

Hamlyn Views School

Students with Significant Health Needs Policy and Procedures

1. PURPOSE

Students enrolled at our school who live with significant health problems deserve and require a supportive and flexible school environment that understands and responds to their individual needs.

2. AIMS

To provide a school environment that is supportive of, and responsive to, the physical, social, emotional and academic needs of students with significant health problems.

3. IMPLEMENTATION

- a. All students have a right to have their individual physical, social, emotional and academic needs identified and addressed.
- b. The parents/guardians of students with significant health needs are required to provide an individual Student Health Support Plan (Appendix 1) guided by advice received from the student's medical practitioner that details the student's condition and health needs, as well as detailing an anticipated schedule of school or hospital attendances. If medication is required for the student, a Medication Authority Form is required to be completed by the child's medical practitioner at the beginning of each year and updated as needed.
- c. The Health Support Plan, any additional Personal Care Medical Advice (Continence- Appendix B, Oral Eating and Drinking – Appendix C, Transfer and Positioning – Appendix D) and Medication Authority Form must be updated by parents should the circumstances change, or 12 months pass since their original completion.
- d. Parents/carers are reminded that staff may not be qualified, competent or comfortable providing some forms of medication or support. Staff may reserve a right of refusal to perform certain medical or personal care tasks in some instances. These issues would be discussed with the Principal.
- e. All staff, including relief staff, associated with students with health needs will be made aware of the student's condition and requirements. Staff will be provided with professional development and training as required.
- f. Open communication processes will be put into place, including communication books and Student Support Group meetings.
- g. Forward planning will provide flexible educational programs that can be modified or conducted at home or in hospital.

HVS has zero tolerance for any form of child abuse

- h. Open communication will be maintained with educational facilities in hospitals so as to ensure a continuity of studies.
- i. The school will maintain appropriate contact with students during times in hospital, so as to provide social, emotional and academic support.
- j. The school will provide support for siblings and close friends of students with significant health needs as appropriate.
- k. The School Council will seek to provide specialised equipment or facilities (ramps, disabled toilets etc) as required.

4. REFERENCES

- a. DET Health Support Planning Guidelines and Templates
<http://www.education.vic.gov.au/school/principals/spag/health/Pages/supportplanning.aspx>
- b. HVS Student Health Support and Care Related Policies

5. EVALUATION

This policy will be reviewed as part of the school's four yearly review cycle.

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| <p>This DRAFT Policy was ratified in 2018. Date for next review: 2022</p> |
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APPENDIX A

Hamlyn Views School

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 style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> General Medical Advice Form - for a student with a health condition <input type="checkbox"/> School Asthma Action Plan <input type="checkbox"/> Condition Specific Medical Advice Form – Cystic Fibrosis <input type="checkbox"/> Condition Specific Medical Advice Form – Acquired Brain Injury <input type="checkbox"/> Condition Specific Medical Advice Form – Cancer <input type="checkbox"/> Condition Specific Medical Advice Form – Diabetes </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Condition Specific Medical Advice Form – Epilepsy <input type="checkbox"/> Personal Care Medical Advice Form - for a student who requires support for transfers and positioning <input type="checkbox"/> Personal Care Medical Advice Form - for a student who requires support for oral eating and drinking <input type="checkbox"/> Personal Care Medical Advice Form - for a student who requires support for continence </td> </tr> </table> | | | <input type="checkbox"/> General Medical Advice Form - for a student with a health condition <input type="checkbox"/> School Asthma Action Plan <input type="checkbox"/> Condition Specific Medical Advice Form – Cystic Fibrosis <input type="checkbox"/> Condition Specific Medical Advice Form – Acquired Brain Injury <input type="checkbox"/> Condition Specific Medical Advice Form – Cancer <input type="checkbox"/> Condition Specific Medical Advice Form – Diabetes | <input type="checkbox"/> Condition Specific Medical Advice Form – Epilepsy <input type="checkbox"/> Personal Care Medical Advice Form - for a student who requires support for transfers and positioning <input type="checkbox"/> Personal Care Medical Advice Form - for a student who requires support for oral eating and drinking <input type="checkbox"/> Personal Care Medical Advice Form - for a student who requires support for continence |
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| List who will receive copies of this <i>Student Health Support Plan</i> : | | | | |
| 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 Responsibility 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 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

