



Toileting, Hygiene, and Menstrual Management Plan



Purpose

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 that are relevant to the student's health support needs.

Name of Student: _____

Date of Birth: _____

Date of Student Health Support Plan: _____

MedicAlert Number (if applicable): _____

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
- ☐ 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 <i>*School staff must not assist students with insertion or removal of sanitary tampons. Assistance may include verbal prompts and/or supervision as required.</i>		
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., <i>student is usually continent but could wet or soil occasionally; can change and clean up independently but will need reassurance</i>)		
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/guardian/carer/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/guardian/carer/emergency contact if the person displays signs of possible difficulties such as sweating, discomfort, is flushed or pale, or has a headache.		If required, outline different/additional steps in relation to the student's catheter management:

If no-one can be contacted, an ambulance may be called to transport the person to medical assistance.

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:

Authorisation

Name of Medical/health practitioner:
Professional Role:
Signature:
Date:
Contact details:
Name of Parent/Guardian/Carer or adult/mature minor**:
Signature:
Date:

**Please note: Mature minor is a student who can make their own decisions on a range of issues, before they reach eighteen years of age.

Approval authority	Director, Learning and Regional Services
Approval date	24 August 2023
Next review	Feb 2026