



Department of
Education

STUDENT HEALTH CARE POLICY

EFFECTIVE: 1 JANUARY 2015

VERSION: 3.4 FINAL

Last update date: 21 February 2018

1 POLICY STATEMENT

The Department of Education promotes student health, supports student health care needs, and identifies and minimises health risks within the context of the schools' resources, and the assistance available from specialist services.

2 POLICY RULES

Principals will, in accordance with the *Student Health Care Procedures*:

- obtain information from parents about their child's health care needs;
- respond to the health care needs of students;
- develop plans for medical emergencies; and
- develop and implement school procedures and practices to manage specific health issues.

3 RESPONSIBILITY FOR IMPLEMENTATION AND COMPLIANCE

Principals are responsible for the implementation of this policy.

Compliance monitoring is the responsibility of line managers.

4 SCOPE

This policy applies to all principals.

5 SUPPORTING PROCEDURES

Student Health Care Procedures

6 DEFINITIONS

HEALTH CARE PLAN

Specifies the support required to cater for a student's health care needs while in the care of the school. If required, health care plans incorporate an emergency response plan.

INDEPENDENT MINOR

Students under 18 years of age, living independently whom the principal determines to be an independent minor (under Regulation 147 of the *School Education Regulations 2000*), may sign their own consent forms.

PARENT

In relation to a child, means a person who at law has responsibility for the long-term care, welfare and development of the child; or the day-to-day care, welfare and development of the child.

STUDENT HEALTH CARE SUMMARY

Provides an overview of a student's health needs/conditions, planning requirements and emergency contact details.

TEACHING STAFF

Persons appointed by the Director General pursuant to section 236(2) of the School Education Act 1999 and consisting of the following classes:

- school administrators (principals and those as listed in regulation 127 of the School Education Regulations 2000);
- teachers other than school administrators; and
- any other class as prescribed in Regulation 127A of the School Education Regulations 2000.

7 RELATED DOCUMENTS

RELEVANT LEGISLATION OR AUTHORITY

Age of Majority Act 1972 (WA)
Children and Community Services Act 2004 (WA)
Disability Discrimination Act 1992 (Cth)
Disability Standards for Education 2005
Equal Opportunity Act 1984 (WA)
Health Act 1911 (WA)
Poisons Act 1964 (WA)
Poisons Regulations 1965 (WA)
Privacy Act 1988 (Cth)
Public Sector Management Act 1994 (WA)
School Education Act 1999 (WA)
School Education Regulations 2000 (WA)
State Records Act 2000 (WA)

RELATED DEPARTMENT POLICIES

Duty of Care for Students
Duty of Care – VET for School Students (VSS) Attending TAFEWA Colleges
Emergency and Critical Incident Management
Enrolment Policy and Procedures
Excursions Policy and Procedures
Occupational Safety and Health
Records Management
Risk and Business Continuity Management

OTHER DOCUMENTS

Guidelines for First Aid in Department Workplaces
Guide to Educational Programs Other than Full-time Attendance Flowchart

Memorandum of Understanding between the Department of Education and the
Department of Health for the delivery of School Health Services
Records Management Manual for School, College and Campus Records
Working with Youth: A Legal Resource for Community Based Health Workers

8 CONTACT INFORMATION

Policy manager: Director
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T: (08) 9402 6100

9 REVIEW DATE

1 January 2018

10 HISTORY OF CHANGES

| Effective date | Last update date | Policy version no | Ref no | Notes |
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| 1 January 2015 | | 3.0 | D14/0509529 | Major review undertaken, <i>Student Health Care Policy and Procedures</i> endorsed by Director General on 19 September 2014. |
| 1 January 2015 | 22 February 2016 | 3.1 | D16/0154860 | Updated contact information D16/0154847 |
| 1 January 2015 | 11 August 2016 | 3.2 | D16/0524325 | Updated contact information D16/0522722 |
| 1 January 2015 | 3 August 2017 | 3.3 | D17/0329610 | Updated broken links D17/0329162 |
| 1 January 2015 | 21 February 2018 | 3.4 | D18/0075909 | Updated contact |

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Department of
Education

STUDENT HEALTH CARE PROCEDURES

EFFECTIVE: 1 JANUARY 2015

VERSION: 3.6 FINAL

Last update date 21 February 2018

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1 POLICY SUPPORTED

Student Health Care Policy

2 SCOPE

These procedures apply to all principals.

