

Penola Catholic College Personal Care Advice

Template for schools



When this template is required

As outlined in the *Personal Care Support Procedures*, the *Personal Care Advice Template* (PCAT) may be completed by a registered health practitioner (e.g., General Practitioner (GP), medical specialist, occupational therapist, physiotherapist, speech pathologist and/or continence specialist), to describe a student's personal care requirements. The PCAT can be used to inform the development of a *Student Health Support Plan* (SHSP). A separate *Medical Advice Template* (MAT) is **not required**.

Instructions for completing this template

Please complete only the sections of this template that are relevant to the student's personal care needs. To expand or collapse each section, click on the small triangle (▸) to the left of each heading. This form has the following sections:

- [Section 1: Student details](#)
- [Section 2: Student presentation](#)
- [Section 3: First aid](#)
- [Section 4: School staff training and support contacts](#)
- [Section 5: Implications for education and care](#)
- [Section 6: Emergency/Escalation process](#)
- [Section 7: Toileting, menstruation and personal hygiene](#)
- [Section 8: Mobility, transfer and positioning](#)
- [Section 9: Eating and drinking](#)
- [Section 10: Declaration](#) [Authorisation required]

Consent

By completing this template, you give permission for school staff to:

- provide personal care to your child
- contact your child's treating medical or allied health practitioner if clarification is required
- collect, use and store personal care information to support your child in accordance with the law and the *Student Health Support Policy*.

Medical emergencies

School staff will seek emergency medical assistance if there are any concerns about your child's condition following the provision of personal care.

Support with completing this form

If you have questions or need support with completing this form, please contact: College Nurse, Naomi Park at npark@penola.vic.edu.au or on 9301 2777.

When this template is reviewed

The PCAT must be reviewed and updated at least annually or earlier, on a needs basis, such as following an incident or when there are changes to a student's personal care needs, as outlined in the *Personal Care Support Procedures*.

Privacy of information

The information provided in this form will be collected, used, stored, and disclosed in accordance with the Privacy Policy and *Privacy Collection Notice – Students and Parents*, and will be handled in a manner that protects the student's privacy, confidentiality and wellbeing.

Section 1: Student details

Student details			
Name	Click or tap here to enter text.		
Date of birth	Click or tap to enter a date.		
Year level/class	Click or tap here to enter text.		
MedicAlert Number (if applicable)	Click or tap here to enter text.		
Date form completed	Click or tap to enter a date.	Staff member	Click or tap here to enter text.
Review date for this form	Click or tap to enter a date.	Staff member	Click or tap here to enter text.
Is an Interpreter required for meetings? ☐ Yes ☐ No Add details (if required) Click or tap here to enter text.		 Has cultural safety and/or cultural support been considered and offered (if relevant)? ☐ Yes ☐ No Add details (if required) Click or tap here to enter text.	

Parent or Carer 1	Parent or Carer 2
Name: Click or tap here to enter text.	Name: Click or tap here to enter text.
Relationship: Click or tap here to enter text.	Relationship: Click or tap here to enter text.
Main phone: Click or tap here to enter text.	Main phone: Click or tap here to enter text.
Other phone: Click or tap here to enter text.	Other phone: Click or tap here to enter text.
Email: Click or tap here to enter text.	Email: Click or tap here to enter text.
Home address: Click or tap here to enter text.	Home address: Click or tap here to enter text.

Emergency contact (if parent or carer is not available)	
Name: Click or tap here to enter text.	Relationship: Click or tap here to enter text.
Main phone: Click or tap here to enter text.	Other phone: Click or tap here to enter text.
Email: Click or tap here to enter text.	

Section 2: Student presentation

Student presentation	
Diagnosed medical/health condition(s) (or health matters under review): This information may be listed here or provided in any of the following signed and/authorised formats and attached to the PCAT: • a medical letter • a diagnostics report • a condition-specific management or action plan	Click or tap here to enter text.

Student presentation

- other relevant medical or health documentation, or
- the *Medical Advice Template* (MAT).

