St Johns Regional College Personal Care Support Procedures

Purpose

These procedures outline the processes St Johns Regional College follows for obtaining, recording and updating information for students who require personal care support in the school environment due to disability, medical conditions, injury, developmental delay, or other identified short or long-term needs. Personal care support may include assistance with toileting (including continence care, menstrual care and personal hygiene), mobility, transfers and positioning, and/or eating and drinking, with a view to maintaining and safeguarding the privacy, confidentiality and wellbeing of students in line with the *Privacy Policy* and *Privacy Collection Notice – Students and Parents*.

1. Scope

These procedures apply to all individuals working in the school environment, including:

- employees and staff directly engaged or employed by the school
- contracted service providers (including whether engaged through an intermediary) performing child-related work
- volunteers who perform work without remuneration or reward for the school.

These procedures also apply to students and their parents and carers.

The school environment includes any location where school activities occur during school hours and school-sponsored activities that occur outside school hours:

- school campuses
- other locations provided by the school/service or through a third-party provider for a child or student to use, including but not limited to locations used for camps and excursions, approved homestay accommodation, delivery of education and training, sporting events, competitions and other events.

These procedures do not apply to students with:

- anaphylaxis who are provided for in the school's *Anaphylaxis Management Policy*
- medical conditions who are provided for in the *Medical Management Procedures*
- medication administration requirements who are provided for in the *Medical Administration Procedures*.

2. Duty of care

The principal and all staff, including contractors and volunteers, have a non-delegable duty of care to ensure that reasonable measures are taken and appropriate processes are in place when managing students identified personal care needs and providing support in the school environment.

The principal holds overall responsibility for leading, monitoring and responding to these procedures, ensuring that all processes are fully implemented. While the principal may nominate staff to undertake specific tasks, they retain accountability for the effective delivery of all requirements within these procedures.

PROTECT Protocols

3.1 The principal is responsible for ensuring that all staff understand and meet their obligations as mandatory reporters, including their responsibility to identify and report concerns of significant harm to Child Protection in accordance with the PROTECT protocols as outlined in the *Child Abuse Identification and Response Policy*.

3.2 Staff must make a report to Child Protection where they form a reasonable belief that the actions of parents and carers of a student with identified health support needs are posing a risk of significant harm to the student, including situations where they fail to:

- act on diagnoses or provide adequate care for the child
- provide relevant medical information about their child's personal care needs
- act on a request from the school to provide authorised medical advice.

3.3 Failure to comply with these standards, including failing to seek and/or adhere to appropriate treatment, must be reported by any staff member who becomes aware of the matter, in accordance with the *Child Abuse Identification and Response Policy* and the *Reportable Conduct Policy*.

3.4 Where staff have concerns about a student's wellbeing but do not believe the student is at risk of significant harm or that their immediate safety is compromised, a referral to The Orange Door may be appropriate.

3. Identification of personal care support needs

Enrolment and new diagnosis

4.1 During the enrolment process or when the school is notified of a new personal care support need (including any matters under review or where no formal diagnosis exists), parents and carers must provide the school with detailed information in writing about their child's personal care needs. This information may be provided in the format of reports from parents and carers and observations from school staff. Where the student has a diagnosed medical condition, this information must be signed and/or authorised by a registered health practitioner recognised by the Australian Health Practitioner Regulation Agency (Ahpra) or another relevant professional registration body (e.g. continence specialist, speech pathologist, occupational therapist) and provided in any of the following formats:

- a medical letter
- diagnostic reports
- a condition-specific management or action plan
- other relevant personal care documentation

the Personal Care Advice Template (PCAT) See Section 12 *Communication* for an outline of the requirements.

4.2 When a student's enrolment record has been completed, or new information is received, the documentation must be reviewed to identify whether the student requires any personal care support in the school environment.

4.3 If it is advised or determined that a student requires personal care support in the school environment, the following steps will be completed prior to the student attending school:

- A *Student Health Support Plan* (SHSP) and a *Toileting and Continence Care Plan* (TCCP) (where relevant) must be developed using the information provided by the student's registered health practitioner, and in consultation with the student and their parents and carers, which will outline how the school will support their personal care needs.
- Relevant aspects of the school's operation will be considered in relation to the student's inclusion in the education program.
- Where a student requires reasonable adjustments for personal care support beyond quality differentiated teaching practice (QDTP), with consent from parents and carers, may submit a consultation request to access Student Engagement Services for support (school to refer to the *Student Engagement Unit Support Services Guide for Schools*).

4.4 If the initial information about the student's identified personal care needs provided by parents and carers is insufficient, further clarification will be sought from the student's registered health practitioner. This may include completing a PCAT (see Section 5 *Support plans and templates*) or providing detailed information that meets the requirements outlined in the PCAT.

