

Accident and Illness

Policy 3.5.1

1. The principal and staff will ensure that any child who is injured or becomes ill, receives appropriate treatment.
2. All teaching staff are expected to hold a current first aid certificate.
3. The Board of Trustees will make funding available for first aid training for staff.
4. All parents/caregivers must provide names and contact details for use in the event of an emergency affecting their child, these will be held in the school office and will be updated at the beginning of each school year.
5. Parent/caregivers will be contacted immediately in the event their child suffers any head injury.
6. All injuries and incidents will be recorded, and any general trends arising will be reported to the Board of Trustees, who will decide whether or not to investigate further.

Related Documents

- Administering Emergency and Long-Term Medication Policy 3.5.2.
- First Aid Register.

Administering Emergency and Long Term Medication

Policy 3.5.2

Rational

To have informed staff who are able to correctly administer emergency or long-term medication that is required by identified children.

Purposes

- To have parents/caregivers identify children who may require emergency/long-term medication to be administered during school hours.
- To ensure these children have medication administered by the Office Manager.
- To ensure safe storage and care of medication.

Guidelines

1. Relevant information is to be collated on the enrolment form from the “Pupil Information sheet” at the beginning of Term 1.
2. Consent and instructions for administration of medication must be written and signed by the parent/caregiver, and given to the Office manager who is the prime First Aider.
3. Medication should always be stored safely according to instructions.
4. Medication should be given as per instructions and administered by Office Manager. Double check with a colleague before administering where practical.
5. All medicines given will be recorded in the first aid register in the first aid room and signed by the person administering the medication.
6. Parents/caregivers will be notified if emergency medication has been administered.
7. Parents/caregivers will be expected to ensure that there is an adequate supply of required medicines available for their child at school.
8. Training will be provided for all teaching staff for specific emergency medication eg insulin for diabetic, epipen for adrenalin for allergies or similar situations.

Related documents

- Accident and Illness Policy 3.5.1.
- Blood Borne Viruses Policy 3.5.4.
- First Aid Register (held in the first aid room).

Alcohol and Drug

Policy 3.5.3

The use of illegal drugs, non-prescribed drugs, alcohol and solvent abuse will not be condoned at Newtown school. Students will be made aware of the legal and health consequences resulting from their use.

1. Newtown school will abide by the laws of New Zealand that relate to possession, use and supply of alcohol and legal drugs, as well as illegal, non-prescribed drugs and solvents.
2. No student shall consume, use or carry alcohol at school; on any school trip; at any school function; or after school.
3. No staff member, adult or caregiver will be permitted to possess, supply or consume alcohol during school hours or while on any trip or EOTC activity (this includes school camps) or school function where student are present. For the avoidance of doubt this does not extend to adult only meetings or events held outside school hours.
4. No staff member, adult or student will be permitted to possess, supply/consume or use any illegal, non-prescribed drug or solvent at any time.
5. All reports of the use of illegal drugs and other illicit substances or the inappropriate consumption of alcohol in the school must be promptly and rigorously investigated.
6. The New Zealand Police will be notified immediately and asked to investigate any incidents involving drugs.
7. Any student found with alcohol or drugs will likely result in stand down from school, their parents and caregivers notified and the case referred to the board of trustees.

Blood Borne Viruses

Policy 3.5.4

1. The Board of Trustees is committed to providing education for all children regardless of their health status.
2. The Board of Trustees recognises the right to privacy of medical and health issues.
3. The Board of Trustees has a duty to children and staff to provide a safe environment.
4. Parents/caregivers will be encouraged to inform the school of any health issues regarding their child, particularly blood borne viruses, in the knowledge that the information will be treated in confidence.
5. All staff will be given training and education on the care and handling of children with blood borne illnesses.
6. In dealing with any injury, all children should be treated as if they have a blood-borne virus.
7. Immunisation programmes will be supported. The Board of Trustees will facilitate the sharing of information about immunisation programmes.
8. Education about the prevention of communicable diseases will form part of the health programme.
9. Where necessary we will request advice and/or assistance from the Public Health Service, Special Education Service or similar.

