Health Support Agreement

for education and care



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | |  |
| To be developed by the education or care service in consultation with the parent or legal guardian, to identify and document individualised risk minimisation strategies, management and treatment for a child or young person with health or personal care needs to support inclusion and participation in the full curriculum at the site.  Must be accompanied by a Safety and Risk Management Plan.  This information is confidential and will be available only to relevant staff and emergency medical personnel. | | | |
| Name of child/young person: |  | | |
| DOB: |  | Review date: |  |
| Allergies: |  | | |
| Education or care service: |  | | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **AUTHORISATION AND AGREEMENT**  *(To be signed after form has been completed)* | | The following settings have been considered in the development of the Health Support Agreement and is appropriate for use in the following: | | | | |
|  | Children’s centre, preschool or school | | |  | Childcare, Out of School Hours Care | |
|  | Camps, excursions, special event, transport (incl. aquatics) | | |  | Work experience or other education placement | |
|  | Respite, accommodation | | |  | Work | |
|  | Transport | | |  | Other (specify) | |
| *Education or Care staff member(s)* | | | | | | |
| Name  Role | | | Email or  Signature | | | Date |
| Name  Role | | | Email or  Signature | | | Date |
| *Leadership* | | | | | | |
| Name  Role | | | Email or  Signature | | | Date |
| *Child or young person and parent/guardian* | | | | | | |
| I have participated in the development of, and understand, the Health Support Agreement & Safety and Risk Management Plan  I approve the release and sharing of this information to supervising staff and emergency medical staff (if required).  I understand staff may seek additional information and/or advice regarding the medical information contained in the Health Support Agreement from the Access Assistant Program (AAP) to inform duty of care. | | | | | | |
| Name of  student | | | Email or  Signature | | | Date |
| Name  Relationship to student | | | Email or  Signature | | | Date |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **HEALTH SUPPORT AGREEMENT REVIEW**  *This section may be completed where the agreement has been reviewed but there are no significant changes*  A Health Support Agreement, and Safety and Risk Management Plan, should be reviewed and updated in consultation with the parent/guardian in each of the following circumstances:   * When the care plan, action plan or health care plan has been reviewed and updated * As soon as practical after a medical emergency or incident at the children’s centre, preschool or school * Prior to the child or young person participating in an off-site activity or onsite special event | | | | |
| Date of review | Reason for review | Site representative  *(print name and initial)* | Parent/guardian  *(print name and initial)* | New Review Date  *(change at top of form)* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CARE NEEDS**  *(Identify the child or young person’s care needs that have been considered in development of Health Support Agreement)* | | | | | |
| **Personal Care** | | **Physical Health** | | **Neurodiversity** | |
|  | Continence |  | Acquired Brain Injury |  | ADHD |
|  | Head lice |  | Anaphylaxis and allergy |  | Anxiety |
|  | Infection control |  | Asthma |  | Autism Spectrum |
|  | Menstrual management |  | Cancer |  | Depression |
|  | Oral eating and drinking |  | Celebral palsy |  | Eating disorders |
|  | Personal Hygiene |  | Cystic Fibrosis |  | Emotional regulation |
|  | Transfer and positioning |  | Diabetes |  | FASD |
|  | Wound and skin care |  | Osteogenesis Imperfecta |  | Gender Diversity |
|  | |  | Palliative care |  | Self-harm and suicidality |
|  | Seizures & Epilepsy |  | |
|  | Spina bifida |
|  | Other (specify) | | | | |

|  |
| --- |
| **CARE PLANS, ACTION PLANS, MANAGEMENT PLANS**  *(Identify any documents, completed by a treating health professional, that support and advise the Health Support Agreement)* |
| (list all care/action plans) |

|  |  |  |
| --- | --- | --- |
| **MEDICATION** | | |
| Is medication required to be administered in an education or care service? | **YES** | **NO** |
| If yes, a [medication agreement](https://www.education.sa.gov.au/sites/g/files/net691/f/hsp151-medication-agreement.doc) must be completed (except if this is listed in an Asthma Care Plan, Diabetes Action and Management Plan, INM Medication Agreement or Anaphylaxis/Allergies Action Plan) | | |

|  |
| --- |
| **HEALTH CONDITION**  *(It is not necessary to provide a full medical history. Education and care staff only need to know information relevant to the child or young person’s attendance, learning and emotional wellbeing in education and care settings.)* |
| (provide details) |

|  |  |  |
| --- | --- | --- |
| **Complex needs and/or invasive health support** | | |
| Does the child / young person have complex care needs and/or require invasive health support?  *(e.g. gastrostomy, nasogastric, tracheostomy care, oxygen, catheter management, postural drainage)* | **YES** | **NO** |
| If yes, a referral to the Access Assistant Program (AAP) is required   * [*Access Assistant Program Flowchart*](http://www.wch.sa.gov.au/services/az/other/allied/disability/documents/Access_Assistant_Program_flowchart_for_preschool_school.pdf) * [*Access Assistant Program Referral*](https://www.education.sa.gov.au/sites/default/files/wchn_disability_services_referral_form.doc) | | |
| *Provide details of complex or invasive health support needs:* | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **First Aid** | | |
| Are there requirements other than standard first aid response?  *(e.g. where the child or young person has asthma but this is not managed as per standard asthma first aid)* | **YES** | **NO** |
| If yes, has an [Individual first aid plan](https://www.education.sa.gov.au/doc/hsp124-individual-first-aid-plan) been developed and provided? | **YES** | **NO** |
| *Provide details of individual first aid requirements:* | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Routine supervision (for health-related safety)** | | |
| Are there any known recommendations for additional supervision for health related safety of the child /young person)?  *(e.g. a medication agreement for administration during times when the child/young person is in the care of staff; strategies for allergy management; diabetes monitoring; identified risk of self-harm or a diagnosed mental health disorder including anxiety or symptoms that interfere with participation; illness-related problems)* | **YES** | **NO** |
| *Provide details of supervision requirements:* | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Personal Care** | | |
| Are there requirements for additional support with or supervision during, daily personal care tasks?  *(e.g. nose-blowing, handwashing, menstruation management, continence care, oral eating & drinking)* | **YES** | **NO** |
| *Provide details of personal care requirements:* | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Cultural and language:** | | |
| Are there any specific cultural or language needs that need to be taken into consideration?  *(e.g. cultural diversity, language, customs, beliefs, spirituality)* | **YES** | **NO** |
| *Detail any other actions, considerations or recommendations:* | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Other considerations:** | | |
| Are there requirements for additional support needs related to the learning and/or wellbeing of the child/young person, siblings, peers, or others involved in the care of the individual?  *(e.g. psychological wellbeing, interrupted attendance, learning in other settings, deteriorating health, grief or loss issues, palliative care)* | **YES** | **NO** |
| *Detail any other actions, considerations or recommendations:* | | |
|  | | |

|  |
| --- |
| **COMMUNICATION**  Regular and ongoing communication must occur between the education service and parent/guardian. If a problem emerges at school or at home the teacher /parent need to know as this can impact on the learning behaviour of the child/ young person and on their wellbeing and motivation. |
| Describe **how** communication will occur between the education service and parent/guardian (ie communication book, text message, phone call, email) |
| Describe **who** communication will occur between (name specific staff members and parent name) |
| Describe **how often** communication will occur at a minimum (ie daily, weekly) and any exceptional circumstances that must be communicated |