Check the type of personal care support that is required

- ☐ Toileting, menstruation and personal hygiene (including dressing)
- ☐ Mobility, transfer and positioning
- ☐ Eating and drinking assistance

Section 3: First aid

If the student becomes ill or injured at school, the school will administer first aid and call an ambulance, if necessary, as per the *First Aid Policy*. If you anticipate the student will require anything other than a standard first aid response, please provide details below to be considered as part of the response or emergency escalation procedure.

Observable signs/reactions

Click or tap here to enter text.

First aid response (Please describe actions, external support, and potential tools e.g. medications, etc.)

Click or tap here to enter text.

Section 4: School staff training and support contacts

If required, please provide the name and contact details for persons or services qualified and able to provide training, demonstration or advice to school staff.

Provider name

Click or tap here to enter text.

Contact details

Click or tap here to enter text.

Section 5: Implications for education and care

If required, please check the box/es below to indicate the implications for education and care.

Check	Implications for education and care (check all that are applicable)
☐	Impact on attendance onsite at school
☐	Impact on capacity to maintain attention or participate in routine educational activities
☐	Limitations on mobility or physical activity, requires mobility support
☐	Personalised care and support needs (e.g., toileting, feeding, suctioning, etc.)
☐	Requires a <i>Behaviour Support Plan</i> , <i>Student Safety Plan</i> or additional supervision, e.g., flight risk, scalability assessment
☐	Requires communication support or Augmentative and/or Alternative Communication
☐	Requires complex care (e.g., catheterisation, STOMA care, tracheostomy care, etc.)
☐	Consideration for camps, excursions, incursions and/or other activities of the school
☐	Consideration for transportation
☐	Other – please specify below (e.g., work experience/structured workplace learning/education placement): Click or tap here to enter text.

Section 6: Emergency/Escalation process

Considerations	Recommended support: Describe recommended emergency/escalation care
Signs of complications	Click or tap here to enter text.
Immediate actions required	Click or tap here to enter text.
Escalation pathways and contacts	Click or tap here to enter text.
Clear criteria for when to seek urgent or emergency care	Click or tap here to enter text.

Section 7: Toileting, menstruation and personal hygiene

Routine personal care/supervision for safety	Recommended support: Describe recommended care
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Support time needed

Generally support will take about minutes, times each day

Indicate by checking the relevant box/es below, how frequently support is required and for how long. The school will endeavour to minimise disruption to the student's socialisation and participation:

☐ Indicates when toilet is needed	☐ Will always need to be changed/assisted
☐ May need to be changed	☐ Has continence aids (e.g. wears nappies or has catheter)
☐ Needs timing support	

Describe the recommended support: Click or tap here to enter text.

Nature of support

This student is likely to need support related to (please check the applicable boxes):

Self-managed toileting and menstruation management: ☐ Reminders ☐ Timing ☐ Encouragement with fluid intake ☐ Other (please specify in the recommended support column)	Assisted toileting and menstruation management: ☐ Verbal prompts ☐ Supervision ☐ Encouragement with fluid intake ☐ Assistance with clothing ☐ Support to weight-bear ☐ Assistance with washing hands ☐ Support for transfer ☐ Assistance with hygiene (e.g. cleaning body, wiping) ☐ Assistance to access sanitary pads and tampons ☐ Assistance to change sanitary pads and tampons*	Click or tap here to enter text.
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Routine personal care/supervision for safety		Recommended support: Describe recommended care
	☐ Assistance to flush the toilet ☐ Other (please specify in the recommended support column)	
Tampon use: ☐ Self-managed ☐ Needs assistance* ☐ Not appropriate <i>*School staff must not assist students with the insertion or removal of sanitary tampons. Assistance may include verbal prompts and/or supervision as required.</i>		Click or tap here to enter text.
Catheterisation: ☐ Allow for catheterisation at (specify preferred times) ☐ Self-managed ☐ Self-catheterises with supervision ☐ Other (assisted catheterisation by trained school staff)		Click or tap here to enter text.
Continence supplies		
Equipment/continence supplies that are required:		Click or tap here to enter text.
Emergency contact for supplies:		Click or tap here to enter text.
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 (<i>e.g., student is usually continent but could wet or soil occasionally; can change and clean up independently but will need reassurance</i>).		Click or tap here to enter text.
Catheter management		
If a student is self-managing their 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/carer or emergency contact will be notified. In such cases, families may nominate a registered health professional as the emergency contact. Staff will also contact the parent/carer or emergency contact if the student displays signs of potential difficulties such as sweating, discomfort, flushed or pale appearance or complaints of a headache. If contact cannot be made, an ambulance may be called to ensure the student receives appropriate medical assistance.		If required, outline different/ additional steps in relation to the student's catheter management: Click or tap here to enter text.
Emergency/Escalation process		

Routine personal care/supervision for safety**Recommended support: Describe recommended care**

Key emergency/escalation information (e.g. signs of complications, immediate actions required, escalation pathways and contacts and clear criteria for when to seek urgent or emergency care).