3 PROCEDURES

3.1 IDENTIFYING STUDENT HEALTH CARE NEEDS

At enrolment, principals will:

- provide parents with the *Student Health Care: Parent Information Brochure*;
- provide parents with the *Student Health Care Summary* form to complete (this form is also available in the WA Reports Folder on Integris); and
- request parents to provide a record of their child's immunisation history.

Guidance

If parents do not provide immunisation records, the enrolment can proceed but parents should be advised that during an outbreak of a vaccine preventable disease such as measles, their child may be excluded until 14 days after the onset of the rash in the last case occurring at the facility. Contact management will be coordinated by public health staff.

3.2 MANAGING STUDENT HEALTH CARE

For students whose health care needs can be supported using the resources available to the school, principals will:

- request parents to complete one or more of the Department's standardised student health care plans or provide an alternative plan from their child's medical practitioner;
- manage the implementation and updating of student health care plans; and
- arrange the training necessary to enable staff to support student health care.

For students whose health care needs cannot be met by the school using the resources available, principals will refer the matter to their Regional Executive Director in accordance with Guidelines - Managing Health Care for Students with High Risk Health Conditions.

Guidance

Resources available to schools include those available through Schools Resourcing and the Schools of Special Educational Need. Community/school health nurses can provide advice on complex health care plans. The following Guidelines to support the health care planning process are available on the Student Health Care website:

- *Guidelines – Managing Health Care for Students with High Risk Health Conditions*
- *Guidelines – Specialist Services. (Schools of Special Educational Need, School Health Services delivered by school nurses and Disability Services and Support)*
- *Guidelines – Flow Chart for Student Health Care Planning Process*
- *Guidelines – A Whole School Approach to Managing Anaphylaxis*

Managing student health care when students are off site

Students who require health care support may be at increased risk when engaged in off site activities such as excursions and camps. When planning these activities, health care plans should be reviewed in the context of the particular activity and with reference to the Department's Excursions Policy and Procedures.

Parent cooperation/partnerships

Principals should encourage parents to work in partnership and cooperate in providing the necessary health information and/or medication required. If parents do not cooperate, they should be informed in writing of the possible implications of failing to provide relevant health information and/or medication.

If parents do not respond to written communication, principals may:

- *in the case of students of sufficient maturity (independent minor), be able to deal directly with the student who can make his/her own health care decisions;*
- *seek agreement from the parent to liaise directly with the student's medical practitioner;*
- *if the school becomes aware that a student has a complex and/or potentially life threatening condition, seek advice from the Regional Education Office, school/community health nurse and/or Legal Services;*
- *refer the matter to the Department for Child Protection and Family Support as a case of medical neglect.*

3.2.1 HEALTH RELATED ABSENCES FROM SCHOOL

Principals will:

- arrange provision of an educational program for students who are absent for more than 10 school days due to illness; and
- provide chronically ill students with ongoing engagement and participation in an appropriate education program.

Guidance

Information about supporting students who are absent for extended periods due to ill health can be sought from the School of Special Educational Needs: Medical and Mental Health. Refer to Guidelines - Specialist Health Services.

Attendance of students who are unwell

If a parent insists that his/her child attend school and the principal believes that the child is not well enough to attend, the principal can request the parent to provide a medical certificate to confirm that the child is fit to attend school.

3.2.3 STAFF RIGHTS AND RESPONSIBILITIES

Principals will advise staff of their rights and responsibilities in regard to student health care.

