

CARE ARRANGEMENTS FOR ILL STUDENTS AND STUDENTS WITH MEDICAL CONDITIONS

1.0 PURPOSE:

- 1.1 To administer first aid to children when in need in a competent and timely manner.
- 1.2 To communicate children's health problems to parents when considered necessary.
- 1.3 To provide supplies and facilities to cater for the administering of first aid.
- 1.4 To maintain a sufficient number of staff members trained with a level 2 first aid qualifications.

2.0 GUIDELINES FOR ACTION:

- 2.1 A sufficient number of staff (including at least 1 administration staff member) to be trained to a Level 2 First Aid certificate, and with up-to-date CPR qualifications.
- 2.2 A first aid room will be available for use at all times. A comprehensive supply of basic first aid materials will be stored in a locked cupboard in the first aid room. Basic supplies are available from the unlocked cupboard in the sick bay.
- 2.3 First aid kits are available to take on school excursions and camps.
- 2.4 Supervision of the first aid room will fall to the School Nurse at recess breaks, and all other staff before and after school times. During the lunch break the supervision will be by the School Nurse or nominated qualified staff members. Any children in the first aid room will be monitored by a staff member, at all times.
- 2.5 All injuries or illnesses that occur during class time will be referred to the School Nurse or administration staff who will manage the incident, all injuries or illnesses that occur during recess or lunch breaks, will be referred by the teacher on duty to the staff supervising the first aid room.
- 2.6 An up-to-date log book located in the first aid room will be kept of all injuries or illnesses experienced by children that require first aid.
- 2.7 All staff will be provided with basic first aid management skills, including blood spills, and a supply of protective disposable gloves will be available for use by staff.
- 2.8 All yard duty staff are required to carry a first aid bag when on duty which contains medical alerts and basic first aid supplies.
- 2.9 Minor injuries only will be treated by staff members on duty, while more serious injuries-including those requiring parents to be notified or suspected treatment by a doctor - require the School Nurse or a Level 2 First Aid trained staff member to provide first aid.
- 2.10 Any children with injuries involving blood must have the wound covered at all times.
- 2.11 No medication including headache tablets will be administered to children without the express written permission of parents or guardians.
- 2.12 Parents of all children who receive first aid will receive a completed form indicating the nature of the injury, any treatment given, and the name of the teacher providing the first aid. For more serious injuries/illnesses, the administering staff must contact the parents/guardians so that professional treatment may be organised. Any injuries to a child's head, face, neck or back must be reported to parents/guardian.
- 2.13 Any student who is collected from school by parents/guardians as a result of an injury, or who is administered treatment by a doctor/hospital or ambulance officer as a result of an injury, or has an injury to the head, face, neck or back, or where a teacher considers the injury to be greater than "minor" will be reported on DET Accident/Injury form LE375, and entered onto CASES21.
- 2.14 Parents of ill children will be contacted to take the children home.
- 2.15 Parents who collect children from school for any reason (other than emergency) must sign the child out of the school in a register maintained in the school office.
- 2.16 Nominated staff members have the authority to call an ambulance immediately in an emergency. If the situation and time permit, the adult may confer with others before deciding on an appropriate course of action.
- 2.17 All school camps and excursions will have at least one Level 2 first aid trained staff member at all times.
- 2.18 A comprehensive first aid kit will accompany all excursions and camps, along with required epi-pens, asthma medication, special medication, etc as well as a charged mobile phone.

- 2.19 All children attending camps or excursions will have provided a signed medical form providing medical detail and giving teachers permission to contact a doctor or ambulance should instances arise where their child requires treatment. Copies of the signed medical forms to be taken on camps and excursions, as well as kept at school.
- 2.20 All children, especially those with a documented asthma or anaphylaxis management plan, will have access to the appropriate medication at all times.
- 2.21 A member of staff is to be responsible for the purchase and maintenance of first aid supplies, first aid kits, ice packs and the general upkeep of the first aid room.
- 2.22 At the commencement of each year, requests for updated first aid information will be sent home including requests for any asthma management plans, high priority medical forms, and reminders to parents of the policies and practices used by the school to manage first aid, illnesses and medications throughout the year.
- 2.23 General organisational matters relating to first aid will be communicated to staff at the beginning of each year. Revisions of recommended procedures for carrying out any medical management plan will also be given at that time.
- 2.24 Medical management plans will be finalised as soon as practicable for any new students entering the school
- 2.25 All staff will be alerted to medical information for high-risk students as information becomes available (e.g. epilepsy, diabetes, acute asthma, anaphylaxis, etc)
- 2.26 Casual Relief Teachers will be provided with details of any medical alerts and management plans for students in the grade in which they are working on their arrival at the office as part of the overall handover.
- 2.27 It is recommended that all students have personal accident insurance and ambulance cover.
- 2.28 All staff to be aware of safety precautions to take to protect themselves from infections when treating students.