4.5 The will ensure the enrolment records of students with identified the personal care support needs are updated.

Changes to personal care needs

4.6 Following commencement at school, parents and carers will be regularly consulted to provide any updated information about their child's personal care needs or changes to the personal care support required in the school environment (see Section 12 *Communication*).

4.7 It is the responsibility of parents and carers to provide this up-to-date information to the school in a timely manner.

4.8 Where the changes may result in the student requiring additional assistance during an emergency, it is the responsibility of the [o inform the Emergency Planning Committee (EPC) to develop or update the student's *Personal Emergency Evacuation Plan* (PEEP) as part of the school's *Emergency Management Plan* (EMP) (school to refer to *Emergency Management Plan Template* and *Emergency and Critical Incident Management Policy* for more information).

4.9 Where the changes to a student's personal care needs indicate that they no longer require personal care support, parents and carers must provide written confirmation from a registered health practitioner and note that any supporting plans will cease (see Section 12 *Communication*).

4. Support plans and templates

5.1 A support or management plan signed and/or authorised and dated by a registered health practitioner, provided by parents and carers may be used in lieu of the PCAT.

5.2 For students with identified personal care support needs who also require:

- medical-related supports, refer to the school's *Medical Management Procedures*
- medication administration, refer to the school's *Medication Administration Procedures*.

5.3 A SHSP will be developed by the school and informed by the information provided by the registered health practitioner and in consultation with the student (where appropriate), allowing for self-advocacy and voice, and their parents and carers (see Section 12 *Communication*). The SHSP outlines how the school will support the student's identified personal care needs in the school environment.

5.4 The SHSP includes advice on routine management and, where necessary, specific guidance for responding to incidents related to the student's identified personal care needs.

5.5 If the principal requires further clarification to enable the school to meet its duty of care, the school may contact the registered health practitioner to seek further clarification.

5.6 If the principal is unable to immediately implement the advice of the registered health practitioner (e.g. awaiting professional training, updating facilities, employing specialist staff, upskilling current staff, etc.), the following considerations may be made:

- communicate with the authorising health practitioner and explore alternative approaches
- implement a time-limited interim SHSP or PCAT to address immediate personal care support needs (see *Interim support* section for more information)
- seek advice or support from relevant organisations and foundations to discuss how to meet the personal care needs
- document a risk mitigation plan for addressing any identified risks.

5.8 To ensure ongoing compliance with duty of care obligations and legislative requirements (see *Changes to personal care needs* section), the SHSP, PCAT or documentation provided by the registered health practitioner will be reviewed and updated as required, and at least:

- annually (e.g. recorded in the Program Support Group (PSG) meeting minutes) or as indicated in the PCAT
- when the parent or carer notifies the school in writing of changes to their child's personal care needs
- following an incident or where changes are required to maintain compliance with duty of care obligations or legislation.

5.9 Where no changes are identified following a review of the SHSP or PCAT, this outcome is documented (such as within the documents, PSG notes, enrolment record, etc.).

5.10 Following an update to, or cessation of, a student's personal care support need, all relevant plans and records are promptly updated, including but not limited to:

- Medication Authority Form (MAF)
- Medical Advice Template (MAT)
- PCAT
- PEEP
- Personal Learning Plan (PLP)
- Student Behaviour Support Plan
- SHSP
- Student Safety Plan.

Interim support

5.11 A short-term interim SHSP and/or PCAT or TCCP (where relevant) may be implemented while awaiting confirmation of student diagnoses, staff training and/or advice from a registered health practitioner.

5.12 The interim arrangements will be documented and developed in consultation with the student and their parents and carers and, where possible, with advice from a registered health practitioner or relevant support organisations/foundations (see Section 12 *Communication*).

5.13 The interim SHSP, PCAT and TCCP (where relevant) must be kept on the student's enrolment record.

5.14 Interim arrangements are reviewed and updated as soon as required documentation is provided.

Location of plans, templates and other related documentation

5.15 Communicate to staff, including CRTs, contractors and volunteers and relevant third-party providers, where relevant, the details of the location of student personal care information and relevant documentation (i.e. SHSP, MAF, MAT, PCAT, etc.) within the school environment.

Student register

5.16 We will ensure a register of all identified personal care needs of students and the management of these needs is updated and maintained by all relevant staff.

5.17 The register will be stored in a location for relevant staff to access and this will be communicated to all relevant staff.

6. Assessment and training

Risk assessments

6.1 A risk assessment will be undertaken to determine:

- the nature and complexity of the personal care support required
- potential risks to the student and to school staff
- whether specialised skills, equipment or manual handling are required.

