

WA School Health Program Guide



Healthy kids, healthy communities



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Acknowledgement of country and people

The Child and Adolescent Health Service and the WA Country Health Service acknowledges the traditional custodians of the land, the Noongar people and the Aboriginal people of the many traditional lands and language groups of Western Australia. We acknowledge the wisdom of Aboriginal Elders both past and present, and pay respect to Aboriginal communities of today.

Introduction

Aim

It is anticipated that this document will support professionals from Health and Education sectors, along with the broader community, to better understand the key role of community health nurses (CHNs) working in schools and reinforces the collaborative relationship with the Department of Education that is essential to invest and optimise student health and wellbeing outcomes.

The School Health Program offers best practice services, shaped by the National Safety and Quality Health Service (NSQHS) Standards and provides a framework of service provision for children and young people (of school age) aged 3½ to 18 years.

This document provides guidance for all those who deliver school health programs or services for children and young people in Western Australia.

Community Health Nurse* (CHN)s working in schools support children's healthy development and wellbeing by providing school entry health assessments and follow up, providing health information, providing a point of contact for young people to discuss any emotional, psychosocial and ongoing physical health concerns, providing brief interventions and assisting with access and referral to other services, providing advice and support around school health promotion activities, assisting families and schools with healthcare planning, and providing advice and support around immunisation.

* Please refer to appendix 1 for definitions. Definitions contained within this document align with the Common Language Framework developed in collaboration with the Department of Education and the WA Country Health Service.



Executive Summary

Across Western Australia, CHNs provide school health services that promote the health, development and wellbeing of children and young people to help them reach their full potential.

CHNs working in schools provide support through the primary and secondary school years. CHNs work with students, school staff and parents to identify early signs of health or developmental concerns; facilitate health education and health promotion; contribute to development of health care plans for students with identified or chronic health needs; and connect children and young people with relevant health services and supports.

While school health services have been in place in Western Australia for more than a century, there has been significant State Government investment in school health services in recent years. Shaping the landscape, the Sustainable Health Review (2019) continues to drive eight Enduring Strategies throughout health in Western Australia. These evidence-based, best practice informed strategies form the foundation of the key health priorities underpinning the WA School Health Program.



To ensure the increased investment is meeting community needs, a School Aged Health Review was commissioned of school health services. The aim of the Review was to ensure that the resources invested in school health services continue to be used in the most effective and efficient way; that these services remain contemporary; are aligned to best practice; and continue to meet the needs of the school-aged population.

The School health program carries learnings from the Review into school health service delivery.

The Review drew nine conclusions from the synthesis of the evidence presented and support the recommendations for service reform.



1 Service principles

Conclusion 1: Service principles

Community health services for school-aged children, young people and their families are based on the principles of primary prevention and should be universally accessible, but with enhanced access for those requiring a greater level of support. They form an essential part of the health system and play a key role in addressing improved health outcomes.

2 Service flexibility

Conclusion 2: Service flexibility

Community health services provided to school-aged children, young people and their families must be more flexible and responsive. The services must be broadened beyond the physical school setting to reach the wider school community.

3 School readiness

Conclusion 3: School readiness

School-aged community health services should start well before school entry and continue into primary school. The offer of a universal screening or assessment should remain a key element of the service model for children entering school.

4 Service reorientation

Conclusion 4: Service reorientation

School-aged community health services should reorient to be more focussed on vulnerable children, young people and their families to maximise health and development outcomes.

5 Priority health issues

Conclusion 5: Priority health issues

School-aged community health services need to be focussed on supporting children and young people with chronic or identified health conditions including, but not limited to mental health and wellbeing, obesity, sexual health, diabetes and asthma.

6 Identified health needs*

Conclusion 6: Identified health needs*

Demand for nursing services for children and young people with identified and ongoing (chronic) health needs has exceeded current capacity and requires further review. (*Previously referred to as complex care.)

7 Technology

Conclusion 7: Technology

Consumers expect health information, advice and support to be available online and to be able to access services using 21st century technology.

8 Skilled workforce

Conclusion 8: Skilled workforce

A highly skilled workforce is needed to deliver community health services to children, young people and their families.

9 Outcome measures

Conclusion 9: Outcome measures

Better measures of service outcomes are needed to communicate the trends, understand the issues and drive improvement in community health services for school-aged children, young people and their families.

