



PROCEDURE

Clinical Handover - Nursing

Scope (Staff):	Community health
Scope (Area):	CAHS-CH

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this [disclaimer](#)

Aim

To outline the process and minimum standards required for effective communication and documentation of clinical information to support continuous, coordinated and safe care for clients.

Risk

Failure to follow this procedure may result in risk to client safety and the timeliness, continuity and quality of care.

Background

Clinical handover refers to the transfer of professional responsibility and accountability for some or all aspects of care for a client, or group of clients, to another person or professional group on a temporary or permanent basis.²

Compliance with the *Clinical Handover – Nursing procedure* is mandatory. Non-compliance with this policy breaches [WA Health: Clinical Handover Policy](#) and [National Safety and Quality Health Service \(2nd edition\) Standard 6: Communicating for safety](#)¹ This procedure is supported by the *Communicating for Safety policy*.

Within the community setting clients may receive care from various service providers, sometimes concurrently. To ensure safe delivery and continuity of care, there needs to be a standardised process in place for effective and timely handover of client information and care. This includes communication and coordination between care services, and effective processes for sending and receiving critical information. This is

particularly important to ensure the provision of continuous, safe and effective care for children for whom there are identified health, development, wellbeing or safety concerns, and for external transfers of care.¹

Definitions

- **Child Development Information System (CDIS):** Electronic client medical record system used by CAHS-CH staff.
- **Clients at risk:** Clients who experience adverse conditions, circumstances or events and who require additional support to achieve positive health or development outcomes.
- **Clients of Concern:** Clients identified as having risk factors for negative health, development, wellbeing or safety outcomes. These may include: child protection concerns, family domestic violence, mental health concerns impacting parenting, social and emotional wellbeing concerns, and exposure to drugs and alcohol.
- **iSoBAR:** the mnemonic used to guide the structure and content of clinical handovers initiated within CAHS. Includes the components of Identify (i), Situation (S), Observations (o), Background (B), Agreed Plan (A), and Readback (R).
- **Mature minor:** A child under the age of 18 years who has been assessed as being able to fully comprehend the nature, consequences and risks of the proposed action, irrespective of whether there is parent/caregiver consent.³
- **Receiving nurse:** the nurse/team receiving a clinical handover, commencing a new episode of care, and taking on clinical responsibility of a client.

Key points

- All nurses will refer to the [Nursing and Midwifery Board AHPRA Decision-making framework](#) in relation to scope of practice and delegation of care to ensure that decision-making is consistent, safe, child and family-centred and evidence-based.
- The iSoBAR framework supports consistent content and structure of the handover. This ensures effective and comprehensive communication of client information, to support coordinated and safe transfer of care of clients and minimise the risk of error or clinical harm.
- Handover may be given face to face, or by telephone, email, or letter, following the iSoBAR framework.
- The nurse must always seek consent for handover/referral from the parent/caregiver, except in the event of an emergency. Consent from parent/caregiver should be clearly documented in CDIS/CHIS and/or paper-based client record.
- Parent/caregiver should be included in the handover process and care planning whenever possible and provided with a copy of relevant clinical handover information.

- Three mandatory identifiers must be used when handing over care, as per the *Client identification procedure*.
- Communication, decisions, actions and outcomes are clearly documented in the client record.

iSoBAR

iSoBAR	Relevant Information
I - Identify	<ul style="list-style-type: none"> • Client details/legal guardian • Nurse handing over • Consent for services/information sharing
S - Situation	<ul style="list-style-type: none"> • Reason for handover/referral • Presentation/ primary diagnosis
O - Observation	<ul style="list-style-type: none"> • Observations and assessment results <ul style="list-style-type: none"> ◦ ASQ, Physical Assessment, Breastfeeding assessment, SEHA
B - Background	<ul style="list-style-type: none"> • Birth, developmental, medical and family history • Social situation, siblings, protective and risk factors (e.g. Interpreter) • Allergy, drug reaction
A – Agreed Plan	<ul style="list-style-type: none"> • Given the situation, what needs to happen? • Relevant goals/plans
R – Readback	<ul style="list-style-type: none"> • Discuss handover/referral with parent/caregiver and confirm their understanding of process and required actions • Identify receiving clinician and discuss handover/referral with them if required • Receiving clinician – read electronic medical record and contact referring clinician if required

Refer to [Appendix 1](#) for Guide to finding iSoBAR Clinical Handover information in CDIS.