6.2 Prior to completing a risk assessment, the school is responsible for:

- consulting with the student (where appropriate), relevant school staff, parents and carers, and external professionals as required
- considering risks and obligations relating to the Child Safe Standards, Ministerial Order 1359, occupational health and safety requirements, disability discrimination and education standards, and the school's duty of care obligations
- considering any factors that may increase a student's vulnerability, including age, cognitive ability, mobility, disability, cultural background or language background other than English.

6.3 Outcomes of the risk assessment inform the following decisions:

- the appropriate school staff to provide personal care support

- whether staff training is required
- the type and level of training required
- whether external or specialist training providers are required.

6.4 An individual risk assessment is conducted for specific activities, including incursions, excursions, camps and travel, as well as workplace learning, in accordance with the *Excursions, Camps and Travel Policy*.

6.5 All risk assessments are undertaken and managed in accordance with the *Risk Management Policy* and, where applicable, the *Excursions, Camps and Travel Policy*.

Environmental assessments

6.6 A school environmental assessment is conducted by an appropriately qualified registered health practitioner where a student has identified personal care needs that impact their access to school facilities or environments.

6.7 Where a student has a vision impairment identified by an ophthalmologist, resulting in low vision and the student being regarded as blind or partially sighted, a school environmental assessment is conducted by a qualified orientation and mobility specialist.

6.8 To access an environmental assessment, where appropriate:

- apply through the Victorian Catholic Education Authority (VCEA) Therapy and Equipment Program
- submit a consultation request to access Student Engagement Services
- submit a VCEA *Orientation and Mobility Assessment Services Referral Form*.

6.9 Applications are required to meet the eligibility criteria and follow the processes outlined in the:

- *VCEA Therapy and Equipment Guidelines*
- VCEA *Orientation and Mobility Assessment Services Referral Form*
- *Student Engagement Unit Support Services Guide for Schools*.

6.10 Findings and recommendations from the environmental assessment are considered by the to manage physical, environmental and organisational factors within the school setting, and to inform reasonable adjustments that support the student's access, participation, wellbeing and safety, while minimising risk to both the student and school staff.

6.11 Funding allocation through the *Nationally Consistent Collection of Data on School Students with Disability* (NCCD) is not to be used for capital works, building projects or permanent infrastructure improvements (school to refer to *VCEA Advice to School Principals on Use of NCCD Funds* on the CEVN website).

Specialist equipment

6.12 Specialist equipment may be required to support a student with identified personal care, medical, hearing, vision or mobility needs. Any required specialist equipment must be informed by appropriate assessment and recommendations provided by registered health practitioners or specialist educators with expertise in deaf and hard of hearing education and vision impairment.

6.13 To access support for specialist equipment requests, will, where appropriate:

- apply through the VCEA Therapy and Equipment Program
- submit a consultation request to access Student Engagement Services.

6.14 The school's funding allocation through the NCCD may be used to purchase specialised equipment, assistive technology, software programs or braille resources (school to refer to *VCEA Advice to School Principals on Use of NCCD Funds* on the CEVN website).

Selection of staff to provide personal care support

6.15 Appropriate and suitable staff must be selected to support students with personal care needs.

6.16 In determining suitable staff, the following considerations apply:

- the staff member's role and capacity to undertake the required duties
- the staff member's ability to uphold student dignity, privacy and safety

- the staff member's suitability to work closely with students in a care role
- continuity of care, reliability and staff availability.

6.17 Where a parent or carer is also an employee of the school, they should not be assigned to provide personal care support for their own child enrolled at the school, due to the potential conflicts of interest and the need to maintain professional boundaries and safeguard student wellbeing.

- In exceptional circumstances, an alternative arrangement may be approved by the principal, e.g. where the school has a small staff cohort and no reasonable alternative is available. Any such approval is supported by a documented risk assessment, clearly identified safeguards, defined supervision arrangements and ongoing monitoring.

6.18 Wherever practicable, more than one staff member is trained to support personal care needs, to ensure continuity of care and minimise disruption to teaching and learning.

Staff training for personal care support

6.19 Specialised training may be required by staff to support students with identified complex care needs to ensure continuity of education. The principal ensures that:

- staff receive training delivered by an appropriate and authorised provider, are assessed as competent and are appropriately supported to meet the identified personal care needs of students
- training is aligned to individual student needs and provided in accordance with current medical advice, infection prevention and control standards, and includes emergency response procedures and medication administration, where required
- staff understand and uphold their non-delegable duty of care and the school's responsibility to ensure student safety, wellbeing and dignity at all times.

6.20 Specialised training primarily refers to instruction delivered by a qualified, registered health practitioner to relevant staff supporting students with ongoing, complex care needs and who require assistance with specialised health support procedures including but not limited to tube feeding, tracheostomy care, catheterisation, suctioning or oxygen therapy.

