

Health support plan

A risk minimisation form for education, child care and community support services

CONFIDENTIAL

To be completed by the PRINCIPAL, DIRECTOR or HOME-BASED CARE PROVIDER, with the FAMILY and OTHERS as indicated below, for a child/student/client who requires individual health and personal care support in school, preschool or child care. This plan should be based on written health care advice from a health professional. It will involve risk assessment for staff in planning for the child/student/client.
This information is confidential and will be available only to supervising staff and emergency medical personnel.

Worksite name _____

Name of child/student/client _____ Date of birth _____
Family name (please print) First name (please print)

Date of this plan _____ Date for next review _____

There is a set of notes available to assist schools, preschools and childcare services to complete a health support plan for a child/student with individual physical or psychological health support needs. These notes are available on: http://www.decd.sa.gov.au/childrensservices/files/links/Notes_re_HSP_July_16_2012.doc

Care plans and other documentation such as medical reports

Does the child/student/client have any documents describing his/her health care needs? Yes No

- | | |
|---|--|
| <input type="checkbox"/> Acquired brain injury care plan | <input type="checkbox"/> Continence care plan |
| <input type="checkbox"/> Allergy/anaphylaxis care plan | <input type="checkbox"/> Oral eating and drinking care plan |
| <input type="checkbox"/> Asthma care plan | <input type="checkbox"/> Transfers and positioning care plan |
| <input type="checkbox"/> Cystic fibrosis care plan | <input type="checkbox"/> Medication authority |
| <input type="checkbox"/> Diabetes care plan | <input type="checkbox"/> General health information form |
| <input type="checkbox"/> Modified diet care plan | <input type="checkbox"/> Medical information form |
| <input type="checkbox"/> Oncology patient care plan | <input type="checkbox"/> Negotiated education plan |
| <input type="checkbox"/> Osteogenesis imperfecta care plan | <input type="checkbox"/> Behaviour management plan |
| <input type="checkbox"/> Seizure care plan | <input type="checkbox"/> |
| <input type="checkbox"/> Spina bifida and hydrocephalus care plan | <input type="checkbox"/> |

Complex/invasive health support

Does the child/student/client have complex/invasive health care needs? Yes No

(eg gastrostomy or other tube feeding; postural drainage; routine oxygen; tracheostomy care; catheter/stoma management)

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First aid

Is there any individual first aid requirement, other than a basic first aid response? Yes No

(eg in relation to asthma; anaphylaxis (including administration of prescribed adrenalin via an auto-injector); administration of prescribed intranasal midazolam for seizure management; management of anxiety)

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