State and Service Context

The main drivers influencing school health services for WA children can be seen in the table below. Together these reports highlight mental health and wellbeing; overweight and obesity; developmental readiness for school; and early detection and treatment of ear health in Aboriginal children as focus areas. The need for provision of culturally respectful service delivery and a focus on children and young people at higher risk of disease or poor developmental outcomes were also identified in these reports.

Report	Areas of relevance
WA Sustainable Health Review 2019	Overweight, obesity, mental health, alcohol, focus on reduction in disparities in health outcomes and access to care for Aboriginal people, CALD communities, and people living in low socioeconomic circumstances
WA Auditor General's Report on Improving Aboriginal Children's Ear Health 2019	Ear health in Aboriginal children
State Public Health Plan 2019-2024	Healthy eating, physical activity, overweight and obesity, mental health, drugs, improvement of Aboriginal health and wellbeing, injuries, safer communities, sun protection, oral health improvement, immunisation
WA Health Promotion Strategic Framework 2022-2026	Healthy eating, physical activity, overweight and obesity, smoking, targeting groups at higher risk, prevention of injuries, promoting safer communities
WA Youth Health Policy 2018-2023	Support to improve health literacy and resilience, Equitable access to health services, Provision of high quality health care
WA Healthy Weight Action Plan 2019-2024	Overweight and obesity
WA Mental Health, Alcohol and Other Drug Services Plan 2015-2025	Mental health, culturally secure services
WA Aboriginal Health and Wellbeing Framework 2015-2030	Healthy eating, physical activity, overweight and obesity, mental health, tobacco, culturally respectful and non-discriminatory health system, equitable and timely access to best quality and safe care, oral health
National Agreement on Closing the Gap (reports)	Responsive health system

The School-aged Health Service Review Report and Recommendations (2018) report determined that the framework for services provided to school-aged children, young people and their families should be based on the same model of progressive universalism as underpins WA Child Health Services. This responds to the focus on children at higher risk of negative health and developmental outcomes.

These drivers are underpinned by the WA legislative context, including:

Health Services Act 2016 – which established health service providers (CAHS and WACHS) and health support services as separate board-governed statutory authorities and the Department of Health as the system manager and include these relevant objects:

- to promote and protect the health status of Western Australians
- to identify and respond to opportunities to reduce inequities in health status in the Western Australian community
- to promote a patient-centred continuum of care, including patient engagement, in the provision of health services.

Public Health Act 2016 - to protect, promote and improve the health and wellbeing of the public of Western Australia and to reduce the incidence of preventable illness, and for related purposes and include these relevant objects:

- Promoting public health and wellbeing in the community
- Help prevent disease, injury, disability and premature death
- Reduce the health inequalities in public health of disadvantaged communities

School Education Act 1999 – The Department of Education promotes student health, supports student health care needs, and identifies and minimises health risks within the context of the schools' resources, and the assistance available from specialist services and include these relevant objects:

- (a) to recognize the right of every child in the State to receive a school education during the child's compulsory education period
- (b) to allow that education to be given in a government school, a non-government school or at home
- (c) to provide for government schools that meet the educational needs of all children
- (d) to provide for education, training and employment alternatives at the senior secondary level
- (e) to acknowledge the importance of the involvement and participation of a child's parents in the child's education and School Education Act 1999 Preliminary Part 1 s. 4 As at 22 Jul 2019 Version 04-h0-01 page 3 Published on www.legislation.wa.gov.au.

School-aged health service delivery model (3½ to 18 years)



Universal services are provided for all children and young people.

- Early detection programs
- Surveillance
- Transition from Child Health

Primary:

- Screening/SEHA
- Vision
- Hearing
- Lift the Lip (Dental health)
- Growth/BMI
- School readiness

- Health promotion
- Primary health care
- Health counselling
- Parenting support

Secondary:

- Health promotion
- Health education

- Liaison
- Advocacy
- Referral

Other:

- School Based Immunisation Program
- Triple P



UNIVERSAL PLUS

Universal Plus services are provided for children and young people who need additional follow up care and support. Nursing services work in partnership with care givers, schools and other agencies.

- Monitoring
- Brief intervention

Primary:

- ASQ
- Triple P
- Ear health for Aboriginal students
- Targeted screening/ assessments

Secondary:

HEADSS

Health care planning

Other:

- Children in Care
- Clients of Concern



PARTNERSHIP

Partnership services are provided for children and young people with identified health needs and circumstances. Nursing services work in partnership with care givers, schools and other agencies.

