- a choice of beverage is to be available for those attending, including an ample supply of non-alcoholic beverages
- all drinks are to be served in a suitable environment, by responsible persons
- no student is to serve or be served alcohol
- any person behaving objectionably will be required to leave the premises
- Students are not permitted to possess or consume alcohol at school or at school functions/events etc.
- no pressure will be extended upon anyone present to partake in the consumption of alcohol. **By implementing this policy, the school will not only provide a safe workplace increasing the levels of safety of everyone present at the workplace, but will ensure that high levels of productivity, efficiency and quality are maintained.**

Commented [GW3]: Overkill?

13.8 Responsibilities of staff, contractors and visitors

Staff, contractors and visitors to the school have a responsibility to take all reasonable steps to ensure that their use of alcohol or other drugs does not impair their ability or that of others to perform safely and/or productively. It is unacceptable to present for work, or to be at work, while under the influence of alcohol and/or other drugs. To ensure workplace hazards and risks associated with the use of alcohol and/or other drugs are eliminated or reduced as far as practicable, we will provide education and information to staff and students about the ways in which alcohol and/or other drugs can affect health and safety.

14 FIELD TRIPS, EXCURSIONS, INCURSIONS, CAMPS

- It is the responsibility of the person in charge of the event to foresee possible first aid needs, ensure first aid equipment is adequate, up to date medical information is available and trained first aid staff are present
- A mobile phone and/or satellite phone (as appropriate) must be taken by the teacher in charge on all excursions
- An appropriate contingency plan must be in place to deal with emergencies

15 FIRST AID

The provision and maintenance of first aid equipment, facilities and services for all employees is a requirement of the Occupational Safety and Health Act 1984, Occupational Safety and Health Regulations 1996 and the Codes of practice: First aid facilities and services; workplace amenities and facilities and personal protective clothing and equipment (see [Related Legislation](#)).

15.1 Roles and responsibilities

15.1.1 Student Services

- Student Services staff provide advice to the School Executive about procedures in relation to the sick bay
- Student Services staff ensure first aid kits are accessible whenever students and staff are at school or at a school sanctioned event
- Student Services staff oversee all first aid equipment in the sick bay

15.1.2 Staff

All staff members have a duty of care/responsibility to assist sick and injured people whilst at school or at a school sanctioned event.

15.1.2.1 Unqualified staff members will:

- Be aware of the location of first aid kits (see [Related Documents](#))
- Be aware of medical problems of students in their care and EAP for students with medical conditions requiring prescribed medication

Whenever an Accident report Form is filled out:

- the parents/guardians must be notified via the student's diary or by phone
- the incident must also be recorded in SEQTA under the student's medical records
- the Business Manager and the Deputy Principal are informed

15.2 Location of First Aid equipment and kits

- A sick bay for students is located in Student Services in the school's administration building
- A wheelchair and stretcher are located in sick bay at Student Services

15.3 First Aid and Defibrillator locations

See [Related Documents](#)

15.4 Student Medications

Primary and Secondary - EpiPens and other medication in first aid bags personalised to individual students These are located on the Medical Alerts Board in the Student Services corridor.

Early Learning – EpiPens and other medication in first aid bags personalised to individual students

Defibrillator – Located in Student Services and on the west (highway) side of the MAC, under the stairs

16 HEAD LICE (Pediculosis)

The number of cases of head lice in the school will be reduced if there is an appropriate education program and cooperation between the school, the home and the general community.

- Children and parents/guardians are to be made aware of the problem and the method of treatment via distribution of a WA Health Department publication regarding lice infestations (see [Related Documents](#))
- In primary, parents/guardians will be informed when there is a head lice problem in a particular class (see [Related Documents](#))
- A student will not attend school or participate in an educational program of the school while suffering from head lice until treatment has removed all adult lice
- A member of staff may be authorised to examine the head of any student at the school to ascertain whether head lice are present (Part 3, Division 2, r 29 of the Western Australian School Education Regulations 2000) (see [Related Legislation](#))

17 INJURY MANAGEMENT AND WORKERS' COMPENSATION.

GMAS undertakes injury management with employees following a work-related injury, illness or disease. The implementation of the Injury Management Guidelines, for compensable injuries, is undertaken in accordance with the Workers' Compensation and Injury Management

Act 1981. Assistance may also be given following a non-work-related injury, in accordance with the Disability and Discrimination Act 1992 (see [Related Documents](#) for links to both acts).

Effective injury management:

- provides physical, psychological and financial benefits to employees
- minimises disruption to work
- reduces costs to all concerned

The GMAS Injury Management and Workers' Compensation Policy contains more detail (see [Related Documents](#)).

