



GUIDELINE

School-aged Health Services- Secondary

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| Scope (Staff): | Community health |
| Scope (Area): | CAHS-CH, WACHS |

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](#)

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Aim

To support secondary school-aged young people to optimise their health, wellbeing, and development.

Risk

Non-adherence may negatively impact on the health, wellbeing, and developmental outcomes of secondary school-aged young people.

Background

Community Health Nurses (Nurses) support school communities with specialist skills and knowledge. Nurses offer opportunities for primary health care for adolescents and support a range of health care needs.

A population-based approach is used to facilitate health enhancement and the early detection of health and developmental concerns for children and young people as they grow and develop.¹

Services for school-aged children are based on the progressive universalism model characterised by universal services offered to all young people and additional services provided for young people and families who need a higher level of support.

In public schools, a *Memorandum of Understanding* (MOU) between the Department of Education (DoE), Child and Adolescent Health Service-Community Health (CAHS-CH) and WA Country Health Services (WACHS) for the delivery of school health services for students attending public schools (2022-2024) outlines the roles and responsibilities for schools and healthcare providers.²

Key points

- This document should be read in conjunction with the School-aged health services policy and the MOU.
- Nurses have statutory, legal, and professional responsibilities to act when they suspect a child under the age of 18 years is the subject of or at risk of child abuse. For assistance with recognising and responding to child health and safety concerns refer to [Guidelines for Protecting Children 2020](#).
- Limits of confidentiality is a key concept in service delivery for adolescents (see *Working with Youth A legal resource for community-based health professional*).
- School principals have ultimate responsibility for student health care planning when a child has been identified as having a health need.
- School principals have ultimate responsibility for the management of first aid within the school.
- Nurses should familiarise themselves with the school's process for accessing and storing student health care plans, Risk Management Plans (RMPs) and Paediatric goals of patient care plans.

- When handing over, or referring a client within, or outside of, the health service, use of CAHS-CH and WACHS clinical handover processes are required.
- Nurses:
 - must adhere to the Department of Education (DoE) *Visitors and Intruders on Public School Premises policy* which includes signing the Visitors Book on arrival to align with school occupational safety and health requirements.
 - May be asked to provide proof of criminal record screening when attending DoE sites and Working with Children card in accordance with the DoE *Criminal History Screening for Department of Education sites policy*.
- For guidance in providing high quality, safe and accessible health care to all Western Australians who may need language assistance when using WA health system services, nurses should refer to the Language Services Policy (MP 0051/17).
- Young people are to be informed about, and have access to the [Charter of Healthcare Rights](#).

Principles

- School health services are based on progressive universalism, with a focus on providing support for children and young people who need it most.
- The model of school health services is based on key population health principles including:²
 - primary prevention strategies which reduce the likelihood of developing a disease or disorder
 - a focus on early identification and early intervention for children and adolescents for health and development issues
 - the child or young person being at the centre of care, delivered in partnership with families and those involved in the life and care of the child or young person.
- 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, person-centred and evidence-based.
- Nurses need to provide a culturally safe service delivery which demonstrates a welcoming inclusive environment that recognises the importance of cultural beliefs and practices of all clients.

Service Outline

| Planning school health delivery service | |
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| | <ul style="list-style-type: none"> • Meetings between the nurse, line manager and school leadership team are used to: <ul style="list-style-type: none"> ○ discuss school community health needs and key health issues ○ promote the role of nurse with school staff ○ plan school health service activity and expected outcomes <ul style="list-style-type: none"> - WACHS staff; see Service Level Agreement templates. ○ Refer to the MOU for roles and responsibilities of each party. • For further information and to help with planning, nurses can refer to: <ul style="list-style-type: none"> ○ WA School Health Program Guide ○ WA Health Promoting Schools Association – for community needs assessments and audit tools. Assists in guiding planning and prioritise service delivery for school year. ○ CHS431 School Profile. • Nurses support and promote healthy development of children and young people by engaging with school staff in the planning and development of activities that focus on the whole school population. • Deliver <i>Information sessions for education staff</i> for identified topics (adrenaline autoinjectors, management of asthma, diabetes, and seizures) as requested and negotiated. <ul style="list-style-type: none"> ○ For further information on topics and training outlines refer to <u>Information sessions for education staff</u> documents. • All schools are required to have clearly defined procedures for managing first aid and emergency situations, which are independent of community health nurse availability. <ul style="list-style-type: none"> ○ The nurse is not the schools designated first aid officer. |

