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**Toileting, Hygiene and Menstrual Management - Medical Advice Form**

for a student who requires support for toileting, hygiene and menstrual health management

**This form is to be completed by the student’s medical/health practitioner, such as a continence specialist providing a description of the personal care requirements. This form will assist the school in developing a Student Health Support Plan which outlines how the school will support the student’s health care needs.**

**Please only complete those sections in this form which are relevant to the student’s health support needs.**

|  |  |
| --- | --- |
| Name of School: | |
| Student’s Name: | Date of Birth: |
| MedicAlert (if relevant): | Review date for this form: |

|  |  |  |  |
| --- | --- | --- | --- |
| Routine personal care/supervision for safety | | | **Recommended support**  Please describe recommended care |
| **Support time needed** | | |  |
| Information is needed about how frequently support is required and for how long. The school will endeavour to minimise disruption to the student’s socialisation and participation: | | | Generally support will take about       minutes        times each day |
| Indicates when toilet is needed  May need to be changed  Needs timing support | | Will always need to be changed/assisted  Has continence aids  (eg wears nappies or has catheter) |
| **Nature of support** | | |  |
| This student is likely to need support related to: | | |  |
| **Self-managed toileting and menstruation management** (please describe):  Reminders  Timing  Encouragement with fluid intake  Other | **Assisted toileting and menstruation management**  (please describe):  Verbal prompts  Supervision  Encouragement with fluid intake  Assistance with clothing  Support to weight-bear  Lifting onto toilet  Assistance with washing hands  Support for transfer  Assistance with hygiene  (eg. cleaning body)  Assistance to access sanitary pads and tampons  Assistance to change sanitary pads and tampons\*  Other | |  |
|  | **Tampon use:**  Self-managed  Needs assistance\*  Not appropriate  *\*School staff must not assist students with insertion or removal of sanitary tampons. Assistance may include verbal prompts and/or supervision as required.* | |  |
| **Catheterisation** (please describe)  Allow for catheterisation at (specify preferred times) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Self-managed  Self-catheterises with supervision  Other (assisted catheterisation by trained school staff) | | |  |
| **Continence Supplies** | | |  |
| Equipment/continence supplies that are required \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Emergency contact for supplies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |
| **Unplanned events** | | |  |
| Are there any events, not covered in this form, which could happen infrequently? If so, please give details of what could be expected and how it could be managed (*e.g. student is usually continent but could wet or soil occasionally; can change and clean up independently but will need reassurance*) | | |  |
| Routine personal care/supervision for safety | | | **Recommended support**  Please describe recommended care |
| **Catheter management** | | |  |
| If a person is self-managing his or her catheter and has difficulty, the relevant school staff will routinely:   * reassure the person and encourage him or her to relax and try again * suggest the person wait for half an hour and come back and try again   If the student is still not successful, the parent/emergency contact will be informed.  A medical / health professional can be nominated by the family as the emergency contact person in this case.  Staff will also contact the parent/emergency contact if the person displays signs of possible difficulties such as sweating, discomfort, is flushed or pale, or has a headache.  If no-one can be contacted, an ambulance may be called to transport the person to medical assistance. | | | If required, outline different/additional steps in relation to the student’s catheter management: |
| **Additional information** | | | |
| Is there additional information required, such as further information regarding this student’s continence care, general information about the student’s health care needs: | | | |
|  | | | |

Privacy Statement

The school collects personal information so as the school can plan and support the health care needs of the student. Without the provision of this information the quality of the health support provided may be affected. The information may be disclosed to relevant school staff and appropriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropriate, or where authorised or required by another law. You are able to request access to the personal information that we hold about you/your child and to request that it be corrected. Please contact the school directly or FOI Unit on 96372670.

**Authorisation:**

**Name of Medical/health practitioner:**

Professional Role:

Signature:

Date:

Contact details:

**Name of Parent/Carer or adult/Mature minor\*\*:**

Signature:

Date:

If additional advice is required, please attach it to this form

\*\*Please note: Mature minor is a student who is capable of making their own decisions on a range of issues, before they reach eighteen years of age. (See: [Mature Minors and Decision Making – Policy and Advisory Library](https://www2.education.vic.gov.au/pal/mature-minors-and-decision-making/policy)).