Refer to [Appendix 2](#) for Clinical Handover Infographic

Clinical Handover - External

External clinical handover processes will be utilised when:

- A client needs to be transferred urgently to an acute medical setting for further assessment and monitoring.
- A client is referred to services outside of CAHS-CH.
 - Common referrals include: General Practitioner, Ngala, Wanslea, Communicare, Family Support Services, Department of Communities - Child Protection and Family Support Services (CPFS)
- A client is exiting the service and it is currently unknown who CAHS-CH is handing over to. In these circumstances, clinical handover documentation will be given to the parent/caregiver/mature minor to pass on, as appropriate.
- Nurse receiving an external handover should use iSoBAR framework when documenting this handover in CDIS.

Procedure

Steps	Additional Information
<ul style="list-style-type: none"> • Discuss reason for referral with parent/caregiver. Ensure they understand the reason for referral and obtain consent. • Complete <i>CHS663 Clinical Handover/Referral form</i> and provide parent/caregiver with completed form along with copies of any other relevant assessments. • Ensure parent/caregiver understands their responsibility for arranging and attending the referral appointment. • Document clinical handover in CDIS as a CNP – Clinical Handover (ISOBAR). <ul style="list-style-type: none"> ○ Attach PDF copy of <i>CHS663 Clinical Handover/Referral form</i> in CDIS, and update <i>CHS725 Consent for Release of Information form</i> if required • Nurses without CDIS access will document clinical handover in the client's paper health record 	<ul style="list-style-type: none"> • Consent to sharing information must be in writing and current (within 12 months) when handing over to external parties. (Refer to <i>Consent for Services policy</i>) • If the external service provider has their own referral forms, complete these using iSoBAR framework. Attach <i>CHS663 Clinical Handover/Referral form</i> also if relevant. • Consent for referral to CPFS is ideal. However, concern for the safety and wellbeing of the child or clinician may override the need for parental consent. Refer to: CAHSH-CH – Child Safety and Protection and the Guidelines for protecting Children 2020 • When referring for child protection concern use: CPFS – Child Protection Concern Referral form • When referring an adult to family and domestic violence services use:

Steps	Additional Information
<p>(MR600, CHS410) and attach <i>CHS663 Clinical Handover/Referral form</i>, and update <i>CHS725 Consent for Release of Information form</i> if required.</p> <ul style="list-style-type: none"> In emergency situations, use iSoBAR framework in the verbal handover to paramedic to ensure all critical information is communicated. Refer to CAHS-CH <i>Client Record transfer policy</i> for further information on the management of client records for clients exiting CAHS-CH service. 	<p>Referral for Family and Domestic Violence form (FDV952)</p> <ul style="list-style-type: none"> Refer to CAHS-CH <i>Recognising and Responding to Acute Deterioration policy</i> for further information on handover in emergency situations. Where required, advise parent/caregiver to proceed with child to the hospital or GP.

Clinical Handover - Internal

Internal clinical handover processes will be utilised in the following circumstances:

- Transfer of client care between nurses within the same discipline/specialty within CAHS-CH
 - For example, when client care is transferred from a child health nurse in one metropolitan region to another child health nurse in another metropolitan region
- Transfer of client care between nurses from different areas within CAHS-CH
 - This may include referral to Aboriginal* Health Team (AHT), Refugee Health Team (RHT), Child Development Services (CDS), Partnership level of Services – Child Health, and Breastfeeding Support Services (BFS)

Procedure

Steps	Additional Information
<p><i>Referring Nurse</i></p> <ul style="list-style-type: none"> Discuss reason for referral or handover with parent/caregiver and obtain consent for referrals. Ensure parent/caregiver understands reason for referral. 	<ul style="list-style-type: none"> Consent for handover may be written or verbal. When handing over to nurses without access to CDIS, complete a <i>CHS663 Clinical Handover/Referral form</i>.