 Health care planning and management for students with identified and/or chronic health conditions.
 Liaison with specialised health services.

Figure 1. School aged health service delivery model (3½ years to 18 years)



Principles

The WA Health System aligns with the core values of; collaboration, openness, respect and empowerment.

School health services in Western Australia are committed to:

Child and family centred care: the child or young person is at the centre of all care, delivered in partnership with families and those involved in the life and care of the child or young person.

Providing **culturally secure care**, ensuring cultural diversity, rights, views, values and expectations of Aboriginal people, and those of other cultures, are recognised and respected within Australian legislation.

Collaboration with families, schools and other agencies. The partnership with the Department of Education ensures collaboration to identify and respond to emerging health priorities in order to maximise health outcomes for school-aged children.

Use of **primary prevention strategies** which reduce the likelihood of developing a disease or disorder through early identification and early intervention for health and developmental issues.

Use of the **Health Promoting Schools Framework** in collaboration with school communities, using a combination of strategies in three broad areas:

- curriculum, teaching and learning
- school organisation, ethos and environment
- partnerships and services.

Progressive universalism with a focus on vulnerable children and young people, providing more support for those who need it most. The use of this model supports the continuity of services from birth to adulthood. CAHS and WACHS use the following terms to describe the three levels of service:

 Universal services are provided for all children and young people. Services include health promotion and health education, population-based screening programs and delivery of school-based immunisation programs

- Universal plus services are provided for children and young people who need additional care and support. Services may include assessments, brief interventions, referral and/or support for specific health, wellbeing or developmental issues
- Partnership services are provided for children and young people with more identified health needs and circumstances.
 Services may include more intensive support for health care planning, management, in collaboration with the family, school and health services.



Objectives

From Memorandum of Understanding (MOU):

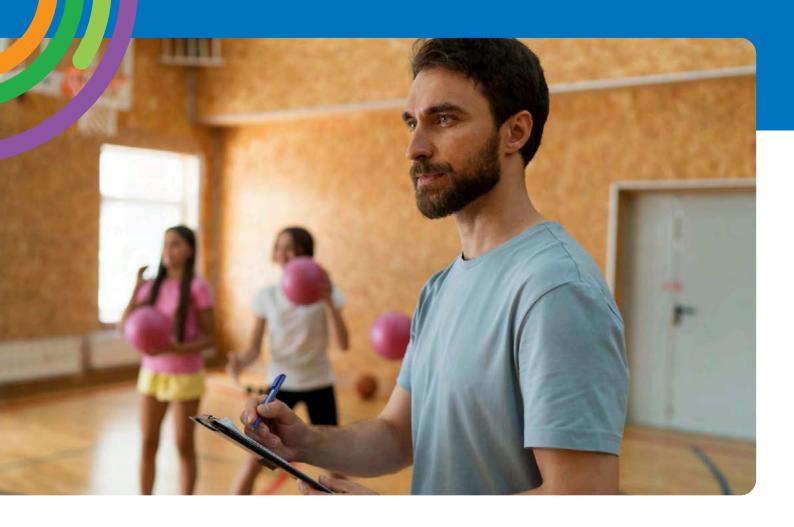
- supporting children, young people and their families to maximise health and development outcomes, with a particular focus on those who are most vulnerable
- providing services that are effective and contemporary and that serve the needs of school-aged children, young people and their families
- responding flexibly to the delivery of services relevant to the context of the school and to meet the changing needs of families
- communicating effectively to all relevant stakeholders, including through the use of technology, in delivering information and services and
- building capacity of all involved to support optimal provision of services.

From Public Health Act 2016:

 To protect, promote and improve the health and wellbeing of the public of Western Australia and to reduce the incidence of preventable illness.

From school aged health services – primary and secondary guidelines

• To promote the health, development and wellbeing of children/young people/ adolescents by engaging with them, their families and school staff.



Priority Health Issues and Health Service Delivery Approach

Our services work with school aged children applying a population-based service approach to facilitate health enhancement and the early detection of health concerns for children and adolescents as they grow and develop. Schools are ideally placed to support and promote the health and wellbeing of children and adolescents, and school health service staff are well positioned to support school communities with specialist skills and knowledge.

As a key workforce group in the WA health system's delivery of primary health care, school health service staff provide children, young people and their families with a first point of contact and access to the health system. School health services actively promote healthy knowledge, skills and behaviours for short-term and life-long outcomes.

