



HEALTH CARE NEEDS POLICY

Purpose

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

Objective

To explain to Manchester 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 Manchester Primary School's *First Aid, Medication, Anaphylaxis* and *Asthma* policies.

Student health support planning

In order to provide appropriate support to students at Manchester Primary School who may need medical care or assistance, a Student Health Support Plan will be prepared by their classroom teacher 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)

Manchester 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, Manchester 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.

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 Manchester 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.



Manchester Primary School - Policy Book

Manchester Primary will follow DET Guidelines and Polices in relation to providing Health Care Needs for students and utilise any of the necessary following forms:-

Manchester Primary School

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/schoolteachers/health/Pages/schoolteachers.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:

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 School Asthma Action Plan. 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](#)

<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	

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: [Privacy Statement for Students - School Policy and Advisory Guide](#))

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 can be affected. The information is 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 your child and to request that it be corrected. Please contact the school directly or PCT Unit on 96372570.

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: <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?	For example, detail the steps taken to ensure that the support provided respects the student's dignity, privacy, comfort and safety and enhances learning.	

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	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.	
	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?	Ensure that relevant staff undertake the agreed additional training Ensure that there are interim provisions in place whilst awaiting the staff member to receive training, to ensure the student's attendance at school.	
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/le/minoneeds/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	What needs to be considered?	Strategy - how will the school support the student's health care needs?	Person Responsible for ensuring the support
Routine Supervision for health-related safety	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. 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 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.	
	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 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?	

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



Manchester Primary School - Policy Book

MANCHESTER PRIMARY SCHOOL

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):

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 arrangements 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 a child is required by another law. You are able to request access to the personal information that we hold about your child and to request that it be corrected. Please contact the school directly or POU Unit on 84373260.

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 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 parental/guardians (See: [Education, Training, Responsibilities for Students - School Policy and Library Guide](#)).

Manchester Primary School

MEDICATION AUTHORITY FORM

For students requiring medication to be administered at school

This form should, ideally, be signed by the student's medical/health practitioner for all medication to be administered at school but schools may proceed on the signed authority of parents in the absence of a signature from a medical practitioner.

- For students with asthma, [Asthma Australia's School Asthma Care Plan](#)
- For students with anaphylaxis, an [ASCI Action Plan for Anaphylaxis](#)

Please only complete the sections below that are relevant to the student's health support needs. If additional advice is required, please attach it to this form.

Please note: wherever possible, medication should be scheduled outside school hours, eg medication required three times daily is generally not required during a school day - it can be taken before and after school and before bed.

Student Details

Name of school: _____
Name of student: _____ Date of Birth: _____
MedicAlert Number (if relevant): _____
Review date for this form: _____

Medication to be administered at school:					
Name of Medication	Dosage (amount)	Time/s to be taken	How is it to be taken? (eg oral/topical/injection)	Dates to be administered	Supervision required
_____	_____	_____	_____	Start: // / / End: // / / OR <input type="checkbox"/> Ongoing medication	<input type="checkbox"/> No - student self-managing <input type="checkbox"/> Yes <input type="checkbox"/> remind <input type="checkbox"/> observe <input type="checkbox"/> assist <input type="checkbox"/> administer
_____	_____	_____	_____	Start: // / / End: // / / OR <input type="checkbox"/> Ongoing medication	<input type="checkbox"/> No - student self-managing <input type="checkbox"/> Yes <input type="checkbox"/> remind <input type="checkbox"/> observe <input type="checkbox"/> assist <input type="checkbox"/> administer

Medication delivered to the school

Please indicate if there are any specific storage instructions for any medication:

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

Supervision required

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 be agreed to by the student and their parents/carers, the school and the student's medical/health practitioner. Please describe what supervision or assistance is required by the student when taking medication at school (e.g. remind, observe, assist or administer):

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.

Privacy Statement

We collect personal and health information to plan for and support the health care needs of our students. Information collected will be used and disclosed in accordance with the Department of Education and Training's privacy policy which applies to all government schools (available at: <http://www.education.vic.gov.au/Pages/schools/privacypolicy.aspx>) and the law.

