



Student Care and Health Policy

Reviewed 2017
Ratified (Month Year)
Next Review 2020

1

All schools in the Diocese of Ballarat are required to have a Student Care and Health Policy. This policy is to be reviewed every 3 years.

2

The Diocese of Ballarat (DOBCE) is committed to providing a safe and healthy environment for all students. This policy outlines the responsibilities of all staff and students to ensure the safety and health of all students.

3

First Aid: All schools must have a first aid kit and a first aid officer. The first aid officer must be trained in first aid and must be available at all times.

Minor injury: Minor injuries should be reported to the first aid officer. The first aid officer should provide first aid and record the injury.

Serious injury: Serious injuries should be reported to the principal and the Diocese of Ballarat. The principal should provide first aid and contact the Diocese of Ballarat for further assistance.

4

Substance Use: All schools must have a substance use policy. This policy should outline the responsibilities of all staff and students to ensure the safety and health of all students.

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- Standard of care
- Intentional tort
- Negligence
- Battery
- False imprisonment
- Conversion
- Defamation

I

Duty of Care

- Duty of care
- Attraction
- Warning
- Negligence

- (D) (D)

Section

Time

(G)

First Aid Room

- The first aid kit is located in the first aid room.
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d. first aid kit

Specific Student Medical Requirements

Medications

- ~~Telaprevir (Aldara Sp
O) 750mg
q - 12h~~
- ~~Telaprevir
1h~~
- ~~Albendazole
400mg
T . 5 (6 (w . 5 (~~

- Attendance
- Participation
- Group Work
- Presentation

Care of Ill Students

- Self-awareness
- Peer awareness
- Interpersonal skills

Additional

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Worksafe must be notified immediately by calling 132 3600 then in writing within 48 hours using one of the following forms:

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Implementing Critical Incident Process

Risk Management

Related Polices and Documents

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Policy Updated: 2017

Policy Review: 2020

ADMINISTRATION OF MEDICATION RECORDS

PRESCRIPTION MEDICATIONS including Asthma Medications

Permission note to be filed in Student's records

STUDENT NAME:			PHOTO	
CONDITION:				
DOCTOR:		PHONE NO:		
NAME OF MEDICATION:				
PHARMACIST:			PHONE NO:	
METHOD OF ADMINISTERING THE MEDICATION:			EXPIRY DATE:	
<p>Parent/Guardian who requested the medication administration.</p> <p style="text-align: center;"><i>(circle one when applicable)</i></p>				
Parent's Signature:				
Parent's Signature:				
QUANTITY DISPENSED	DATE	TIME	New Balance (e.g. number of tablets)	PERSON WHO DISPENSED / ADMINISTERED MEDICATION
Opening balance of medication received:				
1.				
2.				
3.				
4.				
5.				
6.				
7.				