## **STRATHMERTON PRIMARY**

## 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 <a href="http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx">http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx</a>

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 (2)			Other emergency contacts (if parent/carer not available)				
Name:			Name:				
Relationship:			Relationship:				
Home phone:			Home phone:				
Work phone:			Work phone:				
Mobile:			Mobile:				
Address:			Address:				
I							
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 <a href="Health Support Planning Forms">Health Support Planning Forms</a> — School Policy and Advisory Guide							
with a health		Condition Specific Medic	cal A	Advice Form – Epilepsy			
		Personal Care Medical Advice Form - for a student who requires					
School Asthma Action Plan  Condition Specific Medical Advice Form – Cystic Fibrosis  Condition Specific Medical Advice Form – Acquired Brain Injury		support for transfers and	r transfers and positioning				
		☐ Personal Care Medical A		dvice Form - for a student who requires			
		support for oral eating a	and drinking				
ancer		<del>_</del>		Advice Form - for a student who requires			
abetes	заррот тог сопиненсе						
List who will receive copies of this Student Health Support Plan:							
		3. Other:_					
	Name: Relationship: Home phone Work phone: Mobile: Address:  The health advice pol Asthma Activation the Health With a health	Name: Relationship: Home phone: Work phone: Mobile: Address:  The health advice received Asthma Action Prom the Health Support	Parent/carer contact information (2)  Name: Relationship: Home phone: Work phone: Mobile: Address:  In health advice received via the appropriate and Asthma Action Plan. Please tick the appropriate from the Health Support Planning Forms — Strom the Health Support Planning Forms — Stric Fibrosis apport for transfers and Support for oral eating and Support for continence abetes  Health Support Plan:	Parent/carer contact information (2)  Name: Relationship: Home phone: Work phone: Mobile: Address:  In health advice received via the appropriate Deproof Asthma Action Plan. Please tick the appropriate from the Health Support Planning Forms — School With a health    Condition Specific Medical Advices support for transfers and poor stick Fibrosis equired Brain   Personal Care Medical Advices support for oral eating and contact support for continence   Personal Care Medical Advices support for continenc			

	Student Health Support Plan has be	en developed with my knowledge and input	
Name of paren	t/carer or adult/mature minor** stud	ent:Signature:	Date:
	re minor is a student who is capable of making their of Students - School Policy and Advisory Guide)	r own decisions on a range of issues, before they reach eighteen years	of age. (See: <u>Decision</u>
Name of princi	pal (or nominee): :	Signature:	Date:
quality of the health those engaged in pro	support provided may be affected. The informatioviding health support as well as emergency personal support as well as emergency personal support as well as emergency personal support provided may be affected. The information of the support provided may be affected.	d support the health care needs of the student. Without the provision on may be disclosed to relevant school staff and appropriate medical onnel, where appropriate, or where authorised or required by another ir child and to request that it be corrected. Please contact the school described to the contact the school described in the corrected of the contact the school described in the corrected of the contact the school described in the corrected of the correct of the corrected o	personnel, including law. You are able to
How the Student's name:	e school will suppo	rt the student's health car	e needs
Date of birth:	Year level:		
What is the health	n care need identified by the student's m	nedical/health practitioner?	
Other known heal	Ith conditions:		
When will the stud	dent commence attending school?		
Below are so		onsidered when detailing the support that will be pronese questions should be used as a guide only.	ovided for the
Support	What needs to be considered?	Strategy – how will the school support the student's health care needs?	_
Overall Support			Person Responsible for ensuring the support
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.	Responsible for ensuring the
Overall Support			Responsible for ensuring the

Support	ort 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	Does the medical/health information highlight any individual first aid requirements for the student, other than basic first aid?	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 the Department's First Aid Policy www.education.vic.gov.au/hrweb/ohs/health/firstaid.htm)  Ensure that all relevant school staff are informed about the first aid response for the student.		
		(whilst awaiting the staff member to receive training)		
Complex medical needs	Does the student have a complex medical care need?	Is specific training required by relevant school staff to meet the student's complex medical care need?  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.  Further information about the Schoolcare Program may be found in the Schoolcare Program Guidelines and Referral form at:  http://www.education.vic.gov.au/school/teachers/learningneeds/Pages/programsupp.aspx		
Personal Care	Does the medical/health information highlight a predictable need for additional support with daily living tasks?	Detail how the school will support the student's personal care needs, for example in relation to nose blowing, washing hands, continence care Would the use of a care and learning plan for toileting or hygiene be appropriate?		

Support		Strategy – how will the school support the student's health care needs?	Person Responsible for ensuring the support
Routine Supervision for health-related safety	be administered and/or stored at the School?	Ensure that the parent/carer is aware of the School's policy on medication management.	
		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.	
		Ensure that a medication log or equivalent official medications register is completed by the person administering the taking of the medication.	
	to be addressed?	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.	
		Ensure the school provides sufficient facilities to assist a student who requires a wheelchair or other technical support. Discuss this with the parent/carer/student.	
		Detail who the worker is, the contact staff member and how, when and where they will provide support.  Ensure that the school provides a facility which enables the provision of the health service.	
	Who is responsible for management of health records at the school?	Ensure that information privacy principles are applied when collecting, using, retaining or disposing of personal or health information.	
	put in place to support continuity and relevance of curriculum for the	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.	
Other considerations	Are there other considerations relevant for this health support plan?	For example, in relation to behaviour, such as special permission to leave group activities as needed; planned, supportive peer environment.	
		For example, in relation to the environment, such as minimising risks such as allergens or other risk factors.	
		For example, in relation to communication, is there a need to formally outline the communication channels between the school, family and health/medical practitioner?	
		For example, is there a need for planned support for siblings/peers?	