St Mary's School Medical Management Procedures

1. Purpose

These procedures outline the processes St Mary's School for obtaining, recording and updating information for students with identified medical conditions and the management of these conditions, with a view to maintaining and safeguarding the privacy, confidentiality and wellbeing of students in line with the *Privacy Policy* and *Privacy Collection Notice – Students and Parents*.

2. Scope

These procedures apply to all individuals working in the school environment, including:

- employees and staff directly engaged or employed by the school
- contracted service providers (including whether engaged through an intermediary) performing child-related work
- volunteers who perform work without remuneration or reward for the school.

These procedures also apply to students and their parents and carers.

The school environment includes any of the following physical and online places used during school hours and school-sponsored activities that occur outside school hours:

- school campuses
- online or virtual school environments made available or authorised by MACS or a MACS school for use by a child or student (including email, intranet systems, software, applications, collaboration tools and online services)
- other locations provided by the school/service or through a third-party provider for a child or student to use, including but not limited to locations used for camps and excursions, approved homestay accommodation, delivery of education and training, sporting events, competitions and other events.

These procedures do not apply to students with:

- anaphylaxis who are provided for in the school's *Anaphylaxis Management Policy*
- personal care support needs who are provided for in the *Personal Care Support Procedures*
- medication administration requirements who are provided for in the *Medication Administration Procedures*.

3. Duty of care

The principal and all staff, including contractors and volunteers, have a non-delegable duty of care to ensure that reasonable measures are taken and appropriate processes are in place when managing students identified medical conditions and providing support in the school environment.

The principal holds overall responsibility for leading, monitoring and responding to these procedures, ensuring that all processes are fully implemented. While the principal may nominate staff to undertake specific tasks, they retain accountability for the effective delivery of all requirements within these procedures.

PROTECT Protocols

3.1 The principal is responsible for ensuring that all staff understand and meet their obligations as mandatory reporters, including their responsibility to identify and report concerns of significant harm to Child Protection in accordance with the PROTECT protocols as outlined in the *Child Abuse Identification and Response Policy*.

3.2 Staff must make a report to Child Protection where they form a reasonable belief that the actions of parents and carers of a student with an identified medical condition are posing a risk of significant harm to the student, including situations where they fail to:

- act on diagnoses or provide adequate care for the child
- provide relevant medical information about their child's medical condition
- act on a request from the school to provide authorised medical advice.

3.3 Failure to comply with these standards, including failing to seek and/or adhere to appropriate treatment, must be reported by any staff member who becomes aware of the matter, in accordance with the *Child Abuse Identification and Response Policy* and the *Reportable Conduct Policy*.

3.4 Where staff have concerns about a student's wellbeing but do not believe the student is at risk of significant harm or that their immediate safety is compromised, a referral to The Orange Door may be appropriate.

4. Identification of medical-related support needs

Enrolment and new diagnosis

4.1 During the enrolment process or when the school is notified of a new medical condition (including any matters under review), parents and carers must provide the school with detailed information in writing about their child's medical condition and any known support needs, signed and/or authorised by a registered health practitioner recognised by the Australian Health Practitioner Regulation Agency (Ahpra) or another relevant professional registration body via any one of the following:

- a medical letter
- diagnostic reports
- condition-specific management or action plan
- other relevant medical documentation
- the *Medical Advice Template* (MAT)
- See Section 7 *Communication* for an outline of the requirements.

4.2 When a student's enrolment record has been completed, or new information is received, the documentation must be reviewed to identify whether the student requires any medical-related support care in the school environment.

4.3 If it is advised or determined that a student requires medical-related support care in the school environment, the following steps will be completed prior to the student attending school:

- A *Student Health Support Plan* (SHSP) must be developed using the information provided by the student's registered health practitioner and in consultation with the student and their parents and carers, which will outline how the school will support their needs.
  - For students with neurodevelopmental and psychosocial support needs, consider whether other existing plans such as a Personalised Learning Plan (PLP) or Student Safety Plan, already capture the relevant information to avoid duplication. The SHSP is only required if the student has specific medical-related support needs
- Relevant aspects of the school's operation will be considered in relation to the student's inclusion in the education program.
- Where a student requires reasonable adjustments for medical-related support beyond quality differentiated teaching practice (QDTP), the **Learning Diversity Leader**, with consent from parents and carers, may submit a consultation request to access Student Engagement Services for support (school to refer to the *Student Engagement Unit Support Services Guide for Schools*).