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? | <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:</i> <ul style="list-style-type: none"> - Does the support fit with assigned staff duties and basic first aid training (see the Department First Aid Policy www.education.vic.gov.au/hrweb/ohs/healith/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</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 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</i> | |
| 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, cont'd | 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 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/ Invasive health care 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? Can the training be obtained through the Department funded Schoolcare Program? If so, the School should complete the relevant referral forms which can be accessed by contacting the Royal Children's Hospital's Home and Community Care on 9345 6548. Consider if the following program/services</i> | |
| Routine Supervision for health-related safety | Does the student require medication to be administered and/or stored at the School? | <i>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 for the medication administered with the supervision of</i> | |
| | Are there any facilities issues that need to be addressed? | <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. Ensure the school provides sufficient facilities to assist a student who requires a wheelchair or other technical support.</i> | |

| | | | |
|-----------------------------|--|---|--|
| | 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 | |
| | 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 | |
| | 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 | |
| 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 | |
| Support | What needs to be considered? | Strategy – how will the school support the student's health care needs? | Person Responsible for ensuring the support |
| 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 | |

APPENDIX B

Hamlyn Views School
Personal Care Medical Advice Form
 for a student who requires support for CONTINENCE

This form is to be completed by the student's medical/health practitioner, such as a continence specialist providing a description of the personal care requirements. 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: _____

| Routine personal care/supervision for safety | Recommended support Please describe recommended care |
|---|---|
| Support time needed | |
| Information is needed about how frequently support is needed and for how long. The school will endeavour to minimise disruption to the student's socialization and participation: <ul style="list-style-type: none"> <input type="checkbox"/> Indicates when toilet is needed <input type="checkbox"/> Will always need to be changed/assisted <input type="checkbox"/> May need to be changed <input type="checkbox"/> Has continence aids (eg wears nappies or has catheter) <input type="checkbox"/> Needs timing support | Generally support will take about _____ minutes _____ times each day |
| Nature of support | |
| This student is likely to need support related to: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Self-managed toileting (please describe):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Reminders <input type="checkbox"/> Timing <input type="checkbox"/> Encouragement with fluid intake <input type="checkbox"/> Other </div> <div style="width: 45%;"> <p>Assisted toileting (please describe):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Verbal prompts <input type="checkbox"/> Supervision <input type="checkbox"/> Encouragement with fluid intake <input type="checkbox"/> Assistance with clothing <input type="checkbox"/> Support to weight-bear <input type="checkbox"/> Lifting onto toilet <input type="checkbox"/> Assistance with washing hands <input type="checkbox"/> Support for transfer <input type="checkbox"/> Assistance with hygiene (eg cleaning body, menstruation management) <input type="checkbox"/> Other </div> </div> | |
| <p>Catheterisation (please describe)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Allow for catheterisation at (specify preferred times) _____ <input type="checkbox"/> Self-managed <input type="checkbox"/> Self-catheterises with supervision <input type="checkbox"/> Other (assisted catheterisation by trained school staff) | |
| Continence Supplies | |
| <p>Equipment/continence aids that are required</p> <p>_____</p> <p>Emergency contact for supplies _____</p> | |
| Unplanned events | |

Are there any events, not covered in this form, which could happen infrequently? If so, please give details of what could be expected and how it could be managed (e.g. *student is usually continent but could wet or soil occasionally; can change and clean up independently but will need reassurance*)

| Routine personal care/supervision for safety | Recommended support Please describe recommended care |
|--|--|
| <p>Catheter management</p> <p>If a person is self-managing his or her catheter and has difficulty, the relevant school staff will routinely:</p> <ul style="list-style-type: none"> ▪ reassure the person and encourage him or her to relax and try again ▪ suggest the person wait for half an hour and come back and try again <p>If the student is still not successful, the parent/emergency contact will be informed.</p> <p>A medical / health professional can be nominated by the family as the emergency contact person in this case.</p> <p>Staff will also contact the parent/emergency contact if the person displays signs of possible difficulties such as sweating, discomfort, is flushed or pale, or has a headache.</p> <p>If no-one can be contacted, an ambulance may be called to transport the person to medical assistance.</p> | <p>If required, outline different/additional steps in relation to the student's catheter management:</p> |
| <p>Additional information</p> <p>Is there additional information required, such as further information regarding this student's continence care, general information about the student's health care needs:</p> | |

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| |
|---|
| <u>Authorisation:</u> |
| Name of Medical/health practitioner: |
| Professional Role: |
| Signature: |
| Date: |
| Contact details: |
| Name of Parent/Carer or adult/Mature minor**: |
| Signature: |
| Date: |
| If additional advice is required, please attach it to this form |