Guidance

- *Teaching staff are expected to support the implementation of student health care plans. However, they have the right to decline to conduct medical procedures and/or to undergo training to provide health care support.*
- *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 or health care support within their level of experience, until medical assistance can be provided.*
- *The Department supports staff who have fulfilled their duties in good faith. This includes administering health care support and/or emergency first aid.*

3.2.4 STUDENTS ON ALTERNATIVE ATTENDANCE ARRANGEMENTS UNDER SECTION 24 OF THE SCHOOL EDUCATION ACT 1999, EXEMPTIONS, OR NOTICES OF ARRANGEMENTS

Where a student is participating in an alternative attendance arrangement under Section 24 of the *School Education Act 1999*, the principal will:

- verify that the student's duty of care needs will be met; and
- inform the alternative school or provider of any information necessary to meet the student's health care requirements.

If a student under an Exemption or Notice of Arrangements requires health care support, the principal or Regional Executive Director will:

- verify that the student's duty of care needs will be met; and
- advise the student and the student's parents that they will need to communicate with the employer or alternative provider regarding the health care support required.

Guidance

For further information on duty of care requirements refer to the Duty of Care for Students policy.

For further information on Exemptions, Notices of Arrangement and Section 24 arrangements, refer to the Guide to Educational Programs Other than Full-time Attendance Flowchart.

3.2.5 RESIDENTIAL COLLEGE STUDENTS

Principals will establish appropriate protocols with parents and representatives of the residential college for managing student health care and responding to health care emergencies while students are under the school's supervision.

Guidance

Appropriate protocols may include:

- *gaining informed consent from parents to share student health care information between the school and residential college staff;*
- *promoting consultation between the residential college staff and parents regarding the completion of the Student Health Care Summary and relevant health care plans for students who require health care support at school;*
- *clarification of when responsibility for student health care can be transferred from parents to residential college staff; for example, it could be agreed that residential staff can take responsibility for completing the Administration of Medication form for the short term provision of prescribed and non-prescribed medication;*
- *informing the residential college principal about the school's processes for responding to a medical emergency;*
- *establishing communication strategies to ensure that when a medical emergency occurs at school or the residential college, all parties are informed (school, parents, residential college); and*
- *establishing processes for regularly reviewing student health care needs.*

3.3 MANAGING STUDENT HEALTH CARE RECORDS

Principals will:

- maintain student health records in accordance with the Department's Records Management policy;

- upload information from the *Student Health Care Summary* and health care plans into the Medical Details section of the School Information System (SIS), unless the parent specifies that the information is not to be shared;
- retain signed, hard copies of all documentation including immunisation records on the student's school file;
- review all student health care records annually or when the student's health needs change; and
- manage confidentiality of student health care information.

Guidance

For more information on managing health care documentation on SIS, see the following documents:

- [SIS Medical Details Release Notes](#); and
- [FAQs - Managing health information on SIS](#).

Confidentiality

Students' health information is confidential. Principals may share student health care information if:

- *parents or students who are independent minors provide consent;*
- *there is an imminent threat to the student, for example, potential suicide;*
- *there is a specific agreement in place for sharing health information, for example, there is agreement that the Department will provide the Department of Health with student immunisation data (class lists and student immunisation status) to support school based immunisation programs. Refer to [Guidelines for Recording and Managing Immunisation Data on SIS 2012](#); and/or*
- *there is a legislative capacity or requirement to share the information, for example, mandatory reporting of child sexual abuse.*

Mandatory reporting of child sexual abuse

Principals and staff are required to report information relating to child sexual abuse under the [Children and Community Services Act 2004](#) (WA). For further information, refer to the Department's [Child Protection policy](#).

3.4 MEDICAL EMERGENCIES

Principals will develop plans for medical emergencies, which include processes to verify that if the principal is not present, they are informed of all emergencies.

In a medical emergency, principals will:

- organise medical attention for the student;
- make appropriate transport arrangements if required;
- inform parents as soon as possible of actions taken;
- promptly record all actions taken;
- complete an online incident notification report if required; and
- arrange a review of the event and debriefing and support for staff/students if required.

Guidance

Parent Consent

The absence of parental consent does not prevent a principal seeking medical attention in an emergency.

Students who frequently require an emergency response

To assist in providing an overview of key health information to ambulance or hospital staff, principals may use the Emergency Response Plan for a Student with Special Needs form for students with health conditions which frequently require an emergency response.