4.4 If the initial information about the student's medical condition provided by parents and carers is insufficient, further clarification will be sought from the student's registered health practitioner. This may include completing a MAT (see Section 5 *Support plans and templates*) or providing detailed information that meets the requirements outlined in the MAT.

- The *Student details* section of the MAT may be used as a cover sheet to support consistent record keeping for identified medical conditions. It also provides a central place to store multiple attachments, such as documentation from registered health practitioners.

4.5 In some cases, with principal approval, a short-term interim SHSP or MAT may be implemented if the school is awaiting relevant information from the registered health practitioner and it would not be reasonable to delay a student's attendance or participation in the circumstances (see *Interim support* section).

4.6 The School **Administration Officer** will ensure the enrolment records of students with identified medical conditions are updated.

Changes to medical-related support needs

4.7 Following commencement at school, parents and carers will be regularly consulted to provide any updated information about their child's medical condition(s) or changes to the medical-related support care required in the school environment (see Section 7 *Communication*).

4.8 It is the responsibility of parents and carers to provide this up-to-date information to the school in a timely manner (see Section 7 *Communication*).

4.9 Where the changes may result in the student requiring additional assistance during an emergency, it is the responsibility of the **Learning Diversity Leader** to inform the Emergency Planning Committee (EPC) to develop or update the student's *Personal Emergency Evacuation Plan* (PEEP) as part of the school's *Emergency Management Plan* (EMP) (refer to the *Emergency Management Plan Template* and *Emergency and Critical Incident Management Policy* for more information).

4.10 Where the changes to a student's medical condition indicate that they no longer require medical-related supports in the school environment, parents and carers must provide written confirmation from a registered health practitioner and note that any associated supporting plans will cease (see Section 7 *Communication*).

5. Support plans and templates

5.1 A support, management or action plan, signed and/or authorised and dated by a registered health practitioner, provided by parents and carers may be used in lieu of the MAT

5.2 For students with identified medical conditions who also require:

- personal care support, refer to the school's *Personal Care Support Procedures*
- medication administration, refer to the school's *Medication Administration Procedures.*

A table outlining condition-specific documentation requirements is provided at Appendix A.

5.3 A SHSP will be developed by the school and informed by the information provided by the registered health practitioner and in consultation with the student (where appropriate), allowing for self-advocacy and voice, and their parents and carers (see Section 7 *Communication*). The SHSP outlines how the school will support the student's identified medical condition in the school environment.

5.4 The SHSP includes advice on routine management and, where necessary, specific guidance for responding to incidents related to the student's identified medical condition or medical-related support care need.

5.5 If the principal requires further clarification to enable the school to meet its duty of care, the school may contact the registered health practitioner to seek further clarification.

5.6 A SHSP is developed through the formation of a Program Support Group (PSG), parent or carer advice through school administration, discussion with the class teacher and the enrolment process.

5.7 If the principal is unable to immediately implement the advice of the registered health practitioner (e.g. awaiting professional training, updating facilities, employing specialist staff, upskilling current staff, etc.), the following considerations may be made:

- communicate with the authorising health practitioner and explore alternative approaches
- implement a time-limited, interim SHSP or MAT to address immediate medical-related support care needs (see *Interim support* section)

- seek advice or support from relevant organisations and foundations to discuss how to meet the medical-related support needs
- document a risk mitigation plan for addressing any identified risks.

