# Hamlyn Views School

HEALTH CARE NEEDS POLICY

**Purpose**

To ensure that Hamlyn Views School provides appropriate support to students with health care needs.

**Objective**

To explain to Hamlyn Views 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 Hamlyn School’s *First Aid, Administration of Medication, Anaphylaxis* and *Asthma* policies.

**Student health support planning**

In order to provide appropriate support to students at Hamlyn Views School who may need medical care or assistance, a Student Health Support Plan will be prepared by the school nurse 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.

Note: Template health planning forms are available here: <http://www.education.vic.gov.au/school/principals/spag/health/Pages/supportplanning.aspx>

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). See DET Health Planning Form or Policy Appendices.

Hamlyn Views 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, Hamlyn 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 Hamlyn Views 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.

**Further information and resources**

* School Policy and Advisory Guide:
  + [Health Care Needs](http://www.education.vic.gov.au/school/principals/spag/health/Pages/healthcareneeds.aspx#link80)
  + [Health Support Planning Forms](http://www.education.vic.gov.au/school/principals/spag/health/Pages/supportplanning.aspx)
  + [Complex Medical Needs](http://www.education.vic.gov.au/school/principals/spag/health/Pages/complexneeds.aspx)
* HVS Administration of Medication Policy
* HVS Asthma Policy
* HVS Anaphylaxis Management Policy
* HVS First Aid Policy

**Review cycle**

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

This policy was last reviewed and updated in October, 2019.  
Date for next review: 2023

**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/anaphylaxisschl.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](http://www.education.vic.gov.au/school/principals/spag/health/Pages/supportplanning.aspx) | | | | | |
| ***General Medical Advice Form -* *for a student with a health condition***  ***School Asthma Action Plan***  ***Condition Specific Medical Advice Form – Cystic Fibrosis***  ***Condition Specific Medical Advice Form – Acquired Brain Injury***  ***Condition Specific Medical Advice Form – Cancer***  ***Condition Specific Medical Advice Form – Diabetes*** | | ***Condition Specific Medical Advice Form – Epilepsy***  ***Personal Care Medical Advice Form - for a student who requires***  ***support for transfers and positioning***  ***Personal Care Medical Advice Form - for a student who requires support for oral eating and drinking***  ***Personal Care Medical Advice Form - for a student who requires***  ***support for continence*** | | | |
| 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: [Decision Making Responsibility for Students - School Policy and Advisory Guide](http://www.education.vic.gov.au/school/principals/spag/safety/Pages/parentalresponsibility.aspx)).  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 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. | | | | | |

**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 and basic first aid training ( see the Department First Aid Policy* [www.education.vic.gov.au/hrweb/ohs/health/firstaid.htm](http://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 students, 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 the Department’s First Aid Policy* [www.education.vic.gov.au/hrweb/ohs/health/firstaid.htm](http://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* |  |
| **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 | | *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/**  **Invasive health care 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?*  *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 are required: the Program for Students with Disabilities or Visiting Teachers Service.* |  |
| **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.* |  |
| **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** |
| **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?* |  |

**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: | | | Generally support will take about       minutes        times each day |
|  Indicates when toilet is needed   May need to be changed   Needs timing support | |  Will always need to be changed/assisted   Has continence aids (eg wears nappies or has catheter) |
| **Nature of support** | | |  |
| This student is likely to need support related to: | | |  |
| **Self-managed toileting** (please describe):   Reminders   Timing   Encouragement with fluid intake   Other | **Assisted toileting** (please describe):   Verbal prompts   Supervision   Encouragement with fluid intake   Assistance with clothing   Support to weight-bear   Lifting onto toilet   Assistance with washing hands   Support for transfer   Assistance with hygiene (eg cleaning  body, menstruation management)   Other | |  |
| **Catheterisation** (please describe)   Allow for catheterisation at *(specify preferred times)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   *Self-managed*   *Self-catheterises with supervision*   Other (assisted catheterisation by trained school staff ) | | |  |
| **Continence Supplies** | | |  |
| ***Equipment/continence aids that are required \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  Emergency contact for supplies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |
| **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 |
| **Catheter management** | | |  |
| If a person is self-managing his or her catheter and has difficulty, the relevant school staff will routinely:   * 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   If the student is still not successful, the parent/emergency contact will be informed.  A medical / health professional can be nominated by the family as the emergency contact person in this case.  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.  If no-one can be contacted, an ambulance may be called to transport the person to medical assistance. | | | If required, outline different/additional steps in relation to the student’s catheter management: |
| **Additional information** | | | |
| Is there additional information required, such as further information regarding this student’s continence care, general information about the student’s health care needs: | | | |
|  | | | |

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**Authorisation:**

**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](http://www.education.vic.gov.au/school/principals/spag/safety/Pages/parentalresponsibility.aspx)).

