St Johns Regional College Student Health Support Plan

Template for schools

Melbourne Archdiocese Catholic Schools

When this plan is required

A *Student Health Support Plan* (SHSP) is completed when it is determined that a student requires supports or adjustments in the school environment due to an identified health support need, in accordance with the *Student Health Support Policy*. The SHSP outlines how the school will respond to and support the student's identified needs, based on documented information and/or a *Medical Advice Template* (MAT) or *Personal Care Advice Template* (PCAT) endorsed by the student's registered health practitioner and attached to this plan.

A SHSP is **not required** for students:

- **who do not require** supports or adjustments in the school environment due to their identified health support need(s), or
- **where the principal determines that their health support needs are adequately supported through their condition-specific management or action plans** for anaphylaxis, asthma, diabetes or epilepsy.

If the student takes medication in the school environment a *Medication Authority Form* (MAF) must also be completed and updated as outlined in the *Medication Administration Procedures*.

When this plan is reviewed

The SHSP must be reviewed and updated at least annually or earlier, on a needs basis, such as following an incident or where there are changes to a student's identified health support needs, as outlined in the *Medical Management Procedures* and *Personal Care Support Procedures*.

Privacy of information

The information provided in this form will be collected, used, stored, and disclosed in accordance with the Privacy Policy and *Standard Collection Notice – Parents and Carers*, and will be handled in a manner that protects the student's privacy, confidentiality and wellbeing. The use of student photographs on this form should be reviewed where court orders exist.

Instructions for completing this template

Please complete only the sections of this form that are relevant to the student's health support needs. To expand or collapse each section, click on the small triangle (▶) to the left of each heading. This form has the following sections:

- Section 1: Student details
  - Section 1.1: Documentation
  - Section 1.2: Circulation
- Section 2: Health support needs
- Section 3: Overall support
- Section 4: First aid and emergency
- Section 5: Complex needs support
- Section 6: Personal care support
- Section 7: Routine supervision for health-related safety
- Section 8: Other considerations
- Section 9: Risk assessment
- Section 10: Agreement/Signatures

Section 1: Student details

Student details			
Name	Click or tap here to enter text.		
Date of birth	Click or tap here to enter text.		
Year level/class	Click or tap here to enter text.		
MedicAlert Number (if applicable)	Click or tap here to enter text.		
Date form completed	Click or tap to enter a date.	**Staff member**	Click or tap here to enter text.
Review date for this form	Click or tap to enter a date.	**Staff member**	Click or tap here to enter text.
Is this an interim plan?	☐ Yes ☐ No	**End date**	Click or tap to enter a date.
Is an Interpreter required for meetings? ☐ Yes ☐ No Add details (if required) Click or tap here to enter text.		**Has cultural safety and/or cultural support been considered and offered (if relevant)?** ☐ Yes ☐ No Add details (if required) Click or tap here to enter text.	

Registered Health Practitioner details (or attach)			
Health practitioner name		Click or tap here to enter text.	
Hospital/Clinic URL (if relevant)		Click or tap here to enter text.	
Ahpra (or equivalent) registration number		Click or tap here to enter text.	
Address		Click or tap here to enter text.	
Telephone	Click or tap here to enter text.	**Email**	Click or tap here to enter text.

Parent and carer 1 contact details	Parent and carer 2 contact details
Name: Click or tap here to enter text.	Name: Click or tap here to enter text.
Relationship: Click or tap here to enter text.	Relationship: Click or tap here to enter text.
Mobile: Click or tap here to enter text.	Mobile: Click or tap here to enter text.
Other phone: Click or tap here to enter text.	Other phone: Click or tap here to enter text.
Email: Click or tap here to enter text.	Email: Click or tap here to enter text.
Address: Click or tap here to enter text.	Address: Click or tap here to enter text.

Emergency contact details (if parent or carer is not available)	
Name: Click or tap here to enter text.	Relationship: Click or tap here to enter text.
Main phone: Click or tap here to enter text.	Other phone: Click or tap here to enter text.
Email: Click or tap here to enter text.	

1.1 Documentation

Documentation attached	Format of evidence *(please check the box)*	
Medication Authority Form **(MAF)** completed for medication administered in the school environment or in response to an acute episode or an emergency	☐	Attached [Insert name of document]
	☐	Hyperlink
Signed and/or authorised Ahpra-registered practitioner letter/plan/report or signed ***Medical Advice Template*** **(MAT)**	☐	Attached [Insert name of document]
	☐	Hyperlink
Signed and/or authorised registered health practitioner letter/plan/report or signed ***Personal Care Advice Template*** **(PCAT)** for personal care support provided in the school environment	☐	Attached [Insert name of document]
	☐	Hyperlink
Other relevant authorised documentation (Please list and add rows if more documents are required)	☐	Attached [Insert name of document]
	☐	Hyperlink

1.2 Circulation of plan

Select who receives copies of this *SHSP*. Please ensure privacy and confidentiality requirements before circulation.

