Clifton Hills
PRIMARY SCHOOL

Student Health Procedures

Procedures and Guidelines Ratified by School Board November 2026

ADVANCE IN KNOWLEDGE

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Clifton Hills uses a four-phased system to prevent and manage first aid incidents involving students, staff and visitors as advised by the Department of Education.

1. Prevention

Proactive activities to identify potential hazards and the development of plans and processes designed to mitigate or prevent damage.

2. Preparedness

Putting measures in place to ensure that, in the event of an incident, the site is well placed to make appropriate decisions and take appropriate action.

3. Response

Implementing first aid plans to respond to an incident.

4. Recovery

Taking actions immediately after an incident to ensure the impacts are minimised.

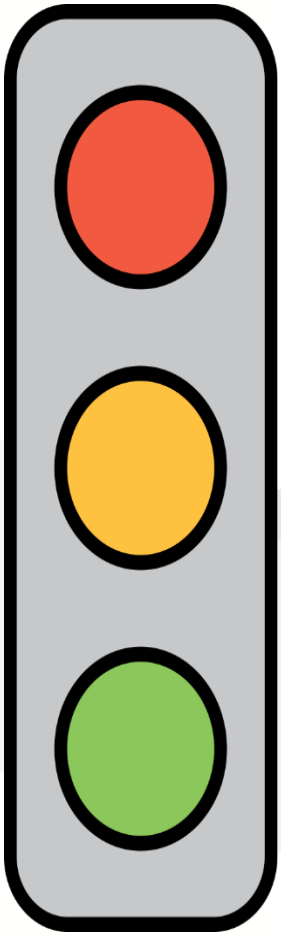
Phases	Actions	Staff responsible	Date	Freq.
Prevention				
Assess the risk **Identify and prevent hazards**	• Assess risks and hazards using: ○ first aid officers and equipment risk assessment template ○ manage hazardous chemicals and hazardous chemical index template ○ first aid report forms from previous incidents and persistent or serious hazards • Develop strategies to minimise risks and hazards	Admin and OHS Officer	12/10/2026	2 x year
Develop plans and processes	• Adapt the traffic light template and ambulance activation plan to suit the school context in consultation with staff • Develop emergency response plans for students with specific health conditions in consultation with parents and informed by health professionals • Consider the first aid requirements when planning recreation and outdoor education activities	Admin Admin All staff	13/10/2026	On going
Preparedness				
Familiarise staff with plans and processes	• Familiarise staff with: ○ roles and responsibilities of the principal and staff ○ the schools' developed traffic light template and ambulance activation plan. ○ emergency response plans for individual students ○ School response and planning guidelines for students with suicidal behaviour and non-suicidal self-injury ○ first aid procedures ○ the location and storage of medication	Week 3 staff meeting Lead EA	4/11/2026	Annually on SDD Induction of new staff
Train staff	• Identify and organise training for staff, including those who have volunteered to be first aid officers • Staff can upload their first aid certificate through Manage your first aid training certificate	Deputies	Term 4 2026	Annually
Communicate	• Communicate the school's first aid approach to families	Principal	Term 4 2026	Ongoing
Organise first aid supplies	• Ensure first aid rooms and first aid kits are stocked and in date • Ensure appropriate storage of medication	Admin EA's when on Medical Bay Duty	Ongoing	
Response				
Provide first aid	• Respond to incidents following the schools developed traffic light template and ambulance activation plan	All staff - need to liaise with admin and First Aid Officer		
Recovery				
Record incident details	• Record incident details, as required, using: ○ First aid on COMPASS- Observations / waiting to go home ○ OINS ○ Accident / Incident Investigation Report (AIIR) form • Store first aid records in line with DoE and Dept of Communities requirements	All staff	Term 3 2026	Ongoing
Arrange access to support services (depending on severity of incident)	• School leaders can seek support for the school community from: ○ education regional office ○ the school psychology service • Staff can seek support through the Employee Assistance program	All staff	Ongoing	
Post-incident reflection (depending on severity of incident)	• Conduct a post-incident reflection to identify improvements to: ○ first aid processes ○ emergency response plans for individual students ○ work health and safety practices ○ strategies to minimise foreseeable hazards	Admin OHS Officer	As required	Ongoing
Replace supplies	• Replace used supplies	Deputy	As required	Ongoing

The traffic light template promotes a tiered response to managing first aid incidents.

This template is for guidance only. Staff should use professional judgement and relevant first aid training within their level of experience to make decisions that are in the best interests of the injured person based on the situation.

First aid processes should be developed in consultation with staff and tailored to the school context. Schools are encouraged to edit this template to include staff responsible, contextually relevant examples and the location of medical treatment.

In an emergency, all school staff owe a duty of care for the safety and welfare of students. In the absence of staff with relevant first aid training, available staff should administer first aid within their level of experence, unti medical assistance can be provided.



Category	Example	Action
Emergency A severe life-threatening injury that requires immediate first aid and calling 000	• Unconsciousness • Profuse bleeding • Anaphylaxis • Severe burns • Head injury (including vomiting after or concussion) • Choking • Snake bite	• Call 000 and follow the ambulance activation plan
An injury considered urgent, but not life-threatening, requiring on demand treatment and parent contact	• Abdominal pain • Fever • Nausea • Lacerations • Head knock • Asthma	• Provide first aid • Contact parent to take student home if required • Monitor for deterioration • Record on Compass
Non-emergency An injury low in severity requiring minimal intervention	• Blisters • Insect bite • Minor grazes • Cuts	• Provide first aid if required • Record on Compass

Refer to:

- an individual's management and emergency response plan for students with specific health conditions
- the School Response and Planning Guidelines for Students with Suicidal Behaviour and Non-Suicidal Self-Injury (NSSI) for responding to incidents involving suicidal behaviours and NSSI.

Ambulance Activation Plan

1 Every second counts in a medical emergency

- Call **Triple Zero (000)** immediately and ask for **AMBULANCE**
- Remain with the person receiving first aid and follow the instructions provided by the St John call taker
- If an ambulance is not available within a reasonable timeframe, transport the person to a health service subject to agreement from the St John call taker

2 Be prepared to answer the following questions:

- What is the exact location of the emergency?
- What is the number of the phone you are calling from?
- Is the person conscious?
- Is the person breathing?
- What is the age of the person?
- Are there any known health conditions?

3 Other staff should:

- move bystanders to a safe area and protect the privacy of the injured person as much as practicable
- notify the principal and emergency contacts as soon as practicable. If the emergency contact requests for the ambulance to be cancelled, do not action this request until they arrive and the injured person is handed into their care
- meet the ambulance and guide them to the injured person
- clear a path to allow the paramedics easy access
- print the Student Information Sheet on Integris and the student's emergency response plan (if applicable)
- have current medication ready (if applicable)

Administration of Medication Procedures

All student medications require authority of a parent or guardian before administering at school. Medications are required to be taken to the Administration Office where a drug administration form can be completed and signed by the parent or carer. All medicines should be named and in the original box and must include all relevant information.

These procedures must be read in conjunction with the DoE Student Health in Public Schools Policy.

Except in an extreme emergency, e.g. unexpected anaphylaxis, medication can only be administered by school staff if appropriate documentation has been completed by parents/carers. This applies to both prescribed and non-prescribed medication.

Medication **cannot** be stored in student's school bags. All medication must be bought to the front office in the first instance. Asthma medication may be kept on students who are in Year 3 or older, providing all required paperwork has been completed.

If you require any further information, or your child has complex medical needs, please contact the Front Office for further information or advice.

It is important for the office to have up-to-date medical information on students. If any of your child's Health Information has changed, please complete the **Student Health Care Summary Form** 1- ,along with any relevant forms.


Department of Education

FORM 1
STUDENT HEALTH CARE SUMMARY

SECTION A

Year | Form | Teacher

Student's name

Date of birth (dd/mm/yy) / / | Gender Male Female Not Specified

Address

Postcode

FAMILY CONTACT DETAILS

Please provide the Front Office with the following:

- medication with your child's name clearly labelled and separated into the correct dosage- ie: ***tablets do need to be cut*** *before bringing into the office.*
- the original packet with relevant details must be provided for all medications – *we can photocopy and keep the copy for our records.*
- a copy of your child's diagnosis *(ie: ADHD*) if ongoing medication is required
- **Administration of Medication Form 3**

Please ensure that you are aware of expiry dates on medication stored at school and provide replacements when required.

******IMPORTANT***

- ***It is not appropriate for any child to have any medication in their school bags ie: Panadol, vitamins, cough lozenges, eye drops, cough mixture etc. Even over the counter medications require the appropriate forms to be completed and managed at the Front Office.***
- clearly labelled with the student's name
- within the expiration date
- in original packaging *(we can photocopy the original packaging if required)*

Parents need to provide tablet medication in its correct dosage. School staff are not to cut nor crush medication. If medication is to be measured, please provide the measure.

Short-Term Medication Administration

SHORT TERM USE OF MEDICATION *(up to two weeks)*

- For administration of **short- term** medication such as a course of antibiotics, our school requires written authority from parents/carers. This authority can be provided by completing an ***Administration of Medication*** **(form 3)**.
- If you require the school to administer medication to your child for a period of more than two weeks, and if you have not already done so, you need to complete a **Student Health Care Summary** and a Management/Emergency Response Plan for your child's particular health need.
- In most instances, this documentation will have been completed when you enrolled your child or aspart of our school's process for updating student health care records. If this is not the case, please discuss with the front office team.
- When school staff administer the medication, it will be recorded on **Form 12** (Record of health care support / administration of medication). When forms are complete, they are maintained on the student's file.
- Students with Diabetes information is recorded on their Record Sheet.