6.21 Where appropriate, specialist training for staff may be accessed through the Royal Children's Hospital (RCH) Schoolcare Program. The Business Manager is responsible for:

- submitting a RCH Schoolcare Program Referral on an annual basis
- submitting a consultation request to access Student Engagement Services.

6.22 Applications are required to meet the eligibility criteria and follow the processes outlined in the VCEA RCH Schoolcare Program Referral Form and the *Student Engagement Unit Support Services Guide for Schools*.

6.23 Staff training, competency assessment and authorisation requirements under this section are intended to ensure personal care support is provided in accordance with the school's duty of care, Child Safe Standards and safe supervision requirements, as outlined below under *Safe supervision*.

Safe supervision

6.24 When personal care support is provided, appropriate line-of-sight arrangements must be in place. Line-of-sight refers to supervision arrangements that allow adults to see or hear students as far as practicable, minimise isolation and ensure staff are not alone with students while personal care is being provided. These arrangements must:

- protect the student's privacy and dignity
- maintain child safety and reduce the risk of harm, allegations or boundary crossings
- ensure staff are not isolated when providing personal care support.

6.25 Line-of-sight supervision arrangements are discussed and agreed upon within a PSG with regard to the student's individual needs, the nature of the personal care being provided, environmental factors, and relevant risk assessment outcomes (see Section 12 *Communication*). Arrangements may include:

- the use of partially open doors where appropriate

- proximity to other staff or supervised areas
- agreed supervision arrangements documented in the SHSP and, where relevant, the TCCP.

6.26 Line-of-sight supervision arrangements are:

- documented in relevant records, including risk assessments, the SHSP and TCCP (where applicable)
- clearly communicated to and understood by all staff providing personal care support, including contractors and volunteers, through established school communication processes
- reviewed regularly, and whenever there are changes to the student's personal care needs, the environment or staffing arrangements.

6.27 Line-of-sight supervision arrangements are maintained even where two staff are providing direct personal care support, provided appropriate visibility and/or audibility is ensured.

6.28 Personal care support is never to be provided in a manner that compromises child safety standards, duty of care obligations or professional boundaries.

7. Toileting, menstruation and personal hygiene

Levels of support

7.1 The level of support required for toileting, menstruation and personal hygiene is determined in consultation the College Leadership Team. Support is considered along a continuum, with the lowest level selected that safely and appropriately meets the student's individual needs while promoting dignity, independence, participation and wellbeing.

7.2 Staff must not initiate unnecessary physical contact with a student or provide support beyond what is required for the agreed level of support. Staff must not perform tasks of a personal nature that a student can reasonably undertake independently, where it is safe and appropriate to do so.

7.3 Levels of support include, but are not limited to:

- Independent: the student manages toileting, menstruation and personal hygiene independently, and may require adjustments only, such as priority toilet access or flexible timing.
- Prompting or supervision: the student requires verbal reminders, visual cues, time-based prompts and/or supervision to ensure hygiene tasks are completed appropriately.
- Partial assistance: the student requires assistance with specific elements of care only (e.g. positioning, managing clothing or accessing hygiene products).
- Full assistance: school staff provide active assistance for most or all aspects of personal care.

7.4 Where menstruation support is required, arrangements are respectful of privacy, dignity and cultural sensitivity, and are appropriate to the student's age, developmental stage and level of independence.

7.5 The agreed level of support is discussed, documented and reviewed through the PSG, informed by the PCAT where applicable and other supporting documentation (see Section 12 *Communication*). Arrangements are documented in the SHSP and TCCP, including but not limited to:

- the agreed level of support
- roles and responsibilities of staff
- equipment, hygiene and infection prevention requirements
- the identified bathroom and/or change facility location to be used, including any access arrangements
- privacy, dignity and cultural considerations.

7.6 Where partial or full assistance is required, the level of support is informed by relevant risk assessments. Where manual handling is required, staff may provide support only where they have completed relevant manual handling training, are formally authorised by the principal, and

provide support in accordance with safety and supervision requirements (refer to the *Assessment and training* and *Safe supervision* sections). Support with dressing and personal hygiene is not a separate or standalone training requirement under this procedure, and is addressed through relevant manual handling, condition-specific training and/or student-specific instruction, as articulated in the student's TCCP.

7.7 Where toileting, menstruation or personal hygiene support requires two staff members to actively assist (e.g. due to manual handling or safety requirements), supervision arrangements continue to maintain line-of-sight in accordance with the *Safe supervision* section of these procedures. This may be achieved through staff positioning, environmental design or proximity to other staff or supervised areas, while preserving the student's privacy and dignity.

7.8 As a general principle, where physical assistance is required, arrangements involving two staff members are implemented wherever reasonably practicable to safeguard student wellbeing, child safety and staff protection, recognising the inherent child safety and reportable conduct risks associated with one-to-one personal care for both students and staff.

