McDOWALL STATE SCHOOL

POLICY & PROCEDURES
Student Health & Wellbeing

ACCIDENTS WHILE AT SCHOOL

In the event of a student sustaining an injury which is thought to necessitate expert medical attention, an ambulance will be called, and possibly child taken to hospital with a member of staff accompanying until a parent can attend. If it is at all possible, parents will be notified immediately, or a message left with the 'contact person' as identified on the Application for Student Enrolment Form.

Minor play related incidents do occur during recess periods. Duty staff are equipped to respond and provide care regarding such incidents. Where a more focused assessment is required, students are referred to School Administration. Staff maintain a record of all students attending School Administration, including reason and whether the parent has been contacted. Most students are returned back to class, without need for medical attention and parent contact. The class teacher then monitors the student. If any doubt exists, a second staff opinion is sought, with staff more likely to request a parent attend the school to access specialist medical care for their child, than not. Staff will contact a parent every time their child presents at School Administration, should such a request be made in writing. Parents will be contacted in relation to the following:

- Head knocks (or any injury above the neck)
- Sprains
- Relatively deep or significant cuts or abrasions
- Reactions (eg. Insect bites)
- Any issues relating to the administration of medication (As per Management Plan)
- Any minor injury or illness determined to possibly require further monitoring.

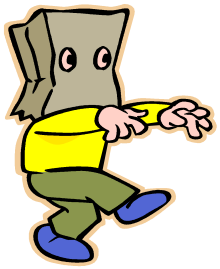
Parents are to advise School Administration if there are any changes to the health status of students during their time of enrolment. eg. Allergies, Medications, Disabilities, etc. All staff and students of McDowall State School are provided free Ambulance Cover. Parents must ensure that telephone contact details remain up to date.

HEAD LICE

Head Lice – known to many as 'Nits' – are often the subject of jokes and teasing at school. However, much of the misunderstanding, stigma and blame surrounding head lice has come about because many people do not know how head lice reproduce, grow and are spread from head to head. They do not realize they are just a bug that can be treated like any other bug.

What are Lice?

The first thing you need to know is that the word lice is plural and the word louse is singular. 'Nits' is a common name for the eggs of lice.



Head lice:

- Are tiny egg laying insects
- Grow to about 3.5mm (the size of a pinhead)
- Have no wings, so they cannot fly
- Have six legs with strong claws designed for holding tightly onto hair.

Detecting Head Lice

Itching is often the first thing that raises concern about head lice – however, it is not a reliable sign of lice. By looking at the hair when it is dry, you may see only a small number of lice, if any. They can be difficult to see because they are so tiny, move quickly and may be close to the scalp. Eggs may be easier to see, but knowing if they are dead or alive has important implications for management. If they are more than 1.5cm from the scalp they will be hatched or dead eggs.

How to get rid of Lice

While many chemicals are available on the market to combat head lice – the conditioner and combing technique is the most effective and cheapest way of detecting and TREATING lice:

- For mild head lice conditions
- When chemicals are not effective due to resistance
- To avoid using chemicals (insecticides)
- For children to learn and do themselves under adult supervision
- In between chemical treatments – use every two days to remove young lice as they hatch.

Conditioner and Combing Technique

1. Untangle dry hair with an ordinary comb
2. Apply the hair conditioner to dry hair. The conditioner works by stunning the lice and this works best when the conditioner is thick. Use enough conditioner to cover the whole scalp and all the hair from roots to tip.
3. Use an ordinary comb to evenly distribute the conditioner and then divide the hair into four or more sections using hair clips. A mirror helps if you are combing yourself.
4. Change to a head lice comb.
5. Start with a section at the back of the head. Place the teeth of the head lice comb flat against the scalp.
6. Comb the hair from the roots to the tips.
7. Wipe the comb on a tissue or material after each stroke.
8. Comb each section twice until you have combed the entire head.
9. If you find lice or eggs, decide on a treatment.
10. If you choose conditioner and combing as a treatment, keep combing the whole head until all the hair conditioner is gone.
11. Repeat the conditioner and combing technique every two days until you find no more head lice for 10 consecutive days. You will be removing all the adult lice and any young lice as they hatch.

Head lice are not a result of uncleanliness but is a common problem experienced by many students. Parents should check children's hair regularly and carefully. Head lice are transmitted directly from one person to another. If treatment is occurring, a student's attendance at school need not be disrupted. Further information can be accessed from School Administration.

