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

**Insert photo of 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.

For students at risk of anaphylaxis, the student’s ‘ASCIA Action Plan for Anaphylaxis’ must be attached to form part of this HCMP as required by the [Anaphylaxis Procedures for Schools](https://education.nsw.gov.au/content/dam/main-education/en/home/noticeboard/2022/Anaphylaxis-and-allergy-procedures-for-schools.pdf). The same will apply to students who suffer from asthma and have an ‘Asthma Plan’. The treating doctor determines which type of asthma plan to use.

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

|  |  |
| --- | --- |
| **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) |  |

|  |
| --- |
| **Emergency Care****Note:** *An emergency care/response plan is required if the student is diagnosed at risk of a medical emergency at school. The ‘ASCIA Action Plan for Anaphylaxis’ is the emergency response plan for students at risk of anaphylaxis. 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. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
|  |
| **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 of the professional judgment 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, as well as details of communication and staff training strategies. See Anaphylaxis and Allergy Guidelines for Schools for further information.*
 |
| **Consultation**This HCMP has been developed as part of the learning support plan in consultation with those indicated below 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** |
|  | Phone |
|  | Phone |
|  | Phone |
|  | Phone |

|  |
| --- |
| Health care personnel involved in managing the student’s health at school: (E.g. community nurse, therapist) |
| **Name** | **Health carers role** | **Phone** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **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 consider confidentiality and privacy issues to ensure that information about the student is treated appropriately.* *The Catholic Schools Broken Bay (CSBB) is bound by the Australian Privacy Principles of the Commonwealth Privacy Act 1988. In relation to Health Records, the CSBB is also bound by the Health Privacy Principles contained in the Health Records and Information Privacy Act 2002 NSW (Health Records Act).* *Even if the parent does not agree to develop an HCMP, it will still be necessary. In these circumstances, the reference to the parent agreeing to the Plan should be deleted.* |