Health Support Agreement

for education and care



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| 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: |  |  |

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| **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 completing Health Support Agreement* |
| (name) | (email or signature) | (date) |
| *Principal, Director or Leader* |
| (name) | (email or signature) | (date) |
| *Parent or legal guardian; or adult student*  |
| [ ] 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) | (relationship) |
| (email or signature) | (date) |

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| **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 or legal guardian in each of the following circumstances:* Annually (at the start of each year)
* 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 or Carer*(print name and initial)* | New Review Date *(change at top of form)* |
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| **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**  |
| [ ]  | Oral Eating and Drinking  | [ ]  | Asthma | [ ]  | Anxiety |
| [ ]  | Transfer and Positioning  | [ ]  | Anaphylaxis / Severe Allergy | [ ]  | Emotional regulation |
| [ ]  | Continence  | [ ]  | Diabetes | [ ]  | Autism Spectrum |
| [ ]  | Menstrual Management  | [ ]  | Seizures & Epilepsy  | [ ]  | Depression |
| [ ]  | Wound and Skin Care | [ ]  | Cancer | [ ]  | ADHD |
| [ ]  | Personal Hygiene  | [ ]  | Cystic Fibrosis | [ ]  | Eating disorders |
| [ ]  | Head Lice  | [ ]  | Acquired Brain Injury  | [ ]  | Gender Diversity |
|  |  | [ ]  | Osteogenesis Imperfecta  | [ ]  | FASD / Drug |
| [ ]  | Other (specify) |

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| **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) |

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| **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 by a health professional (except if this is listed in the Asthma Care Plan, or the Anaphylaxis/Allergies Action Plan) |

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| **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) |

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| **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*](https://searchadmin.learnlink.sa.edu.au/s/redirect?collection=DECD-Intranet&url=https%3A%2F%2Fmyintranet.learnlink.sa.edu.au%2Flibrary%2Fdocument-library%2Ffact-sheets%2Fchild-and-student-support%2Fhealth-and-wellbeing%2Faccess_assistant_program_flow_chart.pdf&index_url=https%3A%2F%2Fmyintranet.learnlink.sa.edu.au%2Flibrary%2Fdocument-library%2Ffact-sheets%2Fchild-and-student-support%2Fhealth-and-wellbeing%2Faccess_assistant_program_flow_chart.pdf&auth=gR57B%2FHpQvoCJKmRgTzC6g&profile=_default&rank=1&query=AAP)
* [*Access Assistant Program Referral*](https://www.decd.sa.gov.au/sites/g/files/net691/f/wchn_disability_services_referral_form.doc?v=1476854756)
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| *Provide details of complex or invasive health support needs:* |
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| **First Aid** |
| Are there additional first aid requirements other than basic first aid response?*(e.g. in relation to asthma or anaphylaxis; administration of prescribed intranasal midazolam for seizure management; anxiety management)* | [ ] **YES** | [ ] **NO** |
| If yes, has 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) been developed and provided? | [ ] **YES** | [ ] **NO** |
| *Provide details of individual first aid requirements:* |
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| **Routine supervision (for health-related safety)*****Health Support Planning* HEALTH SUPPORT AGREEMENT HSP120** |
| 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:* |
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| **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:* |
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| **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:* |
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| **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:* |
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