*****Please note**

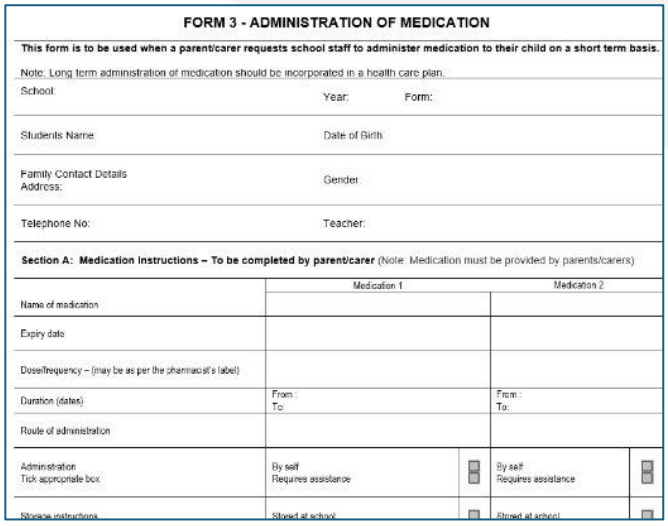
Medication must be;

- clearly labelled with the student's name
- within the expiration date
- in original packaging *(or we can photocopy the original packaging if required)*

Parents need to provide tablet medication in its correct dosage. School staff are **no**t to cut provided medication.

If medication is to be measured, please provide the measure.

Students **must** be able to take any tablet medication with water for ease of administration.



FORM 3 - ADMINISTRATION OF MEDICATION

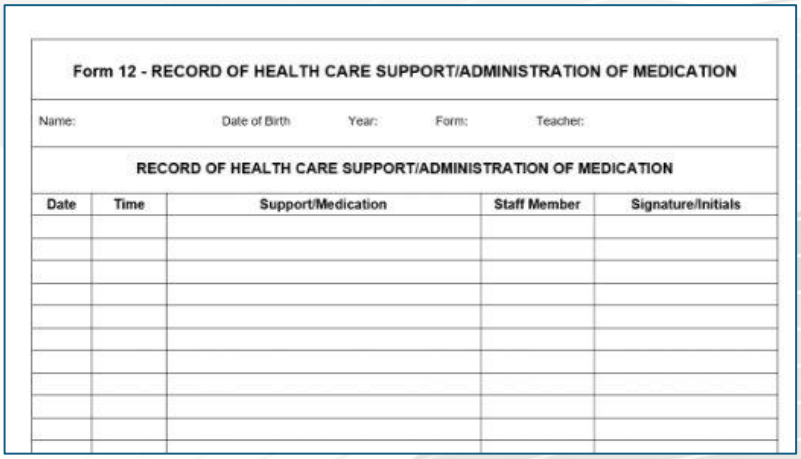
This form is to be used when a parent/carer requests school staff to administer medication to their child on a short term basis.

Note: Long term administration of medication should be incorporated in a health care plan.

School:	Year:	Form:
Students Name:	Date of Birth:	
Family Contact Details Address:	Gender:	
Telephone No:	Teacher:	

Section A: Medication Instructions – To be completed by parent/carer (Note: Medication must be provided by parents/carers)

	Medication 1	Medication 2
Name of medication		
Expiry date		
Dose/frequency – (may be as per the pharmacist's label)		
Duration (dates)	From : To:	From : To:
Route of administration		
Administration Tick appropriate box	By self Requires assistance	By self Requires assistance
Storage instructions	Stored at school	Stored at school



Form 12 - RECORD OF HEALTH CARE SUPPORT/ADMINISTRATION OF MEDICATION

Name: Date of Birth Year: Form: Teacher:

RECORD OF HEALTH CARE SUPPORT/ADMINISTRATION OF MEDICATION

Date	Time	Support/Medication	Staff Member	Signature/Initials

Long-term Medication Administration- *will be administered at 10:30AM and 12:50PM only.*

For administration of **long - term** medication such as ADHD medication (daily) our school requires written authority from parents/carers. This authority can be provided by completing an **Administration of Medication - Form 3** -

- ***This does not include medication for Allergies, Asthma, Anaphylaxis Diabetes, or ADHD.***

Please ensure you note the duration dates, expiry dates, storage requirements.

Parents / Carers will also be asked to provide copy of the Student Healthcare Summary for each new diagnosis.

When school staff administer the medication, it will be recorded on **Form 12** (Record of health care support / administration of medication). When forms are complete, they are maintained on the student's file.

*Any changes in dosage or frequency **MUST** be advised in writing.*

New supplies of any medication must be provided with the original packaging – staff can photocopy and return packaging to you.

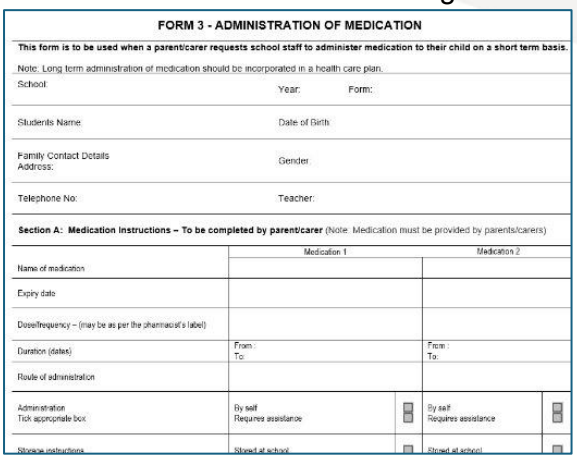
*Medication **must** be cut / crushed if required.*

Students required to take medication at school must be able to swallow a tablet / medication with water for ease of administration.

-

*****Please note** Medication must be;

- clearly labelled with the student's name
- within the expiration date
- in original packaging (or we can photocopy the original packaging if required)
- Parents need to provide tablet medication in its correct dosage. School staff are **not** to cut or crush provided medication.
- If medication is to be measured, please provide the measure.
- If a different brand of medication is provided, a new Generic Health Care Plan (**form 2**) needs to be completed.
- The front office will advise parents when medication supplies are low. All replacement medication must be bought to the front office by an adult.



FORM 3 - ADMINISTRATION OF MEDICATION

This form is to be used when a parent/carer requests school staff to administer medication to their child on a short term basis.

Note: Long term administration of medication should be incorporated in a health care plan.

School: Year: Form:

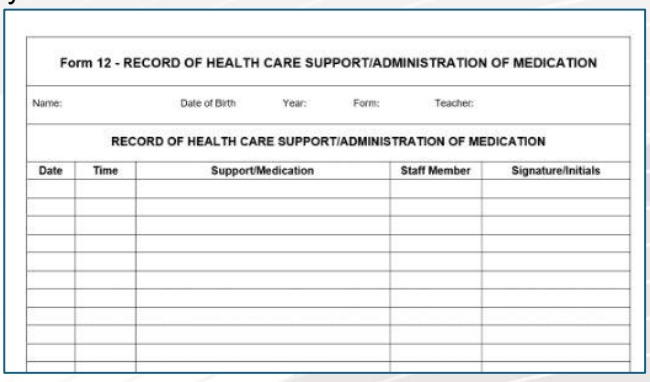
Students Name: Date of Birth:

Family Contact Details Address: Gender:

Telephone No: Teacher:

Section A: Medication Instructions – To be completed by parent/carer (Note: Medication must be provided by parents/carers)

	Medication 1	Medication 2
Name of medication		
Expiry date		
Dose/frequency – (may be as per the pharmacist's label)		
Duration (dates)	From : To:	From : To:
Route of administration		
Administration Tick appropriate box	By self Requires assistance	By self Requires assistance
Storage instructions	Stored at school	Stored at school



Form 12 - RECORD OF HEALTH CARE SUPPORT/ADMINISTRATION OF MEDICATION

Name: Date of Birth: Year: Form: Teacher:

RECORD OF HEALTH CARE SUPPORT/ADMINISTRATION OF MEDICATION

Date	Time	Support/Medication	Staff Member	Signature/Initials

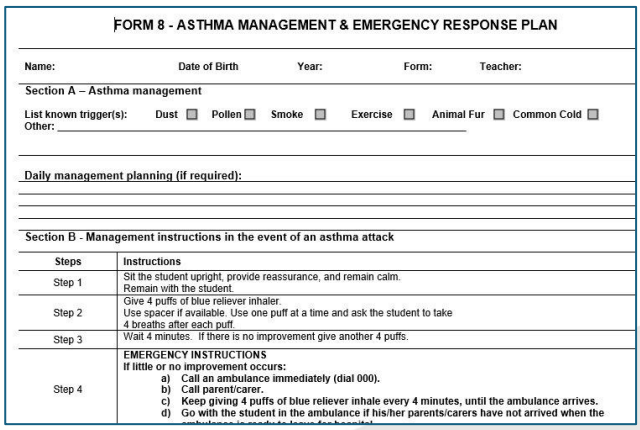
Asthma Management

Please provide an **Asthma Action Plan** issued from your Doctor along with the **Asthma Management Form** and **Administration of Medication Form 12** below.

Student with asthma require **Form 8 - Asthma Management and Emergency Response Plan** to be completed and returned to the front office. If your child requires an inhaler at school, this should be provided to the front office. It will then be logged and given stored in the Medical bay.

Students are supported for asthma insitu and students have access to their puffers before Phys Ed as required. Year 3 students and older may have their puffers in their school bags, providing the afore-mentioned forms are completed.

Asthma medication and Asthma kits are taken on all excursions.