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| | <ul style="list-style-type: none"> ○ Although not responsible for development of first aid policy and procedures, the nurse can use their expertise and knowledge to provide guidance. ○ As part of their duty of care and within the scope of their skills, knowledge and availability, the community health nurse should assist in a medical emergency at school if they are present at the time of the incident or utilised as a secondary consultation where there is concern about the nature of the injury or where incidents are recurrent. Refer to the MOU for further detail. |
| <p>Communicable disease surveillance and prevention</p> | |
| <p>Universal</p> | <ul style="list-style-type: none"> ● Advocate for good hand and general hygiene practices and related health education. ● Support school immunisation practices <ul style="list-style-type: none"> ○ Support the School Based Immunisation Program (SBIP) as per CAHS and WACHS processes. <ul style="list-style-type: none"> - CAHS-CH- Liaison with School Based Immunisation Program (SBIP) Team or provider and nurse should occur at the commencement of school year and prior to each scheduled round of immunisations. - CAHS-CH staff refer to <i>Immunisation procedure</i>. - WACHS staff refer to School Based Immunisation Program guidelines. ● Provide (facilitate) advice about prevention and management of communicable diseases in the school community, if required. Refer to Control of Communicable diseases manual on the WA Health Communicable Disease Guidelines page. |
| <p>Curriculum support</p> | |
| | <ul style="list-style-type: none"> ● Contribution to classroom activity for priority health issues, as negotiated with teachers. <ul style="list-style-type: none"> ○ Teachers are responsible for lesson planning, curriculum requirements and management of student behaviour. The teacher should always be present in |

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| | <p>the classroom when the nurse is involved in a session.</p> <ul style="list-style-type: none"> ○ Nurses are required to use approved resources and standard presentations according to CAHS-CH and WACHS processes. ● Nurses may provide support to teachers around the key priority areas identified in the MOU;² <ul style="list-style-type: none"> ○ Mental health and wellbeing ○ Healthy child and adolescent development ○ Overweight and obesity ○ Communicable disease ○ Ear health in Aboriginal children ○ other health issues of importance as identified though the Health Promoting Schools framework process, inclusive of health service and school planning meetings. ● Discuss requests to provide curriculum support on topics outside the key priority areas with line manager. |
| <p>School health promotion activity- whole of school information</p> | |
| <p>Universal</p> | <ul style="list-style-type: none"> ● Advocate and support for whole school health promotion and wellbeing initiatives (use/recommend evidence-based health promotion strategies and resources). ● Health and wellbeing presentations: <ul style="list-style-type: none"> ○ See Community Health Nurse (CHN) in high school presentations to year 7's- CHN Presentations for high school: Facilitator Guide. ○ Note: The Facilitator Guide provides topics that may be applicable across all year levels. ● Promote relevant evidence-based parenting programs. |
| <p>Primary health care for adolescents</p> | |
| <p>Universal Plus Partnership</p> | <ul style="list-style-type: none"> ● Provide a point of contact for adolescents to discuss physical, emotional, or psychosocial health concerns <ul style="list-style-type: none"> ○ offer accessible appointments and drop-in consultations for adolescents. |

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| | <ul style="list-style-type: none"> • A referral process for adolescents to access the nurse is to be negotiated at each school. This is to include opportunities for confidential self-referral. <ul style="list-style-type: none"> ○ The referral process is to be communicated to all school staff and students. • Discuss limits of confidentiality at each consultation. • Consider consent requirements, including the capacity of the adolescent as mature minor and/or to provide their own consent in a given situation. <ul style="list-style-type: none"> ○ Documentation of consent is to be noted in the relevant health record at each contact. ○ See <i>School aged health services- policy, Consent for Treatment Policy (MP 0175/22)</i> and <i>Consent for Treatment Procedure (MP0175/22)</i>. • Provide assessment, brief intervention, advocacy and referral for adolescent health, development and wellbeing issues and health information as relevant. Refer to: <ul style="list-style-type: none"> ○ <i>HEADSS adolescent psychosocial assessment procedure</i> ○ <i>Suicide risk response protocol</i> – if a young person discloses suicidal ideation or non-suicidal self-injury ○ <i>Adolescent Brief Intervention procedure</i>. • Nurses also respond to individual needs. Common health needs for adolescents include queries related to mental health and wellbeing, healthy relationships, sexual health, and alcohol and other drugs. • Student Information Notetaking sheet (CHS672)- is available for recording. Once entered on CDIS/CHIS, notetaking sheet should be shredded. • Health assessments for new enrolments in Intensive English Centres (IECs): <ul style="list-style-type: none"> ○ Offer age-appropriate health assessment inclusive of hearing and vision, to all new enrolments at IECs when this has not been undertaken. |
| <p>Health support for identified at risk adolescents</p> | |
| <p>Universal Plus Partnership</p> | <ul style="list-style-type: none"> • Conduct health assessments with children in care in response to referrals from the Department of Communities |