18 INSECT BITES AND STINGS

In the event a child is bitten or stung, their EAP is to be followed if they have one. If not, the first aid guidelines (found in the Health Care Procedures) for insect bites and stings should be followed (see [Related Documents](#)).

19 SNAKES

- If a snake is spotted on school grounds, one staff member should monitor it while another calls Wildcare (9474 9055) who will send out a volunteer from the closest registered wildlife rehabilitator
- If the snake disappears and cannot be re-sighted, *do not* call Wildcare as the volunteer may not be able to find it
- In the event that someone is bitten by a snake, follow the instructions in the Health Care Procedures (see [Related Documents](#))

Commented [GW4]: Could we train interested staff as snake handlers?

20 STUDENT ILLNESS AND INJURY

If students feel unwell while in the care of the school on or off campus, they are to inform a staff member. If the student is in class and on campus, the teacher will write a note in the student diary for them to take to Student Services. If a student is unwell or injured out of class, the nearest staff member is to be notified. If off campus the student will be directed to the teacher in charge of the activity for assessment.

Commented [GW5]: Who still has diaries?

In the Student Services area there is a sick bay where students can rest/recover.

If necessary, action will be taken and parents/guardians notified (if appropriate). Parents/guardians will be contacted and advised that their child is in the sick bay. Parents/guardians can decide if the student is to be collected, immediate medical assistance required or the student is able to return to class activity when they feel better. Sick Bay Guidelines form part of the procedures for admittance to the sick bay.

Qualified staff in first aid are present in this area.

It is the responsibility of supervising staff to complete in an Accident or Incident Report Form (see [Related Documents](#)) should an injury occur to a student or staff member.

20.1 Health related absences from school

Principals will:

- Arrange the provision of an educational program for students who are absent for more than 10 school days due to illness, and
- Provide chronically ill students with ongoing engagement and participation in an appropriate education program

If a parent insists that their child attend school and the principal believes that the child is not well enough to attend, the principal can request the parent to provide a medical certificate to confirm that the child is fit to attend school.⁴

20.2 Health care for students 18 years and over

Principals will:

- support the health care needs of students 18 years and over as a part of their normal responsibilities for all students,
- negotiate an appropriate management strategy with the student when they indicate that they require health care support from school staff, and
- negotiate arrangements with the student for sharing health information.

Adult students are ultimately responsible for their own health. Principals have a role in supporting students' health, in maintaining a safe and healthy environment and in protecting the school community from infectious diseases. Adult students should be encouraged to manage their own health where possible and can:

- complete their own health care documentation
- provide consent
- self-medicate, and
- request access to their school health records

Documentation completed previously by parents/guardians is no longer binding once the student turns 18⁵.

21 SUN PROTECTION GUIDELINES

Sun protection guidelines have been adopted to ensure all staff and children attending GMAS are protected from skin damage caused by the harmful UV rays of the sun. The guidelines are

⁴ [Department of Education Western Australia](#)

⁵ [Age of Majority Act 1972](#)

to be implemented throughout the year, across all year levels. The sun protection practices outlined will be applied to all school activities including sports carnivals, excursions and camps.

21.1 Practices

- The Primary School students are required to wear hats whenever they are outside in Terms 1 and 4
- Secondary School students are encouraged to wear hats while participating in outdoor Physical Education classes and are encouraged to wear hats when not in the shade during Terms 1 and 4
- The Cancer Council recommends deliberate sun exposure for Vitamin D during Terms 2 and 3. Students may not be encouraged to wear a GMAS hat when outside at these times, however if weather conditions dictate otherwise the school recommends wearing hats as a necessary precaution.
- Positive role modelling of sun protection behaviours are demonstrated by school staff and volunteers
- Students without a hat are encouraged to remain in an area that is protected from the sun
- Students are encouraged to use available shade for outdoor activities and play
- Sunscreen is available from the Health and Physical Education Office. Students are encouraged and reminded to apply it.
- Students are allowed and encouraged to wear sunglasses to protect their eyes from harmful UV radiation while participating in outdoor activities (when safe and appropriate to do so). Fashion sunglasses with minimal UV rating are not encouraged. Students must take responsibility for such property.

21.2 Curriculum

- Sun protection and skin cancer prevention programs are promoted via Health & PE lessons.
- Sun protection is promoted throughout the year via the school newsletter (What's On), assemblies, daily bulletins, diaries, parent and staff meetings.