FORM 8 - ASTHMA MANAGEMENT & EMERGENCY RESPONSE PLAN

Name: Date of Birth Year: Form: Teacher:

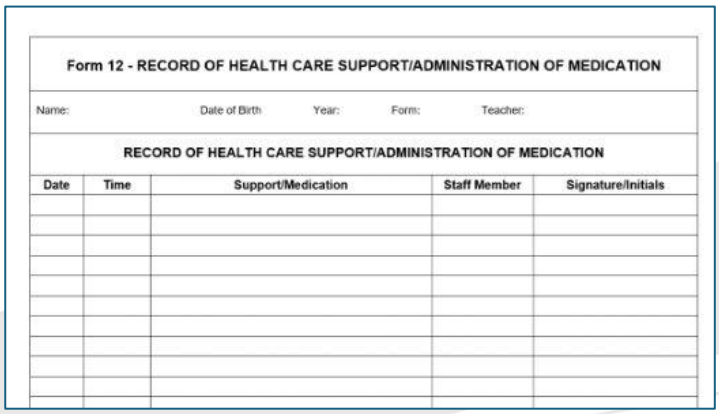
Section A – Asthma management

List known trigger(s): Dust ☐ Pollen ☐ Smoke ☐ Exercise ☐ Animal Fur ☐ Common Cold ☐
Other: _____

Daily management planning (if required):

Section B - Management instructions in the event of an asthma attack

Steps	Instructions
Step 1	Sit the student upright, provide reassurance, and remain calm. Remain with the student.
Step 2	Give 4 puffs of blue reliever inhaler. Use spacer if available. Use one puff at a time and ask the student to take 4 breaths after each puff.
Step 3	Wait 4 minutes. If there is no improvement give another 4 puffs.
Step 4	EMERGENCY INSTRUCTIONS If little or no improvement occurs: a) Call an ambulance immediately (dial 000). b) Call parent/carer. c) Keep giving 4 puffs of blue reliever inhale every 4 minutes, until the ambulance arrives. d) Go with the student in the ambulance if his/her parents/carers have not arrived when the



Form 12 - RECORD OF HEALTH CARE SUPPORT/ADMINISTRATION OF MEDICATION

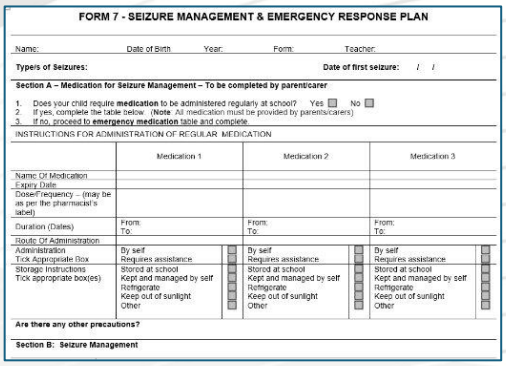
Name: Date of Birth Year: Form: Teacher:

RECORD OF HEALTH CARE SUPPORT/ADMINISTRATION OF MEDICATION

Date	Time	Support/Medication	Staff Member	Signature/Initials

Seizure Medications

Students who suffer from seizures require **Form 7 - Seizure Management and Emergency Response Plan** to be completed and returned to the front office. If your child requires regular (eg daily) or emergency seizure medication to be kept at school, this will be stored in the lockedcabinet in the Medical bay. It will be taken on all excursions.



FORM 7 - SEIZURE MANAGEMENT & EMERGENCY RESPONSE PLAN

Name: Date of Birth Year: Form: Teacher:

Type/s of Seizures: Date of first seizure: / /

Section A – Medication for Seizure Management – To be completed by parent/carer

1. Does your child require **medication** to be administered regularly at school? Yes ☐ No ☐
2. If yes, complete the table below. (**Note**: All medication must be provided by parents/carers)
3. If no, proceed to **emergency medication** table and complete.

INSTRUCTIONS FOR ADMINISTRATION OF REGULAR MEDICATION

	Medication 1	Medication 2	Medication 3
Name Of Medication			
Expiry Date:			
Dose/Frequency – (may be as per the pharmacist's label)			
Duration (Dates)	From: To:	From: To:	From: To:
Route Of Administration			
Administration Tick Appropriate Box	By self ☐ Requires assistance ☐	By self ☐ Requires assistance ☐	By self ☐ Requires assistance ☐
Storage Instructions Tick appropriate box(es)	Stored at school ☐ Kept and managed by self ☐ Refrigerate ☐ Keep out of sunlight ☐ Other ☐	Stored at school ☐ Kept and managed by self ☐ Refrigerate ☐ Keep out of sunlight ☐ Other ☐	Stored at school ☐ Kept and managed by self ☐ Refrigerate ☐ Keep out of sunlight ☐ Other ☐

Are there any other precautions?

Section B: Seizure Management

Diabetes Treatment

Diabetic students require **a Diabetes Management and Emergency Response Plan** to be completed and returned to the front office, signed by a medical practitioner. ***Students with diabetes*** carry their requirements with them from class to class. Emergency supplies are kept in their classroom.

All staff working in that classroom have training to assist in the management of Diabetes.



HYPOGLYCAEMIA (Hypo)

DO NOT LEAVE STUDENT ALONE
DO NOT DELAY TREATMENT

Signs and symptoms

SCHOOL SETTING

Insulin pump

DIABETES ACTION PLAN 2018

STUDENT'S NAME

SCHOOL

HYPERGLYCAEMIA (Hyper)

HIGH BGLS ARE COMMON

Signs and Symptoms

Check Blood Ketones

Blood Ketones

Blood Ketones

CALL AN AMBULANCE DIAL 000

Allergy Treatment

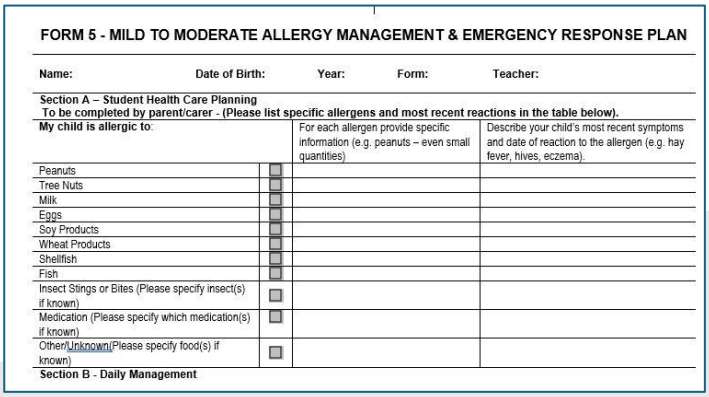
Mild to Moderate Allergy

Students who suffer from mild and moderate allergies require **Form 5 - Mild and Moderate Allergies Response and Emergency Management Plan** to be completed and returned to the front office.

The **Emergency Response plan (ASCIA)** also needs to be completed and signed by a medical practitioner and provided to the front office.

If your child requires allergy medication (eg Antihistamines) to be kept at school, completing this **Form 5** provides the authority for staff to administer this. If the medication is administered at school, parents are notified via email, phone or in person.

When school staff administer the medication, it will be recorded on **Form 12** (Record of health care support /administration of medication). When forms are complete, they are maintained on the student's file.



FORM 5 - MILD TO MODERATE ALLERGY MANAGEMENT & EMERGENCY RESPONSE PLAN

Name: **Date of Birth:** **Year:** **Form:** **Teacher:**

Section A – Student Health Care Planning
To be completed by parent/carer - (Please list specific allergens and most recent reactions in the table below).

My child is allergic to:		For each allergen provide specific information (e.g. peanuts – even small quantities)	Describe your child's most recent symptoms and date of reaction to the allergen (e.g. hay fever, hives, eczema).
Peanuts	☐		
Tree Nuts	☐		
Milk	☐		
Eggs	☐		
Soy Products	☐		
Wheat Products	☐		
Shellfish	☐		
Fish	☐		
Insect Stings or Bites (Please specify insect(s) if known)	☐		
Medication (Please specify which medication(s) if known)	☐		
Other/Unknown(Please specify food(s) if known)	☐		

Section B - Daily Management

Allergy medication is generally kept in the sick bay for easy access. It is taken on all excursions.

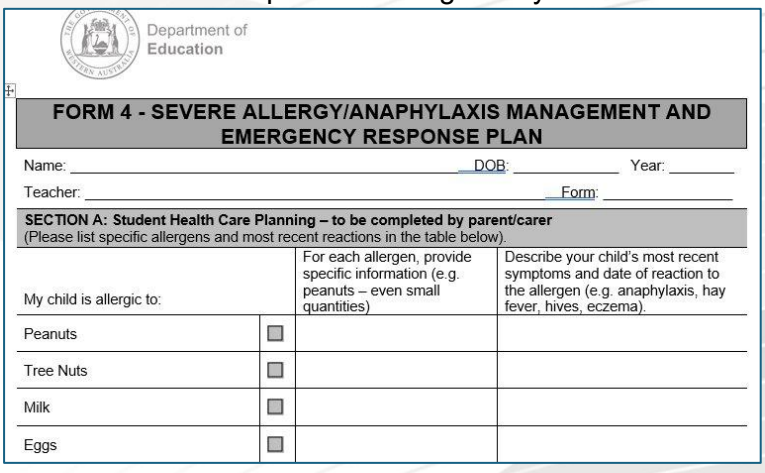
Severe Allergy/Anaphylaxis.

Students who are diagnosed with severe allergies or anaphylaxis require **Form 4 - Severe Allergy/Anaphylaxis Response and Emergency Management Plan** to be completed and returned to the front office.

The **Emergency Response plan (ASCIA)** also needs to be completed and signed by a medical practitioner and provided to the front office.

If your child requires allergy medication (eg Antihistamines) or an EpiPen to be kept at school, completing this **Form 4** provides the authority for staff to administer this. If the medication is administered at school, parents are notified via email, phone or in person.

Student EpiPens are kept in the Medical bay for easy access. It is taken on all excursions.



Department of Education

FORM 4 - SEVERE ALLERGY/ANAPHYLAXIS MANAGEMENT AND EMERGENCY RESPONSE PLAN

Name: _____ DOB: _____ Year: _____

Teacher: _____ Form: _____

SECTION A: Student Health Care Planning – to be completed by parent/carer
(Please list specific allergens and most recent reactions in the table below).

My child is allergic to:		For each allergen, provide specific information (e.g. peanuts – even small quantities)	Describe your child's most recent symptoms and date of reaction to the allergen (e.g. anaphylaxis, hay fever, hives, eczema).
Peanuts	☐		
Tree Nuts	☐		
Milk	☐		
Eggs	☐		

Parents should keep a note of the expiry date of EpiPens so that they can are replaced when required.

Storage of student medication

Medication **CANNOT** be stored in student's school bags. *(unless your child is in Year 3 or older, they may keep their Asthma puffer in their bag).* All medication must be bought to the front office in the first instance. There are several places medication is stored, after it has been processed by the front office.

<u>All long-term use medication</u>

1. *Locked medical cabinet in in the sick bay.* This is all medication except EpiPens, and most antihistamines. Medication is administered by designated member of staff and recorded on Form12.

and

2. *Early Childhood Classroom locked cabinet.* This cabinet contains asthma puffers, auto-adrenaline injectors (EpiPens), and antihistamines for students with a diagnosed condition. Completed medical forms are also kept in this cabinet. Medication in this cabinet is for quick and easy access in an emergency and point of urgent need.