Related Documents

- Accident and Illness Policy 3.5.1.
- Administering Emergency and Long-term Medication Policy 3.5.2.
- Blood-borne Viruses Procedure 3.5.5.
- Blood-borne Viruses Guidelines for Infection Control 3.5.6.
- Infectious Diseases Procedure 3.5.11.

Blood-borne Viruses

Procedure 3.5.5

1. Details of health issues will be sought from parents/caregivers at enrolment or when the disease is confirmed and will be stored on the school computer.
2. Information about the specific detail of the child's illness will be restricted to the Principal, administration staff and the child's classroom teacher, or on a 'need to know' basis. Other staff will be informed that there is a child in the school who has a blood borne virus, without the child being named.
3. Staff will get training about handling of blood through their first aid training.
4. Gloves and other such equipment required to support this policy will be provided and disposed of safely.
5. Blood is to be cleaned from all surfaces using appropriate cleaners and procedures.
6. Staff will carry a basic 'first aid' kit on duty.
7. In keeping with regulations an immunisation register will be kept.

Related Documents

- Accident and Illness Policy 3.5.1.
- Administering Emergency and Long-term Medication Policy 3.5.2.
- Blood-borne Viruses Policy 3.5.4.
- Blood-borne Viruses Guidelines for Infection Control 3.5.6.

Blood-borne Viruses

Guidelines for Infection Control 3.5.6

1. Ideally gloves should be worn for all procedures involving blood, however, don't delay treatment of a child who is bleeding excessively, under any circumstances because gloves are not immediately available. Use an absorbent barrier such as a towel, paper towel, handkerchief etc. for an actively bleeding child to stop the flow of blood.
2. Dispose of used gloves, soiled dressings, sanitary towels, tissues, etc, in a place where they will not be handled, e.g suitable waste disposal.
3. Wipe clean and then sterilise all surfaces and instruments contaminated with blood. Make sure you use an effective disinfectant, e.g. (one volume of household bleach to nine volumes of cold water).
4. Wash hands thoroughly (even if gloves were used) when you have finished. Hand washing is usually adequate for non-blood secretions.
5. Make sure that first-aid kits (and the sick-room) include disposable gloves, disposable wipes or towels, plastic bags for contaminated waste, a skin disinfectant and a bleach solution (or hypochlorite solution/or granules) with instructions for use.

Related documents

- Accident and Illness Policy 3.5.1
- Administering Emergency and Long-term Medication 3.5.2
- Blood-borne Viruses Policy 3.5.4
- Blood-borne Viruses Procedure 3.5.5
- Infectious Disease Policy 3.5.11.

Headlice

Procedure 3.5.7

Head lice, or nits, are spread through head-to-head contact and can only be eradicated with a dedicated commitment. Head lice breed rapidly, laying eggs that stick tenaciously to the hair shaft and the lice feed on the blood from the scalp. A louse's breeding cycle lasts 10 days from egg through nymph through to egg-laying maturity at 10 days - so any nit-busting program needs to last a full 10 days to a fortnight to ensure that all breeding lice are killed.

Ultimately treating head lice is a caretaker's responsibility, however, when a school has an infestation problem there needs to be a combined effort to rid all the children of head lice. In the case of an infestation Newtown school will:

1. Send home a note to caregivers outlining the problem, as well as providing information about how to check for and treat head lice. This note will also say that children with live lice are expected to be kept home from school until treated. Caregivers are expected to inform the school if their child has head lice.
2. Inform all staff that the school has a head lice outbreak and staff will be encouraged to tell children to avoid head-to-head contact wherever possible.
3. Inform families discretely if a staff member identifies a child with head lice, in addition information on how to identify and treat head lice will be sent out to the entire whanau.
4. Work hard to educate families, staff and children to de-stigmatise the issue.
5. Hold "check and treat" days if the head lice infestation persists. This will involve the children being checked and treated on the same day. For these days all caregivers will need to sign consent forms and trained groups of caregivers will come in to help diagnose and treat affected children.

Relevant documents

Ministry of Health: <http://www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/head-lice>

Health and Safety

Policy 3.5.8

1. The Board of Trustees is committed to continuous improvement in health and safety, and to meeting the requirements of relevant health and safety legislation, regulations, New Zealand standards, and approved codes of practice.