7.9 Only in exceptional circumstances may the PSG determine that one staff member is sufficient to provide toileting, menstruation or personal hygiene support, where all of the following conditions are met:

- the student is of an appropriate age and developmental stage, as evidenced by functional independence, cognitive capacity, understanding of personal boundaries, emotional and behavioural regulation, and assessed child safety and supervision risks, rather than chronological age alone
- the student completes the majority of toileting, menstruation or personal hygiene tasks independently
- the student demonstrates a clear understanding of personal boundaries and appropriate behaviours
- risk assessment outcomes confirm that the arrangement does not compromise child safety or duty of care
- the arrangement is authorised by the principal
- appropriate line-of-sight supervision is maintained in accordance with the *Safe supervision* section.

Any such determination is clearly justified, documented in the SHSP and TCCP and reviewed regularly.

7.10 Whenever toileting or continence care support is provided, relevant staff record the support in the *Toileting and Continence Care Log* or the school's *First Aid Register*, including (where applicable):

- day, date, time and location of support
- staff members involved
- whether the student requested to use the toilet or be changed
- whether there was urine output and/or bowel action
- whether a change of clothing was required
- relevant observations or additional comments related to the support provided.

7.11 Where a toileting or continence incident results in contamination of school environments, including floors, furniture, equipment or other surfaces, the incident must be managed in accordance with the *Hazards and Risk Management* guidance on the CEVN website. Please include any adjustments required in the student's TCCP.

Persistent or ongoing continence difficulties

7.12 Where a student experiences persistent or ongoing continence difficulties, including regular soiling or constipation, and medical advice has not been obtained, is unclear or outdated, the parents and carers are required to seek appropriate medical advice from a registered health practitioner regarding the possible causes and management (see Section 12 *Communication*).

7.13 Concerns and discussions with parents and carers are documented appropriately.

7.14 Where a principal or staff member forms a reasonable belief that a student has suffered, or is at risk of significant harm, including abuse, neglect or medical neglect, they must act in

accordance with Victorian mandatory reporting, child safety and information sharing requirements under the PROTECT protocols (refer to the *PROTECT Protocols* section).

7.15 Where relevant personal care information is not yet available and it would be unreasonable to delay attendance, a short-term interim TCCP is developed by the Leadership Team. Any short-term interim arrangements are reviewed and updated as soon as the required documentation is provided.

7.16 Where an underlying medical condition has been ruled out but continence care needs persist, the TCCP is reviewed and updated in response to the student's ongoing individual needs.

Products and waste management

7.17 Parents and carers are responsible for supplying appropriate continence products (including nappies, pull-ups, continence aids and spare clothing) and/or menstruation products in sufficient quantity to meet their child's identified needs (see Section 12 *Communication*). This requirement supports appropriate infection prevention and control, hygiene and the protection of student dignity, health and wellbeing.

7.18 Continence waste is managed in accordance with infection prevention and control and occupational health and safety requirements, including engagement of an approved nappy or clinical waste disposal service where required (school to refer to the *VCEA Therapy and Equipment Guidelines* on the CEVN website for eligibility criteria and application requirements for specialised equipment requests).

8. Mobility, transfers and positioning

Supporting mobility, transfers and positioning

8.1 Where a student requires support with mobility, transfers or positioning, support is provided in accordance with the *Health, Safety and Wellbeing Policy*, to minimise risk and protect the safety, dignity and wellbeing of students and staff.

8.2 Prior to staff providing mobility, transfers or positioning support, the following must be ensured:

- relevant risk assessments have been completed (see the *Risk assessments* section)
- environmental assessments (see the *Environment assessments* section) or adjustments are undertaken where required
- support arrangements are informed by appropriate medical or allied health advice, where applicable.

8.3 Where mobility, transfers or positioning support requires specialist techniques or equipment, appropriate specialist equipment is identified and accessed in accordance with the *Specialist equipment* section and used only in line with advice from a relevant registered health practitioner.

8.4 Where manual handling is required, staff provide mobility, transfers or positioning support only where they have completed relevant manual handling or task-specific training. See the *Staff training for personal care support* section.

8.5 Mobility, transfer and positioning arrangements are documented in the SHSP, reviewed through the PSG and implemented in accordance with the *Safe supervision* section.

8.6 Unsafe manual handling practices are not undertaken. This includes any actions that place a student or staff member at risk of injury, discomfort or compromised safety due to inappropriate techniques, inadequate equipment, insufficient training or support, or failure to follow risk assessments, prescribed procedures, or staff training and authorisation requirements. Where risks cannot be adequately managed, support arrangements are reviewed and further professional advice is sought from a relevant registered health practitioner.