3. We also have additional Epi-pens in the event of an unexpected anaphylactic reaction (ie for a student who is not identified as anaphylactic). Parent approval is not required in an emergency, for example unexpected anaphylaxis.

4. ***Students with diabetes*** carry their requirements with them from class to class. Emergency supplies are also kept in their classroom.

FORM 11

SAMPLE LETTER TO PARENTS SHORT/LONG TERM MEDICATION

Dear Parent/Carers:

I would like to seek your assistance in maintaining our process for managing the administration of medication to students when they are in the school's care. Except in an extreme emergency, e.g. unexpected anaphylaxis, medication can only be administered by school staff if appropriate documentation has been completed by parents/carers. This applies to both prescribed and non-prescribed medication.

Short Term Use of Medication (up to two weeks)

For administration of **short term** medication such as a course of antibiotics, our school requires written authority from parents/carers. This authority can be provided by completing an ***Administration of Medication*** **form**. These forms can be obtained from the a School Officer or downloaded from the school's website. Forms can also be emailed out on request. (Phone: 08 92347800).

Alternatively, parents/carers may complete the attached form and provide the medication to the school.

Note:

- The medication must be clearly labelled with the child's name and provided in packaging from the pharmacy or the manufacturer.
- Documentation must be signed and dated by a parent or carer and provided to the school with the medication.

Long Term Use of Medication

If you require the school to administer medication to your child for a period of more than two weeks, and if you have not already done so, you may need to complete a *Student Health Care Summary* and a *Management/Emergency Response Plan* for your child's particular health need. In most instances, this documentation will have been completed when you enrolled your child or as part of the school's process for updating student health care records. If this is not the case, please discuss with the (Principal, or a Deputy Principal)

Thank you for your help.

Yours sincerely

Mrs Patricia Joss

PRINCIPAL

Date:

REQUEST TO ADMINISTER MEDICATION TO MY CHILD WHILE IN THE CARE OF THE SCHOOL (Note: Medication must be provided by parents/carers)	
STUDENT'S NAME: **DOB:** **FORM/CLASS**	
NAME OF MEDICATION	
DOSE/FREQUENCY (MAYBE AS PER PHARMACIST'S LABEL)	
ROUTE OF ADMINISTRATION (E.G. BY MOUTH)	
EXPIRY DATE OF MEDICATION:	
DATES of ADMINISTRATION:	**FROM: / / 201_ TO: / /201_**
STORAGE REQUIREMENTS: (E.G. REFRIGERATOR)	
NAME OF ADMINISTRATOR:	
PARENT/CARER SIGNATURE:	**DATE:**

Department of Education

GOVERNMENT OF WESTERN AUSTRALIA

FORM 1
STUDENT HEALTH CARE SUMMARY

SECTION A

Year | **Form** | **Teacher**

Student's name

Date of birth (dd/mm/yy) / /

Gender ○ Male ○ Female ○ Not Specified

Address

Postcode

FAMILY CONTACT DETAILS

Name

Relationship to student

Address

Postcode

Telephone (Home) | **Telephone (Work)**

Telephone (Mobile)

Name

Relationship to student

Address

Postcode

Telephone (Home) | **Telephone (Work)**

Telephone (Mobile)

MEDICAL DETAILS

Medical practice

Doctor 1 **Telephone**

Doctor 2 **Telephone**

Do you have ambulance insurance? ○ YES ○ NO - *If yes, specify insurance provider:*

If there is a medical emergency, parents/carers are expected to meet the cost of an ambulance.

List any essential information that could affect your child in an emergency *e.g. allergy to penicillin.*

Medicare Card number **Medicare Card Individual Reference Number (IRN)**

Expiry date (dd/mm/yy) / /

ADMINISTRATION OF MEDICATION

Written authorisation must be provided for staff to administer any form of medication at school.
Long term medication – Complete the *Medication section* of the relevant health care plan – see below.
Short term medication – Request an *Administration of Medication form* to complete and return to the Principal or class teacher.
Note: All medication required must be supplied by parents/carers.

IMMUNISATION (for secondary students only)

Vaccination lowers the risk of serious diseases for your child and the broader community.
The Department of Health offers free school-based vaccinations for secondary students.
For further information and to register your intent, visit healthywa.wa.gov.au/adolescentimmunisation

INFORMED CONSENT

Your child's health care information will be shared with staff on a need to know basis unless otherwise stated.

Do you give permission for the school to share your child's health care information? ○ YES ○ NO

Note: If your child is enrolled in a TAFE, PEAC or an alternative education program, this includes the transfer of their health care information to the principal or manager of that program.

If no, and the information is to be restricted, who can be informed of your child's health care information?

Does your child have one or more health condition(s) that will require support from school staff? (Check the box that applies)

☐ **NO** - Sign below and return *Section A* of this form to the school office. If your child's requirements change, please notify the school.

Signature **Date** / /

☐ **If you are completing this form online and are unable to sign this form please check this box to confirm the above information is true and correct.** Note: In the event that statements made in this application later prove to be false or misleading this application may be declined. Information supplied may need to be checked by the school.

☐ **YES** - Complete the remainder of this form and return to the school office. You will be given additional forms to complete.

List your child's health condition(s)

SECTION B

IN THE FOLLOWING TABLE, PLEASE INDICATE YOUR CHILD'S CONDITION(S) WHICH REQUIRE THE SUPPORT OF SCHOOL STAFF.
(In response to the information below, you will be given further forms for specific health conditions to complete)

Health conditions (Check the box that applies)	**Will school staff require specific training to support your child?**
☐ Severe Allergy/Anaphylaxis	○ YES ○ NO
☐ Minor and Moderate Allergies	○ YES ○ NO
☐ Diabetes	○ YES ○ NO
☐ Seizures	○ YES ○ NO
☐ Asthma	○ YES ○ NO
☐ Activities of Daily Living	○ YES ○ NO
☐ **Other Conditions or Needs** (Please specify below)	○ YES ○ NO

Has your child's Medical Practitioner provided a health care plan to assist the school to manage the condition?

○ YES ○ NO - *If yes, advise the Principal:*

If you have ticked Yes for specific staff training, please discuss the type of training needed with the Principal.

SECTION C - CONSENT FOR PHOTO IDENTIFICATION ON YOUR CHILD'S HEALTH CARE PLAN

If your child has a condition where an emergency may occur, please indicate whether you give consent for staff to place your child's medical details and photo on view to provide immediate identification.

I give permission for my child's medical details and photo to be on view for staff. ○ YES ○ NO

If yes, please attach photo to the relevant health care plan(s).

SECTION D - MEDIC ALERT INFORMATION

Does your child have a Medic Alert bracelet or pendant? ○ YES ○ NO - *If yes, provide details below:*

Parent/Carer Signature **Date** / /

Parent/Carer Name

☐ **If you are completing this form online and are unable to sign this form please check this box to confirm the above information is true and correct.** Note: In the event that statements made in this application later prove to be false or misleading this application may be declined. Information supplied may need to be checked by the school.

ON COMPLETION OF THIS FORM, PLEASE REQUEST AND COMPLETE THE RELEVANT HEALTH CARE PLANS.
Note: Where appropriate students should be encouraged to participate in their health care planning.

OFFICE USE ONLY

Does the child have an allergy that needs to be flagged on SIS? ○ YES ○ NO **Date** / /

Have relevant health care plans been issued to the parent? ○ YES ○ NO **Date** / /

Has the Principal been informed if:
specific training is required to support the student? ○ YES ○ NO
the student's health care information is to be restricted? ○ YES ○ NO

Date *Student Health Care Summary* was completed and uploaded on SIS: **Date** / /

FORM 3 - ADMINISTRATION OF MEDICATION

This form is to be used when a parent/carer requests school staff to administer medication to their child on a short term basis.

Note: Long term administration of medication should be incorporated in a health care plan.

School: Year: Form:

Students Name: Date of Birth:

Family Contact Details
Address: Gender:

Telephone No: Teacher:

Section A: Medication Instructions – To be completed by parent/carer (Note: Medication must be provided by parents/carers)

	Medication 1		Medication 2	
Name of medication				
Expiry date				
Dose/frequency – (may be as per the pharmacist's label)				
Duration (dates)	From : To:		From : To:	
Route of administration				
Administration Tick appropriate box	By self Requires assistance	☐ ☐	By self Requires assistance	☐ ☐
Storage instructions Tick appropriate box(es)	Stored at school Kept and managed by self Refrigerate Keep out of sunlight Other	☐ ☐ ☐ ☐ ☐	Stored at school Kept and managed by self Refrigerate Keep out of sunlight Other	☐ ☐ ☐ ☐ ☐

Will staff need to be trained to administer your child's medication? Yes ☐ No ☐ If yes, describe the type of training the staff would require:

Section B – Authority to Act

This administration of medication form authorises school staff to follow my/our advice and/or that of our medical practitioner. It is valid for the specified time period as noted above.

Parent/Carer: _____ Date: _____

OFFICE USE ONLY

Date received: _____

Is specific staff training required? **Yes** ☐ **No** ☐: Type of training:

Training service provider: Name of person/s to be trained:

Date of training:

When this course of medication concludes, please retain this form in the student's school file.

FORM 4 - SEVERE ALLERGY/ANAPHYLAXIS MANAGEMENT AND EMERGENCY RESPONSE PLAN

Name: _____ DOB: _____ Year: _____

Teacher: _____ Form: _____

SECTION A: Student Health Care Planning – to be completed by parent/carer

(Please list specific allergens and most recent reactions in the table below).