Current state health priorities for children and young people population include:

- healthy child and adolescent development
- overweight and obesity
- mental health and wellbeing
- communicable disease (including COVID-19)
- ear health in Aboriginal children.

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.

Our Program

CHNs support school communities with specialist skills and knowledge. A population-based approach is used to facilitate health enhancement and the early detection of health and developmental concerns and for children and adolescents as they grow and develop. CHNs also provide families with guidance around healthy growth, development and wellbeing.

CHNs advocate for the use of the Health Promoting Schools Framework to plan coordinated school health initiatives which address health issues using research evidence, school health promotion strategies. Advice is provided to schools about planning and implementing health promotion initiatives. CHNs may support and engage in programs and initiatives existing in local schools

The progressive universalism model is used across community services in CAHS and WACHS and allows for greater investment in working with families who need a higher level of support to improve long term health outcomes for children and communities.

Support by CHNs to meet the needs of the school community is negotiated in partnership with teachers and other school staff.



Universal and Universal Plus

Observations, holistic assessments and provision of follow up support brief intervention and/or referrals.



Health information resources and support

Provision of health information and support.



School health promotion activities

Contribution to school health activities.



Partnership

Contribution to development of health care plans for students with identified or chronic health needs.

Primary school health services Children 3½-11 years



The School Entry Health Assessment (SEHA) program, provided for all children commencing school, aim to identify health and developmental concerns. The SEHA program is offered to Kindergarten or Pre-primary children attending public and non-government primary schools and to children who are home schooled.

CHNs undertake a systematic enquiry of parent/caregiver and teacher concerns; gather information about the child's current abilities and functions; identify risks and protective factors; and complete age appropriate observations and screening assessments covering the following areas:

- vision, hearing and ear health
- growth, (including height, weight and Body Mass Index)
- oral health
- developmental and general health, if required.

Parent and guardians, along with CHNs and education staff work together to consider each child and prioritise assessments for those at greatest risk of health, developmental or wellbeing concerns.

Outcomes of assessments are discussed with families, and support, information, brief interventions and/or referrals are provided to meet the needs of the child and family.

Age-appropriate screening assessments, inclusive of hearing, ear health and vision, are offered to all new enrolments at Intensive English Centres (IECs) when it is identified this has not been undertaken earlier.



CHN provide specialist knowledge in key priority health and development areas to school communities.

Promotion of health and development emphasising healthy growth, nutrition and healthy eating, physical activity, social and emotional development and mental health and wellbeing may be provided through:

- promotion of approved parenting programs run locally
- delivery of Kindergarten talks for families of children starting school
- delivery or referral to Triple P Level 2 seminar series
- delivery of curriculum support as negotiated and in partnership with teachers
- facilitation of health information to enhance health literacy
- distribution of relevant CAHS-CH and WACHS age-specific resources in various formats.

The CHN's role in communicable disease surveillance and prevention is to:

- ensure each school has access to the latest WA Health Communicable Disease Guideline
- providing advice in the event of a communicable disease in the school
- provide information on local immunisation clinics as required.



School health promotion activities

CHNs provide advocacy for whole school health promotion initiatives targeting the following key priority areas:

- healthy child development
- overweight and obesity
- mental health and wellbeing
- communicable disease (including Covid-19)
- ear health in Aboriginal children and other health issues of importance as identified through the Health Promoting Schools framework process.



Throughout the primary school years, CHNs provide support for children and young people with specific health issues. This can include:

- support and provision of health information, assessment, brief intervention and referral
- provision of additional age-appropriate assessments where a concern is raised by an individual, parent or teacher throughout the school years including healthy growth assessments and identification of children and young people at risk of developmental, wellbeing and psychosocial concerns
- provision of hearing and ear health assessments for all Aboriginal children in Pre-primary and Year 1 (unless SEHA has already been conducted in that school year).

Comprehensive Health Assessments for Children in Care are a priority and are conducted in response to referrals from Department of Communities Child Protection and Family Support. These are conducted when children move into care initially, and annually.



Health information resources and support

• **Delivery of Triple P** – level 3 discussion groups and Level 4 Group Triple P support parents of children with a concern about their child's behaviour and development.



Partnership

Contribution to development of health care plans for students with identified or chronic health needs.

CHNs contribute to the development of health care plans for students with identified or chronic health needs. The CHNs support school staff and families with health care planning and management for clients with identified health needs and/or chronic conditions. This includes responding to requests for health information by parent/caregiver or school staff for their child and providing clinical handovers if the student moves schools.