2. The Board of Trustees is committed to providing and maintaining a safe and healthy workplace for all workers, students, and other people in the workplace. We will achieve this through:
 - a. Making health and safety a key part of our role;
 - b. Working with our workers to improve the health and safety system at our school;
 - c. Doing everything reasonably possible to remove or reduce the risk of injury or illness;
 - d. Ensuring that mental wellness is considered just as important as physical health and encouraging an open environment in which to discuss any mental distress without stigma.
 - e. Making sure all incidents, injuries and near misses are recorded in the appropriate place;
 - f. Investigating accidents, near misses and reducing the likelihood of them happening again;
 - g. Having emergency plans and procedures in place;
 - h. Training everyone about hazards and risk so everyone can work safely;
 - i. Providing appropriate induction, training and supervision for all new and existing workers;
 - j. Helping workers who were injured or ill return to work safely; and
 - h. Make sure contractors and subcontractors working at the school operate in a safe manner.

3. All workers are encouraged to play a vital and responsible role in maintaining a safe and healthy workplace through:
 - a. Being involved in improving health and safety systems at work;
 - b. Following all instructions, rules, procedures and safe ways of working;
 - c. Reporting any pain, discomfort or mental distress as soon as possible;
 - d. Reporting all injuries, incidents and near misses;
 - e. Helping new workers, staff members, trainees and visitors to the workplace understand the safety procedures and why they exist;
 - f. Reporting any health and safety concerns or issues through the reporting system;
 - g. Keeping the workplace tidy to minimize the risk of any trips and falls;
 - H. Wearing protective clothing and equipment as and when required to minimize your exposure to workplace hazards.

4. All others in the workplace including students and visitors are encouraged to:
 - a. Follow all instructions, rules and procedures while in the school grounds;
 - b. Report all injuries, incidents and near misses to their teacher or other staff members;
 - c. Wear protective clothing and equipment as and when required to minimize your exposure to hazards while learning.

6. Students are provided with basic health and safety rules, information and training and are encouraged to engage in positive health and safety procedures.

7. Health and safety is everyone's responsibility.

8. There will be an ongoing evaluation, review and updating of our compliance with our health and safety programme and this policy.

Related Documents

- Hazards register
- Accident and illness book

Relevant Legislation:

- Health and safety at Work Act (2015).
- Employment Collective Agreements.
- New Zealand Police Licensing and Vetting Service.
- The Building Act 2004.
- Hazardous Substances and New Organisms Act 1996.
- Building Warrant of Fitness.
- State Sector Act 1988 (esp section 77A).
- Smoke-free Environments Act 1990.
- The Animal Welfare Act 1999.
- The Fire Safety and Evacuation of Building Regulations 2006.
- Food Act 2014.

Injury and Incident Management and Reporting

Policy 3.5.10

This policy should be read in conjunction with the Health and Safety at Work Act: A Practical Guide for Boards of Trustees and Officers which clearly outlines Health and Safety responsibilities.

Purpose

Incident management is key to any workplace's Health and Safety systems/processes. Incident management requires a school wide approach with clear points of accountability for reporting and feedback. The purpose of this policy is to:

- outline the principles of incident management;
- standardise the incident management process;
- ensure consistency in definitions;
- outline roles and responsibilities for incident management.

Scope

This policy applies to and must be followed by all of our staff and others in all school workplaces. This includes all members of the school's leadership team, staff, contractors, temporary workers, volunteers, students and visitors.

The board will consult, co-operate and coordinate with other duty holders on matters when there are overlapping Health and Safety duties. For that reason, this policy can also be applied where an adequate risk policy does not exist in other workplaces.

How do we manage incidents effectively?

The principles of accountability, obligation to act, and collaboration should be applied at each step of the incident management process. The six steps include identification, notification, classification, investigation, action and evaluation.

Step 1: Identification

It is important for all staff to recognise when an incident or near miss has occurred. Staff need to act immediately to make sure those who are involved are safe and that the environment poses no further risks. First aid may need to be applied first. First aiders are available to provide immediate assistance to anyone who has suffered an injury or illness while at school.