My child is allergic to:		For each allergen, provide specific information (e.g. peanuts – even small quantities)	Describe your child's most recent symptoms and date of reaction to the allergen (e.g. anaphylaxis, hay fever, hives, eczema).
Peanuts	☐		
Tree Nuts	☐		
Milk	☐		
Eggs	☐		
Soy Products	☐		
Wheat Products	☐		
Shellfish	☐		
Fish	☐		
Insect Stings or Bites (Please specify insect(s) if known)	☐		
Medication (Please specify medicine(s) if known)	☐		
Other/Unknown (Please specify food(s) if known)	☐		

SECTION B: Daily Management

List strategies that would minimise the risk of exposure to known allergens: _____

_____

_____

_____

_____

_____

SECTION C: Medication Instructions (Note: All medication must be provided by parents/carers)							
	Medication 1		Medication 2		Medication 3		
Name of medication							
Expiry date							
Dose/frequency – may be as per the pharmacist's label							
Duration (dates)	From : To:		From : To:		From: To:		
Route of administration							
Administration – tick appropriate box	By self Requires assistance	☐ ☐	By self Requires assistance	☐ ☐	By self Requires assistance	☐ ☐	
Storage instructions – tick appropriate box(es)	Stored at school Kept and managed by self Refrigerate Keep out of sunlight Other	☐ ☐ ☐ ☐ ☐	Stored at school Kept and managed by self Refrigerate Keep out of sunlight Other	☐ ☐ ☐ ☐ ☐	Stored at school Kept and managed by self Refrigerate Keep out of sunlight Other	☐ ☐ ☐ ☐ ☐	

SECTION D: Emergency Response – as per anaphylaxis (ASCIA) action plan attached (This must be completed by your child's medical practitioner).

If unavailable go to the ASCIA website for Action Plans: https://www.allergy.org.au/health-professionals

SECTION E: Authority to Act

This severe allergy/anaphylaxis management and emergency response plan authorises school staff to follow my/our advice and/or that of our medical practitioner. It is valid for one year or until I/we advise the school of a change in my/our child's health care requirements.

Parent/Carer Name: _____ _____ Signature: _____ Date: _____	Medical Practitioner Name and Medical Practice: _____ _____ Signature: _____ Provider Number: _____ Date: _____	Review Date:

When completed, please attach the *Student Health Care Summary* to the front of this document.

FORM 12 - RECORD OF HEALTH CARE SUPPORT/ADMINISTRATION OF MEDICATION

Name: Date of Birth Year: Form: Teacher

RECORD OF HEALTH CARE SUPPORT/ADMINISTRATION OF MEDICATION

Date	Time	Support/Medication	Staff Member	Signature/Initials

Record from: / / to : / / Form 12 Page 1 of 2

Signed: _____ Date: / /

FORM 5 - MILD TO MODERATE ALLERGY MANAGEMENT & EMERGENCY RESPONSE PLAN

Name:	**Date of Birth:**	**Year:**	**Form:**	**Teacher:**

Section A – Student Health Care Planning

To be completed by parent/carer - (Please list specific allergens and most recent reactions in the table below).

My child is allergic to:		For each allergen provide specific information (e.g. peanuts – even small quantities)	Describe your child's most recent symptoms and date of reaction to the allergen (e.g. hay fever, hives, eczema).
Peanuts	☐		
Tree Nuts	☐		
Milk	☐		
Eggs	☐		
Soy Products	☐		
Wheat Products	☐		
Shellfish	☐		
Fish	☐		
Insect Stings or Bites (Please specify insect(s) if known)	☐		
Medication (Please specify which medication(s) if known)	☐		
Other/Unknown(Please specify food(s) if known)	☐		

Section B - Daily Management

List strategies that would minimise the risk of exposure to known allergens.

Section C – Medication Instructions (Note: Medication must be provided by parents/carers)

	Medication 1		Medication 2		Medication 3	
Name of medication						
Expiry date						
Dose/frequency – may be as per the pharmacist's label						
Duration (dates)	From : To:		From : To:			
Route of administration						
Administration Tick appropriate box	By self Requires assistance	☐ ☐	By self Requires assistance	☐ ☐	By self Requires assistance	☐ ☐
Storage instructions Tick appropriate box(es)	Stored at school Kept and managed by self Refrigerate Keep out of sunlight Other	☐ ☐ ☐ ☐ ☐	Stored at school Kept and managed by self Refrigerate Keep out of sunlight Other	☐ ☐ ☐ ☐ ☐	Stored at school Kept and managed by self Refrigerate Keep out of sunlight Other	☐ ☐ ☐ ☐ ☐

Section D - Emergency Response

As per ASCIA action plan attached (This must be completed by your child's medical practitioner). Go to the ASCIA website for Action Plans and further information: https://www.allergy.org.au/health-professionals

Section E – Authority to Act

This mild to moderate allergy management and emergency response plan authorises school staff to follow my/our advice and/or that of our medical practitioner. It is valid for one year or until I/we advise the school of a change in my/our child's health care requirements.

Parent/Carer: **Date:**	**Medical practitioner's name (and Medical Practice if required)** **Medical Practitioners Signature:** **Provider Number:** **Date:**	**Review Date:**

When completed, please attach to the *Student Health Care Summary*.

FORM 7 - SEIZURE MANAGEMENT & EMERGENCY RESPONSE PLAN

Name:	Date of Birth	Year:	Form:	Teacher:

Type/s of Seizures: **Date of first seizure: / /**

Section A – Medication for Seizure Management – To be completed by parent/carer

1. Does your child require **medication** to be administered regularly at school? Yes ☐ No ☐
2. If yes, complete the table below. (**Note**: All medication must be provided by parents/carers)
3. If no, proceed to **emergency medication** table and complete.

INSTRUCTIONS FOR ADMINISTRATION OF REGULAR MEDICATION

	Medication 1		Medication 2		Medication 3	
Name Of Medication						
Expiry Date						
Dose/Frequency – (may be as per the pharmacist's label)						
Duration (Dates)	From: To:		From: To:		From: To:	
Route Of Administration						
Administration Tick Appropriate Box	By self Requires assistance	☐ ☐	By self Requires assistance	☐ ☐	By self Requires assistance	☐ ☐
Storage Instructions Tick appropriate box(es)	Stored at school Kept and managed by self Refrigerate Keep out of sunlight Other	☐ ☐ ☐ ☐ ☐	Stored at school Kept and managed by self Refrigerate Keep out of sunlight Other	☐ ☐ ☐ ☐ ☐	Stored at school Kept and managed by self Refrigerate Keep out of sunlight Other	☐ ☐ ☐ ☐ ☐

Are there any other precautions?

Section B: Seizure Management

Step 1	Remain calm Remain with the student
Step 2	Remove furniture or objects that could cause harm – Do not restrain
Step 3	Record the length of the seizure and what happens during the seizure
Step 4	**Do not attempt to put anything into the child's mouth or between the teeth. (The exception may be the use of specified medications such as buccal midazalam which may meed to be administered in an emergency if indicated in Section D)**
Step 5	When the seizure ceases, gently roll the student on to his/her side (recovery position)
Step 6	Stay with the student until he/she regains consciousness and is able to communicate Advise parents/carers

Section C: Emergency Management

Call an ambulance if:

- The seizure lasts more than 5 minutes
- Another seizure occurs immediately after the last
- The student sustains an injury
- If there is concern regarding the student's cardio-respiratory status
- In doubt/concerned

Section D: Administration Of Emergency Medication

	Medication 1		Medication 2	
Name Of Medication	_____		_____	
Dose/Frequency	_____		_____	
Route Of Administration	Buccal ☐ Nasal ☐ Rectal ☐		Buccal ☐ Nasal ☐ Rectal ☐	
Expiry Date	___/___/___		___/___/___	
Any other specific instructions?	Yes ☐ No ☐ If yes, please state below:		Yes ☐ No ☐ If yes, please state below:	
Storage Instructions (Tick appropriate box(es)	• Stored at school • Refrigerate • Keep out of sunlight • Other (list)	☐ ☐ ☐ ☐	• Stored at school • Refrigerate • Keep out of sunlight • Other (list)	☐ ☐ ☐ ☐

Name: DOB: Year: Form: Teacher

Section E – Authority to Ac

This seizure management and emergency response plan authorises school staff to follow my/our advice and/or that of our medical practitioner. It is valid for one year or until I/we advise the school of a change in my/our child's health care requirements.

Parent/Carer: **Date:**	**Medical Practitioner: (if required)** **Date:**	**Review Date:**

FORM 8 - ASTHMA MANAGEMENT & EMERGENCY RESPONSE PLAN

Name: **Date of Birth** **Year:** **Form:** **Teacher:**

Section A – Asthma management

List known trigger(s): **Dust** ☐ **Pollen** ☐ **Smoke** ☐ **Exercise** ☐ **Animal Fur** ☐ **Common Cold** ☐ **Other:**

Daily management planning (if required):

Section B - Management instructions in the event of an asthma attack

Steps	Instructions
Step 1	Sit the student upright, provide reassurance, and remain calm. Remain with the student.
Step 2	Give 4 puffs of blue reliever inhaler. Use spacer if available. Use one puff at a time and ask the student to take 4 breaths after each puff.
Step 3	Wait 4 minutes. If there is no improvement give another 4 puffs.
Step 4	**EMERGENCY INSTRUCTIONS** **If little or no improvement occurs:** a) Call an ambulance immediately (dial 000). b) Call parent/carer. c) Keep giving 4 puffs of blue reliever inhale every 4 minutes, until the ambulance arrives. **d)** Go with the student in the ambulance if his/her parents/carers have not arrived when the ambulance is ready to leave for hospital.

Section C – Medication Instructions (Note: Medication must be provided by parents/carers)

	Medication 1		Medication 2		Medication 3	
Name of medication						
Expiry date						
Dose/frequency – may be as per the pharmacist's label						
Duration (dates)	From : To:		From : To:			
Route of administration						
Administration Tick appropriate box	By self Requires assistance	☐ ☐	By self Requires assistance	☐ ☐	By self Requires assistance	☐ ☐
Storage instructions Tick appropriate box(es)	Stored at school Kept and managed by self Refrigerate Keep out of sunlight Other	☐ ☐ ☐ ☐ ☐	Stored at school Kept and managed by self Refrigerate Keep out of sunlight Other	☐ ☐ ☐ ☐ ☐	Stored at school Kept and managed by self Refrigerate Keep out of sunlight Other	☐ ☐ ☐ ☐ ☐

Section D – Authority to Act. *This asthma management and emergency response plan authorises the school staff to follow my/our advice and/or that of our medical practitioner. It is valid for one year or until I/we advise the school of a change in my child's health care requirements.*

Name: Date of birth Year Form Teacher

Parent:
Date:

Review Date:

Medical Practitioner (if required):
Date:

Form 8 Page 1 of 2

Name: **Date of Birth** **Year:** **Form:** **Teacher:**

OFFICE USE ONLY

Date received

Date uploaded on SIS:

Is specific staff training required? **Yes** ☐ **No** ☐:

Type of training:

Training service provider:

Name of person/s to be trained:

Date of training:

When completed, please attach the student health care summary form to the front of this document and return to your child's school.