- ***All*** children should have their hair checked for headlice by parents, on a weekly basis. This could be achieved while the child is sitting watching their favourite TV show.
- Headlice infestation does not mean the child is dirty. Lice prefer clean hair to oily hair as the eggs are more easily attached to the hair shaft.
- Headlice prefer straight rather than curly hair as eggs are more easily attached.
- Headlice only live on humans.
- Boys are less prone to headlice infestation as they usually have shorter hair. Girls like to be close to one-another, share brushes and have longer hair.
- Eggs are laid close to the scalp. Eggs look like dandruff against a hair shaft but do not move from the shaft.
- Headlice have become resistant to shampoos which are applied wet to hair. Solutions which are applied to dry hair with the solution saturating the hair should be used. Other types are ineffective.
- The solution must not be applied more frequently than is stated on the bottle instructions.
- Eggs are impossible to kill. The treatment must be repeated 8-10 days later. Refer to the label.
- Regular vigorous brushing is necessary to respond to possible headlice infestation. The brushing damages eggs and kills many. Dip combs in vinegar afterwards.

  - Adults ***must not use*** kerosene or products with Lindane (DDT). These will dispose of the headlice but will harm the child.
  - Lice do not jump from heads of hair. They will remain as close to the scalp as possible (food source). Transfer usually occurs through direct transfer from head to head.
- ***Headlice management is a parental responsibility.*** The school will endeavour to prevent, where possible, headlice transfer situations and promote effective strategies for parents to use.
- Parents should ***assist the school***, in braiding children's long hair with loose hair being tucked into the braid. Platting and pig tails are not effective. Hair needs to be restrained near the head.
- If parents use a treatment and it is found not totally successful, a change of brand / product is necessary. This may assist in preventing headlice resistance to products. Brand advice is available from the local chemist.
- The school will promote the wearing of hats throughout the school year (Sunsmart Strategy). Students will be taught ***not*** to share hats, brushes and combs. These items are personal belongings and should be stored in ports. Where headlice have been identified within a class group: the teacher will promote a ***'personal space'*** concept thus reducing direct contact between students. This is an issue in the younger year levels as children like to sit close to their friends on the carpet.
- Headlice will ***never*** be totally eradicated from society.

HEALTHY LUNCHES = HEALTHY KIDS

Whether your child attends school or child care, the foods they consume while there form a large part of their daily food intake. School lunches and snacks should make a valuable contribution to your child's nutritional needs, helping them stay alert, energetic and healthy. By following the guide below when packing your child's lunch, you will ensure they receive all the protein, carbohydrates, vitamins, minerals and fibre they need for healthy growth and development.

1. **Breads and Cereals** four or more serves per day.
   One serve = one slice of bread = half cup of cereal = half cup of cooked rice or pasta

2. **Fruit and Vegetables** four or more serves per day.
   One serve = one piece of fruit = half cup of vegetables

3. **Meat and Meat Alternatives** one or two serves per day.
   One serve = 90g meat = 150g fish = 1 egg = three quarters cup beans = quarter cup nuts

4. **Milk and Milk Products** 600ml per day.
   Made up of one cup milk, one cup yoghurt and 30g hard cheese

5. **Fats and Oils** 1 tablespoon daily.

INFECTIOUS DISEASE

Students who are unwell must not attend school and should remain at home until fully recovered. The exception in this case is where certain complaints, eg. skin diseases are being medically treated and are adequately covered.

Where a student attends school while unwell or suffering from an infectious health condition, the parent will be required to collect the child (Health Act). The child will be excluded from attendance until the infectious period has past or until a doctor certifies that the child may safely return to school. Further advice is available concerning these health conditions from School Administration.