Step 2: Notification

Staff must notify their relevant school leader when an incident occurs. The board uses the incident notification form to document incidents. School leaders are required to investigate incidents lodged by their staff to ensure local action is taken. All incidents and notifiable events including near misses must be reported.

Step 3: Assessment

The relevant school leaders need to assess the level of incident that has occurred. When a 'Notifiable Injury or Illness' and/or 'Notifiable Incident' happens, WorkSafe NZ must be contacted. This is called a Notifiable Event. The site must be kept preserved to allow WorkSafe NZ to inspect it. Examples of a notifiable incident include harm that causes hospitalisation for 48 hours or more, amputation of a body part etc.

Step 4: Investigation

The investigation of incidents is an essential component of incident management. All incidents, including notifiable events, should be investigated to identify the causes. Following the investigation, corrective actions to prevent similar incidents and injuries happening again are identified and implemented as soon as possible after the event.

Step 5: Action

Actions are developed for each recommendation. Actions may be in the form of putting in place risk controls. The HSR, the affected staff member/student, and others in the workplace may be consulted about the action. Accountability for each action will be given to a person in the work group. Progress on the implementation of actions is monitored regularly. Mechanisms for monitoring include risk registers, team meetings, health and safety committees and aggregated information collated by the principal or the HSR. The HSR or principal collates this information to generate reports and analyse incident data to identify trends, risks and to initiate, monitor and/or evaluate system improvements.

Step 6: Review

The review step monitors whether the actions taken have been successful in preventing further incidents. Actions that have been made must be regularly monitored and reviewed to ensure they are effective. The manager is expected to do this in consultation with staff.

Roles and Responsibilities: Everyone has a part to play in managing incidents effectively.

Person conducting business or an undertaking (PCBU)

The board of trustees is committed to providing and maintaining a safe and healthy workplace for all staff, students, and other people at the school. We will achieve this through:

- Making health and safety a key part of our role;
- Doing everything reasonably possible to remove or reduce the risk of injury or illness;
- Making sure all incidents, injuries and near misses are recorded in the appropriate place;
- Investigating incidents, near misses and reducing the likelihood of them happening again;
- Having emergency plans and procedures in place;
- Training everyone about hazards and risks so everyone can work safely;
- Helping staff who were injured or ill return to work safely.

Officers – (principal and individual board members)

- Know and keep up to date with incidents that are associated with the school's operations;
- Ensure resources and processes are in place to prevent incidents;
- Ensure processes are in place for timely information on incidents;
- Ensure health and safety processes are actually implemented;
- Monitor the health and safety performance of the school.

Staff – (employees, temporary workers, contractors, volunteers)

- Take reasonable care of their own health and safety;
- Ensure their actions or omissions do not affect other's health and safety;
- Immediately report any incident to their relevant school leader;
- Report any risk or hazard to the relevant school leader to prevent injuries occurring;
- Cooperate with the incident management policy and its procedures in the workplace including investigations of incidents;
- Participate in the implementation, monitoring and evaluation of actions following an incident investigation;
- Comply with any reasonable instruction given by the board or the PCBU they are visiting;
- Encourage fellow workers and others visiting the workplace to notify identified incidents;

Members of the school's leadership team

- View all incident investigation forms submitted by workers as soon as practicable;
- Report notifiable incidents to WorkSafe NZ via the school's principal;
- Investigate all incidents submitted by workers who report them, undertake actions in a timely manner, and document these;
- Consult with health and safety representatives, the affected worker, and others in the workplace during investigations and actions;
- Delegate actions to relevant staff, who may also need to review them;
- Monitor and review the effectiveness of actions taken.

Health and safety representative

- Represent staff on matters relating to health and safety incidents;
- Investigate complaints from staff in the workplace;
- Monitor the incident management approach undertaken by the board;
- Promote the interest of staff who have raised/reported health and safety incidents;
- If requested by the relevant school leader, participate in incident investigations.