3.4.1 TRANSPORTING STUDENTS IN A MEDICAL EMERGENCY

When arranging transport in a medical emergency, principals will:

- take into account the nature of the emergency and local circumstances such as the availability of an ambulance service; and
- in a serious medical emergency, use an ambulance service if it is available within a reasonable timeframe.

If an ambulance is not available, principals will:

- seek advice from the ambulance or medical service prior to providing transport in a private vehicle;
- subject to agreement from the ambulance or medical service, transport the student to a health service or medical practitioner; and
- whenever possible, arrange for at least two people to travel with the student, one to drive and the other(s) to monitor the health of the student.

Guidance

Meeting the Cost of the Ambulance Service

The Student Health Care Summary which is completed by all parents at enrolment indicates that parents are expected to meet the cost of an ambulance in an emergency.

Cancellation of an ambulance call out by parents

In an emergency, a school may call an ambulance for a student at risk, but when parents are contacted, they may request cancellation of the ambulance and advise that they will transport the student. The school has a duty of care for the student and arrangements for transport by ambulance should proceed. An ambulance should not be cancelled until parents arrive and the student is handed into their care.

Role of community health nurses in transporting students

School Health Service staff (for example, community health nurses) are not permitted in accordance with a Department of Health directive, to transport students in a private or government vehicle. They may accompany a student in a vehicle driven by a Department of Education staff member in order to manage and monitor the health of the student.

3.5 ADMINISTRATION OF MEDICATION

Principals will:

- require parents to provide information regarding long-term administration of medication in the student's health care plan;
- require parents to complete relevant documentation for the short-term administration of medication;
- require parents to provide any medication the student needs;
- maintain a record of all medication administered at school; and
- arrange for all medication to be stored appropriately.

Guidance

Refer to: Guidelines - Administration of Medication on the Student Health Care website.

Supporting Documentation

Forms and Guidelines to support the administration of medication are available from the

Student Health Care website.

3.6 MANAGING SPECIFIC HEALTH ISSUES

3.6.1 STUDENT IMMUNISATION

Principals will:

- collect and record information on the School Information System (SIS) regarding the student's immunisation status; and
- provide information regarding the immunisation record of any student to the Department of Health on request.

Guidance

Principals should request parents to provide immunisation information using the Australian Childhood Immunisation Register (ACIR) History Statement whenever possible.

For more information, including how to manage records of students who do not have an ACIR History Statement such as those immunised overseas, refer to the Guidelines for Recording and Managing Immunisation Data on SIS 2012.

3.6.2 PREVENTION OF INFECTION

Principals will develop and implement school procedures and practices to promote effective hygiene to help reduce the spread of infection.

Guidance

School procedures and practices should address the following:

- *The provision of products, facilities and explicit instructions to staff and students for effective hand washing.*
- *A requirement for standard precautions for the control of infection to be used by school staff as a matter of routine.*
- *Informing students about reducing the spread of infection through coughing and sneezing etiquette.*
- *Informing students about reducing the spread of infection by not sharing eating and drinking utensils.*
- *The regular cleaning of environmental surfaces to reduce the risk of contamination.*

Hand hygiene is crucial in reducing the transmission of infections and can also reduce the risk of exposure to common allergens such as peanuts for those in the school community who are anaphylactic. For further information, refer to the Best Practice Guidelines for Common Health Conditions.

3.6.3 COMMUNICABLE DISEASE MANAGEMENT

If a student or staff member has a communicable disease, principals will take action in accordance with the advice provided by the Department of Health in managing communicable diseases.

If the communicable disease is notifiable, principals will:

- report the matter to the local Public/Population Health Unit and seek their advice before taking any further action; and
- act in accordance with advice provided by local Department of Health staff.

Guidance**Communicable Disease Guidelines**

The Department of Health's Communicable Disease Guidelines provide information regarding the incubation and exclusion criteria for communicable diseases, and advice on which diseases are notifiable and must be reported to the Department of Health. Refer to the Department of Health Public/Population Health Units' contact details.