9. Eating and drinking assistance

Supporting oral eating and drinking

9.1 Where a student requires support with oral eating and/or drinking due to medical, developmental or functional needs, parents and carers are required to provide an oral eating

and drinking plan (or PCAT) completed by a qualified speech pathologist or a registered health practitioner.

9.2 An oral eating and drinking plan may outline:

- recommended food and fluid textures or required modifications
- positioning and supervision requirements
- pacing, prompting or assistance needs
- environmental considerations
- strategies to reduce the risk of choking or aspiration.

9.3 The SHSP is developed or updated to reflect the requirements of the oral eating and drinking plan and in accordance with the *Assessment and training* and *Safe supervision* sections.

9.4 Training in responding to choking or airway obstruction must be current and forms part of the school's First Aid training requirements. Choking response training is not a separate or standalone training requirement under this procedure.

Eating disorders

9.5 Where a student has a diagnosed eating disorder, the principal and school staff will provide a safe, inclusive and supportive learning environment at school. Clinical assessment, management and treatment remain the responsibility of external health professionals. Support for students with a diagnosed eating disorder is different to oral eating and drinking support.

9.6 Where a student has a diagnosed eating disorder, or where concerns about disordered eating behaviours are identified, supports prioritised by the school are student health, safety, emotional wellbeing, engagement and participation, rather than food consumption, and are implemented in accordance with the *Assessment and training* and *Safe supervision* sections.

9.7 School staff adopt a supportive and non-judgmental approach when responding to eating-related concerns and follow the student's medical or mental health professional's advice.

9.8 Staff do not:

- initiate direct referrals to health services without consent from parents and carers, as parents and carers remain responsible for seeking medical or specialist support
- develop, manage or implement eating and drinking plans; schools can support a care plan within their resources but are not expected to enforce a care plan, pressure, coerce or negotiate food intake, or monitor, enforce or supervise eating. It is not the responsibility of school staff to supervise eating
- use reward-based or punitive approaches related to food
- assume responsibility for treatment, recovery or meal completion.

9.9 Staff do:

- adopt a supportive and non-judgemental approach when responding to concerns about eating behaviours and will follow medical or mental health advice relating to the student
- ensure clear communication with students, parents and carers and support services about the reasonable adjustments and level of support they can provide
- where relevant, take part in care plan meetings, particularly around aspects that are relevant to the school experience
- be aware of immediate risk and act accordingly, noting that schools are not expected or able to assess medical or psychiatric need
- undertake professional development relevant to their role that supports their ability to support any student with disordered eating
- act in accordance with duty of care, Child Safe Standards and mandatory reporting, and information-sharing obligations, including referral to external services where required, where concerns indicate a risk to student health or safety.

10. Excursions, camps and travel

Considerations for excursions, camps and travel

10.1 Where a student with identified personal care support needs is participating in an excursion, camp or travel activity, the oversees that the activity is planned and implemented in accordance with the *Excursions, Camps and Travel Policy* and associated procedures.

10.2 Planning for excursions, camps or travel is undertaken well in advance and includes consideration of any personal care support needs that may differ from those required during a typical school day, including but not limited to:

- toileting, continence care, showering and personal hygiene
- eating, drinking and dietary support
- overnight supervision, sleeping arrangements and privacy considerations.

10.3 Where required, parents and carers provide updated documentation relevant to the specific excursion, camp or travel activity (see Section 12 *Communication*). The student's SHSP and TCCP (where relevant) are reviewed and amended to reflect off-site and overnight arrangements.

10.4 We will ensure that appropriate risk assessments are undertaken for excursions, camps or travel involving students with personal care support needs, including consideration of:

- staff and supervision arrangements
- environmental factors
- required equipment
- emergency response and contingency planning.

10.5 The principal retains overall duty of care for students at all times during excursions, camps and travel, including overnight activities, and ensures that:

- supervision and staffing arrangements align with the student's identified needs
- staff are appropriately trained and authorised to provide required support
- child safety, dignity, wellbeing and participation are prioritised in all settings.

11. National Disability Insurance Scheme (NDIS) and external providers

Requests for access from NDIS-funded or external providers

11.1 Requests for NDIS-funded or other external providers to deliver personal care support or training in the school environment must be made by parents or carers. Requests made directly by external providers, without parents or carers consent are not to be considered (school to refer to guidelines governing requests for external provider access to schools, including those issued and updated from time to time by MACS and/or VCEA).

11.2 The principal cannot approve NDIS-funded or external providers to deliver services that constitute reasonable adjustments that the school is legally required to provide as part of its duty of care and obligations under anti-discrimination legislation.

11.3 Any external provider approved to access school premises must operate under the direct line-of-sight supervision of a VIT-registered teacher at all times.