21.3 Environment

- The school will provide adequate shade for all students and staff at sporting carnivals

22 VACCINATIONS AND IMMUNISATIONS

Childhood Vaccination: Under the Australian Government's "No Jab No Pay" reforms, conscientious objection (vaccination objection) on non-medical grounds is no longer a valid exemption to immunisation.

A medical exemption to immunisation still remains under the “No Jab No Pay” reforms. Examples are medical contraindication or natural immunity, certified by a general practitioner. It is encouraged that parents and/or guardians of all students have vaccinations and be up-to-date with all vaccinations.

NB: A doctor’s note must be provided if unable to provide up-to-date immunisation records.

NB: In the case of students on visas and/or overseas students the correct entry on the Enrolment Register would be “under-vaccinated”.

23 WATER SAFETY

GMAS staff and members of the School Council are bound to act in accordance with the water safety laws for schools as set by both Federal and State Acts of Parliament. The relevant legislation includes: Disability Discrimination Act 1992, Occupational Safety and Health Act 1984, School Education Act 1999, sections 61 (1) (b), 63 (1) (c) (ii) and 64 (1) (e).

As part of the curriculum, students participate in many activities that are conducted in aquatic environments. Such activities may be conducted on or off the school site, ranging from potentially high-risk areas, such as surf beaches, to lower risk locations, such as swimming pools. Generally, activities conducted in aquatic environments require a high degree of risk assessment and management. However, the level of risk will vary according to the nature of the activity.

For swimming and water safety programs, there is a minimum level of supervision for students in the water. At no time will there be less than one qualified supervisor. Supervisory numbers can be found in the Department of Education ‘Swimming and Water Based Activities’ appendix, page 13 (see [Related Documents](#)).

Different levels of supervision are required for calm and open water environments.

Calm water: There must be at least one qualified supervisor for every 32 students or part thereof.

Open water: There must be at least one qualified supervisor for every 16 students or part thereof.

A qualified supervisor must hold a qualification recognised by the Department of Education and Training.

For closed water environments, recognised qualifications include:

- Level I, II or III Coach (relevant to the specific activity) under the National Coaching Accreditation Scheme
- RLSSA Bronze Medallion

- SLSA Bronze Medallion
- SLSA Surf Rescue Certificate
- AUSTSWIM Teacher of Swimming and Water Safety Certificate (recognised as being appropriate for swimming pools only)
- RLSSA Swimming Instructors Certificate (recognised as being appropriate for swimming pools only), and
- equivalent award as recognised by the Director General.

For open water environments, recognised qualifications include:

- Level I, II or III Coach (relevant to the specific activity) under the National Coaching Accreditation Scheme
- SLSA Bronze Medallion
- SLSA Surf Rescue Certificate
- RLSSA Bronze Medallion (is suitable for a flowing river or waterway), and
- equivalent award as recognised by the Director General.

The teacher in charge of the activity must ensure that the qualifications held are suitable and up to date. Adults who are not teachers but who possess the appropriate experience, competencies and/or qualifications may be supervisors. Lifeguards on duty may be considered as a member of the supervisory team where their sole responsibility, at that time, is to actively supervise the area in which the activity is being conducted.

24 HELPFUL LINKS

The Australian Government's 'Starting Blocks' website has very useful information on healthy foods.

<https://www.startingblocks.gov.au/other-resources/factsheets/nutrition-in-childrens-education-and-care-services>

25 RELATED LEGISLATION

[Age of Majority Act 1972](#)

[Codes of Practice – First Aid, Amenities and Personal Protective Equipment](#)

[Disability and Discrimination Act 1992](#)

[Occupational Safety and Health Act 1984](#)

[Occupational Safety and Health Regulations 1996](#)

[Western Australian School Education Regulations 2000](#)

[Workers' Compensation and Injury Management Act 1981](#)

26 RELATED DOCUMENTS

[AngliSchools Enrolment and Attendance Policy & Procedures 6a V7](#)

[AngliSchools Work Health and Safety Policy and Procedures \(WA\)](#)

[Head Lice Best Practice Guidelines Education Department](#)

Injury Management and Workers' Compensation Policy

Health Care Procedures

[Provision of liquor at school functions](#)

27 REVIEW AND UPDATE

This Policy shall be reviewed at least every three years or when a material change is identified through strategic intent or legislation.

28 REVISION RECORD

Version Number	Date	Summary
1.0		Document created
2.0	16/10/18	Amended original document
3.0	12/09/19	Draft for feedback – major changes
3.1	16/02/23	Draft for feedback – minor changes
4	July 2025	Major review

DOCUMENT APPROVAL

Approved By	Date
School Executive	