

Guide to planning health support

for education and care

This guide supports education and care staff and parent/guardians to complete a [Health Support Agreement](https://www.education.sa.gov.au/sites/default/files/hsp120-health-support-agreement.docx) and [Safety and Risk Management Plan](https://www.education.sa.gov.au/sites/g/files/net691/f/hsp121-safety-risk-mgmt-plan.doc) for a child or person that has been identified as requiring support to manage their physical, personal or emotional health in education and care services.

Refer to the Department for Education Health Support Planning in Education and Care procedure for compliance requirements.

Regular and timely communication between all parties is essential to ensure the best possible outcomes for children and young people with health support needs. This must include communication with the child and young person, internal communication between education staff, and communication with the parent/guardians through all stages of health support planning.

It is important to regularly communicate and consult directly with child or young person and not make assumptions about their needs. **DO NOT** assume their needs are the same as those of others with the same condition. Recognise needs may change from day to day or month to month.

**A health support agreement should:**

* be a collaboration between the child or young person, their parent/guardian and staff at the education and care service
  + the education and care staff involved should include leadership (that can make decisions about levels of support) and staff that will be supporting the child or young person
* be developed to support the implementation of a [health care plan](https://www.education.sa.gov.au/supporting-students/health-e-safety-and-wellbeing/health-care-plans) (where available) that has been completed by a treating health professional
  + where there are multiple health care plans, only one health support agreement is required that incorporates all plans
* be developed where a child or young person or their parent/guardian identifies health support is required (with or without a health care plan completed by a treating health professional)
* be written specifically in context with an aim to have health support provided in the simplest manner, with minimal interruption to education programs, while maintaining inclusiveness, privacy and dignity
* identify how planned activities can be modified within the curriculum where the child or young person may otherwise be unable to participate due to their health support needs
* identify responsibilities to be undertaken by each person, routinely and in an emergency, including clear pathways to ensure **ongoing sustainability** to support the child or young person
* encompass all settings including classroom, excursions, camps, water activities, out of school hours care, physical activity and transport
* identify staff education and training requirements, including the requirement for any specialised training, who provides this and how this is accessed (ie online or in person)
* identify equipment and facility accommodations
* identify any additional documentation and forms required ie observation logs, medication logs, care and learning plans
* identify **agreed communication strategies** between all parties
* identify if the health supports are complex or invasive, and may require other services to provide support ie AAP/RNDCP/HEI
* identify other services that are involved ie NDIS providers, Allied Health Professionals, other funding bodies
* consider if there are any related support issues for siblings, peers, families and the wider community
* identify any cultural and language considerations
* identify processes for incident management, monitoring and review

**Completing the HSP120 Health Support Agreement**

[HSP120 Health Support Agreement](https://www.education.sa.gov.au/sites/default/files/hsp120-health-support-agreement.docx)

The Health Support Agreement can be completed electronically or printed and completed manually. When completing electronically a picture of the child can be inserted by selecting the picture icon in right hand box.

NOTE: a review date is not an expiry date – when a review date has expired, the agreement still remains valid and all parties should be encouraged to review and update the agreement at their earliest convenience.

It is important to review the Department for Education public website for specific personal care, physical health and neurodiversity information. (Refer [managing health in education and care](https://www.education.sa.gov.au/supporting-students/health-e-safety-and-wellbeing/health-support-planning/managing-health-education-and-care/health-support-services-and-programs/complex-and-invasive-health-support)). The webpages provide information on how education and care services support and provide proactive and reactive management for children and young people with health support needs; as well as additional resources and forms.

**Authorisation and agreement**

* Select each setting that has been considered when developing the health support agreement. By selecting you are indicating that the agreement can be used in each of these settings; and that any further considerations that may be required for have been included in the agreement.
* At a minimum, one staff member, leadership and a parent/guardian must be involved in the development of the agreement. It is important to include the child or young person in the development of the agreement where possible. Additional staff may also be included, ie both the child or young person’s class teacher and SSO. All people involved in the development of the agreement should be included.

**Review**

* This section may be completed where the agreement is reviewed, but no significant changes are identified.

**Care needs**

* Select each area that has been considered for the child or young person in the development of the agreement.
* If there are any other personal care, physical or mental health concerns not listed include these under ‘other’

**Care plans, action plans, management plans**

* List all care, action and/or management plans that have been completed by a treating health professional, and that have been considered in the development of the agreement.

