



BLACKFRIARS
PRIORY SCHOOL

SAFETY & WELLBEING POLICY

Date Approved: 2020

Review Date: August 2022

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CONTEXT

As the only school founded by the Dominican Friars in Australia, Blackfriars Priory School remains faithful to the search for Truth (Veritas) as lived and taught over the last 800 years by the Order of Preachers (Dominicans), and exemplified by Saint Dominic, our Founder, and Saint Albert the Great, our Patron.

Saint Dominic's commitment to study continued throughout his life. The pursuit of knowledge was not for its own sake but to better understand God's creation and its use in the works of the Order has continued through the centuries. Today, Dominicans can be found throughout the world.

An early member of the Dominicans was Saint Albert the Great. He became a lecturer, scientist, philosopher and Bishop. After his death he was recognised as a Doctor of the Church. The Doctor Universalis – The Universal Doctor, in recognition of his extraordinary genius and extensive knowledge, for he studied every branch of learning known at his time. His quest for knowledge saw him study everything he could find as it was through learning about creation, that he was able to know more about the creator, God, and then hand on that information to all he taught.

The lifelong commitment of Saint Dominic and Saint Albert to discovering and applying Truth to hand on to others remains at the core of the Blackfriars teaching pedagogy and its community. Blackfriars is built upon the Four Pillars of Dominican Life: Prayer, Study, Community Life and Service.

PURPOSE

The purpose of this policy is to provide a safe environment for students, staff and other persons who are legally present on the School's premises, as far as is reasonably practicable. The focus of this policy is risk minimisation.

SCOPE

This policy applies to all members of the Blackfriars Priory School community.

POLICY

1. CHILD PROTECTION

Where a child is at risk of harm, the School has an obligation to report and intervene.

In determining how to act, the School will apply the following principles:

- 1.1. The dignity of the human person is fundamental to Catholic teaching.
- 1.2. Children have the right to be safe and feel safe.
- 1.3. Children's development is dependent on the quality of care provided by the significant adults in their lives.
- 1.4. The family is recognised as being the unit primarily responsible for the care and protection of the child.
- 1.5. Where families are not providing care consistent with their obligations or where a child's welfare is at risk, or suspected to be at risk, intervention on behalf of the child is obligatory.
- 1.6. The School must be a place where children feel safe. Child Protection is a community responsibility.
- 1.7. The prevention and treatment of child abuse requires a multi-disciplinary response, which is sensitive to cultural diversity and special needs.
- 1.8. Cultural or other reasons notwithstanding, the School must intervene on behalf of children.
- 1.9. Cooperation with Government Departments and human service organisations in the community is essential in child protection.
- 1.10. People who are involved in situations where abuse occurs or is suspected are treated with sensitivity, dignity and respect.
- 1.11. All staff, Volunteers, and Contractors will undergo Working with Children screening and checks, as required.
- 1.12. Mandatory reporting is a legal requirement for all school staff.
- 1.13. Staff receive annual training for Child-Safe Environments, Child Protection and Mandatory Reporting.
- 1.14. The School will comply with policies, procedures and guidelines endorsed by Catholic Education SA in relation to Child Protection.

All relevant publications are available on the Catholic Education SA website:

<https://www.cesa.catholic.edu.au/our-schools/safe-environments-for-all/policies-publications>

2. HEALTH CARE PLANS

- 2.1. The School acknowledges that students and staff may have health needs requiring the implementation of specific health care plans, including allergies, anaphylaxis, asthma, diabetes and mental health and wellbeing plans.
- 2.2. The School will accommodate the needs of people and implement known health care plans as far as practically and reasonably possible, ensuring that the community life of those affected is not disadvantaged in comparison to others.
- 2.3. The School will meet all of its legal, regulatory and policy obligations.
- 2.4. The School will develop procedures to address specific situations that may arise in relation to all health care plans, including allergies, anaphylaxis, diabetes, asthma and mental health and wellbeing plans.
- 2.5. The School will provide appropriate training to all staff and, where necessary, students, on procedures in relation to health issues requiring specific administering of medication or assistance, such as that required for allergies, anaphylaxis, diabetes and asthma.