First aiders

- Take reasonable care of their own health and safety;
- Identify themselves to staff and others in the workplace;
- Provide immediate assistance to anyone who has suffered an injury or illness while at work;
- Ensure that the workplace has adequate First Aid resources;
- Ensure that First Aid can be provided for the risks that are apparent at the school;
- Keep their qualifications up to date;
- Attend training or refresher courses as required.

Others in the school – (visitors, students, parents etc)

- Take reasonable care of their own health and safety;
- Ensure their actions or omissions do not affect other's health and safety;
- Comply with instructions given by the board or another PCBU;
- Immediately report any incident to an officer.

Relevant documents

Health and Safety at Work Act.

<https://education.govt.nz/assets/Documents/Ministry/Initiatives/Health-and-safety/Tools/Health-and-Safety-at-Work-Act-2015-practical-guide.pdf>.

Infectious diseases

Policy 3.5.11

1. If the Ministry of Health advises the school of an infectious disease outbreak – the school will follow their advice on school closures and information to parents/caregivers.
2. The Public Health Nurse will be the school reference point for current health information and provide advice to parents/caregivers of children with infectious diseases including the likely need for their child to stay home until they receive a medical clearance or other indicator the child is no longer infectious.
3. The Board will consider funding staff to be vaccinated against flu and hepatitis B each year in accordance with the NZEI Collective contract.
4. Staff will be taught and reminded of measures to keep themselves and students free from infectious diseases.
5. This will be repeated when there is a likely risk of an infectious disease outbreak or where a student is enrolled with an infectious blood borne virus.
6. Pupils will be taught not to touch blood or bodily fluids. Pupils will also be reminded they must not share drink bottles.
7. Students and staff will be taught how to reduce the spread of infectious diseases through handwashing, covering of mouths and noses and management of use of tissues.
8. The school will provide all student and staff sinks with adequate soap and water for handwashing and a means to dry hands thoroughly.

Campylobacter

- **Symptoms appear after** 1–10 days
- **Infectious** until well – possibly 2–7 weeks if not treated with antibiotics
- **Keep child home** until well and for 48 hours after the last episode of diarrhoea or vomiting

Chickenpox

- **Symptoms appear after** 2–3 weeks (usually 14–16 days)
- **Infectious** from 5 days (most infectious in the last two days) before the first lot of blisters until all spots are crusted – usually 5 days after they appear
- **Keep child home** for at least 5 days and until all the spots are crusted over

Conjunctivitis (viral/bacterial)

- **Symptoms appear after** 2–10 days
- **Infectious** while there is a discharge from the eyes
- **Keep child home** while there is a discharge from the eye and/or until 24 hours of treatment

Croup

- **Symptoms appear after** 2–6 days
- **Infectious** until fever settles
- **Keep child home** until fever settles

Cryptosporidium

- **Symptoms appear after** 1–12 days
- **Infectious** until well and usually several weeks after
- **Keep child home** until well and for 48 hours from the last episode of diarrhoea or vomiting
- Do not use a public pool for 2 weeks after symptoms have resolved

Gastroenteritis (viral)

- **Symptoms appear after** 1–3 days
- **Infectious** while vomiting and diarrhoea last, and up to 48 hours after the last episode of diarrhoea or vomiting
- **Keep child home** until well and for 48 hours after the last episode of diarrhoea or vomiting

Giardia

- **Symptoms appear after** 3–25 days
- **Infectious** for usually 4–6 weeks but can be many months if not treated
- **Keep child home** until well and for 48 hours after the last episode of diarrhoea or vomiting

Glandular fever

- **Symptoms appear** after 4–6 weeks
- **Infectious** for up to 1 year or more
- **Keep child home** – no official recommendation, but should wait until well enough to return to school/preschool

Hand, foot and mouth

- **Symptoms appear** after 3–5 days
- **Infectious** while the child is unwell and possibly longer because the virus is present in faeces ('poos') for weeks after
- **Keep child home** if unwell or with blisters in or around mouth, especially for children under 2 years who may dribble. Children over 2 years with only 1 or 2 blisters on their hands or feet that can be covered can attend school/preschool