**Medication**

* Some children and young people have medication prescribed, however this is not required to be administered during attendance at the education and care service.
* Review the settings that have been considered in developing the agreement, including OSCH, respite, excursions and camps, when asking the question ‘is medication required to be administered in an education and care service?’
* Where medication is required to be administered by education and care staff a [medication agreement](https://www.education.sa.gov.au/sites/g/files/net691/f/hsp151-medication-agreement.doc) must be completed. Where the medication is midazolam for the treatment of seizures, this must be completed on an [INM medication agreement.](https://www.education.sa.gov.au/sites/g/files/net691/f/hsp153-inm-medication-agreement.doc)
* NOTE: a medication agreement is not required where the medication is included in an ASCIA Action Plan or Asthma Care Plan completed by a treating health professional.
* Refer to the [Medication Management](https://www.education.sa.gov.au/sites/g/files/net691/f/medication-management-procedure.pdf) procedure for further information

**Health condition**

* Provide any details on health condition(s) that have been considered when developing the agreement.
* This does not have to be a diagnosed condition, this section can include where the child or young person or parent/guardian have indicated a potential health concern (ie anxiety, depression, allergies)
* NOTE: the education and care service do not need a full medical history for the child or young person, only information that is relevant to the child or young person’s attendance, learning and emotional wellbeing in the education and care service.

**Complex needs and/or invasive health support**

* Consider if the child or young person has complex or invasive health support needs. This may include support for gastrostomy, tracheostomy, oxygen administration, catheter management.
* If you are unsure if the health support is complex or invasive refer to the [complex or invasive health support](https://www.education.sa.gov.au/supporting-students/health-e-safety-and-wellbeing/health-support-planning/managing-health-education-and-care/health-support-services-and-programs/complex-and-invasive-health-support) webpage.
* If the child or young person does require complex and invasive health support a referral much be completed by the education and care service and parent/guardian to WCHN Disability Services.
* Where the child or young person is supported by the Access Assistant Program or RN Delegation of Care Program for health support in education and care services an additional health plan will be developed by the Registered Nurse, in consultation with the family and education and care service
* The AAP or RNDCP staff can assist in identification of roles and responsibilities, facility requirements, documents and health support strategies for education and care staff.

**First aid**

* Consider what the first aid requirements might be for the child or young person.
* Where any first aid is managed by a standard first aid approach this can be included in the agreement without consideration from a treating health professional.
* Where any first aid is managed differently to the standard first aid approach for that health condition an [individual first aid plan](https://myintranet.learnlink.sa.edu.au/library/document-library/form/child-and-student-support/health/individual-first-aid-plan.docx) must be completed by a treating health professional.
* Other considerations should include:
  + where there may be a delay in response from emergency services (ie when living in rural or remote areas) and actions/strategies that should be implemented in these circumstances
  + Planning with the parent/guardian and emergency services to ensure timely access to the site
* Additional training required to meet the first aid needs must be documented (ie where the child requires midazolam administration as an emergency response) including how many staff are required to be trained, and how often they require updates etc.
* Storage of any required first aid supplies ie medication or hypo kit, ensuring this is easily accessible in a timely manner in the event of an emergency incident, and that all staff are aware of the location.

**Routine supervision (for health-related safety)**

* Indicate any additional requirements for the child or young person’s supervision, considering requirements in all settings.
* Review any care plans for any known recommendations for additional supervision.
* Consider and document
  + Who is responsible for providing the support?
  + Are additional staff required to support the child or young person?
  + If any further documentation is required ie observation logs
* Is there is an agreed ‘space’ that needs to be provided ie a quiet place to recover after a seizure, an place the child or young person can go to without hesitation when feeling anxiety
* Are any facility modifications required to the education and care site? (refer [Disability access requirements at schools and preschool](https://edi.sa.edu.au/operations-and-management/property-and-facilities/property-management/facility-design-standards-and-guidelines/disability-access))
* Special requirements in relation to management of, and supervision during, meal times to prevent choking hazards (if indicated by oral eating and drinking needs) or allergies (if anaphylaxis or allergies are identified), ie
  + Child only to eat foods provided from home
  + Pre-planning for cooking lessons, science, crafts and home economics, or during fetes, party days etc
* Special considerations for communication strategies with the child or young person (ie does not like having to look at someone when they are speaking the them, requires visual aids)
* Specific and individual strategies in the context of the site should be included in the safety and risk management plan.
* Are there considerations where the child or young person may have low immunity or autoimmune disease where they would require additional precautions and early communication with the parent/guardian in the event of an outbreak in the education and care service.
* Any special considerations for other curriculum activities ie water activities, sports days etc