DISEASE	ACTION
Chickenpox and Shingles	• Exclude until fully recovered or at least 5 days after the eruption first appeared. (Some remaining scabs are not a reason for continued exclusion) • Exclude contact children with immune deficiencies (eg. leukaemia or chemotherapy) otherwise not excluded.
Conjunctivitis	• Exclude until discharge from eyes has stopped.
Cytomegalovirus Infection	• Exclusion not necessary
Diarrhoea (campylobacter, cryptosporidium, giardia, rotavirus, salmonella, shigella, intestinal worms)	• Exclude until diarrhoea has stopped
Glandular Fever (mononucleosis)	• Exclusion not necessary
Hand, Foot and Mouth Disease	• Exclude until all blisters have dried.
Haemophilus Influenzae Type B (Hib)	• Exclude until Medical Certificate of recovery is received
Headlice	• Exclude until day after proper treatment has started
Hepatitus A	• Exclude until a Medical Certificate of recovery is received, but not before seven days after the jaundice or illness started
Hepatitus B	• Exclusion not necessary
Hepatitus C	• Exclusion not necessary
Herpes (cold sores)	• Exclude if child cannot comply with good hygiene practices while sores are weeping (Sores should be covered with dressing where possible)
Human Immune Deficiency Virus Infection (HIV / Aids Virus)	• Exclusion not necessary unless child has a secondary infection which requires exclusion in its own right
Impetigo (school sores)	• Exclude until proper treatment has started (Sores on exposed skin should be covered with a watertight dressing)
Influenza (and influenza-like illnesses)	• Exclude until well
Measles	• Exclude for at least four days after rash has started • Immunised contact children not excluded. Non-immunised contacts should be excluded until 14 days after the first day the rash appears in the last case. They may return to the school if immunised within 72 hours of contact with the first case
Meningitis (other than meningococcal infection)	• Exclude until well
Meningococcal Infection	• Exclude until carrier eradication antibiotic course is completed. • Contacts not excluded. Close contacts should take antibiotic (rifampicin). Health Authorities will advise.
Molluscum Contagiosum	• Exclusion not necessary
Mumps	• Exclude for nine days or until swelling goes down
Parvovirus (erythema infectiosum or Fifth Disease)	• Exclusion not necessary

Ringworm, Scabies, Pediculosis, Trachoma	• Exclude until day after proper treatment started
Rubella (German Measles)	• Exclude until fully recovered or at least four days after rash started • Staff should check their immunity to rubella with GP
Streptococcal Infection (including Scarlet Fever)	• Exclude until child has received antibiotic treatment for at least 24 hours and feels well.
Typhoid Fever (including paratyphoid fever)	• Exclude until a Medical Certificate of recovery is received
Whooping Cough (pertussis)	• Exclude for 21 days from onset or until child has taken 5 days of a 10 day course of antibiotics (erthromycin) • Exclude unimmunised household contacts aged less than seven years and children who are in close contact who are less than one year old or not fully immunised, for 14 days after they were last exposed to infection or until they have taken 5 days of a 10 day course of antibiotics (erythromycin). If necessary contact nearest Health Service.

MEDICATION

It is important that medicines be prescribed for administration during school hours **only** when this is absolutely necessary. eg. Deemed vital for the maintenance of the functional level of the body. It is preferable that parents administer medication, and with full knowledge of School Administration. Parents requiring staff to administer medication at school must provide signed and dated, written notice to School Administration.

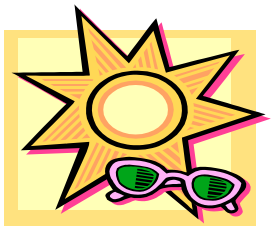
The parent must also provide all necessary details and written instructions recorded by either the doctor or pharmacist. (These are often found on the medication container) Non-prescribed medications will not be administered. Parents must attend School Administration to complete pertinent forms and deliver medication; before any medication will be administered. Cough lozenges must not be brought to school.

Asthma Medication

Parents may request that asthma medication be carried by the child for self-administration (as required). Written application must be made through School Administration for Principal approval to be granted. Requests must be re-submitted annually.

SUN PROTECTION

A “No hat-No play” policy is enforced within the playground. Students without hats are restricted to shaded areas. Skin protection is a high priority during sports. eg. Hat, Sunscreen, Tee-Shirts, etc. If adequate skin protection is not provided, the student will be required to complete an alternative supervised activity elsewhere in the school. All students must own and have access to a hat (wide brim 8-10cms) during the school day. Hats are to be stored within ports.



“Australia has the highest rate of skin cancer in the world. Research indicates that childhood sun exposure is an important contributing factor to the development of skin cancer later in life.”

Given that students are at school during peak ultraviolet radiation (UVR) times throughout the day, we look to providing an environment where policies and procedures can positively influence student behaviour. This requires the co-operation and co-ordination of teachers, staff, parents and students themselves.

Our Expectations:

- Provision of shade (trees and shelters).
- Wearing of wide-brimmed (8-10cm) or legionnaire style hats – in sun.
- SPF30+ sunscreen (before school and outdoor activities).
- Teaching about sun protection.
- Avoiding outdoor activities in the middle of the day – where possible.
- Role modelling (We all have a part to play – teachers, staff & parents).
- Rashie or t-shirt worn at the swimming pool.

The school and students are given their own commitments towards SunSmart. Sunsmart requires that parents also take on a key role.

- Provide a Sunsmart hat and ensure that your child wears it to and from school.
- Ensure that your child applies sunscreen 20 minutes before leaving for school.
- Ensure that your child's clothing provides adequate UVR protection.
- Act as positive role models – Sunsmart behaviour.
- Actively support the school's Sunsmart and Dress Standards.