



Rationale:

Aquatic education and participation in aquatic activities plays an integral and essential role in the physical wellbeing of people with special needs. Promotion of water confidence and competence is essential to student safety, as well as increasing opportunities for lifetime leisure and sporting pursuits.

Aims:

To develop opportunities for students with autism to participate in aquatic activities at a pace and level consistent with individual ability and skill.

To develop water skills and confidence to enable students to enjoy swimming and other aquatic activities in safety.

Implementation Strategies: Program Organisation:

- The school will implement the Aquatics program in line with the DET and will comply with DET requirements recommendations and regulations.
- The school in negotiation with the swimming venue will make assessments of safety and supervision requirements and accordingly employ the services of qualified staff with a “Teacher of Swimming” * “Water Safety” Certificate.
- In line with the child safe policy framework, Jennings Street School will assess the staffing resources required to meet the attendant care and support needs of students to uphold a safe environment free from risk of abuse.
- The Jennings Street School “Swimming Bag” contains essential swimming documentation and equipment including;
 - Swimming Folder with register of students attending within groups
 - Swim Centres Emergency Management Plan
 - Jennings Street School Behaviour Response Plans
 - Family contact details
 - Weekly roll to be completed.
 - Swimming Permission Forms
 - Medical Management details
 - Details of students with Epilepsy, asthma, diabetes and their emergency management plans
 - First Aid Kit including asthma pump
 - Visual Supports
 - Goggles
- Teaching staff or volunteers who do not hold a current AUSTSWIM or “Teacher of Swimming & Water Safety” certificate who assist in the delivery of the Aquatics program in the water must be under the direct supervision of AUSTSWIM qualified staff.
- All volunteers must hold a current “Working with Children’s Card”
- The attendant care needs or toileting needs of a student participating within the swimming program can only be carried out by volunteers within a group situation supervised by a classroom teacher.



- A “Nominated” independent observer may be deemed necessary at the pool side to oversee those in the water.
- The principal will have the key responsibility of ensuring that appropriate numbers of staff and volunteers supervise students within the water and throughout undressing and dressing programs. The Ratio will vary according to the specific need and skill level.
- Parents must provide a written consent for their child to participate in the aquatics program, medical information and management plans will be included in the documentation.

Students with Epilepsy will require 1:1 supervision facilitated by a teacher, independent instructor, or an Education Support Officer.

POLICY

- Students with Epilepsy require written instructions from their doctor permitting them to participate in aquatic activities. This will be sought at the commencement of the school year. These students may not participate in aquatic activities without the express written consent of their doctor
- The Aquatics co-ordinator will provide documented emergency and behavioural management plans including emergency contact numbers and will brief staff on emergency management.
- It is the responsibility of the aquatics co-ordinator to oversee the management of all medical data and emergency management plans.
- Facility management will need to be alerted to any potential serious health and/or behavioural management issues, which may impact upon aquatic involvement.
- A sick or unwell student should not be permitted to participate within a program until fully recovered. The Principal reserves the right to make an assessment and decision on this on a case by case basis.
- Students who are incontinent must be toileted prior to pool entry and immediately upon exiting the pool to minimize accidents.
- Parents will be provided with information on where to purchase swimming nappies and the school will have an emergency supply.
- Students with known incontinence are advised to wear swim nappies if possible.
- The teacher/pupil ratio will vary according to the needs of the group. Students with high support needs may require 1:1 supervision. Classes consisting of students capable of independent aquatic movement and skill should have a maximum of 5 students to 1 AUSTSWIM qualified teacher.
- In planning for the aquatics program the co-ordinator will consider student’s behaviour and align resourcing accordingly. Acceptable behaviour patterns and adherence to aquatic safety rules should always be stressed-
- Volunteers are not to be left alone with students nor are they to attend to their intimate care needs

EVALUATION



This policy will be reviewed every 3 years or more often if necessary due to changes in regulations or circumstances.