**Personal care**

* Indicate any additional supports required for the child or young person’s daily personal care needs ie personal hygiene, handwashing, menstrual management, continence care, eating and drinking.
* Consider if any other documentation is required ie observation logs and/or care and learning plans.
* Where personal care needs are required the privacy, dignity and protection for the child or young person must be paramount.
* Additional training required to meet the personal care needs must be documented (ie where the staff require specialised training to use transfer and positioning equipment, additional infection control information, food preparation and feeding) including how many staff are required to be trained, and how often they require updates etc.
* Document any planned learning opportunities including increasing self-management skills and independence (care and learning plans can assist to document this).
* Personal hygiene needs including placement of soap dispensers, mirrors and disposal systems; and facilities for washing and changing clothing if required
* What additional equipment or personal supplies will be provided by the parent/guardian (ie change of clothes)
* The agreed approach where the site is unable to support the child or young person’s personal care needs (ie when have been provided with one additional change of clothing, however the child requires changing again)
* Storage of personal care equipment and products
* Whose responsibility is it to provide the personal care supports and equipment; ie may be sourced from the Special Education Resource Unit (<http://web.seru.sa.edu.au/>)
* Are any facility modifications required to the education and care site? (refer [Disability access requirements at schools and preschool](https://edi.sa.edu.au/operations-and-management/property-and-facilities/property-management/facility-design-standards-and-guidelines/disability-access))

**Cultural and language**

* All health support planning must be culturally relevant for the child and young person.
* Identify and document any cultural or language needs
* Consider the political, cultural, spiritual, emotional, environmental, structural, economic and biological factors impacting on the wellbeing of the child or young person.
* The use of interpreters or translators should be considered (including if this is required for parent/guardians to be engaged, and understand the content)
* When developing for Aboriginal children and young people include what language group(s) they belong to
* Additional support and input may be required from Aboriginal Community Education Officers (ACEOs) or Aboriginal Health Workers (AHW) or Community Liaison Officers (CLOs). (Refer [Aboriginal Education](https://edi.sa.edu.au/supporting-children/aboriginal-support/about-aboriginal-services) or [English as an additional language or dialect (EALD)](https://edi.sa.edu.au/educating/curriculum/eald)
* The [Preschool Bilingual program](https://edi.sa.edu.au/educating/curriculum/eald/support-for-students-and-families/preschool-bilingual-program) may be able to assist preschools to access interpreter services to support children and their families from culturally and linguistically diverse backgrounds

**Other considerations**

* Are there any other supports that are required to be implemented related to the learning and/or wellbeing of the child or young person? This may include monitoring psychological wellbeing, remaining connected to the education and care service during long periods of hospitalisation or rehabilitation (link with Hospital School SA), palliative care etc.
* Consider any additional education, information and/or training required for supporting staff.
* Consider any other educational adjustments ie
  + Individual curriculum planning
  + negotiated education plan
  + part-time attendance arrangement
  + part-time/short-term, distance education
  + flexible assessment to accommodate interrupted attendance
  + planning for physical activity, camps, excursions, laboratory work; units of work that enable academic credit for learning done within the context of participating in treatment and care.
* Supporting and understanding behaviour, including permission to leave group/class as needed; planned and supported peer environments; ‘safe person’
* Environmental accommodations: minimize risks; provision of a quiet place; special provisions for worksite invacuation and evacuation
* Communication: between education and care staff, the education and care service and family, and health professionals
* Are they any special considerations for the child or young person’s siblings or other family members?
* Are their opportunities for the child or young person to engage with a teacher or community mentor?

**Completing the HSP121 Safety and Risk Management Plan**

[HSP121 Safety and Risk Management Plan](https://www.education.sa.gov.au/sites/g/files/net691/f/hsp121-safety-risk-mgmt-plan.doc)

The safety and risk management plan is used to support and document decision making for children and young people with health support needs in education and care services.

Key risks should be considered and identified during the initial development of the health support agreement. Risks should also be identified and documented throughout implementation, monitoring and review stages of health support planning. Where new risks are identified they should be added to the plan.

Risks can be included where they relate to the child or young person, or staff.

**Describe the risk or issue**

* Provide a detailed description of the risk and who this affects ie exposure to nuts will cause anaphylaxis for the child.

**Proactive strategies to prevent or reduce occurrence**

* Document all strategies that can be used to prevent or reduce the occurrence or likelihood of that specific risk or issue occurring, this may include (but is not limited to):
  + environmental considerations
  + infrastructure/building changes
  + communication strategies (both internal with staff and peers, as well as the external school community)
  + additional resources or altering existing resources
  + education and training
  + consultation with professional bodies
  + medication management
  + consideration of school and out of school activities
  + changes to timetable and scheduling

**Reactive strategies or procedures to follow if risk/issue occurs**

* Document all strategies that can be used in the event of an occurrence of that specific risk or issue occurring, this may include (but is not limited to):
  + emergency management response
  + emergency medication administration
  + referring to specific first aid management identified in the care plan, or individual first aid plan
  + call ambulance
  + calming strategies for the child or young person