5.8 To ensure ongoing compliance with duty of care obligations and legislative requirements (see *Changes to medical-related support needs* section), the SHSP, MAT or other documentation provided by the registered health practitioner will be reviewed and updated as required, and at least:

- annually (e.g. recorded in the Program Support Group (PSG) meeting minutes) or more frequently if specified in the relevant plan (e.g. an Asthma Action Plan is reviewed every six months)
- when parents or carers notify the school that their child's identified medical condition or medical-related support care needs have changed, supported by written advice from a relevant registered health practitioner
- following an incident or where changes are required to maintain compliance with duty of care obligations or legislation requirements.

5.9 Where no changes are identified following a review of a student's SHSP or MAT, this outcome is documented (such as within the documents, PSG minutes, enrolment record, etc.).

5.10 Following an update to, or cessation of, a student's medication condition or medical-related support care, all relevant plans and records are promptly updated, including but not limited to:

- Medical Authority Form (MAF)
- MAT
- Personal Care Advice Template (PCAT)
- PEEP
- PLP
- Student Behaviour Support Plan
- SHSP
- Student Safety Plan.

Interim support

5.11 A short-term interim SHSP and/or MAT may be implemented while awaiting confirmation of student diagnoses, staff training and/or advice from a registered health practitioner.

5.12 The interim arrangements will be documented and developed in consultation with the student and their parents and carers and, where possible, with advice from a registered health practitioner or relevant support organisations/foundations (see Section 7 *Communication*).

5.13 The interim SHSP and/or MAT and relevant documentation must be kept on the student's enrolment record.

5.14 Interim arrangements are reviewed and updated as soon as the required documentation is provided.

Location of plans, templates and other related documentation

5.15 The school administration officer will communicate to staff, including CRTs, contractors and volunteers and relevant third-party providers, where relevant, the details of the location of student medical-related information and relevant documentation (i.e. SHSP, MAF, MAT, PCAT, etc.) within the school environment.

- Plans are stored and accessed for day-to-day school activities and school off-site activities, including excursions, camps and travel; on a restricted-access online drive – Google Staff Drive (Medical Management Students Folder), hardcopy files are provided for school staff for off-site activities, and are located in the First Aid Room, student records file and displayed in the staffroom and First Aid room. For specific medical conditions, these are also displayed (alert card) in the CRT Folder and Yard Duty Folder. Plans are also provided on a student's profile via nForma (school communication software and parent provided student profiles).

- The School Principal and delegate/s ensure plans and information are current by communicating with parents/carers via PSG meetings; school administration maintain a register for students with diagnosed health conditions and medical plans and follow up with families according to expiry dates and annual review. These are current for:
  - excursions, camps and travel, and special events conducted, organised or attended by the school
  - the delivery of education and training through third-party providers, e.g. workplace learning or Vocational Education and Training (VET).

Student register

5.16 The school administration officer will ensure a register of all student identified medical conditions (including anaphylaxis) and the management of these conditions is updated and maintained by all relevant staff.

5.17 The register is maintained and stored on the Staff Google online Drive, only for staff to access and this will be communicated to all relevant staff, and follow up communication is shared when updates to plans occur.

6. Training for medical management and support

Staff training

6.1 A risk assessment will be undertaken to determine:

- the nature and complexity of the medical-related support care required
- potential risks to the student and to school staff
- whether specialised skills, equipment or manual handling are required.

Specialised training may be required by staff to support students with identified complex medical care needs, to ensure the continuity of education. The principal will nominate appropriate staff to undertake necessary training. For personal care support and training, refer to the *Personal Care Support Procedures*.

6.2 The nominated appropriate staff will be chosen based on consideration of the following: current role and their role description, experience, expertise and capabilities, number of trained staff available to provide continuity of care due to staff absence or unavailability. These reasons will be recorded at the time of nomination for risk management purposes (e.g. PSG notes).

6.3 Where a parent or carer is also an employee of the school, they should not be assigned to provide medical-related support care for their own child enrolled at the school, due to the potential conflicts of interest and the need to maintain professional boundaries and safeguard student wellbeing.

- In exceptional circumstances, an alternative arrangement may be approved by the principal, e.g. where the school has a small staff cohort and no reasonable alternative is available. Any such approval is supported by a documented risk assessment, clearly identified safeguards, defined supervision arrangements and ongoing monitoring.