30. BASIS OF DISCRETION

- 3.1 After administering any treatment, staff member to determine level of dressing, first aid is required. Staff member will determine how this injury and treatment is communicated to parents.
- 3.2 All staff must carry a charged mobile phone with them when undertaking any camp/ excursion activity
- 3.3 Apart from the school nurse, staff members are not required to administer any medication, except in an emergency situation
- 3.4 Where practical and deemed necessary, additional qualified first aid attendants may be organised for school student events.

Appendix A – School Nurse Role and Job description

Appendix B – General Medical Advice form

Appendix C – Medication Authority Form

Appendix D – Condition specific medical advice form Diabetes

Appendix E - Condition specific medical advice form Epilepsy

Appendix F – Student Health Support Plan

The attached example proformas (Diabetes / Epilepsy) are also to be read in conjunction with the school's Student Health (First Aid) Policy which outlines the schools responsibility and procedures in respect of our "responsibility to provide equitable access to education and respond to diverse student needs, including health care needs".

Confidential records of all students with specific health needs are maintained securely in the general office for reference as required. A First Aid Register is also maintained noting ailments and treatment for all presenting students.

Key Reference : <http://www.education.vic.gov.au/school/principals/spag/health/Pages/supportplanning.aspx>

Status: *Approved by School Council 2015*

Policy Review Date: 2016

APPENDIX A – School Nurse Role

CHATHAM PRIMARY SCHOOL

Job Description

Position Title: School Nurse

Nature of the Role:

As part of the Chatham Primary School team, the school nurse will provide primary nursing care for students, parents, visitors and staff at our school.

Operating from the First Aid room the school nurse provides first aid, emergency treatment/ maintenance treatment and health advice for members of the school community. The First Aid room is open full time during school term time.

Dimensions of the Role:

The school nurse will part of the pastoral care program for students. The school nurse will act independently within the guidelines of current practice for their level of certification. The school nurse reports to the Principal and has a key working relationship with the staff first aid coordinator and all school staff.

Main Responsibilities and Accountability Areas:

The School Nurse is responsible for :-

1. Providing primary/tertiary health care to patients appropriate to their needs and the situation.
2. Liaising with parents/ guardians, family, teachers and the school's Leadership as necessary about the health needs of patients.
3. Administering Schedule 2 and 3 (non prescription) drugs
4. Administering medication to students which is supplied by parents/ guardians in line with the school's policy
5. Identifying students with significant health issues and developing Care Plans for their management in the school environment.
6. Assisting with the development of strategies to address habitual attendance at the First Aid room by some patients.
7. Assisting with staff education in first aid and equipment use
8. Reporting and documenting incidents
9. Collecting and collating statistics related to attendance, illness and injury
10. Ordering, monitoring and maintaining all First Aid equipment, supplies and first aid kits throughout the school
11. To maintain the Yard Duty bags and classroom first aid supplies
12. Maintaining the First Aid room according to Universal Infection Control practices.
13. Ensuring that all students' emergency contact details are up to date
14. Providing administrative support in the First Aid room as required
15. Other duties associated with the position as reasonably directed.

Position Requirements:

- Current Victorian Nurses Board Registration – min Registered Nurse Division 1
- Previous experience
- Current Cardio-Pulmonary Resuscitation Certificate
- Current Working with Children check
- Anaphylaxis and Asthma Qualifications

Preferred qualifications and experience:

- Current Victorian Driver's Licence
- Community health and health promotion
- Children and adolescent health care
- Basic counselling skills

Performance Indicators:

The measures of good practice for the School Nurse include:

- Timeliness, quality and accuracy of primary/ tertiary health care to patients
- Quality of the communications and relationships with staff, parents and students.
- Ability to educate and promote healthy living practices
- Adherence to the school's policies and practices
- Commitment to professional development and enrichment

General Medical Advice Form

for a student with a health condition

AppendixB

This form is to be completed by the student's medical/health practitioner providing a description of the health condition and first aid requirements for a student with a health condition. This form will assist the school in developing a Student Health Support Plan which outlines how the school will support the student's health care needs.