**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 & Advisory Guide](#)).

APPENDIX C

Hamlyn Views School
Personal Care Medical Advice Form
 for a student who requires support for
ORAL EATING AND DRINKING

This form is to be completed by the student's medical/health practitioner, such as a speech pathologist providing a description of the personal care requirements and first aid. 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: _____

| Routine mealtime care needs | Recommended support Please describe recommended care | | | | |
|---|---|---|--|---|--|
| Level of support required | | | | | |
| Information is needed about how closely this student needs to be supervised and for how long. Staff will routinely allow a maximum of 15 minutes per meal unless otherwise negotiated. <i>Level of supervision</i> <input type="checkbox"/> Requires constant supervision: high risk of choking/ aspiration <input type="checkbox"/> Requires close supervision (eg in small group) <input type="checkbox"/> Requires some assistance <input type="checkbox"/> Independent | | | | | |
| Time required for mealtime (less for snacks) <input type="checkbox"/> Less than 15 minutes <input type="checkbox"/> About 15 minutes <input type="checkbox"/> Negotiation if longer time recommended | | | | | |
| Type of support needed | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <i>Preparation</i> <input type="checkbox"/> Additional hygiene/safety measures <input type="checkbox"/> Positioning for comfort and safety <input type="checkbox"/> Facilitation techniques (eg jaw support) <input type="checkbox"/> Stimulation (eg facial tapping/stroking) <input type="checkbox"/> Other </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <i>Equipment</i> <input type="checkbox"/> Clothes protector <input type="checkbox"/> Modified utensils (eg spoons) <input type="checkbox"/> Modified cup/plate etc <input type="checkbox"/> Mirror <input type="checkbox"/> Positioning equipment (eg special chair/bolster) <input type="checkbox"/> Other </td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"> <i>Environmental changes</i> <input type="checkbox"/> Calm, consistent approach <input type="checkbox"/> Positive reinforcement <input type="checkbox"/> Minimal distractions <input type="checkbox"/> Social settings <input type="checkbox"/> Other </td> <td style="vertical-align: top; padding: 5px;"> <i>Positioning and care after mealtimes</i> <input type="checkbox"/> Need to remain upright for _____ minutes <input type="checkbox"/> Need to check no food is left in the mouth/palate <input type="checkbox"/> Teeth brushing <input type="checkbox"/> Other </td> </tr> </table> | <i>Preparation</i> <input type="checkbox"/> Additional hygiene/safety measures <input type="checkbox"/> Positioning for comfort and safety <input type="checkbox"/> Facilitation techniques (eg jaw support) <input type="checkbox"/> Stimulation (eg facial tapping/stroking) <input type="checkbox"/> Other | <i>Equipment</i> <input type="checkbox"/> Clothes protector <input type="checkbox"/> Modified utensils (eg spoons) <input type="checkbox"/> Modified cup/plate etc <input type="checkbox"/> Mirror <input type="checkbox"/> Positioning equipment (eg special chair/bolster) <input type="checkbox"/> Other | <i>Environmental changes</i> <input type="checkbox"/> Calm, consistent approach <input type="checkbox"/> Positive reinforcement <input type="checkbox"/> Minimal distractions <input type="checkbox"/> Social settings <input type="checkbox"/> Other | <i>Positioning and care after mealtimes</i> <input type="checkbox"/> Need to remain upright for _____ minutes <input type="checkbox"/> Need to check no food is left in the mouth/palate <input type="checkbox"/> Teeth brushing <input type="checkbox"/> Other | |
| <i>Preparation</i> <input type="checkbox"/> Additional hygiene/safety measures <input type="checkbox"/> Positioning for comfort and safety <input type="checkbox"/> Facilitation techniques (eg jaw support) <input type="checkbox"/> Stimulation (eg facial tapping/stroking) <input type="checkbox"/> Other | <i>Equipment</i> <input type="checkbox"/> Clothes protector <input type="checkbox"/> Modified utensils (eg spoons) <input type="checkbox"/> Modified cup/plate etc <input type="checkbox"/> Mirror <input type="checkbox"/> Positioning equipment (eg special chair/bolster) <input type="checkbox"/> Other | | | | |
| <i>Environmental changes</i> <input type="checkbox"/> Calm, consistent approach <input type="checkbox"/> Positive reinforcement <input type="checkbox"/> Minimal distractions <input type="checkbox"/> Social settings <input type="checkbox"/> Other | <i>Positioning and care after mealtimes</i> <input type="checkbox"/> Need to remain upright for _____ minutes <input type="checkbox"/> Need to check no food is left in the mouth/palate <input type="checkbox"/> Teeth brushing <input type="checkbox"/> Other | | | | |
| Communication | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <i>Communication by student</i> <input type="checkbox"/> Language <input type="checkbox"/> Gesture <input type="checkbox"/> Behaviour <input type="checkbox"/> Other </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <i>Communication by supporting staff</i> <input type="checkbox"/> Offer choice (indicate how many) <input type="checkbox"/> Simplify instructions/use key words <input type="checkbox"/> Use picture cues <input type="checkbox"/> Other </td> </tr> </table> | <i>Communication by student</i> <input type="checkbox"/> Language <input type="checkbox"/> Gesture <input type="checkbox"/> Behaviour <input type="checkbox"/> Other | <i>Communication by supporting staff</i> <input type="checkbox"/> Offer choice (indicate how many) <input type="checkbox"/> Simplify instructions/use key words <input type="checkbox"/> Use picture cues <input type="checkbox"/> Other | | | |
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| Preparation and presentation of food and drink | |
|---|--|
| <p>The following information is provided as a safety check for staff. Food and drink should routinely be brought to school already prepared. If some preparation is requested of staff, this should be documented and negotiated with staff.</p> | |
| <p><i>Food consistency</i></p> <p><input type="checkbox"/> • No restriction on consistency</p> <p><input type="checkbox"/> • Modified</p> <p><i>Food portions</i></p> <p><input type="checkbox"/> • No restriction on amount taken at a time</p> <p><input type="checkbox"/> • Modified</p> | <p><i>Quantity</i></p> <p><input type="checkbox"/> • Self-directed</p> <p><input type="checkbox"/> • Minimum amounts required (please specify)</p> <p><i>Rate and order of intake</i></p> <p><input type="checkbox"/> • Self-directed</p> <p><input type="checkbox"/> • Direction/assistance required (please specify)</p> |

