

SCHOOL NO. 4401 - KATANDRA WEST

Policy Statement: **MANAGEMENT**

707 – HEALTH CARE NEEDS

Responsibility: Principal

This Policy was last ratified by School Council in August, 2024.

PURPOSE

To ensure that Katandra West Primary School provides appropriate support to students with health care needs.

OBJECTIVE

To explain to Katandra West Primary School parents, carers, staff and students the processes and procedures in place to support students with health care needs at school.

SCOPE

This policy applies to:

- all staff, including casual relief staff and volunteers
- all students who have been diagnosed with a health care need that may require support, monitoring or medication at school.

POLICY

This policy should be read with Katandra West Primary School's *First Aid, Administration of Medication, Anaphylaxis* and *Asthma* policies.

Student health support planning

In order to provide appropriate support to students at Katandra West Primary School who may need medical care or assistance, a Student Health Support Plan will be prepared by the Principal in consultation with the student, their parents, carers and treating medical practitioners.

Student Health Support plans help our school to assist students with:

- routine health care support needs, such as supervision or provision of medication
- personal care support needs, such as assistance with personal hygiene, continence care, eating and drinking, transfers and positioning, and use of health-related equipment
- emergency care needs, such as predictable emergency first aid associated with asthma, seizure or diabetes management.

Template health planning forms are available here:

<https://www2.education.vic.gov.au/pal/health-care-needs/resources>

Students with complex medical care needs, for example, tracheostomy care, seizure management or tube feeding, must have a Student Health Support Plan which provides for appropriate staff to undertake specific training to meet the student's particular needs.

At enrolment or when a health care need is identified, parents/carers should provide accurate information about the student's condition or health care needs, ideally documented by the student's treating medical/health care practitioner on a Medical Advice Form (or relevant equivalent).

Katandra West Primary School may invite parents and carers to attend a Student Support Group meeting to discuss the contents of a student's Health Support Plan and assistance that the student may need at school or during school activities.

Where necessary, Katandra West Primary School may also request consent from parents and carers to consult with a student's medical practitioners, to assist in preparing the plan and ensure that appropriate school staff understand the student's needs. Consultation with the student's medical practitioner will not occur without parent/carer consent unless required or authorised by law.

Student Health Support Plans will be reviewed:

- when updated information is received from the student's medical practitioner
- when the school, student or parents and carers have concerns with the support being provided to the student
- if there are changes to the support being provided to the student, or
- on an annual basis.

Management of confidential medical information

Confidential medical information provided to Katandra West Primary School to support a student will be:

- recorded on the student's file
- shared with all relevant staff so that they are able to properly support students diagnosed with medical conditions and respond appropriately if necessary.

COMMUNICATION

This policy will be communicated to our school community in the following ways:

- Included in staff induction processes and staff training
- Available publicly on our school's website
- Discussed at staff briefings/meetings as required
- Hard copy available from school administration upon request

FURTHER INFORMATION AND RESOURCES

- the Department's Policy and Advisory Library:
 - [Health Care Needs](#)
 - [Health Support Planning Forms](#)
 - [Complex Medical Care Supports](#)
 - [Child and Family Violence Information Sharing Schemes](#)
 - [Privacy and Information Sharing](#)

POLICY REVIEW AND APPROVAL

Policy last reviewed	June 2024
Approved by	Principal
Next scheduled review date	June 2028



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 <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 border="0"> <tr> <td><input type="checkbox"/> General Medical Advice Form - for a student with a health condition</td> <td><input type="checkbox"/> Condition Specific Medical Advice Form – Epilepsy</td> </tr> <tr> <td><input type="checkbox"/> School Asthma Action Plan</td> <td><input type="checkbox"/> Personal Care Medical Advice Form - for a student who requires support for transfers and positioning</td> </tr> <tr> <td><input type="checkbox"/> Condition Specific Medical Advice Form – Cystic Fibrosis</td> <td><input type="checkbox"/> Personal Care Medical Advice Form - for a student who requires support for oral eating and drinking</td> </tr> <tr> <td><input type="checkbox"/> Condition Specific Medical Advice Form – Acquired Brain Injury</td> <td><input type="checkbox"/> Personal Care Medical Advice Form - for a student who requires support for continence</td> </tr> <tr> <td><input type="checkbox"/> Condition Specific Medical Advice Form – Cancer</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Condition Specific Medical Advice Form – Diabetes</td> <td></td> </tr> </table>			<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 continence	<input type="checkbox"/> Condition Specific Medical Advice Form – Cancer		<input type="checkbox"/> Condition Specific Medical Advice Form – Diabetes	
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<input type="checkbox"/> Condition Specific Medical Advice Form – Diabetes														
List who will receive copies of this <i>Student Health Support Plan</i> :														
1. Student's Family 2. Other: _____ 3.														