6.4 Up to date training records must be maintained to ensure all staff administering complex medical care are appropriately qualified and current in their training.

6.5 An up-to-date register may be used to record staff who have completed medical-related training and qualifications, including the organisation that delivered the training.

6.6 CRTs, contractors, volunteers and third-party providers, where relevant, must receive appropriate training during induction where their duties involve a student with an identified medical condition. This training must include information about where the relevant plans are located and any associated processes.

6.7 Any external provider approved access to school premises must operate under the direct line-of-sight supervision of a VIT-registered teacher at all times.

7. Communication

Consultation

7.1 Consultation must occur in collaboration with the student (where appropriate), parents and carers, nominated staff and external professionals as required. This may be through the form of a PSG.

7.2 Consultation involves establishing shared goals, planning and documenting reasonable adjustments across relevant plans (including SHSP and MAT, where relevant, PLP, etc.), facilitating collaboration with the student and parents and carers, and monitoring student progress, reviewing and adjusting supports as required. School to refer to the Victorian Catholic Education Authority (VCEA) *Program Support Group Meeting Guidelines* on CEVN.

Parents and carers responsibilities

7.3 Parents and carers are responsible for providing accurate and current information in writing about their child's medical-related support care needs through the school's designated process; initially through the application for enrolment form, communication via school administration/class teacher via email, and updating their child's profile on the school communication platform, nForma.

7.4 Parents and carers must provide updated information when:

- their child is participating in off-site activities (e.g. excursions, camps and travel, including international travel in accordance with the *Excursions, Camps and Travel Policy – MACS Schools* or programs delivered by third-party providers, such as workplace learning or Vocational Education and Training (VET))
- there are changes to their child's medical condition and/or medical-related support care needs.

7.5 All updates must be submitted via the school's approved communication method:

- Email to school administration: admin@smgeelong.catholic.edu.au
- For Camp and Excursions, responding to a digital permission form via nForma.

School notifications to parents and carers

7.6 Parents and carers must be notified, as appropriate, when:

- their child is participating in school off-site activities, including excursions, camps and travel (including international travel) or education and education and training programs delivered by third-party providers, e.g. workplace learning or VET
- there are changes to their child's medical-related support care needs, requiring a review of procedures and consideration of specialised equipment
- safety concerns or risks are identified that may impact the wellbeing of their child or staff, requiring review or adjustment of supports or procedures.

School communication responsibilities

7.7 The school must establish and maintain clear communication processes for communicating these procedures to:

- staff, including Casual Relief Teachers (CRT)
- students
- parents and carers
- volunteers, contractors and third-party providers
- the broader school community.

7.8 Communication processes must support safe and consistent practice by ensuring that:

- roles and responsibilities are clearly defined
- relevant information about students' medical-related support care requirements is shared with authorised staff and third-party providers, where required
- medical-related support care requirements are reviewed before off-site activities, special events and programs delivered by third-party providers

- communication with parents and carers is timely
- procedures are incorporated into enrolment, staff induction, staff briefings and relevant school planning processes
- information is reviewed through consultation processes (e.g. PSG)
- awareness is promoted across the school community through appropriate channels, such as newsletters, website and information sessions.

7.9 A structured approach to communication must be implemented and documented through either a school-based communication plan using the *Student Health Support Communication Plan* template or local procedures (detailed at 7.10 below).

7.10 The Principal is responsible for communication associated with these procedures at our school.

7.11 The school documents and maintains procedures that outline how communication occurs in practice. These procedures cover:

- Staff, volunteers, CRTs, contractors and, where relevant, third-party providers are informed of their responsibilities in supporting students with an identified medical condition and their responsibilities in providing medical-related support care safely and effectively
- Information is reviewed when planning for off-site activities, including travel conditions and time zones, by the child's class teacher and learning leader with a Risk Assessment, staff briefings and approved by school leadership.
- The school maintains ongoing communication with parents and carers, including requesting and updating medical-related information
- Staff are provided with guidance on the identified medical-related support care needs of students across both on-site and off-site school environments (e.g. on-site settings such as classrooms, playgrounds, school facilities and off-site settings such as excursions, camps and travel, sporting events and external venues).]