| Routine mealtime care needs | Recommended support Please describe recommended care |
|--|---|
| <p>Preparation and presentation of food and drink, cont'd</p> | |
| <p><i>Drink consistency</i></p> <p><input type="checkbox"/> • No restriction on consistency</p> <p><input type="checkbox"/> • Modified</p> <p><i>Drink portions</i></p> <p><input type="checkbox"/> • No restriction on amount taken at each sip</p> <p><input type="checkbox"/> • Modified</p> <p><i>Specific strategies required</i></p> <p><input type="checkbox"/> • Spoon fed</p> <p><input type="checkbox"/> • Finger food</p> <p><input type="checkbox"/> • Drinking</p> <p><input type="checkbox"/> • General (including behaviour management issues)</p> <p><input type="checkbox"/> • Other</p> | |
| <p>Potential learning targets</p> | |
| <p>Mealtimes are considered a time for socialisation and enjoyment. Any specific learning targets (eg in relation to trying new foods and textures) are generally addressed at home. If some experimenting and promotion of new foods and tastes are requested, this should be documented and negotiated with staff.</p> <p><input type="checkbox"/> • Increasing independence (<i>eg collects lunchbox, manages spoon</i>)</p> <p><input type="checkbox"/> • Behaviour targets (<i>eg remains in seat for five spoonfuls</i>)</p> <p><input type="checkbox"/> • Increasing intake (<i>eg eats half a sandwich at lunchtime</i>)</p> | |
| <p>Documented observations</p> | |
| <p>Upon negotiation, the school may assist the medical/health practitioner by documenting mealtime observations for the student. If this is required, please indicate what information is needed from the oral eating and drinking observations.</p> | |
| <p>General Supervision for safety</p> | |
| <p>Unless otherwise negotiated, the school staff member will stop the eating/drinking process if they observe any of the following signs:</p> <ul style="list-style-type: none"> • Self-reported distress or show other signs of distress • Tried and unable to manager • Gagging or coughing with unusual frequency • Pale and sweaty • Watery/glassy eyes • Unusual change of voice • Gurgling wet rattle in the throat • Unable to cough, stops breathing (choking) <p>If these signs are repeatedly observed, the student's medical/health practitioner should review this form and provide updated information.</p> | |

First Aid

If the student becomes ill or injury at school (such as if the student begins to choke), the school will administer first aid and call at 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