Transition to Secondary School

Adolescence is a life transition period for students which is characterised by rapid physical and psychosocial changes. During transition to secondary school, adolescents often experience increased psychosocial and academic challenges. Issues such as mental health and wellbeing concerns, depression, and anxiety may arise.

Community Health nurses in schools are well placed to support students at this time through the Universal offer of health and wellbeing presentations to students transitioning to secondary school. The presentations aim to enhance awareness about possible challenges and ways to seek help if needed.



- Universal offer of health and wellbeing presentations to Year 7 (along with other years as requested) students, covering:
 - role of CHN working in secondary schools
 - starting high school
 - access to reliable health services and websites/apps
 - adolescent mental health
 - physical health
 - social health
 - screen time/safety online.

Secondary school health services – Children 12-18 years



Provision of health information to enhance health literacy in the priority health areas, including healthy adolescent development and healthy growth.



Health information resources and support

Provision of health information to enhance health literacy in the priority health areas, including healthy adolescent development and healthy growth.

CHNs provide parents with support and health information about key health, developmental and wellbeing issues through individual and group contacts. The CHN can promote and/or conduct groups to provide support and health information to young people.

CHNs may provide support, information and contribute specialist knowledge to teachers around key priority areas, using approved resources and standard presentations, including:

- healthy child and adolescent development
- overweight and obesity
- mental health and wellbeing
- communicable disease (including Covid-19)
- ear health in Aboriginal children and other health issues of importance as identified through the Health Promoting Schools framework process.

Delivery of Teen Triple P – Teen Triple P supports parents of teenagers with identified risk factors known to impact on development to develop skills to enable them to support their children.

Services for secondary school-aged children include promotion and delivery of immunisation programs and prevention of communicable disease, including:

- ensuring schools have access to the latest WA Health Communicable Disease Guideline
- providing advice in the event of a communicable disease in the school
- providing information on local immunisation clinics as required
- facilitating (delivery of) the school-based immunisation program.



School health promotion activities

Advocacy for whole school health promotion initiatives targeting key priority areas including:

- healthy adolescent development
- overweight and obesity
- mental health and wellbeing
- communicable disease (including Covid-19)
- ear health in Aboriginal children and other health issues of importance as identified through the Health Promoting Schools framework process.



Universal Plus

Primary health care is provided to adolescents to support with physical, emotional or psychosocial health concerns. Nurses provide a first point of contact and access to the health system for adolescents.

CHNs provide:

- drop-in and/or appointment sessions for adolescents
- information about consent requirements and limits of confidentiality, discussed at each contact
- additional age-appropriate assessments where a concern is raised by individual, parent or teacher
- assessments, brief interventions, follow-up and ongoing support as required in response to a holistic consideration of the young person's needs
- brief interventions to support young people to develop health literacy and skills, and to help them access care as needed
- non-judgemental information and strategies to help young people build skills and knowledge about how to deal with their difficulties and can empower young people to become more resilient and better able to deal with problems in the future
- referrals to appropriate external services if issues identified require further assessment and intervention that is outside the CHN's scope or experience.

In addition, age-appropriate health assessment, inclusive of hearing/ear health and vision, are offered to all new enrolments at Intensive English Centres (IECs) when it is identified this has not been undertaken.

Comprehensive Health Assessments for Children in Care are a priority and are conducted in response to referrals from Department of Communities Child Protection and Family Support.

The HEADSS psychosocial assessments is used as a framework in which information can be gathered about a young person's life, their strengths, supports and challenges. HEADSS helps build rapport between the CHN and young person, and supports planning care in a way that empowers the individual.

HEADSS is an acronym representing the following domains:

- Home
- Education and employment, eating and exercise
- Activities and peer relationships, social media
- Drug use, including prescribed medications, cigarettes, vaping, alcohol and other drugs
- Sexuality and gender
- Suicide, self-harm, safety and spirituality.

Support is provided to young people who have identified risk factors known to impact on health, wellbeing and/or safety. CHNs participate in the Student Services Team at their school to support young people identified as at risk.



Support is provided for children with identified and/or chronic health needs.

CHNs support school staff and families with health care planning and management for clients with identified health needs and/or chronic conditions. This includes supporting families with health information. Additionally, this may include providing clinical handover if the student moves schools.

For individual students at risk of suicide, nurses provide support in collaboration with school staff in line with the Department of Education policy guidance (see Department of Education policies internet page).