Publication and accessibility

7.12 These procedures must be made accessible to the school community through the following methods:

- inclusion in staff induction processes
- publication on the school website
- inclusion in enrolment and transition materials
- communication through newsletters and parent/carer or student online platforms
- inclusion in student diaries and staff handbooks
- discussion at staff briefings and meetings
- discussion at parent information sessions
- availability in hard copy upon request.

8. Privacy and information management

8.1 All information relating to the identified medical conditions of students and the management of these conditions must be collected, used, stored and disclosed in accordance with the *Privacy Policy* and *Privacy Collection Notice – Students and Parents*.

8.2 Information will be managed in a way that protects student privacy, confidentiality and wellbeing and is only accessible to authorised personnel.

8.3 Access to information must be limited to authorised staff and provided only in accordance with privacy requirements.

9. Definitions

Definitions of standard terms used in these procedures can be found in the Glossary of Terms.

Complex care

Complex care may require school staff to undertake specialised training to safely support a student's identified health support needs. These needs go beyond what can be managed through basic first aid and may involve:

- tracheostomy care
- seizure management
- medication administered by injection or rectal suppository
- suctioning
- tube feeding
- other specialised medical procedures.

Health support need

The overarching term used to describe students identified health support needs including medical or health conditions, complex medical needs and personal care requirements.

Medication Authority Form

The Medication Authority Form (MAF) supports the principal and school staff to understand why medication is required, how and when it should be administered, and the arrangements for the safe storage and return of unused medication. This form must be completed for all medication administered to a student in the school environment, including both prescription and non-prescription (e.g. paracetamol, ibuprofen or hay fever medication) medication.

Medical Advice Template

The Medical Advice Template (MAT) is used to document information provided by the parent or carer of a student with an identified medical condition and/or who requires medical-related support. The template should outline the student's current diagnosis, prescribed and non-prescribed medication and the actions the school must take to support ongoing care, including how to respond if symptoms emerge or escalate. The MAT must be signed by the registered health practitioner providing the advice. If medication is to be administered in the school environment, a completed MAF must be submitted with the MAT.

Personal care support

Personal care support refers to assistance with daily living tasks that are typically provided by parents or carers. Some students may require help with:

- toileting, menstruation and personal hygiene
- mobility, transfer and positioning
- eating and drinking.

Students may need personal care support due to:

- age
- developmental delay
- medical conditions
- short-term circumstances (e.g. wearing a plaster cast)
- long-term circumstances (e.g. complex medical care needs).

Registered health practitioner

Describes a person who is registered with the Ahpra or another relevant professional registration body and who practices within the scope of their professional registration.

Signed and/or authorised

Signed and/or authorised medical documentation refers to documents provided by a health practitioner that confirm the validity of their content:

Signed: For documents requiring a signature, the practitioner has physically or electronically signed the document to confirm they prepared or endorsed it.

Authorised: The document is issued by a suitably qualified and recognised practitioner and includes sufficient details (e.g. name, registration or provider number, or letterhead) to meet relevant policy requirements and verify its acceptance for its intended purpose.

Student Health Support Plan

The Student Health Support Plan (SHSP) is informed by the information provided regarding the student's identified health support needs, e.g. authorised letter, condition-specific action plan, MAT or PCAT. It must be developed by the school in consultation with the student (where appropriate) and the student's parents and carers to ensure that practices and procedures are in place to facilitate access and participation in the school environment.

