

#### Wallsend Campus

Macquarie Street Wallsend, NSW, 2287 02 4951 1811 wallsend-h.school@det.nsw.edu.au

## CALLAGHAN COLLEGE WALLSEND CAMPUS IVR PROGRAM INFORMATION

#### What is IVR?

IVR is an acronym for Immersive Virtual Reality. Immersive VR and MR (Mixed Reality) are mediated through head mounted displays (HMDs) that can create a deep sense of presence - 'feeling of being there' - intensity and awe of experience through interactivity.

#### What virtual reality equipment will students be using?

Students currently have access to the following virtual reality headsets:

- Oculus Rift/Go
- Oculus Quest

Additional virtual reality headset brands and types may be utilised by the school over time.

#### For what purposes will virtual reality be used?

Virtual Reality Learning Events will be used to:

- Enhance student engagement and understanding of the curriculum.
- Provide student access to recordings of school excursions and competitions.

#### Is participation in virtual reality learning events compulsory?

No, participation is voluntary. If a student is unwilling or unable to participate in a Virtual Reality Learning event, an alternative experience of equal educational value will be provided.

#### When will students be given the opportunity to participate in Virtual Reality Learning Events?

Virtual Reality Learning Events will be implemented from time to time by classroom teachers.

#### Are there any health risks associated with using virtual reality equipment?

Yes, there are health risks associated with using virtual reality equipment. You must read and understand the information contained in the attached product safety information, and you should consult with a medical practitioner about the suitability of virtual reality use for your child, prior to signing the Permission to Participate in VR Learning Events note. You must not sign the note if a medical practitioner has indicated that your child should not use VR headsets.

You must provide the school with documentation confirming that medical practitioner has been consulted and has approved the use of VR technology by your child, if your child has any **pre-existing medical conditions identified** in the product safety information. These include:

- heart conditions
- pregnancy conditions that affect ability to safely perform physical activities
- psychiatric conditions such as anxiety disorders and post-traumatic stress disorders
- cardiac pacemaker or implanted medical device
- prone to motion sickness
- binocular vision abnormalities
- a history of epilepsy or seizures, loss of awareness, loss of spatial awareness, disorientation or other symptoms linked to an epileptic condition.

# What other measures is the school taking to mitigate health risks associated with using virtual reality equipment?

Some of the measures taken to mitigate health risks associated with using virtual reality equipment include:

- imposing a minimum age limit of 13 years for student VR use
- limiting student VR use to a maximum of 1 hour in any one day, with mandatory 5- minute breaks after every 10 minutes of use, OR 15 minutes per 3-hour period.
- requiring that parents/carers whose children have certain pre-existing medical conditions submit documentation from a medical practitioner approving VR use for their child
- cleaning VR headsets before and after student use
- actively supervising students when using VR headsets and notifying parents/carers of any health concerns should they arise
- requiring that students do not drive, operate heavy machinery or indulge in visually or physically demanding activities for at least half an hour after using VR and until any effects from using VR have passed.
- requiring that students do not participate in activities such as walking and sports that require unimpaired and unobstructed balance and hand/eye coordination for at least half an hour after using VR and until any effects from using VR have passed.

#### What needs to happen before my child can start participating in virtual reality learning events? You need to:

- read the attached product safety information
- consult with a medical practitioner about the suitability of virtual reality use for your child and provide medical documentation to the school if required
- read, sign and return to the school the Permission to Participate in VR Leaning Events Note

#### Your child needs to:

• Read, sign and return the Student User Agreement

#### Who can I contact if I require further information?

Please contact Mr Sam Cocking, Mathematics Faculty, if you have any questions or require any additional information.



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# PERMISSION TO PARTICIPATE IN **IMMERSIVE VIRTUAL REALITY (IVR) LEARNING EVENTS**

of Year: \_\_\_\_\_ I give permission for my child: to participate in Immersive Virtual Reality Learning Events at Callaghan College Wallsend Campus.