Hepatitis A

- **Symptoms appear after** 15–50 days, usually 28–30 days
- **Infectious** from 2 weeks before signs appear until 1 week after jaundice (skin yellowing) starts
- **Keep child home** for 7 days from the start of jaundice

Hepatitis B

- **Symptoms appear after** 6 weeks to 6 months, often 2–3 months
- **Infectious** for several weeks before signs appear until weeks or months later; some people are infectious for years
- **Keep child home** until well or as advised by doctor

Impetigo (school sores)

- **Symptoms appear after** 7–10 days
- **Infectious** until 24 hours after treatment with antibiotics or until sores have healed
- **Keep child home** until 24 hours after treatment has started or as advised by doctor or public health nurse

Road Safety

Policy 3.5.12

Newtown school would like to ensure that all children make safe school journeys and undertake learning that increases their lifelong capacity to contribute to a safer road system.

Road safety is a shared responsibility between the school, whānau, parents, caregivers, the children, the territorial authority, the NZ Transport Agency, and the New Zealand Police. The purpose of road safety education is to eliminate death or injury to children on or around roads. It also provides children and their caregivers with increased confidence and ability to take part in travel modes such as walking, cycling and scooting. Road safety education is a lifelong process that continues to develop as people gain independence. At school, it takes place through curriculum-based learning and children's participation in safe road use practices, including in and around the school gate, drop-off zones, bus stops, pedestrian crossings and during school trips.

Our school's prevention actions

1. The school will include a road safety unit each year as part of our school curriculum. Children will receive training in road safety procedures, including but not limited to:
 - safe road crossing,
 - use of walkways,
 - safe practices in and around buses and other vehicles,
 - cycling.

For student in Years 3-8 the units will focus on inquiry into road safety practices. As a result, children will be able to demonstrate responsibility for their own safety around roads, and will seek to influence the road environment to ensure safer journeys for themselves around the community. Findings from these inquiries may necessitate adaptations to:

- this policy,
- road engineering around our school community,
- the enforcement of road, cycle, and walking rules.

2. Staff and adults in the school community will be encouraged to model and reinforce good road safety practices.

3. Caregivers will be consulted about, and informed of expectations, for children's travel to and from school.

4. The controlled pedestrian crossing is the only approved safe crossing point for our school. The operation of this crossing will be based on the [School Traffic Safety Team Manual](#). The crossing will be supervised by a teacher [*before school starts and after school finishes*]. All students in the school patrol will complete training before being assigned to duty. Children and caregivers must use the pedestrian crossing when school patrols are in operation.

5. Safety helmets must be used by all cyclists. Whānau, parents and caregivers are responsible for the roadworthiness of the bicycle and the riding ability of the student.

7. Parking on the school grounds during the school day is not permitted.

8. Parents/caregivers transporting children to or from curricular and co-curricular activities must be briefed on the route to be followed, and must ensure:

- there is a diagonal shoulder seat-belt for every child carried.
- children are correctly secured:
 - up to 7th birthday: in an approved child restraint.
 - 7th to 8th birthday: in an approved child restraint if one is available in the vehicle (if not available, in any child restraint or safety belt that is available).
 - 8th birthday to 14 years: in a safety belt if one is available (if not available, they must travel in the back seat).
- they have a current registration, insurance and warrant of fitness for the vehicle.
- they possess a current full New Zealand driver licence.

9. The Board of Trustees and the Principal will ensure that all road safety education activities and school travel comply with the Health and Safety at Work Act 2015 and the Vulnerable Children Act 2014.

10. The school will assess if road safety education offered by external providers is fit for purpose, using the [Guidelines for Assessing Road Safety Education for Young People](#).

Our school's response actions

11. If parents or caregivers, students or school staff identify illegal or dangerous road user behaviour it should be reported to the Police.

12. If parents or caregivers, students or school staff identify careless and risky road user behaviour when travelling to or from school, this should be reported to the school office. School action may include:

- enlisting the services of the Police (e.g. School Community Officer or the local community constable).
- speaking directly to the person concerned.
- informing the school community about safe and appropriate road safety behaviour in the school newsletter.

