Health Care Needs Policy





Help for non-English speakers

If you need help to understand the information in this policy, please contact Apollo Bay P-12 College.

1. PURPOSE

To ensure that Apollo Bay P-12 College provides appropriate support to students with health care needs.

2. SCOPE

To explain to Apollo Bay P-12 College parents, carers, staff and students the processes and procedures in place to support students with health care needs at school.

3. POLICY

This policy should be read with Apollo Bay P-12 College's <u>First Aid</u>, <u>Administration of Medication</u>, <u>Anaphylaxis</u> and <u>Asthma</u> policies.

Student health support planning

In order to provide appropriate support to students at Apollo Bay P-12 College who may need medical care or assistance, a Student Health Support Plan will be prepared by the Principal and relevant nominees, 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.

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).

Apollo Bay P-12 College 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, Apollo Bay P-12 College 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 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 Apollo Bay P-12 College 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.

4. 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

5. RELATED POLICIES AND RESOURCES

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

This document is to be read in conjunction with the following local polices:

- First Aid Policy
- Anaphylaxis Policy
- Asthma Policy
- Administration of Medication

6. POLICY REVIEW AND APPROVAL

| Policy last reviewed | 28/8/2018 |
|----------------------------|--|
| Consultation | September 2023 |
| Approved by | Principal |
| Next scheduled review date | [this should be reviewed every 3 to 4 years] |

Brian Humphries **Principal**

Dan Holthouse

College Council President

7. STUDENT HEALTH SUPPORT PLAN (APPENDIX)



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 princ | ipai or nominee in co | liaboration with the | parent/carer and stu | ident. | |
|--|--------------------------------------|--|--|----------------------------|--|
| School: Apollo Bay P-12 College | | Phone: | | | |
| Student's name: | | Date of birth: | | | |
| Year level: | | Proposed date for re | view of this plan: | | |
| Parent/carer contact information (1) | Parent/carer contact in | nformation (2) | Other emergency con not available) | ntacts (if parent/carer | |
| Name: | Name: | | Name: | | |
| Relationship: | Relationship: | | Relationship: | | |
| Home phone: | Home phone: | | Home phone: | | |
| Work phone: | Work phone: | | Work phone: | | |
| Mobile: | Mobile: | | Mobile: | | |
| Address: | Address: | | Address: | Address: | |
| Medical /Health practitioner contact: | , | | _ • | | |
| | | | | | |
| General Medical Advice Form - for a student wi | th a health condition | Condition Specific | Medical Advice Form – Epi | lepsy | |
| School Asthma Action Plan | | Personal Care Medical Advice Form - for a student who requires support | | | |
| ☐ Condition Specific Medical Advice Form – Cystic | c Fibrosis | for transfers and positioning | | | |
| Condition Specific Medical Advice Form – Acquired Brain Injury | | for oral eating and | | udent who requires support | |
| Condition Specific Medical Advice Form – Cance | pecific Medical Advice Form – Cancer | | Personal Care Medical Advice Form - for a student who requires support | | |
| Condition Specific Medical Advice Form – Diabe | _ , , , , , , | | ne and menstrual health management | | |
| | | | | | |
| List who will receive copies of this Student He | alth Support Plan: | | | | |
| 1. Student's Family 2. Other: | | 3. Other: | | | |
| The following Student Health Support Plan ha | s been developed with i | my knowledge and inp | ut | | |
| | | | | | |
| Name of parent/carer or adult/mature minor* | ** student: | Sig | nature: | 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 | | | | | |

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

| 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? | 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: | |
| | | Does the support fit with assigned staff duties, the scope of their position, and basic first aid training (see <u>First Aid for Students and Staff</u>) | |
| | | Are additional or different staffing or training arrangements required? | |
| | How can the support be provided in a way that respects dignity, privacy, comfort and safety and enhances learning? | For example, detail the steps taken to ensure that the support provided respects the student's dignity, privacy, comfort and safety and enhances learning. | |
| 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 <u>First Aid for Students and Staff</u>) Ensure that all relevant school staff are informed about the first aid response for the student. | |
| | 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? | 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. | |
| Complex medical | 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? | |
| needs | | 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: www.education.vic.gov.au/school/teachers/learningneeds/Pages/schoolcare-program.aspx | |

| Support | What needs to be considered? | Strategy – how will the school support the student's health care needs? | Person Responsible for ensuring the support |
|---------------------------------------|--|--|--|
| 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, toileting care (including menstrual health management and other aspects of personal hygiene) | |
| | | Would the use of a care and learning plan for toileting or hygiene be appropriate? | |
| Routine Supervisio | Does the student require medication to be administered and/or stored at the School? | Ensure that the parent/carer is aware of the school's policy on medication management. | |
| n for health- related safety | | 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. | |
| | Are there any facilities issues that need to be addressed? | 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. | |
| | | 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. | |
| | Does the student require assistance by a visiting nurse, physiotherapist, or other health worker? | 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. | |
| | Where relevant, what steps have been put in place to support continuity and relevance of curriculum for the student? | 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). | |
| Other considerati ons | 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? | |