10. Related policies and documents

Supporting documents

Medical Advice Template
Medical Management Flowchart
Medication Administration Procedures
Medication Authority Form
Personal Care Advice Template
Personal Care Support Procedures
Student Health Support Communication Plan
Student Health Support Plan
Student Health Support Policy

Related MACS policies and documents

Anaphylaxis Management Policy for MACS Schools
Child Abuse Identification and Response Policy
Child Safety and Wellbeing Policy
Conflict of Interest Policy
Enrolment Policy for MACS Schools
Excursions, Camps and Travel Policy – MACS Schools
First Aid Policy for MACS schools
Privacy Policy
Privacy Collection Notice – Students and Parents
Reportable Conduct Policy
Risk Management Checklist for Off-site Activities
Risk Management Policy
Supervision Policy for MACS Schools

Resources (external to MACS)

Victorian Catholic Education Authority (VCEA) Parent Guide to Program Support Groups
VCEA Program Support Group Meeting Guidelines

Specialist advice regarding medical conditions
The following organisations provide specialist advice, templates or training in the management of identified health support needs, allergies or medical conditions.

Anaphylaxis and allergies
Allergy and Anaphylaxis Australia
Australasian Society of Clinical Immunology and Allergy
Royal Children's Hospital, Department of Allergy and Immunology

Asthma
Asthma Australia
National Asthma Council Australia

Coeliac
Coeliac Australia

Diabetes
Diabetes Victoria
NDSS Diabetes in Schools

Epilepsy
Epilepsy Foundation

Other
Health Care Needs: Resources | education.vic.gov.au
Royal Children's Hospital Complex Care Hub and Schoolcare Program
Royal Children's Hospital fact sheets

11. Legislation and standards

Australian Education Act 2013 (Cth)
Australian Education Regulations 2013 (Cth)
Children, Youth and Families Act 2005 (Vic)
Child Wellbeing and Safety Act 2005 (Vic)
Crimes Act 1958 (Vic)
Disability Discrimination Act 1992 (Cth)
Disability Standards for Education 2005 (Cth)
Education and Training Reform Act 2006 (Vic)
Education and Training Reform Regulations 2017 (Vic)
Equal Opportunity Act 2010 (Vic)
Health Records Act 2001 (Vic)
Ministerial Order 706 – *Anaphylaxis Management in Victorian Schools*
Ministerial Order 1359 – *Implementing the Child Safe Standards – Managing the Risk of Child Abuse in Schools and School Boarding Premises*
Occupational Health and Safety Act 2014 (Vic)
Privacy Act 1988 (Cth)
Public Records Act 1973 (Vic)
Victorian Institute of Teaching (VIT) Code of Conduct
Victorian Registration and Qualifications Authority (VRQA) Guidelines to the Minimum Standards and Requirements for School Registration (2022)
Worker Screening Act 2020 (Vic)
Work Health and Safety Act 2011 (Cth)

Policy information table

Document owner	Chief of Student Services
Approving authority	Director, Education Excellence
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Publication	CEVN, School Websites
School use only	
School document owner	
School review	

Appendix A: Required health support documentation for specific conditions

This table outlines condition-specific documentation requirements. The listed conditions do not represent an exhaustive list.

Conditions	Document name										
	Condition-Specific Plan/ Letter/Report	Individual Anaphylaxis Management Plan (IAMP)	ASCIA Action Plan for Anaphylaxis (RED)	ASCIA Action Plan for Allergic Reactions (GREEN)	Emergency Medication Management Plan (EMMP)	Medical Advice Template (MAT)	Medication Authority Form (MAF)	Personal Care Advice Template (PCAT)	Student Health Support Plan (SHSP)	Toileting and Continence Care Plan	Toileting and Continence Care Skill Development
Acquired Brain injury											
ADHD	*										
Allergy											
Anaphylaxis											
Asthma											
Cancer											
Continence											
Cystic Fibrosis											
Diabetes											
Eating and drinking care											
Epilepsy											
Hearing											
Transfer and positioning support											
Vision											
Other conditions											
*More than one condition/Complex care											
Signed** by registered health practitioner											

KEY	REQUIRED	REQUIRED: if not provided in authorised documentation or condition-specific management plan	REQUIRED: if not detailed in MAT/PCAT	REQUIRED: if medication is to be administered in the school environment

*Include a diagnostic report, may require Personalised Learning Plan or Safety Plan where necessary.

**and/or authorised