**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**.**  *Level of supervision*  Requires constant supervision: high risk of choking/ aspiration  Requires close supervision *(eg in small group)*  Requires some assistance  Independent  **Time required for mealtime** (less for snacks)  Less than 15 minutes  About 15 minutes  Negotiation if longer time recommended | |  |
| **Type of support needed** | |  |
| *Preparation*   Additional hygiene/safety measures   Positioning for comfort and safety   Facilitation techniques *(eg jaw support)*   Stimulation *(eg facial tapping/stroking)*   Other | *Equipment*   Clothes protector   Modified utensils *(eg spoons)*   Modified cup/plate etc   Mirror   Positioning equipment *(eg special*  *chair/bolster)*   Other |  |
| *Environmental changes*   Calm, consistent approach   Positive reinforcement   Minimal distractions   Social settings   Other | *Positioning and care after mealtimes*   Need to remain upright for  minutes   Need to check no food is left in the  mouth/palate   Teeth brushing   Other |  |
| **Communication** | |  |
| *Communication by student*   Language   Gesture   Behaviour  *** Other*** | *Communication by supporting staff*   Offer choice (indicate how many)   Simplify instructions/use key words   Use picture cues    ***Other*** |  |
| **Preparation and presentation of food and drink** | |  |
| 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. | |  |
| *Food consistency*   No restriction on consistency   Modified  *Food portions*   No restriction on amount taken at  a time   Modified | *Quantity*   Self-directed   Minimum amounts required (please  specify)  *Rate and order of intake*   Self-directed   Direction/assistance required (please  specify |  |

|  |  |  |
| --- | --- | --- |
| **Routine mealtime care needs** | | **Recommended support**  Please describe recommended care |
| **Preparation and presentation of food and drink, cont’d** | |  |
| *Drink consistency*   No restriction on consistency   Modified  *Drink portions*   No restriction on amount taken at  each sip   Modified | *Specific strategies required*   Spoon fed   Finger food   Drinking   General (including behaviour  management issues)   Other |  |
| **Potential learning targets** | |  |
| 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.   Increasing independence *(eg collects lunchbox, manages spoon)*   Behaviour targets *(eg remains in seat for five spoonfuls)*   Increasing intake *(eg eats half a sandwich at lunchtime)* | |  |
| **Documented observations** | |  |
| 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. | |  |
| **General Supervision for safety** | |  |
| Unless otherwise negotiated, the school staff member will stop the eating/drinking process if they observe any of the following signs:   * 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)   If these signs are repeatedly observed, the student’s medical/health practitioner should review this form and provide updated information. | |  |

**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** | | |
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Privacy Statement

The school collects personal information so as the school can plan and support the health care needs of the student. Without the provision of this information the quality of the health support provided may be affected. The information may be disclosed to relevant school staff and appropriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropriate, or where authorised or required by another law. You are able to request access to the personal information that we hold about you/your child and to request that it be corrected. Please contact the school directly or FOI Unit on 96372670.

**Authorisation:**

**Name of Medical/health practitioner:**

Professional Role:

Signature:

Date:

Contact details:

**Name of Parent/Carer or adult/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](http://www.education.vic.gov.au/school/principals/spag/safety/Pages/parentalresponsibility.aspx)).