11.4 The principal may approve, review, limit or withdraw access for external providers where arrangements:

- no longer meet the student's needs
- pose child safety or occupational health and safety risks
- negatively impact staff, students or school operations.

12. Communication

Consultation

12.1 A PSG must be established comprising key stakeholders, including the student (where appropriate), parents and carers, relevant school staff and external professionals as required.

12.2 The PSG is responsible for establishing shared goals, planning and documenting reasonable adjustments across relevant plans (including SHSP, PLP, PCAT and TCCP, where relevant, etc.), facilitating consultation and collaboration with the student and parents and carers, monitoring student progress, and reviewing and adjusting supports as required. (See *VCEA Program Support Group Meeting Guidelines* on CEVN).

Parents and carers responsibilities

12.3 Parents and carers are responsible for providing accurate and current information in writing about their child's personal care support needs. Updates are required when:

- their child is participating in off-site activities (e.g. excursions, camps and travel, including international travel) in accordance with the *Excursions, Camps and Travel Policy – MACS Schools*
- there are changes to their child's personal care support needs.

12.4 All updates must be submitted via the school's approved communication method:

School notifications to parents and carers

12.5 Parents and carers must be notified, as appropriate, when:

- their child is participating in off-site activities, including excursions, camps and travel (including international travel) or education and training programs delivered by third-party providers, e.g. workplace learning or Vocational Education and Training (VET)
- changes occur to their child's personal care support needs (due to factors such as age, developmental stage, level of independence or height or weight), requiring a review of manual handling procedures and consideration of specialised equipment
- safety concerns or risks are identified that may impact the wellbeing of their child or staff, requiring review or adjustment of supports or procedures.

School communication responsibilities

12.6 The school must establish and maintain clear communication processes for communicating these procedures to:

- staff, including Casual Relief Teachers (CRT)
- students
- parents and carers
- volunteers, contractors and third-party providers (e.g. external or NDIS providers)
- the broader school community.

12.7 Communication processes must support safe and consistent practice by ensuring that:

- roles and responsibilities are clearly defined
- relevant information about students' personal care support requirements is shared with authorised staff and third-party providers, where required
- personal care support requirements are reviewed before off-site activities, special events and programs delivered by third-party providers
- communication with parents and carers is timely
- procedures are incorporated into enrolment, staff induction, staff briefings and relevant school planning processes
- information is reviewed through PSG processes
- awareness is promoted across the school community through appropriate channels, such as newsletters, website and information sessions.

12.8 A structured approach to communication must be implemented and documented through a school-based communication plan using the *Student Health Support Communication Plan* template or local procedures (detailed at 12.10 below).

12.9 The is/are responsible for communication associated with these procedures at our school.

Publication and accessibility

12.11 These procedures must be made accessible to the school community via the following methods:

- inclusion in staff induction processes
- publication on the school website

13. Privacy and information management

13.1 All information relating to the identified personal care needs of students and the management of these needs must be collected, used, stored and disclosed in accordance with the *Privacy Policy* and *Privacy Collection Notice – Students and Parents*.

13.2 Information will be managed in a way that protects student privacy, confidentiality and wellbeing and is only accessible to authorised personnel.

13.3 Access to information is limited to authorised staff and provided in accordance with privacy requirements.

14. Definitions

Definitions of standard terms used in these procedures can be found in the Glossary of Terms.

Complex care

Complex care may require school staff to undertake specialised training to safely support a student's identified health support needs. These needs go beyond what can be managed through basic first aid and may involve staff providing:

- tracheostomy care
- seizure management
- medication administered by injection or rectal suppository
- suctioning
- tube feeding
- other specialised medical procedures.

Health support need

The overarching term used to describe students identified health support needs including medical or health conditions, complex medical needs and personal care requirements.

Manual handling

Manual handling in the context of supporting a student's mobility, transferring, or positioning refers to any activity that requires a staff member to use physical effort to assist a student to move, change position, or maintain a posture, either partially or fully.

This includes, but is not limited to:

- helping a student move from one place to another (e.g. wheelchair to chair, floor to standing)
- supporting a student to change position (e.g. sitting to standing, lying to sitting)
- repositioning a student to ensure comfort, safety, or therapeutic alignment
- assisting with mobility using aids or equipment.

All manual handling tasks must be carried out in accordance with documented advice and instructions provided by a qualified registered health practitioner (e.g. occupational therapist or physiotherapist).

This advice would typically outline:

- safest handling techniques
- level of assistance required
- use of mobility aids or mechanical equipment
- strategies to minimise risk of injury to both the student and staff.

Manual handling support is designed to promote the student's safety, dignity, functional independence where possible, and wellbeing, while also ensuring compliance with workplace health and safety requirements.