Please only complete those sections in this form which are relevant to the student's health support needs.

Name of School: _____

Student's Name: _____ Date of Birth: _____

MedicAlert Number (if relevant): _____ Review date for this form: _____

Description of the Condition

Observable signs and symptoms:

Frequency and severity:

Triggers (if applicable):

Possible impact on school-based activities (student's learning, physical activities):

First Aid

If the student becomes ill or injured at school, the school will administer first aid and call an ambulance if necessary. If you anticipate the student will require anything other than a standard first aid response, please provide details on the next page, so special arrangement can be negotiated.

| Observable sign/reaction | First aid response |
|--------------------------|--------------------|
| ▽ | ▽ |
| ▽ | ▽ |
| ▽ | ▽ |

Privacy Statement

The school collects personal information so as the school can plan and support the health care needs of the student. Without the provision of this information the quality of the health support provided may be affected. The information may be disclosed to relevant school staff and appropriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropriate, or where authorised or required by another law. You are able to request access to the personal information that we hold about you/your child and to request that it be corrected. Please contact the school directly or FOI Unit on 96372670.

| |
|---|
| <u>Authorisation:</u> |
| Name of Medical/health practitioner: |
| Professional Role: |
| Signature: |
| Date: |
| Contact details: |
| Name of Parent/Carer or adult/independent student **:: |
| Signature: |
| Date: |

If additional advice is required, please attach it to this form

**Please note: Adult student is a student who is eighteen years of age and older. Independent student is a student under the age of eighteen years and living separately and independently from parents/guardians (See: [Decision Making Responsibility for Students - School Policy and Advisory Guide](#)).

Condition Specific Medical Advice Form

for a student with Diabetes

This form is to be completed by the student's medical/health practitioner providing a description of the health condition and first aid requirements for a student with a health condition. This form will assist the school in developing a Student Health Support Plan which outlines how the school will support the student's health care needs.

Name of School: _____

Student's Name: _____ Date of Birth: _____

MediAlert Number(if relevant): _____ Review date for this form: _____

| Description of the condition | Recommended support |
|--|---------------------|
| <p>Diabetes Management</p> <p>Please provide relevant details in relation to the student's Diabetes management.</p> | |
| <p>Student self management</p> <p>Is this student usually able to self manage their own diabetes care?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If no, please provide details in relation to how the school should support the student in developing self-management.</p> | |
| <p>Relevant issues</p> <p>Please outline any relevant issues in relation to attendance at school and learning as well as support required at school.</p> | |
| <p>First Aid – Signs of Hypoglycaemia (low blood glucose)</p> <p>Below is a list of observable signs that school staff will look for in relation to a hypoglycaemia. Please provide comment, if required.</p> <p>Mild signs: sweating, paleness, trembling, hunger, weakness, changes in mood and behaviour (e.g. crying, argumentative outbursts, aggressiveness), inability to think clearly, lack of coordination</p> <p>Moderate signs: inability to help oneself, glazed expression, being disorientated, unaware or seemingly intoxicated, inability to drink and swallow without much encouragement, headache, abdominal pain or nausea.</p> <p>Severe signs: inability to stand, inability to respond to instructions, extreme disorientation, inability to drink and swallow (leading to danger of inhaling food into lungs), unconsciousness or seizures (jerking or twitching of face, body or limbs)</p> | |