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| | <ul style="list-style-type: none"> ○ refer to <i>Children in Care- conducting an assessment and Children in Care- managing referrals for assessment.</i> ● Work in partnership with principal and/or delegated student service staff to support students with identified risk factors known to impact on health wellbeing and/or safety (clients of concern). <ul style="list-style-type: none"> ○ Refer to <i>Clients of concern management</i> protocol. ○ At commencement of school year, nurses will review clients of concern communication tools to identify incoming students. ○ Clients of concern who move schools require clinical handover to the nurse at the receiving school using CAHS-CH and WACHS clinical handover processes. |
| <p>Support for students with identified health needs</p> | |
| <p>Universal Plus Partnership</p> | <ul style="list-style-type: none"> ● Support for clients with identified and/or chronic health needs. ● School principals have ultimate responsibility for student health care planning and the development of Risk Management Plans (RMPs). <ul style="list-style-type: none"> ○ Clients with identified and/or chronic health needs may be enrolled in Education Support or mainstream schools. ○ Additional guidance for specific health requirements can be found in the following procedures: <i>Catheterisation; Gastrostomy device management; Midazolam administration; Nasogastric tube management; Oxygen administration (prescribed); Tracheostomy management.</i> ○ Nurses may support school staff and families with health care planning and management. ● Nurses should make themselves familiar with the school's process for accessing and storing student health care plans, RMPs and Paediatric goals of patient care plans. ● Students with identified health needs who move schools require clinical handover to the nurse at the receiving school using CAHS-CH and WACHS clinical handover processes. |

Documentation

Nurses maintain accurate, comprehensive, and contemporaneous documentation of assessments, planning, decision making and evaluations according to CAHS-CH and WACHS processes.

Compliance monitoring

Failure to comply with this policy document may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the Integrity Policy Framework issued pursuant to section 26 the Health Services Act 2016 (WA) and is binding on all CAHS and WACHS staff as per section 27 of the same act.

Compliance monitoring methods may include observation of clinical practice, clinical incident review, client health record documentation audit and/or attendance at identified training sessions.

In the school health setting compliance monitoring methods include:

WACHS

- Quarterly reporting and analysis of Community Health Information System (CHIS) data showing school health activity.
- Annual reporting of immunisation rates for 12 and 15 year olds.

CAHS-CH

- Quarterly reporting against client record audits

References

1. Child and Adolescent Health Service. School-aged Health Service Review- Report and Recommendations. Perth; 2018
2. WA Department of Health and WA Department of Education. Memorandum of Understanding between Department of Education and Child and Adolescent Health Service and WA Country Health Service for the delivery of school health services for students attending public schools 2022-2024

Related internal policies, procedures, and guidelines

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


Adolescent Brief Intervention

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| Children in Care- conducting an assessment |
| Children in Care- managing referrals |
| Clients of concern management |
| Clinical handover- Nursing |
| Family domestic violence |
| Groups for parents |
| HEADSS adolescent psychosocial assessment |
| School aged health services |
| Suicide risk response protocol |
| Universal Plus – school health |
| The following documents can be accessed in the CAHS-CH Operational Policy Manual |
| CDIS Client Health Record Management |
| Client Identification |
| Consent for services |
| Consent for Release of Client Information |
| Home and Community Visits |
| The following documents can be accessed in the CAHS Policy Manual |
| Child and Family Centred Care |
| Child Safety and Protection |
| Confidentiality, Disclosure and Transmission of Health Information |
| Paediatric Goals of Patient Care |
| Patient/Client Identification |
| The following documents can be accessed in the WACHS Policy Manual |
| Consent for sharing of information: child 0-17 years procedure – Population Health |
| Documentation - Clinical Practice Standard |
| Goals of Patient Care |

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| Paediatric Diabetes Notification Procedure |
| School Based Immunisation Program Guideline |
| WebPAS Child at Risk Alert procedure |
| Working in Isolation Policy– Minimum Safety and Security Standards for all Staff |
| The following documents can be accessed in the Department of Health Policy Frameworks |
| Consent to Treatment Policy (MP 0175/22) |
| Consent to Treatment Procedure (MP 0175/22) |
| Related external legislation, policies, and guidelines |
| Children and Community Services Act 2004 |
| Criminal History Screening for Department of Education |
| School Education Act 1999 |
| School Education Regulations 2000 (Section 147) |
| Student Health in Public Schools Policy and Procedures (Department of Education) |
| Visitors and Intruders on Public School Premises |
| Related internal resources (including related forms) |
| CHN high school facilitator Guide |
| CHS672 Student Information Notetaking sheet |
| Charter of Healthcare Rights |
| Communicable diseases guideline |
| Guidelines for Protecting Children 2020 |
| Information sessions for education staff |
| MOU between DOE, CAHS and WACHS for the delivery of school health services for students attending public schools 2022-24 |
| WA School Health Program Guide |

| Related external resources (including related forms) |
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| Australian Commission on Safety and Quality in Health Care - Translated versions of the healthcare rights |
| WA Health Promoting Schools Association |
| Working with Youth: A legal resource for community-based health workers |

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

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| Standards Applicable: | NSQHS Standards:  Child Safe Standards: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 | | |

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Healthy kids, healthy communities

Compassion
Excellence
Collaboration
Accountability
Equity
Respect

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