3.6.4 ANAPHYLAXIS

Principals will establish a whole school approach to the prevention and emergency management of anaphylaxis which includes:

- identification of students at risk;
- the development of a health care plan for students with anaphylaxis which includes an Australian Society of Clinical Immunology and Allergy (ASCIA) emergency action plan;
- verifying that an adequate number of staff, including staff responsible for first aid, have completed anaphylaxis training;
- establishing procedures for reducing the risk of exposure to known allergens;
- establishing procedures for responding to anaphylaxis emergencies;
- verifying that parents have provided a prescribed adrenaline auto-injector for students with anaphylaxis;
- verifying that up to date emergency adrenaline auto-injectors (AAIs) are available in the first aid kit including a lower dose, (junior version), if there are students in the school that weigh less than 20 kilograms; and
- identifying situations which pose additional risk such as when relief staff are present and establishing procedures to mitigate the risk.

Guidance**What is anaphylaxis?**

Anaphylaxis is a severe, allergic reaction which can be life threatening. It must be treated as a medical emergency requiring an immediate response.

Legislation

- *Legislation is now in place to provide explicit protection for staff who administer an AAI without parent permission in an anaphylaxis emergency.*
- *Poisons Regulations have been amended to enable adrenaline AAIs to be purchased by the school and supplied in first aid kits for use in an anaphylaxis emergency.*

For further information on implementing a whole school approach to anaphylaxis management, refer to:

- *Guidelines – A Whole School Approach to Anaphylaxis Management on the Student Health Care website.*
- *The Department of Health Anaphylaxis Resources.*

3.6.5 HEAD LICE

Principals in consultation with parents and staff will develop agreed management, communication and education strategies to reduce the impact of head lice infestation.

Guidance

- *The principal may authorise a member of staff to examine the head of any student to ascertain whether head lice are present.*

- *If head lice are found, students may be given tasks which do not involve close group work but do not necessarily need to be excluded from school. However, the principal has discretion under the School Education Act 1999 to require that a student does not attend or participate in an educational program until parents confirm that a recommended treatment is being undertaken and all head lice have been removed.*

For further information refer to the Department's [Head Lice Best Practice Guidelines](#).

3.6.6 SUNCARE

Principals will:

- modify teaching and learning programs to suit weather conditions; and
- consult with parents, staff and where appropriate students, to develop agreed procedures for:
 - effective sun protection; and
 - effective protection from overexposure to ultra violet (UV) radiation.

Guidance

- *Schools are not closed during periods of prolonged high temperature.*
- *Parents may keep their child at home and provide an explanation of absence to the school.*
- *Parents may also withdraw students from the school program in negotiation with school staff.*

For further information refer to the Department's [Sun Care Best Practice Guidelines](#).

3.7 MANAGING STUDENT HEALTH CARE FOR STUDENTS 18 YEARS AND OVER

Principals will:

- support the health care needs of students 18 years and over as a part of their normal responsibilities for all students;
- negotiate an appropriate management strategy with the student when they indicate that they require health care support from school staff; and
- negotiate arrangements with the student for sharing health information.

Guidance

Roles and responsibilities

- *Adult students are ultimately responsible for their own health. Principals have a role in supporting students' health, in maintaining a safe and healthy environment and in protecting the school community from infectious diseases.*
- *Adult students should be encouraged to manage their own health where possible and can: complete their own health care documentation; provide consent; self medicate; and request access to their school health records. Documentation completed previously by parents is no longer binding once the student turns 18.*

Legislation and Regulations

The [Age of Majority Act 1972 \(WA\)](#) provides that once a person reaches the age of 18 years, they have full legal capacity. The majority of adult students can therefore take responsibility for managing their own health. If a student's capacity to manage their own health is in question, parents can be asked to provide evidence of guardianship or a letter from a medical practitioner to the effect that the student is not competent to manage their own health. In such a case, the health care planning procedures for that student should be the same as those for students under 18, with the student being engaged in the process to the extent that their capacity allows.

Health Records

If the school undertakes to provide health care support to adult students, part of that agreement should be that relevant health information is recorded on SIS in the Medical Details section and relevant documentation is kept on file.

Responding to medical emergencies

In the case of a medical emergency involving adult students, the principal has a duty of care to respond in accordance with the school's emergency management plan.

4 DEFINITIONS

HEALTH CARE PLAN

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