Click or tap here to enter text.

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 or completion of a toileting log?

Click or tap here to enter text.

Section 8: Mobility, transfer and positioning

Situation and level of assistance required	Type of transfer	Equipment
CHAIR TO CHAIR		
(e.g. wheelchair to chair/commode) ☐ Independent ☐ Standby assistance required (for occasional interventions to support safety) ☐ Cooperative assistance: indicate whether one, two or three adults to assist: Click or tap here to enter text. ☐ Dependent: indicate whether one, two or three adults to assist: Click or tap here to enter text.	☐ Top and tail ☐ Cradle ☐ Side to side ☐ Standing transfer ☐ Mechanical ☐ Other (specify in comments below)	☐ Hoist ☐ Sling (specify below) ☐ Side board ☐ Transfer plate/disc ☐ Other (specify in comments below)
Comments (e.g. in relation to communication, safety, comfort, dignity and learning) Click or tap here to enter text.		
CHAIR TO GROUND/FLOOR		
☐ Independent ☐ Standby assistance required (for occasional interventions to support safety) ☐ Cooperative assistance – Indicate whether one, two or three adults to assist: Click or tap here to enter text. ☐ Dependent – Indicate whether one, two or three adults to assist: Click or tap here to enter text.	☐ Top and tail ☐ Cradle ☐ Side to side ☐ Standing transfer ☐ Mechanical ☐ Other (specify below)	☐ Hoist ☐ Sling (specify below) ☐ Side board ☐ Transfer plate/disc ☐ Other (specify below)
Comments (e.g. in relation to communication, safety, comfort, dignity and learning) Click or tap here to enter text.		
GROUND/FLOOR TO CHAIR		
☐ Independent ☐ Standby assistance required (for occasional interventions to support safety) ☐ Cooperative assistance – Indicate whether one, two or three adults to assist: Click or tap here to enter text.	☐ Top and tail ☐ Cradle ☐ Side to side ☐ Standing transfer ☐ Mechanical	☐ Hoist ☐ Sling (specify below) ☐ Side board ☐ Transfer plate/disc

Situation and level of assistance required	Type of transfer	Equipment
☐ Dependent – Indicate whether one, two or three adults to assist: Click or tap here to enter text.	☐ Other (<i>specify below</i>)	☐ Other (<i>specify below</i>)

Comments (e.g. in relation to communication, safety, comfort, dignity and learning)

[Click or tap here to enter text.](#)

CHAIR TO CHANGE TABLE

☐ Independent	☐ Top and tail	☐ Hoist
☐ Standby assistance required (for occasional interventions to support safety)	☐ Cradle	☐ Sling (<i>specify below</i>)
☐ Cooperative assistance – Indicate whether one, two or three adults to assist: Click or tap here to enter text.	☐ Side to side	☐ Side board
☐ Dependent – Indicate whether one, two or three adults to assist: Click or tap here to enter text.	☐ Standing transfer	☐ Transfer plate/disc
	☐ Other	☐ Other (<i>specify below</i>)
	☐ Mechanical	

Comments (e.g. in relation to communication, safety, comfort, dignity and learning)

[Click or tap here to enter text.](#)

TOILETING TRANSFER

☐ Independent	☐ Top and tail	☐ Hoist
☐ Standby assistance required (for occasional interventions to support safety)	☐ Cradle	☐ Sling (<i>specify below</i>)
☐ Cooperative assistance – Indicate whether one, two or three adults to assist: Click or tap here to enter text.	☐ Side to side	☐ Side board
☐ Dependent – Indicate whether one, two or three adults to assist: Click or tap here to enter text.	☐ Standing transfer	☐ Transfer plate/disc
	☐ Mechanical	☐ Other (<i>specify below</i>)
	☐ Other	