Steps	Additional Information
<ul style="list-style-type: none"> • Notification of handover between CAHS-CH staff who both have access to CDIS may be verbal or by email, using iSoBAR framework. • Document the communication and clinical handover in CDIS as a CNP - Clinical Handover (ISOBAR). Attach copy of the email sent. • Complete referrals for CDS, BFS and Partnership - Child Health Service using the relevant screens in CDIS. • Ensure parent/caregiver understands their responsibility for arranging and attending the referral appointment. • Attach PDF copy of <i>CHS663 Clinical Handover/Referral form</i>, and <i>CHS725 Consent for Release of Information</i> if required, to CDIS file. <p><i>Receiving Nurse</i></p> <ul style="list-style-type: none"> • For Child health staff - collect client paper file, and update CDIS as per <i>Client Record Transfer procedure</i>. • Where client initiates and establishes ongoing contact with new region without prior advice, nurse will send a request to previous region for transfer of client's paper file. • Read client's CDIS notes and/or paper record and seek clarification from previous nurse if required. 	<ul style="list-style-type: none"> • Nurses without CDIS access will document making or receiving of a handover in the client's paper file (MR600, CHS410), attach copy of <i>CHS663 Clinical Handover/Referral form</i>, and update <i>CHS725 Consent for Release of Information form</i> if required. • For transfers of clinic or region, contact the receiving nurse by phone if there are urgent concerns. • Discuss relevant client information with Partnership, BFS or CDS Intake CNS by phone or email to determine need for a referral. • Provide parent/caregiver with the contact details of receiving community health service. • Ensure client paper and electronic files are up to date. • Refer to CAHS-CH <i>Client Record Transfer procedure</i> when client is moving permanently to another CAHS-CH service site.

Steps	Additional Information
<p><i>Referral to AHT</i></p> <ul style="list-style-type: none"> • Document consent for referral to AHT services in CDIS. • Email AHT regarding the client's name, DOB, parent/ caregiver name and address, and consent to referral. Attach a copy of this email in CDIS. • Ensure client's paper and electronic files are up to date. • Document referral to AHT services in CDIS as CNP - Clinical Handover (ISOBAR). 	<ul style="list-style-type: none"> • Advise parent/caregiver that the referral will be sent directly to central AHT email and that receiving nurse will contact them to discuss concerns and to schedule appointments. • Contact AHT receiving clinician by phone to discuss any urgent concerns. • Retain the client on current 'Active list'. AHT will transfer client to the appropriate AHT 'Active list' once the referral has been actioned. <p>Email to: BirthNotificationsAHT.CACH@health.wa.gov.au</p>
<p><i>Referral to RHT</i></p> <ul style="list-style-type: none"> • Document consent for referral to RHT services in CDIS. • Clarify and document client's visa status (e.g. Humanitarian or Asylum Seeker visa). • Staff with CDIS access email RHT regarding the referral and then attach a copy of this email in CDIS. • Document referral to RHT in CDIS as CNP - Clinical Handover (ISOBAR). • Staff without CDIS access send email to RHT regarding the referral, including a scanned copy of <i>CHS080 Referral to Refugee Health form</i>. Save a printed copy of the email and referral form in client's paper file. • Ensure client's paper and electronic files are up to date. 	<ul style="list-style-type: none"> • Advise parent/caregiver that the referral will be sent directly to central RHT email and that receiving nurse will contact the parent/caregiver (using free interpreter services as required) to discuss concerns and to schedule appointments. • Contact RHT by phone to discuss any urgent concerns with the receiving clinician. • Client will remain on Child health centre's 'Active list' after referral is accepted by RHT. <p>Email to: CACH.RefugeeHealthReferrals@health.wa.gov.au</p>

Clinical Handover - Clients with identified needs

This includes clinical handover from one community health service to another within CAHS-CH, between child health and primary school services, or between CAHS-CH and WACHS.

Clients with identified needs may include clients of concern, children under the care of CPFS, and those clients with CDIS Flags or on the Universal Plus pathway who are considered at risk of health, developmental, social or safety concerns.

Where it is identified that another nurse will be taking over the care of a client with concerns, a clinical handover should be completed to minimise the risk of interruption to continuity of care. Where significant risks are present, ensure the relevant Flag has been created or updated in CDIS. An Alert flag is to be used if there is a risk to the safety and wellbeing of the client or clinician.

Combined Clients of Concern (COC) meetings for child and school health teams are recommended to enable discussion and clinical handover between the teams as needed. Clinical representatives from AHT and RHT at COC meetings supports clinical handover of relevant clients to school health, particularly near the end of the year.

When the whereabouts of a child is unknown and there are concerns, a report should be made to CPFS as per the Clients of Concern protocol.

