

3.2 John Pujajangka-Piyirn Catholic School Health And P.E. Policy

Rationale

There are a wide range of health issues both physical and emotional which affect all children that attend John Pujajangka-Piyirn School. It is through our curriculum and practical implementation that we address these issues. Not only do we need to develop student's knowledge of a healthy and active lifestyle but we also need to encourage a development in attitudes as well. To achieve this we must be part of a wider health program in the community and thus link in with the clinic, sporting organisations and parents. It is important to help improve student's health to ensure that they have the best chance possible of being effective learners.

Part of student's health is to lead an active lifestyle. To achieve this they need to have a sound development of skills. This will not only give them the skills required to take an active part in sport and recreation activities but also help to build their self esteem.

A combination of programs including the healthy eating, BBC, sun safe, cleanliness, Family Life Education (see Appendix 4) and referral procedures as well as the Medication procedures (Appendix 5) are all seen as part of the general health program of the school.

Health and Physical Education

Values and Outcomes

Values

1. Pursuit of knowledge and a commitment to the achievement of potential.
2. Self acceptance and respect of self

Overarching outcomes

1. Students use language to understand, develop and communicate ideas and information and interact with others.
5. Students describe and reason about patterns, structures and relationships in order to understand, interpret, justify and make predictions.
11. Students value and implement practices that promote personal growth and well being.
13. Students recognise that everyone has the right to feel valued and be safe, and in this regard, understand their rights and obligations and behave responsibly.



Health

Teaching and Learning strategies

Healthy eating programme
BBC program
Canning Stock route activities
Croc Fest
Sun safe practices
Cooking
Discussions
Art
Written representation of knowledge
Taking part in community health programs
Camping program
Swimming program

Assessment and Evaluation

Oral and written representation of knowledge
Students demonstrated understanding of cause and effect of a healthy lifestyle
Results from specialists for particular children
Anecdotal evidence
Student's participation in practical activities

Organisation

A number of programs are run in the school which are described as follows.

Healthy Eating Programme

Children learn better when they eat healthy food at regular intervals. At John Pujajangka-Piyirn School, we encourage the students to eat healthy food and we provide them with ample time to eat before they play. Healthy Eating includes teaching about nutrition, balanced meals, the five food groups, exercise and hygiene. These concepts will be taught in the classroom and reinforced through whole school practise.



Breakfast

Half an hour before school starts until five minutes before school starts breakfast of cereal and juice is provided at school free of charge for those students who wish to partake.

Children are encouraged to drink plenty of water during the day especially in the hotter months.

Playtime

At playtime all students are offered half a sandwich and a piece of fruit. Students are also able to purchase healthy snacks from the tuck shop during this time.

Students sit down when they eat their food and are supervised by the teacher on duty. They must finish eating their food before they begin to play.

Students should wash their hands before they eat, and all rubbish to be put in the bin.

Classroom Program

As part of the Health curriculum, all classes are to focus on healthy eating during first term in conjunction with Family Life Education (FLE), and revisit concepts and practices taught throughout the following terms.

Cleanliness

Each morning on arrival at the classroom, children wash their hands and face, clean their teeth and practise Breathe, Blow Cough Program (Refer to Appendix 3). After play students wash their hands and faces. Students are taught about the importance of washing their faces and hands to try to stop them getting Trachoma. Statistical information from the Kimberley Region states that Trachoma rates in children attending school range between 30 and 40 %. This rate escalates up to 85% for children who do not attend school. This underlines the importance of our twice daily routine of washing with the children. The Breathe Blow Cough Program is designed to help students clear their ears before beginning lessons to help them hear better. All classrooms have a sound system which teachers are required to use to assist students with hearing difficulties.

Sun Safe Programme

The hazards of exposure to the sun's rays are well documented. Schools and school staff have a responsibility to ensure that children are educated about ways to keep themselves safe in the sun and to model sun safe practices at work. Being sun safe should be a focus in the Health Curriculum during Term 1 and should be revisited each term.

Practices

The wearing of hats is promoted positively by all staff at the school as an example of healthy behaviour.

It is compulsory for all children to wear a hat during official school hours when they are outside the classroom.

Children are sent to the time out area (which is a shaded area outside the staffroom) if they are not wearing a hat.

The school will provide school hats free of charge.