First Aid – Hypoglycaemia

The following is the **first aid response** that **School staff will follow**:

| Observable sign/reaction | First aid response |
|--|--|
| Mild / Moderate Hypoglycaemia signs ▽ | Give glucose immediately to raise blood glucose (e.g. half a can of 'normal' soft drink or fruit drink (with sugar), or 5 – 6 jelly beans.) Wait and monitor for 5 minutes. ▽ |
| Mild / Moderate Hypoglycaemia signs ▽ | If there is no improvement, repeat giving glucose (e.g. half a can of 'normal' soft drink or fruit drink (with sugar), or 5 – 6 jelly beans.) If the student's condition improves, follow up with a snack of one piece of fruit, a slice of bread or dried biscuits only when recovered. ▽ |
| Severe Hypoglycaemia signs ▽ | If there is still no improvement to the student's condition, call an ambulance. State clearly that the person has diabetes, and whether he or she is conscious. Inform emergency contacts. ▽ |
| Severe Hypoglycaemia signs ▽ | If unconscious, maintain Airway, Breathing and Circulation while waiting for the ambulance. Never put food/drink in mouth of person who is unconscious or convulsing. The only treatment is an injection of glucoses into the vein (given by doctor/paramedic) or an injection of Glucagon. |

First Aid– Hypoglycaemia

If you anticipate the student will require anything other the first aid response noted above, please provide details, so special arrangement can be negotiated.

| Observable sign/reaction | First aid response |
|--------------------------|--------------------|
| ▽ | ▽ |
| ▽ | ▽ |
| ▽ | ▽ |



| Description of the condition | Recommended support Please describe recommended care If additional advice is required, please attach it to this medical advice form |
|---|--|
| <p>First Aid – Signs of Hyperglycaemia (High blood glucose)</p> <p>Below is a list of observable signs that school staff will look for in relation to Hyperglycaemia. Please provide comment, if required.</p> <p>Sings for this condition will emerge over two or three days and can include:</p> <ul style="list-style-type: none"> • frequent urination • excessive thirst • weight loss • lethargy • change in behavior | |
| <p>First Aid Response– Hyperglycaemia (High blood glucose)</p> <p>The school will provide a standard first aid response and will call an ambulance if any of the following is observed or reported:</p> <ul style="list-style-type: none"> • Rapid, laboured breathing • Flushed cheeks • Abdominal pains • Sweet acetone smell to the breath • Vomiting • Severe dehydration. <p>Please provide comment, if required.</p> | |

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| |
|---|
| <u>Authorisation:</u> |
| Name of Medical/health practitioner: |
| Professional Role: |
| Signature: |
| Date: |
| Contact details: |
| Name of Parent/Carer or adult/independent student**: |
| Signature: |
| Date: |

If additional advice is required, please attach it to this form

**Please note: Adult student is a student who is eighteen years of age and older. Independent student is a student under the age of eighteen years and living separately and independently from parents/guardians (See [Decision Making Responsibility for Students - School Policy and Advisory Guide](#))

Condition Specific Medical Advice Form

for a student with Epilepsy and seizures

This form is to be completed by the student's medical/health practitioner providing a description of the health condition and first aid requirements for a student with a health condition. This form will assist the school in developing a Student Health Support Plan which outlines how the school will support the student's health care needs.

Name of School: _____

Student's Name: _____ Date of Birth: _____

MedicAlert Number(if relevant): _____ Review date for this form: _____

| Description of the condition | Recommended support |
|---|--|
| Warning Signs | |
| Can you please outline the warning signs (e.g. sensations) | |
| Triggers | |
| Can you please outline the known triggers (eg illness, elevated temperature, flashing lights) | |
| Seizure Types | |
| Please highlight which seizure types apply: | Please indicate typical seizure frequency and length, and any management that is a variation from standard seizure management. |
| <input type="checkbox"/> Partial (focal) seizures Which side of the brain is affected? _____ | |
| <input type="checkbox"/> Simple partial <input type="checkbox"/> Staring, may blink rapidly <input type="checkbox"/> Only part of the brain is involved (partial) <input type="checkbox"/> Person remains conscious (simple), able to hear, may or may not be able to speak <input type="checkbox"/> Jerking of parts of the body may occur <input type="checkbox"/> Rapid recovery <input type="checkbox"/> Person may have a headache or experience sensations that aren't real, such as sounds, flashing light, strange taste or smell, 'funny tummy' These are sometimes called an aura and may lead to other types of seizures. | |
| <input type="checkbox"/> Complex partial <input type="checkbox"/> Only part of the brain is involved (partial) <input type="checkbox"/> Person staring and unaware. Eyes may jerk but may talk, remain sitting or walk around <input type="checkbox"/> Toward the end of the seizure, person may perform unusual activities, eg chewing movement, fiddling with clothes (these are called automatisms) <input type="checkbox"/> Confused and drowsy after seizure settles, may sleep. | |
| <input type="checkbox"/> Generalised seizures <input type="checkbox"/> Tonic clonic <input type="checkbox"/> Not responsive <input type="checkbox"/> May be red or blue in the face <input type="checkbox"/> Might fall down/cry out <input type="checkbox"/> May lose control of bladder and/or bowel <input type="checkbox"/> Body becomes stiff <input type="checkbox"/> Tongue may be bitten (tonic) <input type="checkbox"/> Lasts 1-3 minutes, stops suddenly or gradually <input type="checkbox"/> Jerking of arms and legs <input type="checkbox"/> Confusion and deep sleep (maybe hours) when in | |