Supporting Students with eating concerns

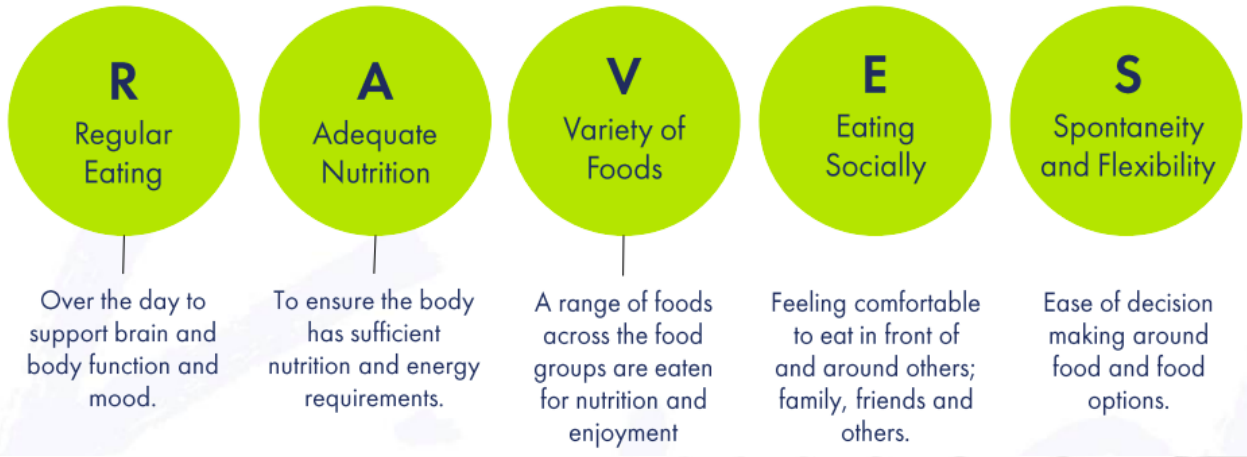
To foster a supportive body image environment, we will avoid:

- Weighing or measuring students. This should NOT be part of any classroom activity and can have long lasting negative impacts
- Asking students to keep a food diary or activities critiquing their own food choices/lunchboxes. It encourages food shaming and a preoccupation with eating in vulnerable students.
- Commenting on students' appearance (positively or negatively)
- Using curriculum content/ exam questions that include anthropometric measurements or body mass index charts and calculations
- Using physical characteristics to organise students into groups. It invites unhelpful comparisons. Use any other strategy.
- Providing nutrition education which encourages dieting, reading food labels for calorie intake or talks about food as good or bad.
- Providing eating disorders education based on fear, stigma or judgment or which includes details of behaviours, measurements or imagery of stereotypical presentations, including people of low weight.
- Talking about our own diet and fitness practices or advising students about their own (unless invited to and qualified to do so.)

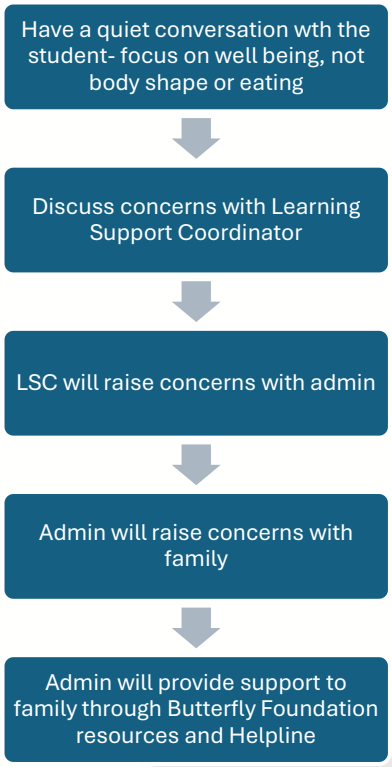
Supporting a positive eating experience and responding to problematic eating behaviours observed in school settings.

What does a positive relationship with food and eating 'look' like?

Given there are so many factors that can influence a person's relationship with eating, there is not a one size fits all approach, but what does a positive relationship with eating 'look' like? An evidence-based framework, RAVES Model, has been established by leading eating disorder recovery Dietician Shane Jeffreys, which highlights the behaviours we would hope to see in someone who has established a positive relationship with food and eating and what is hoped to be achieved in people who have experienced disordered eating and eating disorders.



If a staff member is concerned about a students' eating behaviours.



Recovery from an Eating Disorder:

If a student is recovering from an Eating Disorder, a School Based Eating Disorder Recovery Plan (SBEDR Plan) will be developed in conjunction with the family and the Learning Support Coordinator with the Student Services Team based on advice from the student health care team.

See Plan proforma over leaf

SBEDR- School Based Eating Disorder Recovery Plan

Student Name:	**Year**	**Form**	**Teacher**
LSC:	**Family Contact:**		
	Preferred Mode of Contact: email/ phone		
Health Professionals:	**Role:**		
Name:			
Who and when will the School (LSC) be notified of changes:	**How does family want the absences managed?**		
Parents / Health Professionals	**Staff will supervise eating at recess and lunchtime, this will be recorded in a communication book with the parents. (***Supervise does not require staff to coerce child to eat, merely note and encourage what is being eaten in a non judgemental way)*		
Concerns noted by staff will be reported to LSC. LSC will then coordinate and share information with parent contact.	**General check ins will be undertaken by class teacher** **1.** on an as needs basis. 2. once a week 3. daily after lunch 4. after recess and after lunch		
Academic Expectations: *(what academic accommodations if any, need to be made)*			
Learning Supports Required may involve: Reduced timetabling, Extended deadlines for work completion, Arrangements for Phys Ed, Point of contact for student if feeling upset, Trigger Identification.			
Review Date:			
Plan competed on:			
LSC Signature	**Parent Signature**		
Class Teacher signature			

This plan will be uploaded onto COMPASS and kept with student records.

NSSI and SI Procedures

This quick reference guide outlines the key documentation templates, contacts, and procedures from the *School Response and Planning Guidelines for Students with Suicidal Behaviour and Non-Suicidal Self-Injury*, customized for **Clifton Hills Primary School**.

Risk Assessment Recording Template

PURPOSE: is not simply to record concerns about a student. Its primary purpose is to provide a structured, defensible record of the school's assessment of risk, the actions taken, and the ongoing management of that risk in accordance with the Department of Education's duty of care obligation.

Specifically, the template serves five purposes:

1. Demonstrates Duty of Care- Government schools have a legal and professional responsibility to take reasonable steps to protect students from foreseeable harm.

The template documents:

- What concern was identified
- When it was identified
- Who was informed
- What actions were taken
- Whether those actions were reviewed

This creates evidence that the school responded appropriately to identified risks.

2. Guides Decision-Making

The template helps staff move beyond subjective judgement by considering:

- Risk factors
- Protective factors
- Current level of risk
- Required interventions

This is similar to the structured professional judgement approach used by School Psychology Services.

3. Supports Communication and Case Management

Often several people are involved:

- Principal
- Deputy Principal
- School Psychologist
- Student Services Team
- Teachers
- Parents/Caregivers
- External agencies

The template provides a single record of:

- Key decisions
- Contacts made
- Follow-up actions
- Review dates

This reduces the risk of information being lost when staff change or when matters extend over time.

Risk Assessment Recording Template

SECTION 1: STUDENT DETAILS		
Item	Information	
Student Name		
Student ID		
Date of Birth		
Year Level		
School		
Teacher/Form Group		
Parent/Caregiver		**Consent:** Yes No
Contact Number		
Emergency Contact		

SECTION 2: REASON FOR ASSESSMENT

Trigger for Assessment

☐ Student disclosure

☐ Parent concern

☐ Staff concern

☐ Behaviour incident

☐ Attendance concern

☐ Mental health concern

☐ Self-harm concern

☐ Suicidal ideation

☐ Peer report

☐ External agency information

☐ Other

Details:

SECTION 3: PRESENTING CONCERNS

Summary of Concern: Describe what has been observed, reported or disclosed.

Indicators Observed

Indicator	Yes	No
Significant emotional distress	☐	☐
Anxiety symptoms	☐	☐
Depressive symptoms	☐	☐
Social withdrawal	☐	☐
Aggression/Violence	☐	☐
Self-harm behaviour	☐	☐
Suicidal thoughts	☐	☐
School refusal	☐	☐
Significant behavioural change	☐	☐
Child protection concerns	☐	☐
Substance use concerns		

SECTION 4: RISK FACTORS

Student Vulnerabilities

Tick all relevant factors.