For other aspects of teaching of the Health program refer to the FLE program and Medication Procedures in Appendices 4 and 5



Referrals of Children at Risk

At times teachers may have concerns about a particular area of a child's health. After discussing it with the Principal they should follow the following procedures:

1. The teacher will first discuss the issue with parent and ask them to take child to the Clinic or Doctor. The teacher will make sure that this meeting is documented. The teacher will also leave a letter at the Clinic documenting their concerns and the reason for the referral. (Refer to Appendix 1). A copy of this letter will be left in file at school.
2. If child does not attend the Clinic then the Health Workers should be informed and requested to follow up the next Doctor day.
3. The Parents will be asked to sign a Permission Note for the school to see the results of the tests after they have been seen by a specialist. (Appendix 2)
4. The School will then receive a copy of the report from Health Workers regarding ailment/concern.
5. The decision for follow up action will be taken by the classroom teacher or the school Principal.

P.E.

Teaching and Learning Strategies

Skill based activities (refer to the Austswim manual and activity cards for the designated area), consolidate with games, visiting sports people, practical examples, practice with supervision.

K-1 students will partake in the Perceptual Motor Program during the designated P.E. time

Assessment and Evaluation

Observation during both skill based training and during sports activities to be able to fully assess competence in skill.

Organisation

In Terms 1 and 4 swimming lessons will take place once a week for 40 minutes each.

For Terms 2 and 3 Years 3 – Secondary will take part 3X30 minutes lessons and K-2 will take part in 4X15minute lessons. Topics covered will be from year to year.

Year policy created : 2003

Policy review : 2006



APPENDIX 1

Health Concern Note

Name:

Date of Birth:

Date of Referral:

Relevant Information and Reason for Concern

Principal Signature

Teacher Signature

APPENDIX 2

I give permission for the school to be given a copy of the specialist report concerning _____ for _____.

Parent/ Carer signature: _____

Date: _____



APPENDIX 3

Breath, Blow, Cough (BBC) Program

- Take five deep breaths, breathing in through the nose and blowing out through the mouth.
- Blow your nose making sure you blow each nostril individually.
- Put your hand over your mouth and do two strong coughs to get the rubbish out.
- Do exercises which have aerobic value some elements of postural drainage and full lung - cage extensions
- After exercise, repeat breathe, blow, cough procedure.
- Pop your ears by holding nose tightly taking a deep breath through your mouth close mouth and blow if the tube is blocked there will be a build up of pressure until it releases with a 'POP'.
- Finally children will wash their hands.



APPENDIX 4

John Pujajangka-Piyirn Catholic School Kayanta Jantuwarnti / Family Life Education) Program

“I have called you by name, you are mine, because you are precious in my sight, and honoured and I love you” (Isaiah 43: 1, 4)

At John Pujajangka-Piyirn Catholic School we are aware of the many influences operating on family life within the Mulan community. Health issues faced by the students and the wider community present great challenges for not only the students but also the teachers. Substance abuse and violence are part of the student's reality. Family life is not always easy for the community with many negative influences present which can often take away the basic right of a child to be “well cared for, loved and protected by their family and their community”. Christian values affirm the value and dignity of every human life and as such John Pujajangka-Piyirn aims to help students to establish and maintain responsible, healthy and positive attitudes towards life and explore the spiritual, physical, moral, psychological, social and cultural dimensions of human sexuality.

To assist this the Family Life Education Program is to be implemented at John Pujajangka Piyirn School. (Refer to attached Program description)

The guidelines of the program are to be presented in the following sequence but opportunities for addressing each may be undertaken as they arise in addition to this:

Self: Term1

Health Awareness: ongoing

Relationships: Term 3

Making Choices: Term 2.

Human Sexuality Term 4. (Community must be involved)

Beliefs and Values

The family is seen as the first educators of their children and it is our role to support the family in their task of forming their children into young people with appropriate attitudes, values and lifestyles which will empower them.

- We recognise the importance of community and family involvement and ownership of the program in order for the program to be successful.
- We believe that the South Australian guidelines of FLE, whilst comprehensive, need to be adapted to suit the needs of the students at John Pujajangka-Piyirn Catholic School. This involves identifying issues relevant to the Mulan Community and making sure the content is culturally appropriate.
- We believe that social skills need to be taught and nurtured in a context of love and social responsibility.

Aims

The Kayanta Jantuwarnti Program is an integrated course which:

- Aims to promote and encourage behaviours founded on Christian values
- Fosters loving commitments and social responsibility



- Recognises sexuality as integral to the person
- Gives clear and accurate information about sexual identity, puberty/adolescence, and human reproduction within the context of formation
- Explores the spiritual, physical, moral, psychological, social and cultural dimensions of human sexuality
- Fosters values related to self respect and self esteem, as well as those pertaining to the human dignity of all persons, develops responsibility for personal choices and action and gives an appreciation of the importance of family life.
- Affirms the value and dignity of human life inviting students to be aware of Church teaching in order that they may gain knowledge and appreciation of its wisdom

Coordinated Whole School Approach

All staff will be involved in the planning and implementation of the Kayanta Jantuwarnti Program in their classroom with a nominated staff member coordinating.