Description of the condition

Recommended support

Please describe recommended care
If additional advice is required, please
attach it to this medical advice form

occurs (clonic) recovery phase. May have a headache.

Excessive saliva

Absence

Vacant stare or eyes may blink/roll up

Lasts 5-10 seconds

Impaired awareness (may be seated)

Instant recovery, no memory of the event.

Myoclonic

Sudden simple jerk

May recur many times.

Duration

How long does recovery take if the seizure isn't long enough to require Midazolam?

Person's reaction during and after a seizure

Please comment

Any other recommendations to support the person during and after a seizure

Signs that the seizure is starting to settle

First Aid - Management of Seizures

The following is the **first aid response that School staff will follow:**

(Developed by Children's Epilepsy Program, Royal Children's Hospital)

:

| | "Major Seizures" | "Minor Seizures" |
|----------|---|---|
| | Convulsive seizures with major movement manifestations eg: tonic-clonic, tonic, myoclonic, atonic, and partial motor seizure | Seizures with staring, impaired consciousness or unusual behaviour e.g. complex partial seizures and absence seizures |
| 1 | Stay calm | Stay calm |
| 2 | Check for medical identification | Check for medical identification |
| 3 | Protect the person from injury by removing harmful objects close to them. Loosen any tight clothing or restraints. Place something soft under their head. | Protect the person from injury by removing harmful objects close to them |
| 4 | Stay with the person and reassure them. Do not put anything in their mouth and do not restrain them. | Stay with the person and reassure them |
| 5 | Time the seizure | Time the seizure |
| 6 | When the seizure is over, roll the person onto their side to keep their airway clear | If a tonic-clonic seizure develops, follow major seizure management |
| 7 | Treat any injuries | Stay with the person and reassure them, they may be sleepy, confused or combative after the seizure |
| 8 | Consider if an ambulance needs to be called. An ambulance should be called when: <ul style="list-style-type: none"> • The seizure lasts longer than 5 -10 minutes. • Another seizure quickly follows • The person remains unconscious after the seizures ceases • The person has been injured • You are about to administer diazepam or midazolam • You are unsure • The seizure happens in water • The person is pregnant or a diabetic • The person is not known to have epilepsy. | |
| 9 | Stay with the person and reassure them, they may be sleepy, confused or combative after the seizure | |

First Aid - Management of Seizures

If you anticipate the student will require anything other the first aid response noted above, please provide details, so special arrangement can be negotiated.

| Observable sign/reaction | First aid response |
|--------------------------|--------------------|
| ▽ | ▽ |
| ▽ | ▽ |
| ▽ | ▽ |
| ▽ | ▽ |

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| |
|---|
| <u>Authorisation:</u> |
| Name of Medical/health practitioner: |
| Professional Role: |
| Signature: |
| Date: |
| Contact details: |
| Name of Parent/Carer or adult/independent student**: |
| Signature: |
| Date: |

If additional advice is required, please attach it to this form

**Please note: Adult student is a student who is eighteen years of age and older. Independent student is a student under the age of eighteen years and living separately and independently from parents/guardians (See [Decision Making Responsibility for Students - School Policy and Advisory Guide](#)).

Medication Authority Form

for a student who requires medication whilst at school

This form should be completed ideally by the student's medical/health practitioner, for all medication to be administered at school. For those students with asthma, an Asthma Foundation's *School Asthma Action Plan* should be completed instead. For those students with anaphylaxis, an ASCIA *Action Plan for Anaphylaxis* should be completed instead. These forms are available from the Australasian Society of Clinical Immunology and Allergy (ASCI): <http://www.allergy.org.au/health-professionals/ascia-plans-action-and-treatment>.

