

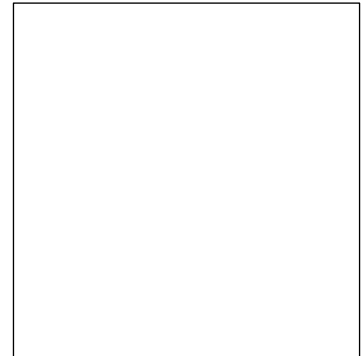


Diocesan School System Health Care Management Plan

This template identifies the detail required for a Health Care Management Plan (HCMP). Additional information and attachments will be required to meet the specific health care needs of the student.

The HCMP must address the needs of the student in the context of the school and the activities the student will be involved in. Planning must take into account the student's full range of learning and support needs.

The HCMP is developed in consultation with the parent(s), staff and student where practicable, and on the basis of information from the student's doctor, provided by the parent.



Insert photo of student

For students at risk of anaphylaxis, the student's 'ASCI Action Plan for Anaphylaxis' must be attached to form part of this HCMP as required by the [Anaphylaxis Procedures for Catholic Schools](#). The same will apply for students who suffer asthma and have an 'Asthma Plan'. Doctors determine which type of asthma plan they wish to use of the many available.

School and Suburb		Phone	
Cluster			
Student Name		Class	
Date of Birth		Student No	
Health condition(s)			
If anaphylaxis, list the confirmed allergies			
Learning and support needs of the student <i>(including learning difficulties, behaviour difficulties and other disabilities)</i>			
Impact of any of the conditions <i>(as mentioned above) on implementation of this Health Care Management Plan</i>			
Medication(s) at school			
Medication supply, storage and replacement. <i>(For anaphylaxis, this will include the EpiPen.)</i>			
Other support at school			



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Parent/Carer contacts	Parent/Carer Information (1)	
	First name	
	Surname	
	Relationship to child	
	Address	
	Home phone	
	Work phone	
	Mobile phone	
	Parent/carer Information (2)	
	First name	
	Surname	
	Relationship to child	
	Address	
	Home phone	
	Work phone	
Mobile phone		
Emergency contacts (if parent/carer unavailable)	First name	
	Surname	
	Relationship to child	
	Address	
	Home phone	
	Work phone	
	Mobile phone	
Medical practitioner / doctor contact	First name	
	Surname	
	Address	
	Phone	
	Mobile (if known)	
	Email (if known)	
	Fax (if known)	



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Emergency Care

Note: An emergency care/response plan is required if the student is diagnosed at risk of a medical emergency at school. For students at risk of anaphylaxis, the 'ASCIA Action Plan for Anaphylaxis' is the emergency response plan. For those at risk of Asthma, the 'Asthma Plan' is the emergency response plan (unless otherwise identified by a doctor). ASCIA Action Plans and Asthma Plans are obtained by the parent from the student's doctor and not developed by the school or the parent.

Emergency Service Contacts: (e.g. ambulance, local hospital, medical centre)

1. _____
2. _____
3. _____

Special medical notes

Any special medical notes relating to religion, culture or legal issues e.g. blood transfusions

Note: If the student is transferred for secondary medical attention e.g. paramedics, this information may be provided to those personnel (if practicable in the circumstances). It will be a matter for the professional judgement of the medical personnel whether to act on the information.

Documents attached

Please tick which of the following documents are attached as part of the Health Care Management Plan:

- An emergency care/response plan (for anaphylaxis this is the ASCIA Action Plan for Anaphylaxis)
- An emergency care / response plan (for asthma this is the Asthma Plan)
- A statement of the agreed responsibilities of different people involved in the student's support
- A schedule for the administration of prescribed medication including a completed 'Administration of Medication in Schools' form
- A schedule for the administration of health care procedures
- An authorisation for the doctor to provide health information to the school
- Other documents – please specify. **Note:** For anaphylaxis / asthma this should include strategies to minimise the risk of exposure to known allergens and details of communication and staff training strategies. See "Anaphylaxis Procedures for Catholic Schools" for further information.

Consultation

This HCMP has been developed as part of the learning support plan, in consultation with those indicated below and overleaf and with the knowledge and agreement of the student's parent/carer.

Information has been provided by:

- Student
 Parent/Carer
 Treating Medical Practitioner

Staff involved in plan development

1.	Phone
2.	Phone
3.	Phone
4.	Phone



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Health care personnel involved in managing the student's health at school: (E.g. community nurse, therapist)		
Name	Health care role	Phone
1.		
2.		
3.		
4.		

Plan for Review
This HCMP should be reviewed annually. If there is an allergic reaction or if the parent notifies the school that the student's health care needs have changed, the plan should be reviewed. Principals or their delegated executive staff can also instigate a review of the HCMP if issues arise requiring the need.

The student's plan will be reviewed on: _____

Parent/Carer: _____ Date: _____

Principal: _____ Date: _____

NOTES:
Information in this HCMP remains specific to meet the needs of the individual student named and should not be applied to the care of any other student with similar health and emergency care needs. All HCMPs must take into account issues of confidentiality and privacy to ensure information about the student is treated appropriately.

The Diocesan School System (DSS) is bound by the Australian Privacy Principles contained in the Commonwealth Privacy Act 1988. In relation to Health Records, the DSS is also bound by the Health Privacy Principles contained in the Health Records and Information Privacy Act 2002 NSW (Health Records Act).

If the parent does not agree to the development of a HCMP, it will still be necessary to develop one. The reference to the parent agreeing to the Plan should be deleted in these circumstances.