3. COMMUNICABLE DISEASES

- 3.1. Schools have a legal responsibility to help manage infectious diseases in their facilities.
 - 3.2. Schools have an important role to play in supporting the prevention and control of transmission of infectious diseases through:
 - 3.2.1. Abiding by legislated requirements for school exclusion, infectious disease notification and immunisation program support
 - 3.2.2. Ensuring procedures are in place to safely manage the handling of blood spills and other body fluids or substances
 - 3.2.3. Supporting personal hygiene of students and staff.
- Note: Primary responsibility for the prevention and control of infectious diseases lies with individuals, families and public health authorities. Schools are not expected to provide expert advice or treat students, which is the role of medical practitioners and health authorities as appropriate.*
- 3.3. All people, including students and staff who are suffering from infectious disease, will be excluded from the School in accordance with the SA Health's Exclusion from childcare, preschool, school and work.

4. FIRST AID

The South Australian Commission for Catholic Schools requires that the School:

- 4.1. Fulfils its duty of care in the provision of an adequate first aid service.
- 4.2. Allocates appropriate resources, including equipment, to provide effective first aid responses that reduce, whenever possible, the severity of an injury/illness.
- 4.3. Ensures staff, including designated First Aid Officers, are trained and undertake training as appropriate.

- 4.4. Applies risk management principles to identify any gaps in first aid provisions.
- 4.5. Responds promptly to those people that are injured or require first aid.
- 4.6. Ensures that staff, students, visitors, volunteers and contractors are aware of how and where to obtain first aid assistance.
- 4.7. Effectively records incidents of injuries and illnesses.
- 4.8. Investigates incidents and first aid responses for continuous improvement purposes relating to first aid and reducing risk of injury.
- 4.9. Complies with the provisions of the relevant legislation in regard to providing first aid services.

Note: *The provision of First Aid will comply with the School's **First Aid Procedures**.*

5. MEDICAL EMERGENCIES

School staff must:

- 5.1. Immediately contact emergency medical services in emergency situations by calling **000**
- 5.2. Be familiar with the School's Medical Emergencies Procedures.

6. SUN PROTECTION

Sun protection measures will be used during Terms 1, 3 and 4:

- 6.1. Students will wear protective clothing to shield them from the damaging effects of UV radiation, particularly when the UV level is 3 and above.
- 6.2. Students must wear the School bucket hat during recess and lunch in terms 1, 3 and 4.
- 6.3. Adequate supplies of sun screen will be accessible to students.
- 6.4. Effective measures will be taken to ensure that students are educated about healthy lifestyles and measures necessary to protect themselves from the damaging effects of UV radiation.
- 6.5. If a student does not have their School bucket hat at School during terms 1, 3 and 4, they will be asked to move to an approved shaded area during recess and lunch.

7. COUNSELLING SERVICE

The Counselling Services Team is committed to:

- 7.1. Applying psychological and educational expertise to support students to achieve the best possible outcomes. These outcomes may include social, emotional and behavioural wellbeing, psychological health, academic success and/or reaching their learning potential.
- 7.2. Engaging in diverse activities including counselling, assessment, consultation, case management, education, referral processes, evaluation and crisis management. Working in a consultative and resourceful manner with Parents/caregivers, families, staff and external service providers.
- 7.3. The School Counsellor and Clinical Psychologist report directly to the Principal or Principal's delegate.
- 7.4. The School Counsellor and Clinical Psychologist can be contacted at 08 8169 3900.

Appointments:

- 7.5. Consultation with students typically occurs during school hours unless requested otherwise by the student or their Parent/caregiver.
- 7.6. Frequency of consultations varies depending on the nature of student issues.
- 7.7. Counselling services are typically provided on a short to mid-term basis but occasionally students may require extended support and/or will be referred to specialist services.
- 7.8. Appointment times are negotiated with students in person or via email.