Please only complete those sections in this form which are relevant to the student's health support needs.

Name of School: _____

Student's Name: _____ Date of Birth: _____

MedicAlert Number (if relevant): _____ Review date for this form: _____

Please Note: wherever possible, medication should be scheduled outside the school hours, e.g. medication required three times a day is generally not required during a school day: it can be taken before and after school and before bed.

Medication required:

| Name of Medication/s | Dosage (amount) | Time/s to be taken | How is it to be taken? (eg orally/topical/injection) | Dates |
|----------------------|-----------------|--------------------|--|---|
| | | | | Start date: / / End Date: / / <input type="checkbox"/> Ongoing medication |
| | | | | Start date: / / End Date: / / <input type="checkbox"/> Ongoing medication |
| | | | | Start date: / / End Date: / / <input type="checkbox"/> Ongoing medication |
| | | | | Start date: / / End Date: / / <input type="checkbox"/> Ongoing medication |

Medication Storage

Medication delivered to the school

Please ensure that medication delivered to the school:

- Is in its original package
- The pharmacy label matches the information included in this form.

Self-management of medication

Students in the early years will generally need supervision of their medication and other aspects of health care management. In line with their age and stage of development and capabilities, older students can take responsibility for their own health care. Self-management should follow agreement by the student and his or her parents/carers, the school and the student's medical/health practitioner.

Please advise if this person's condition creates any difficulties with self-management, for example, difficulty remembering to take medication at a specified time or difficulties coordinating equipment:

Monitoring effects of Medication

Please note: School staff *do not* monitor the effects of medication and will seek emergency medical assistance if concerned about a student's behaviour following medication.

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| <u>Authorisation:</u> |
|--|
| Name of Medical/health practitioner: |
| Professional Role: |
| Signature: Date: |
| Contact details: |
| Name of Parent/Carer or adult/Mature minor**: |
| Signature: Date: |

If additional advice is required, please attach it to this form

**Please note: Mature minor is a student who is capable of making their own decisions on a range of issues, before they reach eighteen years of age. (See: [Decision Making Responsibility for Students - School Policy and Advisory Guide](#)).

STUDENT HEALTH SUPPORT PLAN - Cover Sheet

This plan outlines how the school will support the student's health care needs, based on health advice received from the student's medical/health practitioner. This form must be completed for each student with an identified health care need (not including those with Anaphylaxis as this is done via an Individual Anaphylaxis Management Plan – see <http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxischl.aspx>).

This Plan is to be completed by the principal or nominee in collaboration with the parent/carer and student.