- I understand that an Immersive Virtual Reality Learning Event involves a student wearing a virtual ٠ reality headset for a period of time, and interacting with a piece of virtual reality software or video for educational use.
- I have signed either Option A or Option B of the Confirmation of Student Pre-existing Medical ٠ Conditions (overleaf)
- I have read and agree to the terms and conditions set out in the CCWC IVR Program Information ٠ (attached)
- I have read the attached product safety information and understand the health risks associated ٠ with using virtual reality equipment (attached)
- My child has read and signed the Student User Agreement (attached) ٠
- I understand that I should consult a medical practitioner about the safety of virtual reality • equipment use for my child prior to signing this Permission Note. I will not sign this Permission Note if a medical practitioner has recommended my child not use virtual reality equipment
- I will notify the school immediately if my child's medical details change or I become aware of any ٠ negative health impacts after my child uses VR headsets at the school

Parent/carer Name: \_\_\_\_\_\_

Parent/carer Signature: Date:

Please complete both pages and return to:

(Teacher name)



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### CONFIRMATION OF STUDENT PRE-EXISTING MEDICAL CONDITIONS Please complete either Option A OR Option B below.

**Option A:** My child **DOES NOT HAVE** a pre-existing medical condition(s) such as:

- Heart condition
- A condition that affects their ability to safely perform physical activities.
- A psychiatric condition such as anxiety disorder and post-traumatic stress disorder
- Pregnancy
- Cardiac pacemaker or implanted medical device
- Prone to motion sickness
- Binocular vison abnormalities
- A history of epilepsy or seizures, loss of awareness, loss of special awareness, disorientation or other symptoms linked to an epileptic condition

Parent/carer Name:	
Parent/carer Signature: _	Date:

**Option B:** My child **HAS** a pre-existing medical condition(s) such as:

- Heart condition
- A condition that affects ability to safely perform physical activities.
- Psychiatric condition such as anxiety disorder and/or post-traumatic stress disorder
- Pregnancy
- Cardiac pacemaker or implanted medical device
- Prone to motion sickness
- Binocular vison abnormalities
- A history of epilepsy or seizures, loss of awareness, loss of special awareness, disorientation or other symptoms linked to an epileptic condition

#### AND I have:

- Consulted with a medical practitioner about the health risks associated with my child using VR
- Attached documentation confirming that approval from a medical practitioner has been given for my child to use VR headsets despite the pre-existing medical condition(s)

Parent/carer Name:		
	<b>.</b>	
Parent/carer Signature:	Date:	



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#### CALLAGHAN COLLEGE WALLSEND CAMPUS IMMERSIVE VR STUDENT USER AGREEMENT

You have rights and responsibilities in the IVR Library Space.

You have the right to:

- A tidy, clean and organised learning environment •
- Clean and hygienic VR equipment •
- Use the VR equipment without undue interruption or interference from other students
- Stop participating in a VR learning event at any time you feel tired, uncomfortable or unwell
- Know that the IVR Library Space may be monitored by security cameras

It is your responsibility to:

- Inform the supervising teacher immediately if you feel unwell before, during or after • participation in a VR Learning Event
- Ask for assistance if you need it
- Comply with all instructions from the supervising teacher and IVR coordinators
- Move slowly and carefully when using the VR headsets
- Not use the VR headset for longer than 1 hour per day, with 5-minute breaks every 10 minutes
- Not drive a vehicle or operate heavy machinery within at least half an hour of participating in a VR Learning Event and until any effects of using VR headsets have passed.
- Not participate in activities such as walking and sports that require unimpaired and unobstructed balance and hand/eye coordination for at least half an hour after using VR and until any effects from using VR have passed.
- Not participate in VR Learning Events if you are tired and need sleep, sick or under the influence of intoxicants or drugs
- Handle the VR equipment with care and respect
- Report any damage to the VR equipment .

I understand and agree to act at all times in accordance with, the rights and responsibilities outlined above.

Student Name:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_