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| Date Implemented | 18/2/2015 |
| Author | Rosie Hayes |
| Approved By | Jennings Street School Council |
| Approval Authority (Signature & Date) | |
| Date reviewed | 12.08.2020 |
| Responsible for review | Policy sub committee |
| Review Date | 12.08.2023 |
| References | |

18.02.2015 – v0 – date of implementation

18.10.2017 – v1 – require clarity with the pool around who determines ratio in the water. No edits required; form updated.

21.08.2018 – v2 – reformat; footer update.

12.08.2020 – v3 – update evaluation box & extended review time from 2-3 years



202017 - Aquatics Permission Form

I give permission for my son/daughter to attend the community based programs and excursions outlined within this notice. The Confidential Student Medical Details supplied by me at the beginning of the school year have not changed, and I consent to **Medical Attention**, where the teacher in charge of this excursion is unable to contact me, or it is otherwise impracticable to contact me. I authorise the teacher in charge to:-

- Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner,
- Administer such first-aid as the teacher in charge may judge to be reasonably necessary.

Signature of Parent/Guardian Date

I consent to my child walking with supervision to the aquatic venue outline within this form.

My child has a diagnosis of epilepsy Yes No

I have provided current medical consent permitting my child to swim Yes No

Other medical conditions: Yes No Please Provide Details:.....

Term 1 202017 Middle Years /Middle Years Transition Aquatics Program

Activity: Swimming Instruction

Group: Middle Years 1 / Middle Years 3 / Middle Years 4 / Middle Years Transition 2

Commencement Date: Monday 6th February and conducted each Monday thereafter until Monday 27th March

Venue: Paul Sadler Swim School - 1 Burnley Street Laverton

Transport: Walking

Support: School staff will be supported by 2 Aust swim Instructors

Arrangements: Children to have their bathers & towel clearly labelled with their name in a plastic bag.

Cost: Covered within the Curriculum Levies

Signature of Parent/Guardian.....Date.....



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I Consent to my child..... walking with supervision to the aquatic venue outline within this form.

My child has a diagnosis of epilepsy [] Yes [] No

I have provided current medical consent permitting my child to swim [] Yes [] No

Other medical conditions: [] Yes [] No Please Provide Details:.....

Term 1 201207

Primary Years Aquatics Program

Activity: Swimming Instruction

Group: Primary Years 1 / Primary Years 2 / Primary Years 3 / Primary Years 4 / Primary Years 5 / Primary Years 6

Commencement Date: Monday 16th October and conducted each Monday and Tuesday thereafter until Monday 11th December

Venue: Paul Sadler Swim School - 1 Burnley Street Laverton

Transport: Walking & Bus

Support: School staff will be supported by 2 Aust swim Instructors

Arrangements: Children to have their bathers & towel clearly labelled with their name in a plastic bag.

Cost: Covered within the Curriculum Levies

Signature of Parent/Guardian.....Date.....

Follow the protocol outlined to manage a **Behavioural Alert** at swimming or when transitioning to or from the pool.

1. Staff member use the **Swimming Mobile Phone** to contact:
 - Primary / Later Years Team Leader: ~~Olivia~~ **0407 904 943**
 - Middle / Later Years Team Leader: Monique **0427 130 443**
 - Ian Hooper **0410 138 848**
 - Rosie Hayes **0438 971 424**
 - Business Manager **0408 027 968**
 - Daily Organizer on **0409 767 998**
2. Identify yourself, and use the terminology;
 - a There is a **Code Purple** (Swimming Behaviour Alert)
 - b Identify your **location**
 - c Identify the **student**
 - d Identify **requirements** e.g “We require support in the community on the corner of ...”
3. Based on the information provided and the questions asked, the respondent will make an assessment of the action to take:

This may include;

 - (a) *Calling a team leader or school leader*
 - (b) *Calling an ambulance*
 - (c) *Calling parents*
 - (d) *Seeking intervention and support from senior / ancillary staff*
 - (e) *Placing an announcement / and or instructions over the school PA system*

It is your responsibility to complete and disseminate the required documentation in full before leaving the school on the day of the incident.

- ***Report A – CASES Notification – Incident has occurred at school form***
- ***Report B – IRIS Notification – Incident has occurred at school***
- ***CASES 21 Form (including specific names of those involved, witness accounts and all requested information).***
- ***eduSafe electronic processing.***