Procedure

Steps	Additional Information
Child Health to School Health	
<p><i>Child Health Nurse</i></p> <ul style="list-style-type: none"> Child health nurses are required to regularly review Child Health - Active lists to ensure that COC list and Flags status are up-to-date. Consider clients at risk who will be starting in Kindy the following year. Determine if formal clinical handover to School Health service is required. Discuss reason for handover with parent/caregiver. Handover may be given directly to receiving nurse if school enrolment 	<ul style="list-style-type: none"> Refer to <i>Assigning CDIS Flags</i> tip sheet for further details on assigning and updating flags. Include parent/caregiver in the handover process where possible. Inform that handover is being given to SH services. Discussion with parent/caregiver and verbal handovers to receiving nurse are recorded as CNP in CDIS. Ensure siblings are linked if concerns relate to family wellbeing and safety.

Steps	Additional Information
<p>has been confirmed by parent/caregiver.</p> <p><i>Clinical Nurse Manager</i></p> <ul style="list-style-type: none"> • When a child's school has not yet been determined, CNM is responsible for communication with school health team about children identified by child health nurse as being at risk or having identified health or developmental needs. CNM and school health team identify school enrolment for these children with concerns. • CNM to forward client details to the appropriate school health nurse. • Communication, decisions, actions and outcomes are to be clearly documented in the client record. <p><i>School Health Nurse</i></p> <p>School health nurses are required to prioritise School Entry Health Assessments for children with increased risks to health, wellbeing, development and safety. This assessment includes direct liaison with the client's parent/caregiver and discussion with teacher.</p> <ul style="list-style-type: none"> • Receive formal clinical handover of relevant clients from CHN or CNM. • Review children on CDIS Class lists for Flags or marked for Priority assessment. • Review CDIS notes for indicators of need and identified areas of concern and seek further clarification if required from child health nurse. <p>A school health nurse may need to provide clinical handover to child health services if there are known younger siblings of school aged children with identified significant risks.</p>	<ul style="list-style-type: none"> • CNM must be involved in all handovers of clients on COC list. • If class lists are delayed, request CHNs to generate a handover list by 'copying and pasting' clients on COC list or clients with relevant CDIS flags on CH Active list. <ul style="list-style-type: none"> • Make a prioritisation plan for School Health Entry Assessments of children at increased risk of compromised health, wellbeing and developmental outcomes. • Review CDIS notes for students identified with concerns by parent/teacher. • Refer to <i>School-aged health services – Primary and Universal contact School Entry Health Assessment guidelines</i> for further details on school health nurse procedures.

Steps	Additional Information
Community Health client relocating between WACHS and CAHS-CH	
<p><i>Client moving from WACHS to CAHS-CH</i></p> <ul style="list-style-type: none"> • CAHS-CH CNM to provide CAHS-CH nurse with handover of vulnerable children from WACHS. • Request handover via WACHS central email, if not already received from CAHS-CH Leadership Correspondence. • Seek clarification from relevant WACHS Child health nurse if required. <p><i>Client moving from CAHS-CH to WACHS</i></p> <ul style="list-style-type: none"> • Child health nurse identifies client with concerns moving to WACHS services. • Discuss referral/handover with parent/ caregiver. Gain/update consent for release of information, using <i>CHS725 Consent for Release of Information form</i>. • Complete <i>CHS663 Clinical Handover/Referral form</i>, documenting concerns regarding the child's safety and wellbeing. • Email <i>CHS663 Clinical handover form</i>, a request to conduct a clinical handover, and new contact details of client if known, to WACHS central email. • Document clinical handover in CDIS as CNP - Clinical Handover (ISOBAR) and include a copy of the email sent. Attach a copy of <i>CHS663 Clinical Handover/Referral form</i> in CDIS - Attachments. • Nurse may arrange and conduct the verbal component of handover directly with receiving WACHS nurse, to give further information about issues and the level of concern. 	<ul style="list-style-type: none"> • Handover forwarded from WACHS Central email to CAHS-CH Leadership Correspondence: LeadershipCorrespondence.CommunityHealth@health.wa.gov.au • CAHS-CH Leadership Correspondence will forward handover to appropriate CNM. • CNM notified about all handovers of clients on COC list or considered to have high risk to health, development, wellbeing or safety. Refer to <i>Clients of concern management protocol</i>. • CHN or CNM to review <i>CHS663 Clinical Handover/Referral form</i> and any additional documents included, such as the Child Wellbeing Guide or reports to CPFS, and forward to WACHS Central email: areaofficepopulationhealth.WACHS@health.wa.gov.au • Child health client may be relocating to WACHS for child health services or entering kindy in the following year. • Create a 'Flag - Information' in CDIS and document a CDIS-CNP if the client is concurrently receiving services from CAHS-CH and WACHS.