Clinical Nursing Leadership and Governance

Professional governance as a system ensures alignment with legislation, regulations, standards and policies that govern the nursing and midwifery professions. Developing and implementing effective professional governance is core to the profession. This ensures that nurses are appropriately prepared for practice, and that they continue to uphold the highest standards of professionalism which is essential to ensuring health care quality and safety.

National Safety and Quality Health Service Standards



The National Safety and Quality Health Service (NSQHS) Standards are a series of eight national standards that all public health services across Australia must comply with. NSQHS Standards provide a nationally consistent statement of the level of care consumers can expect from health service organisations.

The eight National Safety and Quality Health Service (NSQHS) Standards aim to protect the public from harm and improve the quality of care delivered to patients and consumers by addressing key safety and quality issues in service delivery identified by consumers and stakeholders in the sectors. The standards provide a roadmap to develop good clinical governance frameworks and partnerships across the patient journey.

The NSQHS Standards promote collaboration, innovation and the building of partnerships to deliver safe quality care. Implementation of the actions against the NSQHS Standards provides assurance to the public that the service is continuously working to improve care and minimise harm.



Standard 1: Clinical Governance



Standard 5: Comprehensive Care



Standard 2:Partnering with Consumers



Standard 6:Communicating for Safety



Standard 3: Healthcare-Associated Infection



Standard 7: Blood Management



Standard 4:Medication
Safety



Standard 8:
Responding and recognising to acute deterioration

Community health nurses working in schools support children's healthy development and wellbeing using a primary health care approach through a combination of assessments, related follow-ups such as brief interventions and referrals; provision of health information and advice; support around school health promotion activities and healthcare planning.

Nursing and Midwifery Board (NMBA) - Professional Practice Frameworks

The Nursing and Midwifery Board of Australia (NMBA) protects the public by ensuring that anyone who is registered as a nurse and/or midwife is safe and competent to practise. Nurses and midwives must be registered with the Nursing and Midwifery Board of Australia (NMBA), and meet the NMBA's professional standards in order to practise in Australia.

As regulated health professionals, CHNs are responsible and accountable to the Nursing and Midwifery Board of Australia (NMBA). Together with NMBA standards, codes and guidelines, these Registered nurse standards for practice must be evident in current practice, and inform the development of the scopes of practice.

Nursing practice, as a professional endeavour, requires continuous thinking and analysis in the context of thoughtful development and maintenance of constructive relationships. To engage in this work, CHNs need to continue to develop professionally and maintain their capability for professional practice. Nurses determine, coordinate and provide safe, quality nursing. This practice includes comprehensive assessment, development of a plan, implementation and evaluation of outcomes. All nurses refer to the Decision-making framework for nursing and midwifery by the NMBA in relation to scope of practice and

delegation of care to ensure that decisionmaking is consistent, safe, child and familycentred and evidence-based.

Policy guidance

A suite of policy documents provides guidance to CHNs working in WA schools. An overarching policy notes the background to the provision of school health services and provides broad descriptions of the service. Associated school aged health services, primary and secondary guidelines provide further details about what is provided to schools and students at each level. The guidelines are then supported by procedures for particular health areas such as growth, vision and hearing/ear health, as well as other documents about areas such as health promoting schools or student health care plans. Policy documents are developed and reviewed based on current epidemiological evidence, peer reviewed research and consultation with nurses, other staff working in schools as well as content experts.

Education and school health service staff follow and must be aware of relevant health and education guidelines and policy documents. This includes documents referring to responses around child safety, suicide/self-harm and student health care planning.



Clinical Supervision in Community Health Nursing

CHNs working in Schools have access to clinical supervision. The aim of clinical supervision is to support professional nursing practice in order to provide safe, effective and high quality nursing care for the community. A number of benefits and objectives associated with clinical supervision have been identified (e.g., job satisfaction, reduced stress and burn-out rates, acquisition of new skills, confidence, reflection, and quality assurance). Clinical supervision is viewed as an opportunity to raise and reflect on issues and challenges, including those listed below:

- Issues arising from client care and interactions with clients and/or other staff members
- Professional boundary issues
- Reflections on experiences in the delivery of health care
- Maintenance of professional standards
- The challenge of delivering nursing care in a large and diverse organisation
- Reflections on situations that raise ethical and moral dilemmas or challenge personal values.

