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**HEALTH CARE NEEDS POLICY**

**Purpose**

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

**Objective**

To explain to Wattleview 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 Wattleview Primary Schools *First Aid, Administration of Medication, Anaphylaxis* and *Asthma* policies

**Student health support planning**

In order to provide appropriate support to students at Wattleview Primary School who may need medical care or assistance, a Student Health Support Plan will be prepared by the student wellbeing coordinator, 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) Note:

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

Wattleview 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, Wattleview 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 Wattleview 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.

**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)

**Review cycle**

**Evaluation**

This policy will be reviewed as part of the school’s three year cycle or as needed to comply with DET policy changes.

**Certification**

* This policy was endorsed by School Council at the meeting held on **…./…./……..**
* This policy was endorsed by ……………………….. committee at the meeting held on **…./…./……..**

**Signed………………………………………….. Signed…………………………………………..**

***Principal*  *School Council President***