Compliance

Auditing for clinical handover occurs via the *CH Child and School Health Nursing Client Record Audit tool*, as per the *Client record audit management procedure* for Community Health. Compliance with the procedure is monitored via the CAHS – Community Health Clinical Governance Committee.

References

1. Australian Commission on Safety and Quality in Health Care. User guide for Acute and Community Health Service Organisations that provide care for children. Sydney, 2018.
2. Australian Medical Association. Safe Handover: Safe Patients. Guidance on Clinical Handover for Clinicians and Managers. Canberra, 2006.
3. Department of Health WA. Working with Youth: A legal resource for community-based health workers. Perth, 2007.
4. Child and Adolescent Health Services. Vulnerable Populations. In: Department of Health WA, editor. Perth, 2020.

Related internal policies, procedures and guidelines

The following documents can be accessed in the Community Health Manual: [HealthPoint link](#) or [Internet link](#) or for WACHS staff in the [WACHS Policy link](#)

[Child Health Services](#)

[Clients Of Concern Management](#)

[School-aged health services - Primary](#)

[School-aged health services - Secondary](#)

[Vulnerable Populations](#)

The following documents can be accessed in the Child Development Service Policy Manual

[Clinical Handover in the Child Development Service](#)

The following documents can be accessed in the [CAHS-CH Operational Manual](#)

[Client Identification Procedure](#)

[Client Record Transfer](#)

[Consent for Release of Client Information](#)

Recognising and Responding to Acute Deterioration
The following documents can be accessed in the CAHS Policy Manual
Child Safety and Protection
Communicating for Safety
The following documents can be accessed in WACHS Policy
WACHS Child Health Clinical Handover of Vulnerable Children Procedure
The following documents can be accessed in the Department of Health Policy Frameworks
Clinical Handover Guideline
Clinical Handover Policy (MP0095)
Related CAHS-CH forms
The following forms can be accessed from the CAHS-Community Health Forms page on HealthPoint
CHS663 – Clinical Handover/Referral
CHS725 – Consent for Release of Information
CHS725 – Consent for Release of Information – Client Information Sheet
FDV952 – Referral for Family and Domestic Violence
Related CAHS-CH resources
The following resources can be accessed from the CAHS-Community Health Resources page on HealthPoint
CDIS User Manual and guidelines
Guidelines for Protecting Children 2020
Standard 6 – Communicating for Safety
Related external resources
441 CPFS Child Protection Concern Referral form
Child Wellbeing Guide
National Safety and Quality Health Service Standards 2nd Edition

This document can be made available in alternative formats on request.

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Healthy kids, healthy communities