Skills and Education

It is the responsibility of the relevant Health Service Providers to ensure that CHNs delivering school health services are registered with the Australian Health Practitioner Regulation Authority (AHPRA). Nurses are required to have relevant qualifications, skills, training and supervision as identified by the Registered Nurse Standards for Practice and the National School Nursing Standards for Practice. These professional standards and policies for nurses include codes of conduct, standards for practice, and codes of ethics. Nurses may have additional qualifications or experience including child and adolescent community health (or similar); mental health; and maternal, child and family health.

Nurses will complete a service orientation and comply with the relevant practice frameworks.

The skills and education outlined above are relevant for agencies contracted to provide school health services on behalf of CAHS or WACHS, which includes ACCHSs/AMSs in many remote communities that are contracted by WACHS to provide community health services for school aged children.

The diagram below is a visual representation of the influence of governance and systems in Community Health nursing.

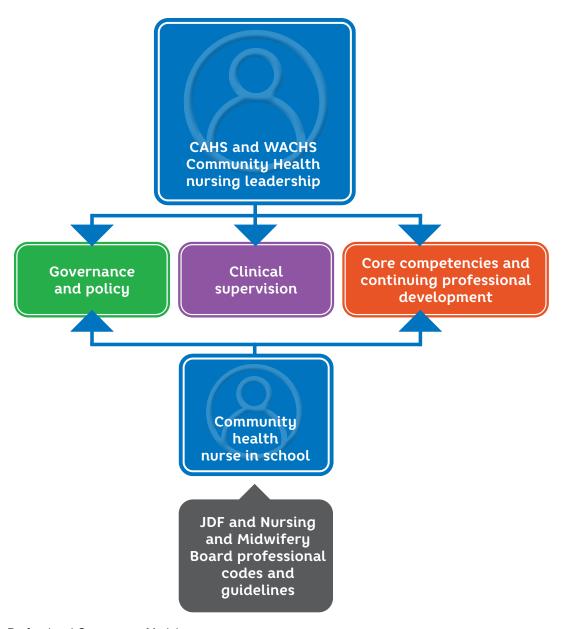


Figure 2. Professional Governance Model

Standards of practice apply to all service providers engaged to deliver School Health Services on behalf of WA Health including Aboriginal Medical/Health Services.

Operational Guidance

Infrastructure

Accessibility

Services for school-aged children in Western Australia should be accessible at times and locations that meet the needs of children and young people. The primary location for service delivery is usually at school. Where possible children and young people will be offered a choice of locations which best meets their needs, and in settings that enable confidentiality.

A level of service is maintained throughout the year, including alternative modes of support during school holidays. Services are flexible and responsive to client needs, demand and priorities. Local service delivery is planned and implemented accordingly, involving periodic review and adjustment based on feedback from key stakeholders.

Technology

Technology is central to the delivery of contemporary services in the school setting. Equipped with contemporary platforms, Community Health staff can readily access health related resources to support students and their families, and school staff. In addition, health service providers use electronic health records which facilitate integrated care with related services, for example, child health services and child development services.

Service planning can be informed by relevant data and information to support whole school approaches to the provision of health care support and promotion.

Work Health and Safety

All service providers delivering School Health Services are required to ensure the safety, health and wellbeing of employees, students, clients and visitors.

Incident and hazard reporting occurs as per the WA Occupational Safety and Health Act 1984 to ensure that all hazards and incidents are identified and appropriately managed in support of a safe and healthy work environment.

CHNs working in Schools are employees of the health service provider and work within health service policy and procedure. As nurses are considered visitors whilst on the school site their practice will also be informed by relevant education sector policy and occupational Health and Safety regulations. As such, the CHN will ensure that the principal is kept informed of any safety and health issues as required.

Duty of confidentiality and Information sharing

As per Western Australian legislation and policy, Health Service Providers will ensure that all staff have access to guidance in relation to information sharing, to safeguard or protect children, improve coordination and communication between agencies.

The School-aged health services policy guides nurses in this area. Health professionals have a duty to maintain the confidentiality of all information obtained in the course of providing health care to clients of any age. The duty means that information cannot generally be released to others without the client's consent or, where 'incompetent' due to age and



maturity, or conditions such as intellectual disability, psychiatric illness or an acquired brain injury, the permission of the client's legal guardian (usually a parent). Client confidentiality is a fundamental legal duty of health professionals.

When working with children and adolescents, CHNs explain the concept of confidentiality early in a consultation, including the limits to confidentiality that protect individuals from serious risk of harm.