| | | | | |
|---|---|--|--|---|
| School: | | Phone: | | |
| Student's name: | | Date of birth: | | |
| Year level: | | Proposed date for review of this Plan: | | |
| Parent/carer contact information (1) | Parent/carer contact information (2) | Other emergency contacts (if parent/carer not available) | | |
| Name: | Name: | Name: | | |
| Relationship: | Relationship: | Relationship: | | |
| Home phone: | Home phone: | Home phone: | | |
| Work phone: | Work phone: | Work phone: | | |
| Mobile: | Mobile: | Mobile: | | |
| Address: | Address: | Address: | | |
| Medical /Health practitioner contact: | | | | |
| <p>Ideally, this plan should be developed based on health advice received via the appropriate Departmental Medical Advice form or in case of asthma, the Asthma Foundation's <i>School Asthma Action Plan</i>. Please tick the appropriate form which has been completed and attach to this Plan. All forms are available from the Health Support Planning Forms – School Policy and Advisory Guide</p> | | | | |
| <table style="width:100%; border:none;"> <tr> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> <i>General Medical Advice Form - for a student with a health condition</i> <input type="checkbox"/> <i>School Asthma Action Plan</i> <input type="checkbox"/> <i>Condition Specific Medical Advice Form – Cystic Fibrosis</i> <input type="checkbox"/> <i>Condition Specific Medical Advice Form – Acquired Brain Injury</i> <input type="checkbox"/> <i>Condition Specific Medical Advice Form – Cancer</i> <input type="checkbox"/> <i>Condition Specific Medical Advice Form – Diabetes</i> </td> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> <i>Condition Specific Medical Advice Form – Epilepsy</i> <input type="checkbox"/> <i>Personal Care Medical Advice Form - for a student who requires support for transfers and positioning</i> <input type="checkbox"/> <i>Personal Care Medical Advice Form - for a student who requires support for oral eating and drinking</i> <input type="checkbox"/> <i>Personal Care Medical Advice Form - for a student who requires support for continence</i> </td> </tr> </table> | | | <input type="checkbox"/> <i>General Medical Advice Form - for a student with a health condition</i> <input type="checkbox"/> <i>School Asthma Action Plan</i> <input type="checkbox"/> <i>Condition Specific Medical Advice Form – Cystic Fibrosis</i> <input type="checkbox"/> <i>Condition Specific Medical Advice Form – Acquired Brain Injury</i> <input type="checkbox"/> <i>Condition Specific Medical Advice Form – Cancer</i> <input type="checkbox"/> <i>Condition Specific Medical Advice Form – Diabetes</i> | <input type="checkbox"/> <i>Condition Specific Medical Advice Form – Epilepsy</i> <input type="checkbox"/> <i>Personal Care Medical Advice Form - for a student who requires support for transfers and positioning</i> <input type="checkbox"/> <i>Personal Care Medical Advice Form - for a student who requires support for oral eating and drinking</i> <input type="checkbox"/> <i>Personal Care Medical Advice Form - for a student who requires support for continence</i> |
| <input type="checkbox"/> <i>General Medical Advice Form - for a student with a health condition</i> <input type="checkbox"/> <i>School Asthma Action Plan</i> <input type="checkbox"/> <i>Condition Specific Medical Advice Form – Cystic Fibrosis</i> <input type="checkbox"/> <i>Condition Specific Medical Advice Form – Acquired Brain Injury</i> <input type="checkbox"/> <i>Condition Specific Medical Advice Form – Cancer</i> <input type="checkbox"/> <i>Condition Specific Medical Advice Form – Diabetes</i> | <input type="checkbox"/> <i>Condition Specific Medical Advice Form – Epilepsy</i> <input type="checkbox"/> <i>Personal Care Medical Advice Form - for a student who requires support for transfers and positioning</i> <input type="checkbox"/> <i>Personal Care Medical Advice Form - for a student who requires support for oral eating and drinking</i> <input type="checkbox"/> <i>Personal Care Medical Advice Form - for a student who requires support for continence</i> | | | |
| List who will receive copies of this <i>Student Health Support Plan</i> : | | | | |
| 1. Student's Family 2. Other: _____ 3. Other: _____ | | | | |
| The following <i>Student Health Support Plan</i> has been developed with my knowledge and input | | | | |
| Name of parent/carer or adult/mature minor** student: _____ Signature: _____ Date: _____ | | | | |
| **Please note: Mature minor is a student who is capable of making their own decisions on a range of issues, before they reach eighteen years of age. (See: Decision Making Responsibility for Students - School Policy and Advisory Guide). | | | | |
| Name of principal (or nominee): : _____ Signature: _____ Date: _____ | | | | |
| <p>Privacy Statement The school collects personal information so as the school can plan and support the health care needs of the student. Without the provision of this information the quality of the health support provided may be affected. The information may be disclosed to relevant school staff and appropriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropriate, or where authorised or required by another law. You are able to request access to the personal information that we hold about you/your child and to request that it be corrected. Please contact the school directly or FOI Unit on 96372670.</p> | | | | |

How the school will support the student's health care needs

| | |
|---|-------------|
| Student's name: | |
| Date of birth: | Year level: |
| What is the health care need identified by the student's medical/health practitioner? | |
| Other known health conditions: | |
| When will the student commence attending school? | |
| Detail any actions and timelines to enable attendance and any interim provisions: | |

Below are some questions that may need to be considered when detailing the support that will be provided for the student's health care needs. These questions should be used as a guide only.