Circulation of SHSP		
☐ Parent or carer 1	☐ Parent or carer 2	☐ Health practitioner
☐ Staff member (please list)	☐ Allied health (please list)	☐ Other (please list)

Section 2: Student health support needs

How the school will support the student's identified health support needs		
Student's identified health support need(s): (Please list or refer to attached documentation as listed in Section 1.1)		
Does the student have any needs that may impact the management of their health support needs in the school environment?		**Describe the functional impact(s) for the student in the school environment**
☐	Cognitive	Click or tap here to enter text.
☐	Communication	Click or tap here to enter text.
☐	Sensory seeking	Click or tap here to enter text.
☐	Vision	Click or tap here to enter text.
☐	Hearing	Click or tap here to enter text.
☐	Physical	Click or tap here to enter text.
☐	Learning or behavioural needs	Click or tap here to enter text.
Does the student have mobility needs or require additional support with		☐ No

How the school will support the student's identified health support needs	
daily living tasks in the school environment? (e.g. assistance with personal hygiene, continence care, oral eating and drinking, transfers and positioning, nose-blowing, handwashing, menstruation management)	☐ Yes ☐ PCAT or other supporting documents attached. Click or tap here to enter text.
Does the student require additional support related to the wellbeing of the student? (e.g. psychological wellbeing, learning in other settings such as hospital and CAMHS programs, deteriorating health, grief and loss, palliative care, attendance support)	☐ No ☐ Yes (provide details about how the school will support the wellbeing needs of the student): Click or tap here to enter text.
Attendance/enrolment requirements (e.g. select subjects, hospital education, Virtual School, dual enrolment in specialist setting school, attendance support – refer to the Attendance Policy)	☐ No ☐ Yes (provide details or attach documentation in Section 1.1) Click or tap here to enter text.
Are there any other relevant plans that need to be considered (e.g. *Personalised Learning Plan* (PLP), *Behaviour Support Plan*)?	☐ No ☐ Yes (provide details or attach PLP in Section 1.1) Click or tap here to enter text.
Consent has been received to share information with relevant health professionals. Please note: the Child Information Sharing Scheme (CISS), the Family Violence Information Sharing Scheme (FVISS), the Family Violence Multi-Agency Risk Assessment and Management Framework (MARAM) have expanded legal permissions for professionals to share and request information from other professionals.	☐ No ☐ Yes (provide details or attach evidence) Click or tap here to enter text.

Section 3: Overall support

Below are some questions that may need to be considered when detailing the support that will be provided for the student's overall health support needs. These questions should be used as a guide only. More specific questions may be added to the table below.

What health support needs to be considered?	How will the school support the student's identified health support needs?	Person/role responsible for ensuring the support
Support during the school day (consider the regular school environment and potential offsite activities)	*For example, students with health support needs may be assigned a 'buddy' for off-site activities and provided with rest stops at potential venues.*	Click or tap here to enter text.

What health support needs to be considered?	How will the school support the student's identified health support needs?	Person/role responsible for ensuring the support
How can the recommended support be provided in the simplest manner, with minimal interruption to the education program and care support needs?	*For example, students using nebulisers can often learn to use puffers and spacers at school.*	Click or tap here to enter text.
Who should provide the support? Are additional or specialised training arrangements required; e.g. Diabetes Victoria, Epilepsy Foundation, RCH Complex Care?	*For example, the principal should conduct a risk assessment for staff and ask:* ● *Does the support fit with assigned staff duties, the scope of their position, and basic first aid training (see First Aid Policy)?* ● *Have the staff members who will provide this care and support completed any required additional training?* ● *Are there contingency provisions in place (if staff are on leave)*	Click or tap here to enter text.

Section 4: First aid and emergency

What health support needs to be considered?	How will the school support the student's identified health support needs?	Person/role responsible for ensuring the support
Does the information about the student's health support needs highlight any first aid requirements other than basic first aid?	*For example:* ● *discuss and agree on the individual first aid plan with the parent or carer* ● *ensure there are sufficient staff trained in basic first aid (see First Aid Policy).* ● *ensure that all relevant staff, including CRTs, contractors and volunteers are informed about the first aid response for the student.* Click or tap here to enter text.	Click or tap here to enter text.
Does the student require additional assistance during an emergency?	It is the responsibility of 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) (see MACS Emergency Management Plan Template and Emergency and Critical Incident Management Policy for more information)* *For example, relevant information in this document is shared with the EPC in a timely manner and the student's PEEP is updated, as needed.*	Click or tap here to enter text.

What health support needs to be considered?	How will the school support the student's identified health support needs?	Person/role responsible for ensuring the support
	Click or tap here to enter text.	

