



| PROTOCOL | |
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| Drop-in session | |
| Scope (Staff): | Community health staff |
| Scope (Area): | CACH, WACHS |

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

Aim

This protocol outlines the state-wide practice for the operation of a child health drop-in session to ensure consistent service delivery for all consumers.

Risk

This protocol aims to reduce the following risks:

- inconsistent service delivery
- inconsistent state-wide access to services
- safety and health risk to clients and Occupational Safety and Health (OSH) risks to staff
- inefficient use of staff resources.

Background

The universal child health service model includes child health contacts, parenting groups and drop-in sessions in order to provide appropriate anticipatory guidance, health promotion, and parenting support. In most instances where clients agree to engage with child health services, this will be regarded as implied consent and no signed consent form is required.¹

The provision of flexible service delivery formats increases accessibility for a broader range of families who are raising children under a wide range of conditions and contexts.^{1, 2, 3}

A drop-in session/s (DIS) allows parents and carers the option of a brief face-to-face consultation with a Community Health Nurse (CHN) without the need for a scheduled appointment. A DIS provides an opportunity to address **non-complex needs and concerns** of children and is not intended for client issues of a sensitive nature or where a further level of support is required.

Evidence has shown that “open access” clinics allow holistic parenting support, reassurance and referral with the role of the nurse being crucial in assisting parents with the interpretation of their infant’s growth and development.⁴

Key Points

- A DIS is **suitable for brief intervention** for non-complex concerns, health promotion/education, parental reassurance, general advice and interpretation of infant growth and development.
- A DIS is **not suitable for monitoring issues of clinical concern** such as possible growth faltering. Appointments must be booked or formal referrals made where clear issues of clinical concern requiring follow up are identified and documented.
- CHNs need to be aware of the **boundaries of their professional practice** and availability of local resources to support the family.
- A DIS is not intended to facilitate CHN-led parent social networking.

Equipment

- Infant weighing scales
- Wipes, hand sanitiser, and bin for general waste
- Change mats
- Relevant, endorsed child health resources
- Access to relevant electronic data systems
- Drop-in session attendance form (CHS830)

Process/Procedure

| Steps | Additional Information |
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| <p>1. Planning</p> <p>DIS planning will be led by the Clinical Nurse Manager – Community Health (CNM-CH) in consultation with CHN at a team or regional level.</p> | <ul style="list-style-type: none"> • Planning will take into account local needs, geographic coverage, staffing and relevant population and health data. • DIS within a region should be available on differing days of the week and at varying times throughout the region, providing clients with flexibility in accessing community health services. • The effectiveness of the delivery and scheduling of DIS will be reviewed using monthly management reports by the CNM-CH and other relevant data. • CACH only: CNM-CH to ensure that Child Health Booking System (CHBS) have an up-to-date listing of DIS in their area. |

| Steps | Additional Information |
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| <p>2. Promotion</p> <p>Clients may be provided with a PHR insert detailing drop-in sessions.</p> <p>Standardised DIS posters are available for display within the CHC or on community noticeboards.</p> | <ul style="list-style-type: none"> • PHR inserts for drop-in sessions are available on HealthPoint under Resources-Posters- Templates. • DIS editable posters for CACH and WACHS are available on HealthPoint under Resources-Posters- Templates. |
| <p>3. Duration</p> <p>DIS will be available for a timeframe of 90-120 minutes client contact time (depending on numbers attending) with additional time allocated for documentation, setup and pack down.</p> | |
| <p>4. CACH only: Child Development Information System (CDIS) Calendar Booking</p> <p>One nurse to schedule DIS availability in their calendar in CDIS using Group/Multi Session (in Notes section write 'DIS').</p> <ul style="list-style-type: none"> • Other nurses attending should schedule Standby appointments or to leave it blank in the DIS timeslot in their calendars. | <ul style="list-style-type: none"> • DIS need to be scheduled into CDIS to avoid CHBS or CHN making formal appointments. • Scheduling DIS into CDIS will allow DIS occasions of service to be accurately reported. |
| <p>5. Venue</p> <p>A DIS must be provided in venues that are suitable and take into account the following:</p> <ul style="list-style-type: none"> • Sufficient space for multiple families and their equipment. • Adequate occupational health and safety (no trip, child safety, hygiene or other hazards). • Sufficient alternative space for private and confidential one-to-one discussion as required. • Accessible by public transport and sufficient parking. | <ul style="list-style-type: none"> • When working in venues, staff must consider parent and child safety, and the potential need for brief separate private and confidential discussions. • Single clinic rooms and small waiting areas are not suitable for DIS. • When considering venue suitability, venues located in or near community hubs, where multiple service providers operate, can assist to link families with other local support services. |
| <p>6. Staffing</p> <p>Where feasible two staff will operate the DIS at one time to ensure clients are seen in a timely manner, confidentiality is maintained and OSH issues are minimised.</p> | <ul style="list-style-type: none"> • Staffing will be reviewed by the CNM-CH in consultation with teams and with consideration of DIS attendance data and attending client profiles. |