Compassion Excellence Collaboration Accountability Equity Respect

Neonatology | Community Health | Mental Health | Perth Children's Hospital

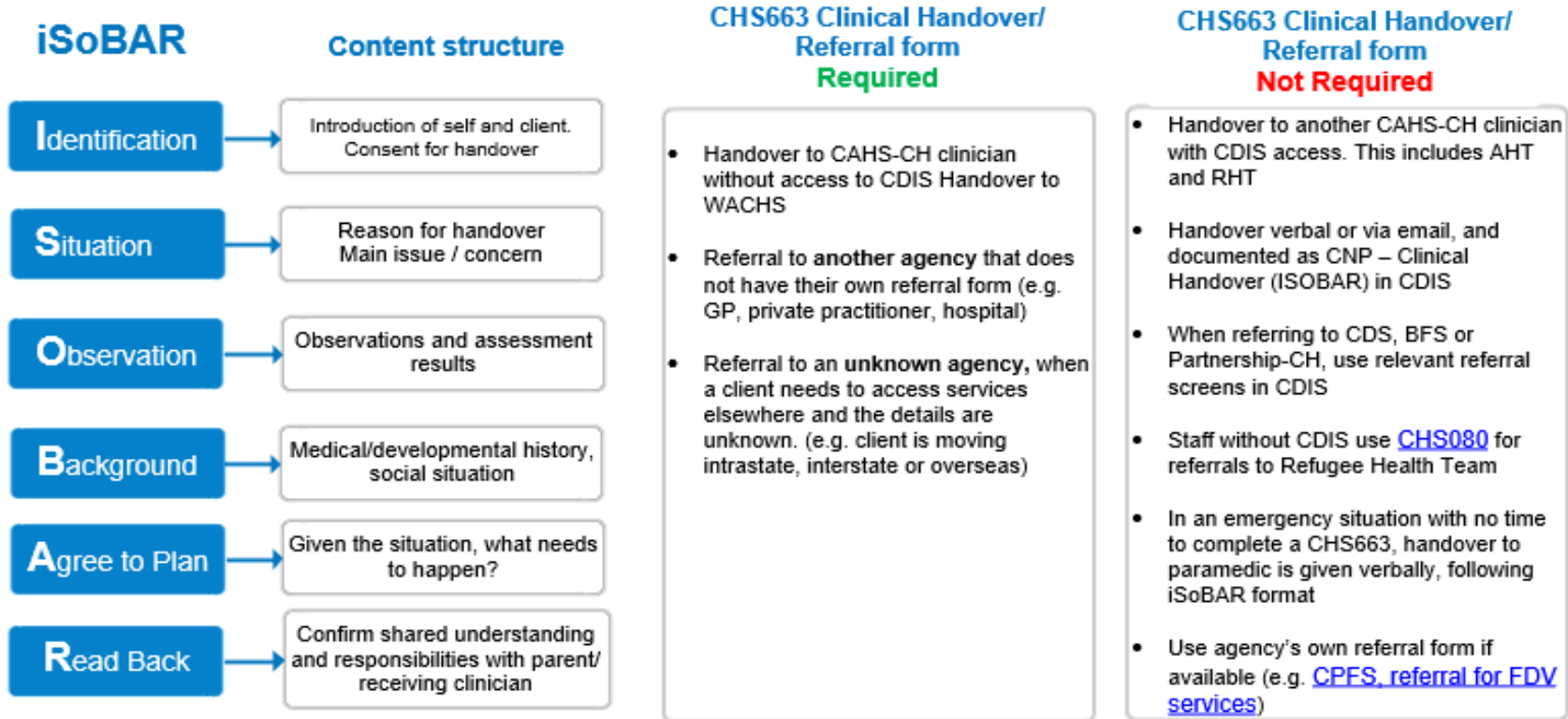
Appendix 1: Guide to finding Clinical Handover information in CDIS

iSoBAR Framework	Relevant Information	Where to find information in CDIS
I - Identification	<ul style="list-style-type: none"> Introduce the referring service, and identify the client, parent/caregiver, contact details and consent for referral 	<ul style="list-style-type: none"> Client details screen
S - Situation	<p>Describe the reason for handover</p> <ul style="list-style-type: none"> Identify the primary issue/concern and any secondary issues/concerns 	<ul style="list-style-type: none"> Integrated Progress Notes (IPN) Indicators of Need (protective and risk factors) Flags
O - Observation	<ul style="list-style-type: none"> Include observations and assessment results if relevant 	<ul style="list-style-type: none"> IPN Assessment tool results ASQ
B - Background	<p>Describe relevant background information including:</p> <ul style="list-style-type: none"> Client history (e.g. health and development, family situation, emotional health and social situation) Past and present interventions and investigations 	<ul style="list-style-type: none"> IPN Correspondence (history) Assessment tool results (outcomes from any previous assessments) Referral history
A – Agreed Plan	<ul style="list-style-type: none"> Given the situation, what needs to happen? Relevant goals/plans 	<ul style="list-style-type: none"> IPN Correspondence Care plan, if available
R – Read Back	<ul style="list-style-type: none"> Confirm shared understanding of the handover or referral with the parent/guardian or receiving clinician 	<ul style="list-style-type: none"> Document in CDIS as CNP 'Clinical handover (iSoBAR)' for handovers, and 'Referral to another discipline/service' for referrals outside of CDIS

Appendix 2: Clinical Handover Infographic

Nursing Clinical Handover Infographic 

Clinical Handover is required for the temporary or permanent transfer of professional responsibility and accountability for some or all aspects of care for a client, or group of clients, to another person or professional group.



Key Messages

- Referrals are the main type of Clinical handover for nurses in Community Health
- Not every handover requires the CHS663 Clinical Handover/Referral form
- iSoBAR is the structure that clinicians must use within WA Health
- Depending on the situation, handover can be done verbally, electronically or in writing, using the iSoBAR structure