**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** | |  | | |  |
| *(eg wheelchair to chair/commode)*  Independent  Standby assistance required (for occasional interventions to support safety)  Cooperative assistance - Indicate whether one, two or three adults to assist  Dependent - Indicate whether one, two or three adults to assist | | Top and tail  Cradle  Side to side  Standing transfer  Other  Mechanical | | | Hoist  Sling *(specify below)*  Side board  Transfer plate/disc  Other *(specify below)* |
| **Comment***(eg in relation to communication, safety, comfort, dignity and learning)*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **CHAIR TO GROUND/FLOOR** | |  | | |  |
| Independent  Standby assistance required (for occasional interventions to support safety)  Cooperative assistance - Indicate whether one, two or three adults to assist  Dependent - Indicate whether one, two or three adults to assist | | Top and tail  Cradle  Side to side  Standing transfer  Other  Mechanical | | | Hoist  Sling *(specify below)*  Side board  Transfer plate/disc  Other *(specify below)* |
| **Comment***(eg in relation to communication, safety, comfort, dignity and learning)*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **GROUND/FLOOR TO CHAIR** | |  | | |  |
| Independent  Standby assistance required (for occasional interventions to support safety)  Cooperative assistance  Indicate whether one, two or three adults to assist  Dependent  Indicate whether one, two or three adults to assist | | Top and tail  Cradle  Side to side  Standing transfer  Other  Mechanical | | | Hoist  Sling *(specify below)*  Side board  Transfer plate/disc  Other *(specify below)* |
| **Comment***(eg in relation to communication, safety, comfort, dignity and learning)*        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Situation and level of assistance required | | **Type of transfer** | | | **Equipment** |
| **CHAIR TO CHANGE TABLE** | |  | | |  |
| Independent  Standby assistance required *(for occasional interventions to support safety)*  Cooperative assistance - Indicate whether one, two or three adults to assist  Dependent - Indicate whether one, two or three adults to assist | | Top and tail  Cradle  Side to side  Standing transfer  Other  Mechanical | | | Hoist  Sling *(specify below)*  Side board  Transfer plate/disc  Other *(specify below)* |
| **Comment***(eg in relation to communication, safety, comfort, dignity and learning)*        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **TOILETING TRANSFER** | |  | | |  |
| Independent  Standby assistance required *(for occasional interventions to support safety)*  Cooperative assistance - Indicate whether one, two or three adults to assist  Dependent - Indicate whether one, two or three adults to assist | | Top and tail  Cradle  Side to side  Standing transfer  Other  Mechanical | | | Hoist  Sling *(specify below)*  Side board  Transfer plate/disc  Other *(specify below)* |
| **Comment***(eg in relation to communication, safety, comfort, dignity and learning)*        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **VEHICLE TO CHAIR** | |  | | |  |
| Independent  Standby assistance required *(for occasional interventions to support safety)*  Cooperative assistance - Indicate whether one, two or three adults to assist  Dependent - Indicate whether one, two or three adults to assist | | Top and tail  Cradle  Side to side  Standing transfer  Other  Mechanical | | | Hoist  Sling *(specify below)*  Side board  Transfer plate/disc  Other *(specify below)* |
| **Comment***(eg in relation to communication, safety, comfort, dignity and learning)*        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Situation | | | | **Recommended support** | |
| Please indicate education issues. | | | Please describe recommended care. | | |
| **Mobility Indoors** | | |  | | |
| *(eg use of sticks, stairs, steps, negotiation of furniture, varying floor coverings)* | | |  | | |
| **Mobility Outdoors** | | |  | | |
|  | | |  | | |
| **Special Equipment** | | |  | | |
| *(eg wedge, standing frames)* | | |  | | |
| **Other** | | |  | | |
| *(eg information related to additional repositioning)* | | |  | | |
| 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. | | | |  | |
| *Communication by supporting staff*  Simplify instructions/use key words   Use picture cues   Other | *Communication by student*   Language   Gesture   Behaviour  ****** Other | | |
| **Potential learning targets** | | | |  | |
|  Increasing independence *(eg take some weight on arms, transfer without assistance)*   Behaviour targets *(eg comply with transfer)*   Communication *(eg indicate preferred side for lift, indicate comfort)*   ***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 relevant school staff and appropriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropriate, or where authorised or required by another law. You are able to request access to the personal information that we hold about you/your child and to request that it be corrected. Please contact the school directly or FOI Unit on 96372670.

**Authorisation:**

**Name of Medical/health practitioner:**

Professional Role:

Signature:

Date:

Contact details:

**Name of Parent/Carer or adult/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](http://www.education.vic.gov.au/school/principals/spag/safety/Pages/parentalresponsibility.aspx)).