Sun Protection

Policy 3.5.13

Excessive exposure to ultraviolet radiation (UVR) from the sun causes sunburn, skin damage and increases the risk of skin cancer. New Zealand and Australia have the highest melanoma rates in the world. One or more episodes of sunburn in childhood and adolescence have been shown to increase the risk of melanoma later in life.

This sun protection policy will apply during Terms 1 and 4, (especially between 10am and 4pm). During the winter months sun protection is unnecessary. Note: There are also benefits from sun exposure, including Vitamin D absorption, which is important for the development of healthy bones, muscles and teeth. However, sensible sun protection behaviour should not put people at risk of vitamin D deficiency. During the daylight saving months most people get enough UVR exposure to achieve adequate vitamin D levels through incidental sun exposure outside peak UVR times. During the winter months, students should be encouraged to actively enjoy the sun.

As part of general Sun Smart strategies, during Terms 1 and 4, between 11am and 4pm, Newtown school will:

Behaviour

1. Require children to wear a broad brimmed hat when they are outside (e.g. interval, lunch, sport, excursions and activities). Operate a no hat play in the shade policy until a hat from the spare hat provision is used.
2. Require children to eat lunch in a shady place if possible, e.g. on the deck under the roof, under the trees etc.
3. Hats will be issued to pupils, who do not have one, but are required to stay at school when not in use.
4. Encourage children to wear clothing that protects the skin from the sun (e.g. sleeves and collars).
5. Encourage staff to role model sun protection behaviour, particularly the use of appropriate hats, within the school grounds and during outdoor school activities.
6. Regularly publicise and reinforce the Sun protection policy, for example, through newsletters, at assembly, and student and teacher activities.
7. Inform caregivers of the sun protection policy at enrolment, and encourage parents to practise sun protection behaviour themselves when helping at school (role modeling wearing a wide brimmed hat when outside).
8. Encourage the use of SPF30+ sunscreen when children are outdoors for extended periods such as on school camps and during sports days.

Curriculum

1. Incorporate sun protection education and activities at all levels when delivering the curriculum.

Environment

1. Work towards developing and improving existing shade, particularly in areas where students congregate. Shade can be both built and natural (e.g. constructed shelter and trees).
2. Whenever possible schedule outdoor activities in areas with plenty of shade and before 11am.

Reinforcement and evaluation

1. The Board of Trustees and Principal will review the sun protection policy regularly, including making suggestions or improvements at least once every three years.

Smokefree

Policy 3.5.14

Newtown school's smokefree policy allows compliance with smokefree legislation, and promotes a smokefree lifestyle to all members of the school community. The Smokefree Environments Amendment Act, 2003, directs that all buildings and grounds are smokefree, 24 hours a day, seven days a week (with no exemptions). The education provisions in the Act aim to:

1. Prevent the exposure of children and young people to secondhand smoke;
2. Prevent children and young people being influenced by seeing others smoke;
3. Send a positive message about a smoke free lifestyle as the norm.

The Act applies to anyone on the school grounds including students, staff, visiting parents, contractors, and people hiring or using the school facilities outside school hours.

To comply with the legislation, Newtown school ensures that everyone coming on to the school site is aware that the entire grounds are smokefree at all times. In order to this this Newtown school:

1. Displays smokefree signs at every entrance to the school grounds and the outer entrance of every building;
2. Advises contractors and other people working at school of our smoke free policy;
3. Communicates the smokefree policy to caregivers through school newsletters and other means;
4. Ensures that people hiring or using the school facilities are aware of the policy and accept that there are no exemptions and that it applies 24 hours a day, seven days a week.

If there is a breaches of the smokefree policy Newtown school will:

1. Offer appropriate counselling and education to children breaching the policy. Caregivers will be contacted and encouraged to deal with the smoking as a health issue rather than a discipline issue.
2. Adults smoking in or around school environment will be reminded that the school is smokefree by law and asked to stop smoking or leave the premises.

If there are any complaints about smoking these will be referred to the principal, who may pass these to the board of trustees for investigation. Investigations take place within 20 working days of the complaint or incident and follow the procedures laid down in the Smokefree Environment Amendment Act, 2003.

Relevant legislation

Smokefree Environments Amendment Act, 2003