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| |
|--|
| <u>Authorisation:</u> |
| Name of Medical/health practitioner: |
| Professional Role: |
| Signature: |
| Date: |
| Contact details: |
| Name of Parent/Carer or adult/Mature minor**: |
| Signature: |
| Date: |

If additional advice is required, please attach it to this form

**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](#)).

APPENDIX D

Hamlyn Views School
Personal Care Medical Advice Form
 for a student who requires support for
TRANSFER AND POSITIONING

This form is to be completed by the student's medical/health practitioner, such as a physiotherapist providing a description of the personal care requirements. 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: _____

| Situation and level of assistance required | Type of transfer | Equipment |
|--|--|---|
| CHAIR TO CHAIR <i>(eg wheelchair to chair/commode)</i> <input type="checkbox"/> Independent <input type="checkbox"/> Standby assistance required (for occasional interventions to support safety) <input type="checkbox"/> Cooperative assistance - Indicate whether one, two or three adults to assist ____ <input type="checkbox"/> Dependent - Indicate whether one, two or three adults to assist ____ | <input type="checkbox"/> Top and tail <input type="checkbox"/> Cradle <input type="checkbox"/> Side to side <input type="checkbox"/> Standing transfer <input type="checkbox"/> Other <input type="checkbox"/> Mechanical | <input type="checkbox"/> Hoist <input type="checkbox"/> Sling <i>(specify below)</i> <input type="checkbox"/> Side board <input type="checkbox"/> Transfer plate/disc <input type="checkbox"/> Other <i>(specify below)</i> |
| Comment <i>(eg in relation to communication, safety, comfort, dignity and learning)</i> _____ _____ | | |
| CHAIR TO GROUND/FLOOR <input type="checkbox"/> Independent <input type="checkbox"/> Standby assistance required (for occasional interventions to support safety) <input type="checkbox"/> Cooperative assistance - Indicate whether one, two or three adults to assist ____ <input type="checkbox"/> Dependent - Indicate whether one, two or three adults to assist ____ | <input type="checkbox"/> Top and tail <input type="checkbox"/> Cradle <input type="checkbox"/> Side to side <input type="checkbox"/> Standing transfer <input type="checkbox"/> Other <input type="checkbox"/> Mechanical | <input type="checkbox"/> Hoist <input type="checkbox"/> Sling <i>(specify below)</i> <input type="checkbox"/> Side board <input type="checkbox"/> Transfer plate/disc <input type="checkbox"/> Other <i>(specify below)</i> |
| Comment <i>(eg in relation to communication, safety, comfort, dignity and learning)</i> _____ _____ | | |
| GROUND/FLOOR TO CHAIR <input type="checkbox"/> Independent <input type="checkbox"/> Standby assistance required (for occasional interventions to support safety) <input type="checkbox"/> Cooperative assistance Indicate whether one, two or three adults to assist ____ | <input type="checkbox"/> Top and tail <input type="checkbox"/> Cradle <input type="checkbox"/> Side to side <input type="checkbox"/> Standing transfer <input type="checkbox"/> Other | <input type="checkbox"/> Hoist <input type="checkbox"/> Sling <i>(specify below)</i> <input type="checkbox"/> Side board <input type="checkbox"/> Transfer plate/disc <input type="checkbox"/> Other <i>(specify below)</i> |

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• Dependent
Indicate whether one, two or three adults to assist _____

• Mechanical

Comment (eg in relation to communication, safety, comfort, dignity and learning)

| Situation and level of assistance required | Type of transfer | Equipment |
|---|---|--|
| <p>CHAIR TO CHANGE TABLE</p> <p><input type="checkbox"/> • Independent</p> <p><input type="checkbox"/> • Standby assistance required (for occasional interventions to support safety)</p> <p><input type="checkbox"/> • Cooperative assistance - Indicate whether one, two or three adults to assist _____</p> <p><input type="checkbox"/> • Dependent - Indicate whether one, two or three adults to assist _____</p> | <p><input type="checkbox"/> • Top and tail</p> <p><input type="checkbox"/> • Cradle</p> <p><input type="checkbox"/> • Side to side</p> <p><input type="checkbox"/> • Standing transfer</p> <p><input type="checkbox"/> • Other</p> <p><input type="checkbox"/> • Mechanical</p> | <p><input type="checkbox"/> • Hoist</p> <p><input type="checkbox"/> • Sling (specify below)</p> <p><input type="checkbox"/> • Side board</p> <p><input type="checkbox"/> • Transfer plate/disc</p> <p><input type="checkbox"/> • Other (specify below)</p> |