☐ Previous self-harm
☐ Previous suicide attempt
☐ Mental health diagnosis
☐ Trauma history
☐ Family conflict
☐ Family violence
☐ Child protection involvement
☐ Recent loss/bereavement
☐ Chronic absenteeism
☐ Bullying
☐ Social isolation
☐ Academic difficulties
☐ Drug/alcohol concerns
☐ Access to means
☐ Other

Details:

Present feelings and thoughts about NSSI or SI (assess desire)

SECTION 5: PROTECTIVE FACTORS

☐ Supportive parent/carer
☐ Positive peer connections
☐ Engagement with school
☐ Trusted adult
☐ Psychological support
☐ Cultural/community connection
☐ Future goals
☐ Problem-solving skills
☐ Participation in activities
☐ Other

Details:

Vulnerability/Safeguarding Risk

☐ Low
☐ Moderate
☐ Hi
☐ Extreme

Evidence:

Thoughts, feelings and beliefs opposing suicide

Openness to other solutions

Available social supports

Seriousness of present plan / behaviour and past incidents

Coming events that may decrease / increase risk

SECTION 7: IMMEDIATE ACTIONS TAKEN

Action	**Time**	**By Whom**
Student supervised		
Parent notified		
Principal informed		
Service response: Suicide Prevention team		
School psychologist consulted		
Student Services meeting		
Emergency services contacted		
CAMHS/mental health referral		
Child protection report		
Other		

SECTION 8: COMMUNICATION RECORD			
Person Contacted	Relationship/Agency	Date/Time	Summary

SECTION 9: REVIEW

Review Date

Current Status

☐ Risk reduced

☐ Risk unchanged

☐ Risk increased

☐ Ongoing monitoring required

☐ Case closed

Review Notes:

SECTION 10: Approval			
Role	Name	Signature	Date
Assessing Officer			
Principal/Delegate			
School Psychologist *(if involved)*			

SECTION 11: ACTIONS FOLLOWING RISK ASSESSMENT		
ACTIONS	**WHO**	**By (Date)**

SECTION 12: RELEVANT DOCUMENTATION * *tick box and date*				
Safety Plan (Student)	Current	To be Reviewed	To be developed	Not applicable
Risk Management Plan (School)	Current	To be Reviewed	To be developed	Not applicable

Appendix 1: Consent to Exchange Information

Purpose: Formal consent form authorizing **Clifton Hills Primary School** to exchange relevant confidential information with external health/mental health service providers (e.g.,CAMHS, private therapists, hospitals).

Key Components:

- Student details (Name, DOB, Year level).
- Name of external agencies/professionals involved.
- Specific information to be shared (e.g., risk management plans, attendance, mental health support goals).
- Parent/carer or student signature and date.

Appendix 2: Responding to Suicidal Behaviour & NSSI Quick Reference

Purpose: A immediate flowchart and decision pathway for staff when encountering direct/indirect disclosures or indicators of non-suicidal self-injury (NSSI) or suicidal behavior.

Key Steps for Clifton Hills Primary School Staff:

1. **Immediate Safety:** Ensure the student is in a safe environment with continuous adult supervision.
2. **Notify Nominated Staff:** Inform the Principal, Deputy Principal, or Student Services team immediately.
3. **Assessment & Triage:** Conduct a suicide risk assessment after seeking consent from family. Then consult with another trained Gatekeeper assessor.
4. **Action & Planning:** Inform parents/carers (where safe to do so) and implement an individualized Risk Management Plan.

APPENDIX 1			
Consent for schools or residential settings to exchange information with external providers			
Student name:		**School:**	CLIFTON HILLS PS
Parent / Guardian		**D.O.B**	
Address		**Year Class**	
Phone Number		**Case Manager**	

Schools or residential settings safeguard the confidentiality of information obtained to make appropriate educational adjustments to support students' needs while at school. They also respect the privacy of information held or obtained by others. For this reason, consent is sought to release or obtain information about students from agencies, GPs, psychologists or other services involved in caring for your child. This information will be used by staff to make appropriate educational and wellbeing adjustments to support your child's needs while at school or in a residential setting. Any information collected may be accessed byr elevant staff and the external care providers named below. The information collected will not be given to any other person or agency unless you have given permission, or staff are authorised or required by law to do so. The information on this form will be stored securely. If you wish to access or correct any of the personal information on this form or discuss how the information has been used, please contact the school or residential setting in the first instance. If you have a concern or complaint about the way this personal information has been collected, used, stored or disclosed, please also contact the school or residential setting in the first instance. The consent provided in this form can be withdrawn at any time. As the parent/guardian of the above student, I/we give the following consent for:

Staff Member:	
Staff Member:	
to provide information to (please tick) to receive information from (please tick	
Agency/GP/Psychologist/Service:	
Name:	
Address:	
Parent / Guardian Signature:	
Date:	

Quick reference guide for schools: Responding to student suicidal behaviour and NSSI

ALL STAFF

Student discloses suicidal behaviour (ideation, verbalisations, actions, suicide attempt) and/or non-suicidal self-injury.

Direct disclosures can include verbalisations to a staff member or observations of a concern.
Indirect disclosures are received through a third person (e.g. peer, service provider, parent/carer).

For information on disclosures out of school hours please refer to Section 2 of the Guidelines.

Keep the student safe (see student safety box for further information)
Follow risk management plan (RMP) if there is one in place
Inform nominated staff member

Student safety

Considerations for student safety
- If necessary, contact emergency services (e.g. 000, WA Police) and follow incident management procedures
- locate the student, if necessary
- provide suitable adult supervision
- follow any student plans in place
- contact parent/carer
- other actions, as needed, to support safety of student, peers and staff.

NOMINATED PERSON / STUDENT SERVICES / ADMINISTRATION

Gather further information from student and/or others as needed (see suicide risk assessment box)
Provide student with support information and emergency response/helpline numbers
Consult with appropriate staff and/or others on consultation list as required.

Contact parent/carer

(check system for any access restrictions)
- call parent/carer to discuss concern
- emphasise the importance of a supportive response to their child's disclosure
- gain consent for suicide risk assessment - refer to SRA information for further details
- recommend external SRA if a staff member is not available or if parent/carer declines one at school
- recommend parent/carer monitoring of the student and provide support information, emergency response/helpline numbers.

If contact with parent/carer cannot be made
- contact emergency contacts if a suitable adult is not contactable, consult further to determine actions to be taken.

Concern about contacting parent/carer

Consult with appropriate school staff (including principal or nominee) and others on consultation list to ascertain further actions before contacting parent/carer
- actions will depend upon context and outcome of consultations
- where there are child protection concerns, consulting with or reporting to the Department of Communities (Communities) may need to be considered.

Suicide Risk Assessment (SRA)

Only a person with appropriate training can undertake an SRA. Where an SRA is undertaken at school
- discuss limits of confidentiality with student
- provide student with support information, emergency contact numbers/helplines
- discuss support options within and external to the school
- contact parent/carer and discuss recommendations before student leaves the school
- when further assessment is indicated, gain consent from parent/carer to provide relevant information to the external service provider/hospital where possible.

NOTE: When an SRA is not able to be undertaken (e.g. student does not engage) actions to support student safety can still occur.

Limited parent/carer support for recommended actions

Consult with appropriate school staff (including principal or nominee) and/or others to ascertain further actions which may include
- further contact with parent/carer to reiterate concerns, the need for parent/carer monitoring of student and reinforce support information and helplines/emergency response numbers
- consultation and/or referral to external agencies for advice and support
- where there are child protection concerns, consulting with or reporting to Communities may need to be considered.

Risk management planning and return to school

- consider a return to school meeting (e.g. following change in risk or discharge from hospital) which includes relevant school staff, parent/carer, external support agencies and student, where appropriate
- consider the need for risk management planning to support student safety
- planning may include the development or review of an individually tailored RMP or other planning for support to enhance student safety in collaboration with all relevant parties, where possible
- communicate any planning and actions, to the family, school staff and external agencies.

Actions for consideration in all cases

- update the principal (or nominee) on actions and outcome
- follow up with and offer support to any students and staff who may have been impacted by the disclosure or incident
- consider own wellbeing and self-care needs. Seek support as needed
- identify potential social media activity where possible, and plan or respond as needed
- obtain parent/carer consent to share information about the incident or disclosure with any relevant external service provider
- confirm with parent/carer if recommended actions have occurred
- consider whether a Reportable Incident (non-government schools) or Online Incident Notification (public schools) is required
- document actions in line with school and system requirements and store securely.

Monitor and review

- continue to monitor and provide support to the student and any other impacted students/staff as needed
- continue to liaise with parent/carer and external service providers where appropriate.

School Response and Planning Guidelines for Students with Suicidal Behaviour and Non-Suicidal Self-Injury © Department of Education 2021, updated June 2025

Appendix 3: Staff Emergency, Consultation& Support Contacts

Purpose: Essential contact directory for **Clifton Hills Primary School** staff requiring immediate consultation, clinical advice, or emergency escalation.

Key Contact Categories:

- **Emergency Services:** 000 (Police /Ambulance).
- **CAMHS Crisis Connect:** 1800 048 636(Perth Children's Hospital acute mental health support).
- **Department of Education Consultation:** Lead School Psychologist / Student Wellbeing Support teams.
- **Staff Support & Wellbeing:** Employee Assistance Program (EAP) and Lifeline(13 11 14)

Appendix 4: Parent, Carer & Student Support Contacts

Purpose: Printable reference list distributed to parents, carers, or students needing immediate or ongoing mental health support.

Key Contact Information:

- **Lifeline:** 13 11 14 (24/7 Crisis Support)
- **13YARN:** 13 92 76 (Aboriginal & Torres Strait Islander Crisis Support)
- **Kids Helpline:** 1800 55 1800 (For young people aged 5–25)
- **Beyond Blue:** 1300 22 4636
- **Headspace / Mental Health Emergency Contacts**

Emergency, consultation and support contacts for staff – Appendix 3	
Telephone 000 for emergencies	
School Contacts	
Staff Name / Title	
Nominated staff member/s	
Public School Contacts	
School Psychologist: Tracey-ann Doe	9234 7800
Lead School **Psychologist: Leeanne Mitsopoulos**	
Service Response – Suicide prevention	9402 6433
Service Response - Child protection	9402 6124
Regional Education Office – CRO – Vicki Fourie	93369545
Ass/Director – Stuart Percival	93369561
Director – Sue Cuneo	93369536
Pastoral Critical Incident Response (PCIR) – YOUTH CARE	
Media Support and Advice	9264 5821
People Sense (Employee Assistance Program)	1300 307 912
Manager Assistance Program (People Sense)	1300 307 912
Local Contacts	
Department of Communities - Armadale	62774333
Child and Adolescent Mental Health Service (CAMHS)	1800048636
Medical Service	
Interpreter Service	
Emergency and Agency Contacts	
CAMHS Crisis connect (24/ 7)	1800 048 636
Dept of Communities- Central Intake Team	1800 273 889
Dept of Communities- Crisis Care Service (After hours)	1800 199 008
Mental Health Emergency Response Line (MHERL)	1300 555 788
WA Police Force (non life threatening assistance)	131 444
WA Poisons Information Centre	131 126
Alcohol and Drug information Service	9442 5000
Sexual Assault Referral Centre (SARC)	6458 1828
Hospital and Emergency Departments	
Armadale Hospital	

Under 16 years old, present to Perth Children's Hospital (PCH) emergency department, 24 hours. Over 16 years old, present to any local hospital emergency department, 24 hours. People of any age in country areas, attend local hospital emergency department 24 hours.