Section 5: Complex care needs support

What complex care needs to be considered?	How will the school support the student's identified complex care needs?	Person/role responsible for ensuring the support
Does the student have a complex care need?	Detail any specialised training that is required by relevant school staff to meet the student's complex care need (e.g. via RCH School care Program or other specialised health service providers). The RCH Schoolcare Program enables students with ongoing complex care needs to have their requirements met safely at school. This program is available to students who would be unable to attend school without the procedure being performed by appropriately trained staff. Following the referral process, RCH nurses will attend your school and provide specialised training to nominated school staff. Further information about the Schoolcare Program may be found in the Schoolcare Referral form at: Schoolcare Referral Form Click or tap here to enter text.	Click or tap here to enter text.

Section 6: Personal care support

What needs to be considered?	How will the school support the student's personal care support needs?	Person / role responsible for ensuring the support
Does the health support 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, menstrual care and other aspects of personal hygiene.* *Attach PCAT and/or specific plans as appropriate.* Click or tap here to enter text.	Click or tap here to enter text.

Section 7: Routine supervision for health support needs

What needs to be considered?	How will the school support the supervision of student with identified health support needs?	Person/role responsible for ensuring the support
Are there any facilities issues that need to be addressed?	*For example:* ● *Describe how the school's first aid room/sick bay and its contents meet requirements and discuss whether other requirements can be facilitated in this room to meet the student's health support needs.* ● *Describe how the school provides necessary reasonable adjustments to assist a student who requires a wheelchair or other support. Discuss requirements and possible modifications with the parent/carer/student or system contracted allied health provider.* Click or tap here to enter text.	Click or tap here to enter text.

Section 8: Other considerations

What needs to be considered?	How will the school support any other identified health support needs of the student?	Person/role responsible for ensuring the support
Are there other considerations relevant for this SHSP?	*For example, in relation to:* ● *behaviour, such as special permission to leave group activities as needed; planned, supportive peer environment.* ● *environment, such as minimising risks such as allergens or other risk factors.* ● *communication, is there a need to formally outline the communication channels between the school, family and registered health practitioner?* ● *accommodation in curriculum design and delivery and in assessment for a student in transition between home, hospital and school; a student's attendance (full-time or part-time).* Click or tap here to enter text.	Click or tap here to enter text.

Section 9: Risk assessment

This section may be completed for any additional identified risks associated with the health support needs as outlined in this document or provided by the student's registered health practitioner. If the risk is already covered by your school's risk register, you **do not need to complete this section**, however, you may wish to refer to the identified risk and existing control elsewhere in this document.

Risk title and description	Risk cause and consequence	Existing controls	Risk mitigation action (treatments)
Title *A brief, descriptive label for a specific risk or issue (e.g. student uses crutches to assist with mobility).* *Description* *A detailed explanation of the risk, including its nature and potential impacts (e.g. student using crutches may experience accessibility issues moving across the school campus).*	*Causes* *The underlying factor that triggers or leads to a risk being actualised (e.g. student using crutches and classroom located on first floor of building).* *Consequences* *The outcome or impact resulting from a risk being actualised (e.g. student may trip or fall or increased congestion on stairs may affect safe movement of all students).*	*Existing controls are for measures, risk mitigation activities, and plans already in place, e.g. policies, procedures, emergency management, medical plans, etc. (e.g. ramp access available for first floor classrooms)*	*Intended to capture those risk mitigations that are not yet in place or completed, e.g. training for staff on specific medical conditions, review accessibility, change timetabled classroom to be closer to first aid etc. (e.g. student given access to lift or timetabled classroom changed to ground floor for specified duration)*
Title Click or tap here to enter text. *Description* Click or tap here to enter text.	*Causes* Click or tap here to enter text. *Consequences* Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Section 10: Agreement/signatures

This ***SHSP*** has been developed with my knowledge and input based upon health advice received from the student's medical practitioner.

Parent and Carer details or Mature minor*		
☐ I understand that the school collects this information to plan for and support the health support needs of my child and this information will be handled in accordance with the school's Privacy Policy and *Standard Collection Notice – Parents and Carers*.		
Name of parent or carer 1/ Mature minor student:		
Signature	X_____	Date:
Name of parent or carer 2:		
Signature	X_____	Date:
Principal details		
Name of principal (or nominee):		
Signature	X_____	Date:

**Mature minor is a student who is determined by the principal to be a mature minor and who is capable of making their own decisions on a range of issues before the age of 18 years.*

Please note: *The SHSP should be reviewed and updated annually or earlier on a needs basis, such as following an incident or where changes occur to a student's identified health support needs to ensure continued compliance with duty of care obligations and legislative requirements.*

Policy information table – school facing procedure

Approval date	1 July 2026
Date of next preliminary review	July 2027
Major review required by	July 2028
Publication details	CEVN, school websites