Medication Authority Form (MAF)

The Medication Authority Form (MAF) supports the principal and school staff to understand why medication is required, how and when it should be administered, and the arrangements for the safe storage and return of unused medication. This form must be completed for all medication administered to a student in the school environment, including both prescription and non-prescription (e.g. paracetamol, ibuprofen or hay fever medication) medication.

Medical Advice Template

The Medical Advice Template (MAT) is used to document information provided by the parent or carer of a student with an identified medical condition and/or who requires medical-related support. The template should outline the student's current diagnosis, prescribed and non-prescribed medication and the actions the school must take to support ongoing care, including how to respond if symptoms emerge or escalate. The MAT must be signed by the registered health practitioner providing the advice. If medication is to be administered in the school environment, a completed MAF must be submitted with the MAT.

Personal care support

Personal care support refers to assistance with daily living tasks that are typically provided by parents or carers. Students may require help with:

- toileting, menstruation and personal hygiene
- mobility, transferring and positioning
- eating and drinking.

Students may need personal care support due to:

- age
- developmental delay
- medical conditions
- short-term circumstances (e.g. wearing a plaster cast)
- long-term circumstances (e.g. complex medical care needs).

Registered health practitioner

Describes a person who is registered with the Ahpra or another relevant professional registration body and who practices within the scope of their professional registration.

Signed and/or authorised

Signed and/or authorised medical documentation refers to documents provided by a health practitioner that confirm the validity of their content:

> **Signed**: For documents requiring a signature, the practitioner has physically or electronically signed the document to confirm they prepared or endorsed it.
>
> **Authorised**: The document is issued by a suitably qualified and recognised practitioner and includes sufficient details (e.g. name, registration or provider number, or letterhead) to meet relevant policy requirements and verify its acceptance for its intended purpose.

Student Health Support Plan

The Student Health Support Plan (SHSP) is informed by the information provided regarding the student's identified health support needs, e.g. authorised letter, condition-specific action plan, MAT or Personal Care Advice Template (PCAT). It must be developed by the school in consultation with the student (where appropriate) and the student's parents and carers to ensure that practices and procedures are in place to facilitate access and participation in the school environment.

15. Related policies and documents

Supporting documents

Medical Advice Template
Medical Management Procedures
Medication Administration Procedures
Medication Authority Form
Personal Care Advice Template
Student Health Support Communication Plan
Student Health Support Plan
Student Health Support Policy
Toileting and Continence Care Log
Toileting and Continence Care Plan
- including Appendix 1: Toileting and Continence Care Skill Development

Related MACS policies and documents

Anaphylaxis Management Policy for MACS Schools
Child Abuse Identification and Response Policy
Child Safety and Wellbeing Policy
Conflict of Interest Policy
Enrolment Policy for MACS Schools
Excursions, Camps and Travel Policy – MACS Schools
First Aid Policy for MACS Schools
MACS Checklist for Consultation Requests
MACS Consultation Request Process
MACS Consultation Request Guide for Parents
MACS Student Engagement Unit Support Services Guide for Schools
Privacy Policy
Privacy Collection Notice – Parents and Carers
Reportable Conduct Policy
Risk Management Checklist for Off-site Activities
Risk Management Policy
Supervision Policy for MACS Schools

Resources (external to MACS)

VCEA Advice to School Principals on Use of NCCD Funds
VCEA Orientation and Mobility Assessment Services Referral Form
VCEA Parent Guide to Program Support Groups
VCEA Program Support Group Meeting Guidelines
VCEA Therapy and Equipment Guidelines
VCEA Schoolcare Program Referral Form

16. Legislation and standards

Australian Education Act 2013 (Cth)
Australian Education Regulations 2013 (Cth)
Children, Youth and Families Act 2005 (Vic)
Child Wellbeing and Safety Act 2005 (Vic)
Crimes Act 1958 (Vic)
Disability Discrimination Act 1992 (Cth)
Disability Standards for Education 2005 (Cth)
Education and Training Reform Act 2006 (Vic)
Education and Training Reform Regulations 2017 (Vic)
Equal Opportunity Act 2010 (Vic)
Health Records Act 2001 (Vic)
Ministerial Order 706 – *Anaphylaxis Management in Victorian Schools*
Ministerial Order 1359 – *Implementing the Child Safe Standards – Managing the Risk of Child Abuse in Schools and School Boarding Premises*
Occupational Health and Safety Act 2014 (Vic)
Privacy Act 1988 (Cth)

Public Records Act 1973 (Vic)
Victorian Institute of Teaching (VIT) Code of Conduct
Victorian Registration and Qualifications Authority (VRQA) Guidelines to the Minimum Standards and Requirements for School Registration (2022)
Worker Screening Act 2020 (Vic)
Work Health and Safety Act 2011 (Cth)

Policy information table

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