Comment (eg in relation to communication, safety, comfort, dignity and learning)

| | | |
|--|---|--|
| <p>TOILETING TRANSFER</p> <p><input type="checkbox"/> • Independent</p> <p><input type="checkbox"/> • Standby assistance required (for occasional interventions to support safety)</p> <p><input type="checkbox"/> • Cooperative assistance - Indicate whether one, two or three adults to assist _____</p> <p><input type="checkbox"/> • Dependent - Indicate whether one, two or three adults to assist _____</p> | <p><input type="checkbox"/> • Top and tail</p> <p><input type="checkbox"/> • Cradle</p> <p><input type="checkbox"/> • Side to side</p> <p><input type="checkbox"/> • Standing transfer</p> <p><input type="checkbox"/> • Other</p> <p><input type="checkbox"/> • Mechanical</p> | <p><input type="checkbox"/> • Hoist</p> <p><input type="checkbox"/> • Sling (specify below)</p> <p><input type="checkbox"/> • Side board</p> <p><input type="checkbox"/> • Transfer plate/disc</p> <p><input type="checkbox"/> • Other (specify below)</p> |
|--|---|--|

Comment (eg in relation to communication, safety, comfort, dignity and learning)

| | | |
|--|---|--|
| <p>VEHICLE TO CHAIR</p> <p><input type="checkbox"/> • Independent</p> <p><input type="checkbox"/> • Standby assistance required (for occasional interventions to support safety)</p> <p><input type="checkbox"/> • Cooperative assistance - Indicate whether one, two or three adults to assist _____</p> <p><input type="checkbox"/> • Dependent - Indicate whether one, two or three adults to assist _____</p> | <p><input type="checkbox"/> • Top and tail</p> <p><input type="checkbox"/> • Cradle</p> <p><input type="checkbox"/> • Side to side</p> <p><input type="checkbox"/> • Standing transfer</p> <p><input type="checkbox"/> • Other</p> <p><input type="checkbox"/> • Mechanical</p> | <p><input type="checkbox"/> • Hoist</p> <p><input type="checkbox"/> • Sling (specify below)</p> <p><input type="checkbox"/> • Side board</p> <p><input type="checkbox"/> • Transfer plate/disc</p> <p><input type="checkbox"/> • Other (specify below)</p> |
|--|---|--|

Comment (eg in relation to communication, safety, comfort, dignity and learning)

| Situation | Recommended support |
|--|-----------------------------------|
| Please indicate education issues. | Please describe recommended care. |
| Mobility Indoors <i>(eg use of sticks, stairs, steps, negotiation of furniture, varying floor coverings)</i> | |
| Mobility Outdoors | |
| Special Equipment <i>(eg wedge, standing frames)</i> | |
| Other <i>(eg information related to additional repositioning)</i> | |

| Care Needs | Recommended support |
|--|---------------------|
| Communication School staff will routinely talk the student through the transfer or positing, seeking his or her permission to the degree possible and maximising cooperation. <i>Communication by supporting staff</i> <input type="checkbox"/> Simplify instructions/use key words <input type="checkbox"/> Use picture cues <input type="checkbox"/> Other <i>Communication by student</i> <input type="checkbox"/> Language <input type="checkbox"/> Gesture <input type="checkbox"/> Behaviour <input type="checkbox"/> Other | |
| Potential learning targets <input type="checkbox"/> Increasing independence <i>(eg take some weight on arms, transfer without assistance)</i> <input type="checkbox"/> Behaviour targets <i>(eg comply with transfer)</i> <input type="checkbox"/> Communication <i>(eg indicate preferred side for lift, indicate comfort)</i> <input type="checkbox"/> Other (please specify) | |
| Documented observations Upon negotiation, the school may assist the medical/health practitioner by documenting observations in relation to transfers and positioning of the student. If this is required, please indicate what information is needed from transfers and positioning observations. | |
| Additional information Is there additional information required, such as further information regarding transfers/positioning of the student; general information about the student's health care needs: | |

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

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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.

| |
|--|
| <u>Authorisation:</u> |
| Name of Medical/health practitioner: |
| Professional Role: |
| Signature: Date: |
| Contact details: |
| Name of Parent/Carer or adult/Mature minor**: |
| Signature: Date: |

If additional advice is required, please attach it to this form

**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](#)).