| Support | What needs to be considered? | Strategy – how will the school support the student's health care needs? | Person Responsible for ensuring the support |
|------------------------|--|---|---|
| Overall Support | Is it necessary to provide the support during the school day? | <i>For example, some medication can be taken at home and does not need to be brought to school.</i> | |
| | How can the recommended support be provided in the simplest manner, with minimal interruption to the education and care program? | <i>For example, students using nebulisers can often learn to use puffers and spacers at school.</i> | |
| | Who should provide the support? | <i>For example, the principal, should conduct a risk assessment for staff and ask:</i> <ul style="list-style-type: none"> - <i>Does the support fit with assigned staff duties and basic first aid training (see the Department First Aid Policy www.education.vic.gov.au/hrweb/ohs/health/firstaid.htm)</i> - <i>If so, can it be accommodated within current resources?</i> <i>If not, are there additional options?</i> | |
| | How can the support be provided in a way that respects dignity, privacy, comfort and safety and enhances learning? | <i>For example, detail the steps taken to ensure that the support provided respects the students, dignity, privacy, comfort and safety and enhances learning</i> | |
| First Aid | Does the medical/health information highlight any individual first aid requirements for the student, other than basic first aid? | <i>Discuss and agree on the individual first aid plan with the parent/carer.</i> <i>Ensure that there are sufficient staff trained in basic first aid (see the Department's First Aid Policy www.education.vic.gov.au/hrweb/ohs/health/firstaid.htm)</i> <i>Ensure that all relevant school staff are informed about the first aid response for</i> | |

| Support | What needs to be considered? | Strategy – how will the school support the student’s health care needs? | Person Responsible for ensuring the support |
|---|--|--|---|
| First Aid, cont’d | Does the school require relevant staff to undertake additional training modules not covered under basic first aid training, such as staff involved with excursions and specific educational programs or activities | <p><i>Ensure that relevant staff undertake the agreed additional training</i></p> <p><i>Ensure that there are interim provisions in place (whilst awaiting the staff member to receive training), to ensure the student’s attendance at school.</i></p> | |
| Complex/ Invasive health care needs | Does the student have a complex medical care need? | <p><i>Is specific training required by relevant school staff to meet the student’s complex medical care need?</i></p> <p><i>Can the training be obtained through the Department funded Schoolcare Program? If so, the School should complete the relevant referral forms which can be accessed by contacting the Royal Children’s Hospital’s Home and Community Care on 9345 6548.</i></p> | |
| Routine Supervision for health-related safety | Does the student require medication to be administered and/or stored at the School? | <p><i>Ensure that the parent/carer is aware of the School’s policy on medication management.</i></p> <p><i>Ensure that written advice is received, ideally from the student’s medical/health practitioner for appropriate storage and administration of the medication – via the Department’s Medication Authority Form</i></p> <p><i>Ensure that a medication log or equivalent</i></p> | |
| | Are there any facilities issues that need to be addressed? | <p><i>Ensure the schools first aid room/sick bay and its contents provide the minimum requirements and discuss and agree if other requirements are needed in this room to meet the student’s health care needs.</i></p> <p><i>Ensure the school provides sufficient facilities to assist a student who requires a wheelchair</i></p> | |
| | Does the student require assistance by a visiting nurse, physiotherapist, or other health worker? | <p><i>Detail who the worker is, the contact staff member and how, when and where they will provide support.</i></p> <p><i>Ensure that the school provides a facility</i></p> | |
| | Who is responsible for management of health records at the school? | <p><i>Ensure that information privacy principles are applied when collecting, using, retaining or disposing of personal or health information</i></p> | |
| | Where relevant, what steps have been put in place to support continuity and relevance of curriculum for the student? | <p><i>For example, accommodation in curriculum design and delivery and in assessment for a student in transition between home, hospital and school; for a student attending part-time</i></p> | |

| | | | |
|-----------------------------|--|--|--|
| Personal Care | Does the medical/health information highlight a predictable need for additional support with daily living tasks? | <i>Detail how the school will support the student's personal care needs, for example in relation to nose blowing, washing hands, continence care</i> | |
| Support | What needs to be considered? | Strategy – how will the school support the student's health care needs? | Person Responsible for ensuring the support |
| Other considerations | Are there other considerations relevant for this health support plan? | <p><i>For example, in relation to behaviour, such as special permission to leave group activities as needed; planned, supportive peer environment.</i></p> <p><i>For example, in relation to the environment, such as minimising risks such as allergens or other risk factors.</i></p> <p><i>For example, in relation to communication, is there a need to formally outline the communication channels between the school, family and health/medical practitioner?</i></p> <p><i>For example, is there a need for planned support for siblings/peers?</i></p> | |