Informed consent:

- 7.9. All students have the right to speak confidentially with and seek support from the counselling services team.
- 7.10. The capability of a student to give informed consent to access School counselling services is based on the clinical judgment of the School Counsellor and/or Clinical Psychologist.
- 7.11. The School Counsellor and Clinical Psychologist will take measures to ensure that consent is informed (elaborated further in the **Counselling Service Procedures**).
- 7.12. A student who is capable of giving informed consent is entitled to engage and consent to receive, continue or terminate counselling services. The student is also encouraged to express their preferences regarding who may or may not receive their confidential information. The School Counsellor and/or Clinical Psychologist will respect the student's wishes about confidentiality and will not divulge confidential information unless they are legally or ethically obligated to do so.
- 7.13. If a student's capacity to give informed consent is impaired or limited then the School Counsellor and/or Clinical Psychologist will need to obtain the consent of the student's legal guardian.
- 7.14. In instances when the School Counsellor and/or Clinical Psychologist is unable to obtain consent from a student's legal guardian (i.e. when an immediate response is required), the School Counsellor and/or Clinical Psychologist will endeavour to make contact with the legal guardian as soon as practicable after the service provision.
- 7.15. If contact with the School Counsellor and/or Clinical Psychologist is pastoral in nature then informed consent is not required.

Confidentiality:

- 7.16. The School Counsellor and Clinical Psychologist is obligated to maintain student confidentiality and privacy in accordance with privacy, health records, health professions legislation and the Australian Psychological Society Code of Ethics.
- 7.17. Counselling case notes are stored securely and can only be accessed by the School Counsellor and/or Clinical Psychologist.
- 7.18. The School Counsellor and/or Clinical Psychologist will take reasonable steps to protect the confidentiality of information after they leave the work setting or cease to provide counselling services.
- 7.19. The School Counsellor and Clinical Psychologist is authorised to disclose confidential information obtained in the course of counselling in the following circumstances:

- 7.19.1. With the consent of the relevant student or their legal guardian
 - 7.19.2. Where there is legal obligation to do so (i.e. mandatory reporting)
 - 7.19.3. If there is immediate and specified risk of harm to the student or others that may be averted by disclosing information
 - 7.19.4. When consulting colleagues or in the course of supervision or professional training, provided the identity of the student is concealed or the student has given consent to this and the recipient of information understands the importance of preserving confidentiality.
- 7.20. If a student/legal guardian has given the School Counsellor and/or Clinical Psychologist consent to share information, it is important that the School Counsellor and/or Clinical Psychologist is mindful about providing only relevant, “need to know” information to other parties.
- 7.21. No staff members, including the Principal, are permitted to access or read students’ confidential counselling files as this represents a breach of privacy legislation.

Mandatory Reporting:

- 7.22. Mandatory reporting is a legal requirement for Psychologists, Counsellors.
- 7.23. The School Counsellor and Clinical Psychologist will follow the School’s procedures and legislative requirements around Mandatory Reporting of abuse and neglect.

Formal Testing and Assessments:

- 7.24. Counselling service staff with appropriate qualifications and knowledge of testing procedures may use objective screening tools to identify student needs.
- 7.25. Staff members who do not have knowledge of test administration and interpretation procedures should not administer these tests.
 - 7.25.1. Psychological tests may only be administered by the School’s Clinical Psychologist
 - 7.25.2. Psychological test protocols and raw data may only be kept in the student’s Psychology file.
- 7.26. Psychological educational assessment referrals are made by the Learning Enrichment Coordinator.
- 7.27. The School’s Clinical Psychologist must provide information to the student’s legal guardian about the assessment and obtain their consent prior to conducting the assessment.
- 7.28. The Psychological Educational assessment report is stored securely in the student’s Psychology file, which can only be accessed by the School’s Clinical Psychologist. With the consent of the legal guardian, a copy of the report can also be held on the student’s school file and/or their Learning Enrichment file if it is in the interests of educational planning and delivery for the student.
- 7.29. There are no financial costs associated with psychological educational assessments as this is a service provided by the School.

Note: *The provision of Counselling Services will comply with the School’s **Counselling Service Procedures**.*

DEFINITIONS

Allergy: is a general term that describes an abnormal immune response to a usually harmless substance. These substances are known as allergens and are found in dust mites, pets, pollen, insects, ticks, moulds, foods and some medicines.

Anaphylaxis: is a potentially life threatening, severe allergic reaction and should always be treated as a medical emergency. Anaphylaxis occurs after exposure to an allergen (usually to foods, insects or medicines) to which a person is allergic. Not all people with allergies are at risk of anaphylaxis.

Asthma: is a chronic inflammatory disease of the airways. Asthma causes the airways to narrow, the lining of the airways to swell and the cells that line the airways to produce more mucous. These changes cause recurrent episodes of wheezing, shortness of breath, chest tightness and cough, particularly at night or in the early morning.