Authorisation to administer medication in accordance with this form:

Name of parent/carers: _____
Signature: _____ Date: _____

Name of medical/health practitioner: _____
Professional role: _____
Signature: _____ Date: _____
Contact details: _____



ascia
www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

For use with adrenaline (epinephrine) autoinjectors

Name: _____
Date of birth: _____

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 seek medical help or freeze tick and let it drop off
- Stay with person and call for help
- Locate adrenaline autoinjector
- Give other medications (if prescribed)
- Phone family/emergency contact

Confirmed allergens: _____

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

- 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
- Give adrenaline autoinjector
- Phone ambulance - 000 (AU) or 111 (NZ)
- Phone family/emergency contact
- Further adrenaline doses may be given if no response after 5 minutes
- 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

If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre.
Continue to follow this action plan for the person with the allergic reaction.

ASDA 2020 This plan was developed as a medical document that can only be completed and signed by the patient's doctor or nurse practitioner and cannot be altered without their permission.

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ACTION PLAN FOR Allergic Reactions

For use with adrenaline (epinephrine) autoinjectors

Name: _____
Date of birth: _____

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 seek medical help or freeze tick and let it drop off
- Stay with person and call for help
- Give other medications (if prescribed)
- Phone family/emergency contact

Confirmed allergens: _____

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

- 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
- Give adrenaline (epinephrine) autoinjector if available
- Phone ambulance - 000 (AU) or 111 (NZ)
- Phone family/emergency contact
- 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 if available, 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

If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre.
Continue to follow this action plan for the person with the allergic reaction.

ASDA 2020 This plan was developed as a medical document that can only be completed and signed by the patient's doctor or nurse practitioner and cannot be altered without their permission.

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www.allergy.org.au

FIRST AID PLAN FOR Anaphylaxis

For use with EpiPen® adrenaline (epinephrine) autoinjectors

How to give EpiPen® adrenaline (epinephrine) autoinjectors

- Form fit around EpiPen® and PULL OFF BLUE SAFETY RELEASE
- Hold leg stiff and PLACE ORANGE END against outer mid thigh (with or without clothing)
- Push DOWN HARD until a click is heard or felt and hold in place for 3 seconds. REMOVE EpiPen®

EpiPen® is prescribed for children over 20kg and adults. EpiPen® Jr is prescribed for children 7.5-20kg.

ASDA 2020 This document has been developed for use as a poster, or to be stored with general use adrenaline autoinjectors.

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 seek medical help or freeze tick and let it drop off
- Stay with person and call for help
- Locate adrenaline autoinjector
- 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

- 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
- Give adrenaline autoinjector
- Phone ambulance - 000 (AU) or 111 (NZ)
- Phone family/emergency contact
- Further adrenaline doses may be given if no response after 5 minutes
- 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, if someone has SEVERE AND SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice), even if there are no skin symptoms. THEN SEEK MEDICAL HELP.
Asthma reliever medication prescribed: Y N

If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre.
Continue to follow this plan for the person with the allergic reaction.

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www.allergy.org.au

FIRST AID PLAN FOR Anaphylaxis

For use with adrenaline (epinephrine) autoinjectors - refer to the device label for instructions

Translated versions of this document are on the ASCIA website www.allergy.org.au/anaphylaxis#t5

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

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Asthma reliever medication prescribed: Y N

If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre.
Continue to follow this plan for the person with the allergic reaction.



Further Information and Resources

- the DET PAL - Policy and Advisory Library:
 - [Health Care Needs](#)
 - [Health Support Planning Forms](#)
 - [Complex Medical Care Supports](#)
- Anaphylaxis Policy
- Asthma Policy
- First Aid Policy
- Medication Policy
- Duty of Care Policy

DET PAL - Health Planning Forms are available

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

- [Individual Anaphylaxis Management Plan \(Word\)](#)
- [Asthma Action Plan](#)
- [General Medical Advice Form \(Word\)](#)
- [Medications](#)

Health Care Needs Policy Review

This policy was last updated on:

Date: October 2021

Evaluation and Review: **OCTober 2025 Meeting #499**