Each theme needs to be addressed as a whole school or a term plan depending on the decisions of the staff in the future. This allows for a coordinated to parents meetings, resources and whole school family fun days on the themes being taught.

School Based Leadership

- The staff meets regularly to ensure that the Kayanta Jantuwarnti program is being the best that it can be with John Pujajangka-Piyirn School and act as a reference to community members.
- The role of the teachers is to become informed about what is appropriate to teach the students within the Waltja program and seek out appropriate methods of delivering the content. E.g. using guest speakers such as community members, clinic nurse, health workers, role models etc.

Support Networks for Kayanta Jantuwarnti Program

- Overview committee
- Kayanta Jantuwarnti Reference Group
- Church Leaders
- Mulan Clinic
- Other schools participating in the Kayanta Jantuwarnti program

Home School and Community Partnerships

- Family fun days
- Assemblies
- School noticeboards
- Mirli Mirli



- Open Days
- Reporting
- Parent Meetings
- Bush Trips

Planning and Practice

- The school will use the South Australian Family Life Education Guidelines but will adapt them to suit JPPS
- The program addresses the Health Learning area outcomes.
- There are level overviews, which identify suggested RE units, Substance Abuse and School Drug Education Project and Curriculum links.
- Assessment and Reporting is on the basis of the FLE outcomes stated for each level and the corresponding Health Learning area outcomes. For 2003, each class will program for 5 weeks on one theme and may adapt this to be one theme per term in the future.
- A Self Esteem picture pack of students from the Kimberley is available to be used with the students.
- Five traditional local paintings are available as a resource on 3 of the 5 themes.



APPENDIX 5

Medication Procedures

Responsibilities

Staff, student and parent responsibilities:

- Student's self administration of medication is preferable but where this is not an option teachers may administer when given written consent.
- Teachers and parents need to work together to ensure that administration of medication is planned and discussed and takes into consideration a range of circumstances.
- John Pujajangka-Piyirn has a responsibility to the privacy needs of that student and should treat all information in a confidential manner.

Medication

Analgesics are non-prescription pain suppressants (e.g. aspirin and paracetamol) which may have undesirable effects. Aspirin must **NEVER** be administered to students by staff unless it is part of a course of treatment which has been prescribed by a doctor and parent's have signed a consent form for the medication to be administered at school.

If children continually complain of headaches they should be given water and their parents should be notified.

Prescribed Medication

The parents of students who are required to self administer prescribed medication are to notify the Principal and all the relevant details e.g. dosage, side effects, symptoms of misuse.

Where the student is deemed incapable of self-administering prescribed medication, discussion between the principal, parents/ guardians and associated school staff should take place to attend to the following:

- Parents / Caregivers must provide written authority for teachers to administer the prescribed medication which would include the specific requirements
- Principal / First Aid person must supervise the administration of medication in accordance with the medical practitioner's instructions.
- The Principal should ensure the student's medical condition and the medication that is required is brought to the attention of the relevant staff.

Storage of medication

All prescribed medication is to be kept in the Principal's office. The student needs to come to the Principal's office to receive medication.

All medication must be appropriately packaged and clearly show the name of the medication, student's name, dosage and frequency of the dosage. It is the Principal's responsibility to ensure medication is not out of date and to inform parents if required.



Health Care of Students with Special Needs

Where a student has been identified as having a stable and predictable medical condition that requires specialist training and skills in administering medication and/or provision of health care the duty of care remains with the teacher.

HIV

Students with HIV/Aids are not legally required to inform others (including schools) of their health status.

Emergencies

An emergency action plan must be developed for students with medical and health care problems. The development of an emergency plan should be devised at the school level after consultation with the principal, parents/caregivers, student's medical practitioner and associated school staff.

The action plan should be developed with the following considerations in mind:

- Written approval from the parents/caregivers to implement the emergency plan
- The action plan should be readily accessible for all staff concerned including school excursions where a copy and appropriate medication should be taken.
- A copy of the action plan should be kept in the Principal's office and student's classroom.
- Adequate and appropriate transport arrangements to the nearest medical services.
- Revision and update of the plan, as required.

Records

It is essential that appropriate documentation is maintained by the school at all times. School staff must ensure that the administration of medication to students is recorded showing the time, date, medication given and by whom the medication was administered.

First Aid

First Aid equipment is located in the storeroom off the Principal's office.

The person who is on Staff Duty for the week is on First Aid Duty.

A designated person is the First Aid person and is responsible for maintaining supplies and assisting teachers when required to administer First Aid.

Bum Bags with a basic selection of First Aid Supplies is to be taken out on duty.

Students who complain of an ongoing basis about an ailment should be sent to the Principal for assessment.