Emergency, consultation and support contacts for sharing with parent/carer/student

Adapt for local context

	Contact numbers
Telephone 000 for emergencies	
13YARN Crisis support line for Aboriginal and Torres Strait Islander people who are feeling overwhelmed or having difficulty coping (24 hours, 7 days)	13 92 76
CAMHS Crisis Connect (metropolitan children and young people 24/7)	1800 048 636
Department of Communities Crisis Care Service (after hours)	1800 199 008
Headspace online and phone support (12-25 years old)	1800 650 890
Health Direct (24/7)	1800 022 222
Kids Helpline (5-25 years old, 24/7)	1800 551 800
Lifeline (All ages, 24/7)	13 11 14
Mental Health Emergency Response Line (MHERL)	1300 555 788 (Metro) 1800 676 822 (Peel)
WA Poisons Information Centre (24/7)	13 11 26
Ruralink (All ages regional, rural and remote areas)	1800 552 002
Suicide Callback Service (15 years old and over, affected by suicide)	1300 659 467
QLife (3pm to midnight)	1800 184 527
Local CAMHS or WACHS CAMHS	
Additional Resources	
Beyond Blue	
Black Dog Institute	
Everymind	
headspace	
ReachOut	
Sane	
Transforming Families	
RightByYou	
Perth Aboriginal services – mental health services (healthywa.wa.gov.au)	
Ngala Parenting Line	(08) 9368 9368 (Metro) 1800 111 546 (Country)
Thirrili National Indigenous Postvention Support	1800 805 801
Hospital and emergency departments	
Local Hospital	
Under 16 years old, present to Perth Children's Hospital (PCH) emergency department, 24 hours. Over 16 years old, present to any local hospital emergency department, 24 hours. People of any age in country areas, attend local hospital emergency department 24 hours.	

Appendix 5: School Risk Management Plan (Template A)

Purpose: Standard single-student Risk Management Plan template for structured, ongoing risk monitoring and environmental adaptations at **Clifton Hills Primary School**.

Key Sections:

- **Student Profile:** Risk factors, triggers, and protective factors.
- **School Safety Measures:** Supervision arrangements, designated safe adults, and break-time monitoring.
- **Communication Plan:** Protocol for updating parents/carers and key school staff.
- **Emergency Trigger:** Clear steps if risk escalates while at school.
- **Review Date & Signatures:** Principal, Student Services, and Parent/Carer endorsements.

School risk management plan example template A

CLIFTON HILLS Confidential Student Risk Management Plan					
STUDENT DETAILS					
Name:		D.O.B		Year	
Principal	Patricia Joss	Teacher:			
Parent / Carer		Contact:			
Parent / Carer		Contact:			
Date of Implementation		Review Date:			
NOMINATED STAFF MEMBERS					
Name / Title		Contact:			
Name / Title		Contact:			
Student Support Staff					
Name / Title		Contact:			
Name / Title		Contact:			
EXTERNAL CONTACTS					
*Refer to Appendix 3	Emergency: 000	Consultation Numbers: CAMHS Crisis Connect		External Agencies	
STUDENT INFORMATION					
***This section may be used to share information about the student, relevant to supporting safety e.g. identified stressors, coping strategies					
Context / Environment		School Strategies		Home Strategies	
SIGNATURES					
Parent / carer:		Student (where appropriate)			
Administration:		Student Services:			

Teacher / s:		**Other Staff:**	
Other Staff:		**Date:**	

Appendix 6: School Risk Management Plan (Template B)

Purpose: Enhanced/Comprehensive Risk Management Plan template designed for complex cases, multi-agency involvement, or severe ongoing risk.

Key Sections:

- Multi-Agency Roles: Specific actions for external care providers (CAMHS, therapists) integrated with school actions.
- Environmental Adaptations: Modification to timetable, excursion/camp planning, or classroom activities.
- Student Safety Plan Integration: Alignment with student's personal safety plan and coping strategies.
- Detailed Escalation & Review Protocols: Defined conditions for modifying or ceasing the plan.

School risk management plan example template B

Modify the template as needed for the student's needs and situation. For use as an email to all staff:

[Insert student name, year group] - Confidential

Recently, there have been some concerns raised about [student name]'s wellbeing [insert additional information about concerns/risks, as needed]

To support [student name]'s safety at school, please monitor them in class and notify [staff member name and contact number] of any concerns or changes in their behaviour, communication or mood as soon as possible.

Strategies to support safety include: [match strategies to student need and situation as appropriate]

• If [student name] is expected in class but not present, please inform [staff member name] at the beginning of class.

• [further strategies as appropriate]. While [student name] is aware that additional strategies are in place for them, please do not discuss this communication directly with them.

If you have any questions or would like to discuss this further, please contact [staff member].

Thank you for your support.

[Nominated Staff Member]

[Job Title}{Date}

Appendix 8: Postvention Operational Checklist

Purpose: Step-by-step immediate checklist for the **Clifton Hills Primary School** leadership eam following a death by suspected suicide within the school community.

Key Operational Checklist Tasks:

1. **Fact-Checking & Legal Verification:** Confirm details with family, Police, or Regional Office.
2. **Emergency Response Team Activation:** Convene critical incident management team.
3. **Communication Protocols:** Prepare safe, non-sensationalized statements for staff, students, and parents.
4. **Identifying Vulnerable Groups:** Identify close friends, family, and vulnerable students for targeted support.
5. **Ongoing Monitoring:** Track social media, memorial arrangements, and ongoing wellbeing.

Postvention operational checklist for immediate response

Adapt for local context

Establish facts:

☐ establish communication with parent/carer/guardian and obtain permission to inform and disclose information

☐ sensitively discuss preferences for language used such as suspected suicide or sudden death

☐ confirm information through relevant system personnel from at least 2 reliable sources (e.g. family, WA Police Force, external agency, Department of Education Service Response Branch).

Activate:

☐ convene school critical incident/crisis management team

☐ refer to and follow Incident management /Crisis management plans already in place.

Communicate:

☐ Inform relevant system personnel:
- Public schools inform their regional education office and submit an Online Incident Notification.
- CEWA schools inform Team Leader, Psychology, Safety and Wellbeing.
- AISWA schools may wish to advise AISWA Executive and seek support from AISWA School Psychology Service.

☐ Develop communications (e.g. scripts/letters) and inform staff, students and families. Include relevant facts, common responses to a traumatic event such as death, and help-seeking information within and external to the school. Ensure communications do not describe the method or location of the suicide.

- Seek advice through relevant system personnel prior to distributing communications to the school community.
- Public schools consult with the regional education office, School Psychology Service and Service Response. Service Response will liaise with the Department of Education's media team.
- CEWA Schools consult with the CEWA Psychology Team and Communications and Marketing Team.
- AISWA schools liaise with AISWA Executive and School Psychology Service as relevant.

Support:

☐ identify and support close contacts, vulnerable students and staff

☐ identify and arrange internal and external support for students and staff as required

☐ monitor own self-care needs.

Confirm:

☐ confirm automated messages about the student, such as those facilitating absentee information, reporting or interaction with the School Curriculum and Standards Authority (SCSA) are disabled

☐ school communications and postvention actions are documented in line with school and system requirements

☐ schedule time to reconvene school critical incident/crisis management team.

Appendix 9: Postvention Resources & Support Services

Purpose: Dedicated directory of postvention specialized services and guidance materials for **Clifton Hills Primary School** staff, families, and students navigating grief and trauma recovery.

Key Resources Included:

- **StandBy - Support After Suicide:** Specialized bereavement support.
- **Be You Postvention Complete Support:** Guidance on managing postvention in schools.
- **Headspace Postvention Service:** Clinical advice and response planning.
- **Grief & Loss Counselling Links:** Local mental health pathways for children and families

External Resources for Schools
Be You Suicide Prevention and Response Resources for supporting schools in suicide prevention, including a toolkit for suicide response.
Conversations Matter Community and professional resources for having safe and supportive discussions about suicide.
Mindframe National Media Initiative Information on safely communicating about suicide and mental health.
Resources for online safety
Orygen #chatsafe Guidelines for supporting young people to safely communicate about suicide online including memorials, language, sharing lived experience and responding to others.
Office of the eSafety Commissioner Resources for eSafety, including reporting of cyberbullying, image-based abuse, offensive and illegal content.
Services
13YARN Crisis support for Aboriginal and Torres Strait Islander people. Free and confidential service available 24/7 to talk with an Aboriginal or Torres Strait Islander Crisis Supporter. Phone:13 92 76
Anglicare's Active Response Bereavement Outreach (ARBOR) Support service for adults recently bereaved by suicide, including grief counselling, peer support and support groups. ARBOR can also offer the services of an Aboriginal counsellor. Phone: 1300 11 44 46
Anglicare's Children & Young People Responsive Suicide Support (CYPRESS) Support service for metropolitan students aged between 6 and 18 years old bereaved by suicide. Support is provided through outreach, counselling, peer support and support groups. Phone: 1300 11 44 46
Be You Suicide response support for secondary schools. Assists school staff to prepare for, respond to and recover from the impact of a death by suicide. Phone: 0477 769 352 (WA) 1800 688 248 (national)
Coroner's counselling service Counselling and support, including understanding the coronial process.
Pastoral Critical Incident Response (PCIR) YouthCARE PCIR chaplains provide emergency support during critical incidents such as bushfires, sudden death, suicide and serious assault. Phone: 0407 413 855
Thirrili National Indigenous Suicide Postvention Service Thirrili is an Aboriginal and Torres Strait Islander organisation who provide postvention service response and community capacity building services. Phone: 1800 805 801
Youth Focus Free, face-to-face and web-based professional counselling service for young people aged between 12 and 25 years old who may be experiencing suicidal thoughts, depression, anxiety and self-harm. Phone: (08) 6266 4333