Comments (e.g. in relation to communication, safety, comfort, dignity and learning)

[Click or tap here to enter text.](#)

VEHICLE TO CHAIR

☐ Independent	☐ Top and tail	☐ Hoist
☐ Standby assistance required (for occasional interventions to support safety)	☐ Cradle	☐ Sling (<i>specify below</i>)
☐ Cooperative assistance – Indicate whether one, two or three adults to assist: Click or tap here to enter text.	☐ Side to side	☐ Side board
☐ Dependent – Indicate whether one, two or three adults to assist: Click or tap here to enter text.	☐ Standing transfer	☐ Transfer plate/disc
	☐ Mechanical	☐ Other (<i>specify below</i>)
	☐ Other	

Comments (e.g. in relation to communication, safety, comfort, dignity and learning)

[Click or tap here to enter text.](#)

Situation	Recommended support: Describe recommended care
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Please indicate education issues.

Mobility Indoors

Click or tap here to enter text. (e.g. use of sticks, stairs, steps, negotiation of furniture, varying floor coverings)

Click or tap here to enter text.

Mobility Outdoors

Click or tap here to enter text.

Click or tap here to enter text.

Special Equipment

Click or tap here to enter text. (e.g. wedge, standing frames)

Click or tap here to enter text.

Other

Click or tap here to enter text. (e.g. information related to additional repositioning)

Click or tap here to enter text.

Care needs

Recommended support: Describe recommended care

Communication

School staff will routinely talk the student through the transfer or positioning, gaining their permission to the degree possible and maximising cooperation.

Click or tap here to enter text.

Communication by supporting staff

- ☐ Simplify instructions/ use key words
- ☐ Use picture cues
- ☐ Other

Communication by student

- ☐ Language
- ☐ Gesture
- ☐ Behaviour
- ☐ Other

Potential skill development targets

- ☐ Increasing independence (e.g. take some weight on arms, transfer without assistance)
- ☐ Behaviour targets (e.g. comply with transfer)
- ☐ Communication (e.g. indicate preferred side for lift, indicate comfort)
- ☐ Other (please specify)

Click or tap here to enter text.

Documented observations

Following agreement through the PSG, the school may support the medical or allied health practitioner by documenting observations related to the student's transfers and positioning. If required, please specify the type of information needed these observations:

Click or tap here to enter text.

Additional information

Please detail any additional information required, such as further details regarding the student's transfers and positioning or general information about their personal care needs:

Click or tap here to enter text.

Section 9: Eating and drinking

Description of the condition

Recommended support: Describe recommended care

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

Background information: Please provide relevant information regarding any factors that may impact the student's attendance and learning, as well as the support required at school.

Click or tap here to enter text.

Level of support required: Information is required regarding the level and duration of supervision this student needs. Staff will routinely allocate 15 minutes per meal, however, if additional supervised eating time is necessary, please specify the required duration in this plan for consideration through the PSG process.

Level of supervision

- ☐ Requires constant supervision: high risk of choking/aspiration
- ☐ Requires close supervision (*e.g. in small group*)
- ☐ Requires some assistance
- ☐ Independent

Time required for mealtime (less for snacks)

- ☐ Less than 15 minutes
- ☐ About 15 minutes
- ☐ Negotiation if longer time recommended

Click or tap here to enter text.

Type of support needed

Preparation

- ☐ Additional hygiene/safety measures
- ☐ Positioning for comfort and safety
- ☐ Facilitation techniques (*e.g. jaw support*)
- ☐ Stimulation (*e.g. facial tapping/stroking*)
- ☐ Other

Click or tap here to enter text.

Environmental changes

- ☐ Calm, consistent approach
- ☐ Positive reinforcement
- ☐ Minimal distractions
- ☐ Social settings
- ☐ Other

Click or tap here to enter text.

Equipment

- ☐ Clothes protector
- ☐ Modified utensils (*e.g. spoons*)
- ☐ Modified cup/plate etc
- ☐ Mirror

Click or tap here to enter text.

