HEALTH CARE NEEDS POLICY

Latest DET Update: 04/09/2014
First Developed: August 2016

Rationale
- Under DET’s duty of care obligations to children, schools are required to ensure all children feel safe and supported at school. This includes supporting and responding to the health care needs of all students.
- Government schools have a responsibility to provide equitable access to education and respond to diverse child needs, including health care needs.
- Research and evidence suggests intervention to address a health care need at early stages is critical to mitigate life-long disadvantages, particularly for children in their early years.
- The Health Care Needs Policy is a pre-requisite to other health related policies.

Purpose
- To support and respond to the health care needs of children.
- To ensure children feel safe and supported at school on enrolment or when a health care need is identified.
- To develop and maintain clear plans and processes to support the child’s health care needs.
- To promote engagement in learning.
- To provide equitable access to education.
- To respond to the diverse needs of children, including health care.
- To ensure Reservoir Primary School complies with legislation and DET policy.

Implementation
- The safety and wellbeing of children is this school’s highest priority.
- To achieve these goals, the school will provide:
  - short or long term first aid planning
  - supervision for safety
  - routine health and personal care support
  - complex medical care support if required
  - make local decisions
  - create innovative solutions to meet all children’s needs
  - anticipate, plan and manage health support

- The school will have a Health Support Plan or other specific health management plans (such as an Anaphylaxis Management Plan) for a child with an identified health need, based on medical advice from the child’s medical/health practitioner and consultation with the child and parents/carers.
- The school will have policies and procedures available to the school community for planning for and supporting children’s health at school and the management of medication.
- The school will provide training for school staff in basic first aid to meet specific health needs not covered under basic first aid training, such as managing asthma or for excursions or camps and to meet complex medical care needs.
- The school will communicate openly with children and families about successes achieved, development and changes and health and educational concerns.
- The school will plan for most children to attend school camps and special events and take part in physical activities at school.
As part of the enrolment process, with due respect for children’s privacy, a record of the child’s health needs and medication required will be recorded on CASES21.

The school will ensure planning to meet the child’s health care needs follows four stages.

**Before Enrolment** the Principal will inform parents/carers about the school’s policy for supporting children’s health prior to, or on, enrolment i.e. provide a copy of this policy.

**When a Need is Identified** the Principal will ensure that parents/carers provide accurate information about a child’s:
- routine health care support needs, such as supervision for 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 an allergic reaction, seizure management, anaphylaxis, or diabetes
- The school will store information on CASES21.
- When information is being collected the Principal will ensure that parents/carers and children are informed about how their personal information will be used and who it might be disclosed to, such as school nurses.

**Planning Process**
- It is essential that the child’s medical/health practitioner provides a medical advice form that guides the planning and details the child’s medical condition and the medication required at school.
- The Principal or nominee will organise a meeting to discuss the plan with the child, parents/carers and other school staff, including, if required the recommended emergency and routine health and personal care support for the child.
- The plan should be developed shortly after the school has received the medical advice from the child’s medical/health practitioner. If there is a time delay between receiving this advice and developing the plan, the school may put in place an interim support plan containing an agreed strategy, such as calling an ambulance.

**Questions to Consider**
- Is it necessary to provide the support during the school day?
- How can the recommended support be provided in the simplest manner, with minimal interruption to the education and care program?
- Who should provide the support?
- Is this support complex and/or invasive?
- Is there staff training required?
- Are there any facilities issues that need to be addressed?
- How can the support be provided in a way that respects dignity, privacy, comfort and safety and enhances learning?
- Are there any care and learning plans that should be completed for children with personal care support?

**Monitoring and Review**
Plans will be reviewed:
- when updated information is received from the child’s medical or health practitioner
- when the school, child or parents/carers have concerns regarding the support
- if there is a change in support
The advice received from the medical or health practitioner is to be reviewed annually unless it is agreed that the annual review of the plan is not required. In this case, it is up to the Principal’s discretion whether to request updated medical information.

Please refer also to the school’s Duty of Care Policy, the Anaphylaxis Management Policy, the Asthma Management Policy, Diabetes Management Policy and the Epilepsy & Seizure Policy.

**Evaluation**

- This policy will be reviewed if guidelines change (latest DET update early September 2014).

**This policy was endorsed by School Council the 11th of October 2016**

Reference: