



STUDENT HEALTH SUPPORT PLAN

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 [Anaphylaxis](#))

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

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|--|--|--|--|
| 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: | | | |
| <input type="checkbox"/> General Medical Advice Form - for a student with a health condition | <input type="checkbox"/> Condition Specific Medical Advice Form – Epilepsy | | |
| <input type="checkbox"/> School Asthma Action Plan | <input type="checkbox"/> Personal Care Medical Advice Form - for a student who requires support for transfers and positioning | | |
| <input type="checkbox"/> Condition Specific Medical Advice Form – Cystic Fibrosis | <input type="checkbox"/> Personal Care Medical Advice Form - for a student who requires support for oral eating and drinking | | |
| <input type="checkbox"/> Condition Specific Medical Advice Form – Acquired Brain Injury | <input type="checkbox"/> Personal Care Medical Advice Form - for a student who requires support for toileting, hygiene and menstrual health management | | |
| <input type="checkbox"/> Condition Specific Medical Advice Form – Cancer | | | |
| <input type="checkbox"/> Condition Specific Medical Advice Form – Diabetes | | | |
| List who will receive copies of this Student Health Support Plan : | | | |
| 1. Student’s Family | 2. Other: _____ | 3. Other: _____ | |
| The following Student Health Support Plan 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 Responsibilities for Students | | | |
| Name of principal (or nominee): _____ | Signature: _____ | Date: _____ | |
| 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. | | | |

HOW THE SCHOOL WILL SUPPORT THE STUDENT'S HEALTH CARE NEEDS

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|---|-------------|
| 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 the 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: Does the support fit with assigned staff duties, the scope of their position, and basic first aid training (see First Aid for Students and Staff) Are additional or different staffing or training arrangements required?</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 student's 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. Ensure that there are sufficient staff trained in basic first aid (see First Aid for Students and Staff) Ensure that all relevant school staff are informed about the first aid response for the student.</i> | |
| | Are there additional training modules that staff could undertake to further support the student, such as staff involved with excursions and specific educational programs or activities? | <i>Ensure that relevant staff undertake the agreed additional training Ensure that there are contingency provisions in place (whilst awaiting the staff member to receive training), to facilitate the student's attendance at school.</i> | |

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|--|--|---|---|
| Complex medical 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>The Schoolcare Program enables students with ongoing complex medical needs to have their health care requirements met safely at school. This program is available to students who would be unable to attend school without the procedure being performed by appropriately trained staff. Following the referral process, RCH nurses will attend your school and provide specialist training to nominated school staff.</i></p> <p><i>Further information about the Schoolcare Program may be found in the Schoolcare Program Guidelines and Referral form at:</i> www.education.vic.gov.au/school/teachers/learning_needs/Pages/schoolcare-program.aspx</p> | |
| Personal Care | Does the medical/health information highlight a predictable need for additional support with daily living tasks? | <p><i>Detail how the school will support the student’s personal care needs, for example in relation to nose blowing, washing hands, toileting care (including menstrual health management and other aspects of personal hygiene)</i></p> <p><i>Would the use of a care and learning plan for toileting or hygiene be appropriate?</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 official medications register is completed by the person administering the taking of the medication.</i></p> | |
| | Are there any facilities issues that need to be addressed? | <p><i>Ensure the school’s first aid room/sick bay and its contents provide the minimum requirements and discuss whether other requirements can be facilitated in this room to meet the student’s health care needs.</i></p> <p><i>Ensure the school provides necessary reasonable adjustments to assist a student who requires a wheelchair or other technical support. Discuss requirements and possible modifications with the parent/carer/student.</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 which enables the provision of the health service.</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’s attendance (full-time, part-time or episodically).</i></p> | |

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|-----------------------------|---|--|---|
| 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> | |