Description of the condition	Recommended support: Describe recommended care If additional advice is required, please attach it to this template
☐ Positioning equipment (e.g. special chair/bolster) ☐ Other	
Positioning and care after mealtimes ☐ Need to remain upright for minutes ☐ Need to check no food is left in the mouth/palate ☐ Teeth brushing ☐ Other	Click or tap here to enter text.
Communication	
Communication by student ☐ Language ☐ Communication device and signs ☐ Gesture ☐ Behaviour ☐ Other	Click or tap here to enter text.
Communication by supporting staff ☐ Offer choice (indicate how many) ☐ Simplify instructions/use key words ☐ Use picture cues ☐ Other	Click or tap here to enter text.
Preparation and presentation of food: The following information is provided as a safety check for staff. Food and drink should routinely be brought to school already prepared. If some preparation is requested of staff, this should be documented and negotiated through the PSG process. For further understanding of food and drink consistencies, please refer to the IDDSI website .	
Food consistency ☐ No restriction on consistency ☐ Modified Please describe type of consistency (e.g. liquidised, puree, minced and moist, soft)	Click or tap here to enter text.
Food portions ☐ No restriction on amount taken at a time ☐ Modified ☐ Quantity consumed to be documented	Click or tap here to enter text.
Quantity ☐ Self-directed ☐ Minimum amounts required (please specify)	Click or tap here to enter text.

Description of the condition	Recommended support: Describe recommended care If additional advice is required, please attach it to this template
Rate and order of intake ☐ Self-directed ☐ Direction/assistance required (please specify)	Click or tap here to enter text.
Preparation and presentation of drink	
Drink consistency ☐ No restriction on consistency ☐ Modified (slightly thick, mildly thick, moderately thick, extremely thick)	Click or tap here to enter text.
Drink portions ☐ No restriction on amount taken at each sip ☐ Modified ☐ Quantity consumed to be documented	Click or tap here to enter text.
Specific strategies required ☐ Spoon fed ☐ Finger food ☐ Drinking ☐ General (including behaviour management issues) ☐ Other	Click or tap here to enter text.
Potential skill development targets	
Mealtimes are recognised as an opportunity for socialisation and enjoyment. Specific skill development targets (e.g. introducing new foods or textures) are typically addressed at home. If the school is requested to support the introduction and promotion of new foods or tastes, this should be clearly documented and agreed upon with staff. ☐ Increasing independence (<i>e.g. collects lunchbox, manages spoon</i>) ☐ Behaviour targets (<i>e.g. remains in seat for five spoonfuls</i>) ☐ Increasing intake (<i>e.g. eats half a sandwich at lunchtime</i>)	Click or tap here to enter text.
Documented observations	
Upon negotiation, the school may assist the medical or allied health practitioner by documenting mealtime observations for the student. If this is required, please indicate what information is needed from the oral eating and drinking observations.	Click or tap here to enter text.
General supervision for safety or emergency escalation	
Unless otherwise negotiated, the school staff member will stop the eating/drinking process if they observe any of the following signs: Self-reported distress or show other signs of distress	Click or tap here to enter text.

Description of the condition	Recommended support: Describe recommended care If additional advice is required, please attach it to this template
• Tried and unable to manage • Gagging or coughing with unusual frequency • Pale and sweaty • Watery/glassy eyes • Unusual change of voice • Gurgling wet rattle in the throat • Unable to cough, stops breathing (choking) If these signs are repeatedly observed, the student's medical or allied health practitioner should review this form and provide updated information.	

Section 10: Declaration [AUTHORISATION REQUIRED]

Declaration

This *Personal Care Advice Template* has been developed with my knowledge and input.

Medical or allied health professional contact details

Date	Click or tap to enter a date.	
Name		
Role		
Hospital URL		
Ahpra registration number (if applicable)		
Address		
Email		
Telephone		
Signature of practitioner	X	Date: Click or tap to enter a date.

Parent/carer details or Mature minor*

Name of parent/carer 1	
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Signature	X	Date: Click or tap to enter a date.
Name of parent/carer 2		
Signature	X	Date: Click or tap to enter a date.
Principal details		
Name of principal (or nominee)		
Signature	X	Date: Click or tap to enter a date.

**Mature minor is a student who is determined by the principal to be a mature minor and who is capable of making their own decisions on a range of issues before the age of 18 years.*