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 Responsibility for Students - School Policy and Advisory Guide](#))

Name of principal (or nominee): : _____ Signature: _____

_____ Date: _____

Privacy Statement

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
Overall Support	Is it necessary to provide the support during the school day?	For example, some medication can be taken at home and does not need to be brought to the school.	
	How can the recommended support be provided in the simplest manner, with minimal interruption to the education and care program?	For example, students using nebulisers can often learn to use puffers and spacers at school.	
	Who should provide the support?	For example, the principal, should conduct a risk assessment for staff and ask: <ul style="list-style-type: none"> - Does the support fit with assigned staff duties and basic first aid training (see the Department's First Aid Policy www.education.vic.gov.au/hrweb/ohs/health/firstaid.htm) - If so, can it be accommodated within current resources? - If not, are there additional training modules available 	

	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>	
Support	What needs to be considered?	Strategy – how will the school support the student’s health care needs?	Person Responsible for ensuring the
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>	
	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?	<i>Ensure that relevant staff undertake the agreed additional training</i> <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>	
Complex medical needs	Does the student have a complex medical care need?	<i>Is specific training required by relevant school staff to meet the student’s complex medical care need?</i> <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> <i>Further information about the Schoolcare Program may be found in the Schoolcare Program Guidelines</i>	
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> <i>Would the use of a care and learning plan for toileting or hygiene be appropriate?</i>	

Support	What needs to be considered?	Strategy – how will the school support the student’s health care needs?	Person Responsible for ensuring the
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</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 or other technical support. Discuss this with the</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</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 or episodically.</i></p>	
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>	

Individual Allergic Reactions Management Plan

This plan is to be completed by the principal or nominee in consultation with the parents/s on the basis of information from the student's medical practitioner (green **ASCIA Action Plan for Allergic Reactions**) provided by the parent.

It is the parents' responsibility to provide the school with a copy of the student's ASCIA Action Plan for Allergic Reactions (completed by the student's medical practitioner) and an up-to-date photo of the student - to be appended to this plan; and to inform the school if their child's medical condition changes.

School		Phone	
Student			
DOB		Year level	
Mild to moderate allergy to:			
Other health conditions			
Medication at school			
EMERGENCY CONTACT DETAILS (PARENT)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
EMERGENCY CONTACT DETAILS (ALTERNATE)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
Medical practitioner contact	Name		
	Phone		

Emergency care to be provided at school	
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ENVIRONMENT

To be completed by principal or nominee. Please consider each environment/area (on and off school site) the student will be in for the year, e.g. classroom, canteen, food tech room, sports oval, excursions and camps etc.

Name of environment/area:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area:

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(continues on next page)

Name: _____

Date of birth: _____

Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by Dr or NP:

I hereby authorise medications specified on this plan to be administered according to the plan

Signed: _____

Date: _____

Action Plan due for review: _____

Note: This ASCIA Action Plan for Allergic Reactions is for people with mild to moderate allergies, who need to avoid certain allergens

For people with severe allergies (and at risk of anaphylaxis) there are ASCIA Action Plans for Anaphylaxis, which include adrenaline (epinephrine) autoinjector instructions

Instructions are also on the device label

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy - freeze dry tick and allow to drop off
- Stay with person and call for help
- Give other medications (if prescribed).....
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Wheeze or persistent cough
- Difficulty talking and/or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION FOR ANAPHYLAXIS

- 1 Lay person flat - do NOT allow them to stand or walk**
 - If unconscious, place in recovery position
 - If breathing is difficult allow them to sit



- 2 Give adrenaline (epinephrine) autoinjector if available**
- 3 Phone ambulance* - 000 (AU) or 111 (NZ)**
- 4 Phone family/emergency contact**
- 5 Transfer* person to hospital for at least 4 hours of observation**

If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy

to food, insects or medication has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: Y N

Parents and guardians (via their medical practitioner) can access the ASCIA Action Plan from:

<http://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis>

<p>This Individual Allergic Reactions Management Plan will be reviewed on any of the following occurrences (whichever happens earlier):</p> <ul style="list-style-type: none"> • annually • if the student's medical condition, insofar as it relates to allergy, changes • as soon as practicable after the student has an allergic reaction in the care of the school <p>In addition to the above, this plan should be reviewed by the school staff in charge, immediately prior to any off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the school (eg. class parties, elective subjects, cultural days, fetes, incursions) which the student to whom this plan applies is attending.</p> <p>I have been consulted in the development of this Individual Allergic Reactions Management Plan.</p> <p>I consent to the risk minimisation strategies proposed.</p> <p>Risk minimisation strategies are available at Chapter 8 – Risk Minimisation Strategies of the Anaphylaxis Guidelines</p>	
Signature of parent:	
Date:	
<p>I have consulted the parents of the student and the relevant school staff who will be involved in the implementation of this Individual Allergic Reactions Management Plan.</p>	
Signature of principal (or nominee):	
Date:	



General Medical Advice Form

for a student with a health condition

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):

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.

Authorisation:

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](#)).