| Steps | Additional Information |
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| <p>7. Confidentiality</p> <p>Due consideration should be given to conversations or advice being provided that is confidential or sensitive in nature.</p> | <ul style="list-style-type: none"> The CHN may suggest that an appointment may be required to address the client's needs. |
| <p>8. Drop-in session attendance form</p> <p>All clients attending a DIS must be recorded on an appropriate electronic data information system.</p> | <ul style="list-style-type: none"> Client details will be entered onto the Drop-in session attendance form (CHS830) by the CHN and kept confidential during DIS. The CHN will enter client details and content of the contact from these forms onto the relevant electronic data information system at the conclusion of the DIS. The CHS830 is an operational tool, not a client record, and therefore should not be retained. The CHS830 will be securely destroyed according to local processes as soon as possible after the relevant client records are updated. |
| <p>9. Documentation</p> <p>All relevant clinical information must be entered, including Aboriginal and Torres Strait Islander status, into the relevant electronic data information system.</p> <p>Client records must be current, completed, accurate and objective.</p> | <ul style="list-style-type: none"> CHN to allocate time at end of session to complete documentation in a timely manner. The CHN must accurately record the topics discussed with each client in the relevant electronic information system. CACH only: ensure that "Drop-In Session" box is checked on both the CDIS client screen and acuity screen. |
| <p>10. Clients presenting with complex issues and/or needs</p> <p>Clients with complex issues and/or needs often require a more comprehensive service than can be provided in DIS and may require services more appropriate to their needs.</p> <p>CHN need to ensure timely follow up and/or referral for clients with complex needs, or if a clinical concern is identified.</p> <p>Clinical handover of clients will be undertaken and documented according to local processes.</p> | <p>All clients with complex needs should have identification in the client record of planned follow up activities.</p> <p>If a client originates from another centre, the DIS CHN must notify and inform the original CHC that the client has attended and:</p> <ul style="list-style-type: none"> CACH only: that CDIS notes are available WACHS only: a progress note is completed and sent to the originating CHC where electronic notes are not available. <p>All notifications must be time appropriate.</p> |

| Steps | Additional Information |
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| <ul style="list-style-type: none"> ○ CACH-CH refer to: Clinical handover- nursing (CAHS-CH Operational policy) ○ WACHS refer to: Clinical handover-population health (WACHS Operational procedure) | |

| References |
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| <ol style="list-style-type: none"> 1. Edmond K. The Western Australian Metropolitan Birth to School Entry Universal Health Service Delivery Model. Review of evidence with recommendations for an improved service delivery model. Department of Health Western Australia. 2015. 2. Australian Health Ministers' Advisory Council. Access principles of the national framework for universal child health and family services. Canberra: Department of Health and Ageing; 2011. 3. Western Australian Office of Auditor General. Universal child health checks follow-up. Perth: Office of the Auditor General; 2014. 4. Kearney L, Fulbrook, P. Open-Access child health clinics: The everyday experience of parents and child health nurses. Journal of Child Health Care. 2012; 16(1):5-16. |


| Related internal policies, procedures and guidelines |
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| <p>The following documents can be accessed in the Community Health Manual via the HealthPoint link or the Internet link</p> |
| Breastfeeding deviations from normal |
| Clinical Handover – Nursing (Operational Manual) |
| Consent for Services (Operational Manual) |
| Growth birth – 18 years |
| Physical assessment 0 – 4 years |
| Sleep |
| Vulnerable populations |

| Related resources and forms |
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| <p>The following resources and forms can be accessed from the HealthPoint CACH Intranet link</p> |
| Clinical handover/referral form (CHS 663) |

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| Drop-in session attendance form (CHS830) |
| Drop-in sessions – metro full week poster (in Posters -Templates) |
| Drop-in sessions – metro single session poster (in Posters -Templates) |
| Drop-in sessions - WACHS poster (in Posters -Templates) |
| How children develop 0-12 years |
| PHR insert – drop-in (in Posters -Templates) |
| WACHS Electronic Community Health Nursing Clinical handover form |

| Useful external resources |
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| Clinical handover-population health (WACHS Operational procedure) |
| Information Storage and Disposal policy (OD 0559/14) |
| National Hand Hygiene Initiative in Western Australian Healthcare Facilities (OD 0263/10) |
| Occupational Safety and Health Act 1984 |
| Patient Information Retention and Disposal Schedule (MP 0002/16) |
| Scope of Nursing Practice Decision Making Framework |
| WA Health Clinical Handover policy (OD 0403/12) |
| WA Health Consent to Treatment policy (OD 0324/11) |

This document can be made available in alternative formats on request for a person with a disability.

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