Child: means a person below the age of 18 years unless, under the law applicable to the child, majority is attained earlier.

Child abuse: means all forms of physical abuse, emotional ill-treatment, sexual abuse and exploitation, neglect or negligent treatment, commercial (e.g. for financial gain) or other exploitation of a child and includes any actions that results in actual or potential harm to a child.

Child protection: means any responsibility, measure or activity undertaken to safeguard children from harm.

Child sexual assault:
is any act that exposes a child to, or involves a child in, sexual processes beyond his or her understanding or contrary to accepted community standards. Sexually abusive behaviours can include the fondling of genitals, masturbation, oral sex, vaginal or anal penetration by a penis, finger or any other object, fondling of breasts, voyeurism, exhibitionism, and exposing the child to or involving the child in pornography. It includes child grooming, which refers to actions deliberately undertaken with the aim of befriending and establishing an emotional connection with a child to lower the child's inhibitions in preparation for sexual activity with the child.

First Aid: involves emergency treatment and support to:

- preserve life through:
 - clearing and maintaining open airways
- restoring breathing or circulation
 - monitoring wellbeing until the person recovers or is transferred into the care of emergency medical services
- protect a person, particularly if they are unconscious
- prevent a condition worsening
- promote recovery.

Note: *The goal of first aid is not to diagnose or treat the condition.*

Reasonable grounds for belief:
is a belief based on reasonable grounds that child abuse has occurred when all known considerations or facts relevant to the formation of a belief are taken into account and objectively assessed. Circumstances or considerations may include the source of the allegation and how it was communicated, the nature of and details of the allegation and whether there are any other related matters known regarding the alleged perpetrator.

RELATED DOCUMENTS/LINKS

1. Australasian Society of Clinical Immunology and Allergy (ASCIA) – www.allergy.org.au
2. Allergy and Anaphylaxis Australia – www.allergyfacts.org.au
3. Asthma Australia – www.asthmaaustralia.org.au
4. National Asthma Council Australia – www.nationalasthma.org.au
5. SA Health – www.sahealth.sa.gov.au
6. Government of South Australia – www.sa.gov.au
7. Department of Health – www.health.gov.au
8. Immunise Australia – www.immunise.health.gov.au
9. National Health and Medical Research Council – www.nhmrc.gov.au
10. South Australian Commission for Catholic Schools (SACCS) – www.cesa.catholic.edu.au
11. Catholic Safety, Health & Welfare South Australia – www.cshwsa.org.au
12. Department for Education and Training Victoria – www.education.vic.gov.au
13. SafeWork SA – www.safework.sa.gov.au
14. Children and Young People (Safety) Act 2017
15. Managing allegations of sexual misconduct in SA education and care settings
<https://www.cesa.catholic.edu.au/our-schools/safe-environments-for-all/policies-publications>
16. South Australian Commission for Catholic Schools- Policy for the Care, Wellbeing and Protection of Children and Young People 2011 <https://www.cesa.catholic.edu.au/our-schools/safe-environments-for-all/policies-publications>
17. Protective Practices for staff in their interactions with children and young people
<https://www.cesa.catholic.edu.au/our-schools/safe-environments-for-all/policies-publications>
18. Responding to problem sexual behaviour in children and young people
<https://www.education.sa.gov.au/doc/responding-problem-sexual-behaviour-children-and-young-people>
19. The APS Code of Ethics (2007) <https://www.psychology.org.au/getmedia/d873e0db-7490-46de-bb57-c31bb1553025/APS-Code-of-Ethics.pdf>
20. The South Australia Commission for Catholic Schools Procedures for Reporting Child Abuse and Neglect (October, 2010) -
<https://online.cesa.catholic.edu.au/docushare/dsweb/View/Collection-690>
21. The pre-notification and notification checklists for staff working in education and the mandatory notification record form -
<https://online.cesa.catholic.edu.au/docushare/dsweb/View/Collection-3794>

POLICY IMPLEMENTATION

Responsibility for implementation, monitoring and review of the policy is vested at the level of the following levels:

Principal

Deputy Principal (Secondary)

POLICY REVIEW

Frequency: Every 2 years

Next review date: August 2022

APPROVAL AUTHORITY / POLICY OWNER

Blackfriars Priory School