

Form 316.5 Health Services Plan

Lloydminster Catholic School Division

School Name HEALTH SERVICES PLAN

Student

Parent(s)

This Health Services Plan will be in effect from _____ to _____.
As health needs can change frequently, this plan should be developed at a meeting separate from the personal program-planning meeting.

Members of Planning Team

Members of the planning team could include the parents or guardian, the child (if appropriate), school administration, with supporting recommendations from a health care professional (e.g. doctor, occupational therapist, physical therapist).

Description of Child's Medical Condition

Include a complete description of the child's current medical condition, including relevant medical history and the child's needs for growth and development, and the effect of the medical condition on the child's performance in school.

Strategies to Support the Child in the School or Center-based Setting

Specify activities in which the child may participate, and any adaptations or modifications that may be needed (i.e. no contact sports, avoid contact with particles such as sand, powder).

Feeding and Nutritional Needs

Describe the child's current diet, food allergies, food likes and dislikes, fluid intake requirements, feeding plan and oral-motor interventions.

Transportation Arrangements

Address transportation arrangements for both regular routes and field trips.

Medication to be Dispensed, Amount, Time and Person Administering

Referencing Form 316.3, include the type of medication, the dosage to be dispensed, time, how and where, who will administer medication and the effect of the medication on the child's performance in school. Define a procedure for record keeping.

Procedure(s) to be Performed by School Personnel

Outline the child's needs. The planning team should decide which procedure(s) can and cannot be done in school. Each procedure should be described in detail.

Where and When the Procedure(s) Should be Performed

Include the location, frequency and time of day involved with the procedure(s).

Who will Perform the Health Care Procedure(s)?

What are the qualifications and/or training of the individual performing the procedure(s)? Who will record the health care interventions on Form 316.4?

Training that is to Take Place Prior to the Child Entering Class

List in detail who will be providing the training, and how often the training will be monitored and reviewed. Training must be provided by a health care professional and approved by the Superintendent of Learning. The parents and a health care professional can work as a team to provide training.

Schedule for Review and Monitoring of Training

Include timelines for regular review and retraining in the procedures. This should include a schedule for regular review as well as provisions for retraining if the child’s needs change.

Emergency Procedures

Describe expected emergency in terms of how the child typically reacts, if known. List specifically what to do, who to call and the order in which people should be notified. Who has a copy of the emergency plan? Where is it filed/posted? Be sure to notify the local critical response team about procedures and location of child in the school.

Plan for Absences

- Outline the plan for dealing with instances when the teacher and/or the paraprofessional are absent, such as specific training of a substitute.
- Outline the plan for home-based instruction if the child becomes too ill to attend school. Be sure to build this plan into the child’s personal program plan.
- Outline the plan for receiving current medical information before the child returns to school from an extended illness/hospitalization.

Plan for Change

- Plan for change and review frequently.
- Revise plan after a major illness or hospitalization.

Signatures

We have participated in the development of this Health Services Plan and agree with the contents:

Parents/Guardian: _____

Date: _____

School Administrator: _____

Date: _____