The Memorandum of Understanding between the Department of Education, CAHS and WACHS and the resource Working with youth: A legal resource for community based health workers include additional guidance, including limits of confidentiality and information sharing.

Safeguarding

Every child has the right to be safe and to live without fear, abuse or violence in their family and community. CHNs in schools have an obligation to work with children and their families so that children are protected, cared for and given the opportunity to develop to their full potential.

The Children and Community Services Act 2004 prescribes the responsibilities for identified staff, including nurses, regarding mandatory reporting of child sexual abuse. This Act underpins mandatory reporting of child sexual abuse in WA. Nursing staff are legally required to report when they have a belief, formed on reasonable grounds, that child sexual abuse has occurred or is occurring. The Department of Child Protection support children and young people in the Chief Executive Officer's care, protect children and young people from abuse and support individuals and families at risk or in crisis.

The objects of the Children and Community Services Act are:

- to promote the wellbeing of children, individuals, families and communities
- to acknowledge the primary role of parents, families and communities in safeguarding and promoting the wellbeing of children
- to encourage and support parents, families and communities in carrying out that role
- to provide for the protection and care of children in circumstances where their parents have not given, or are unlikely or unable to give, that protection and care; and to protect children from exploitation in employment.

The role of the WA health system (the Department of Health, Health Service Providers and contracted entities) is to promote and protect the health status of the community, of which the safety and wellbeing of children is central.

The Mandatory Reporting of Child Sexual Abuse Training Statewide Policy establishes the minimum requirements for Health Service Providers to support staff to meet their legislative reporting requirements as they relate to child sexual abuse.

The Statewide Guidelines for Protecting Children 2020 provides clinicians with information to appropriately address child abuse concerns they identify through the provision of health services.

Children in Care

Assessments and managing referrals for children in care

Community Health staff must meet legislative and departmental requirements for referral management within the health care planning pathway for children in care. Children in care will have been exposed to a range of adverse experiences and are at high risk of health and developmental vulnerability. For this reason, Health Service Providers should prioritise undertaking comprehensive health assessments and health care planning to identify and address any health and development concerns.

Student Health and Wellbeing

Health care planning

Students who experience health conditions that may require support while at school should have a current student health care plan. These documents are owned by the school and specify the support required to cater for a student's health care needs while at school or engaged in school activities outside of the school, such as excursions. When required, student health care plans should incorporate an emergency response plan. Standardised plans are available to school staff. Risk management plan templates are also available for students for whom there is a concern regarding suicidal behaviour.

CHNs may support the development of health care plans for students with identified needs, including support of paediatric goals of care, when required. Instructions included in Paediatric Goals of Patient Care plans, developed by the parents and the child's health care team, are followed by school health service staff as applicable in the school health context. These care plans are an important step in the process of planning for quality end of life care for young people and their families. Goals of care can be used to plan for interventions that reflect the preferences and priorities of the child/young person, and their family in the event of acute deterioration.

Ear Health

The WA Child Ear Health Strategy 2017-2021 and subsequent WA Auditor General recommendations promote a strong focus on prevention, early intervention and effective management of ear health and disease for all children aged 0 to 5 years with additional screening and prevention activities and support to access referral pathways for Aboriginal children.

All children are provided with newborn hearing screening by maternity services. Community Health Nurses screen all children at the five universal contact schedules from 0 to 14 days to the 2-year-old contact using age appropriate screening questions. In addition, Aboriginal children are provided with screening questions, otoscopy and tympanometry at the five scheduled contacts up to 2 years old. CHNs working in school health provide screening questions, otoscopy and audiometry at the School Entry Health Assessment (SEHA), with the addition of tympanometry for Aboriginal children at school entry. Annual ear health screening is conducted for all Aboriginal children in Pre-primary and Year 1.

Referrals are provided to a medical practitioner/other health practitioner where responses to screening questions and/or results from assessments indicate a need.

Role of Community Health Nursing for identified health needs

Children with identified health needs often require additional support to ensure that their health and learning needs are supported at school.

School health service delivery in this area is currently under review and will continue to be informed by relevant strategic documents

Within education support settings, and for students with disability, school health services currently focus on supporting the range of social, emotional and physical health needs experienced by these students.

Nursing services for children with identified health needs will continue to be informed by the principles of inclusive education and school health reform.

First Aid

All schools are required to have clearly defined procedures for managing first aid and emergency situations, which are independent of CHN availability.

All registered nurses practice in accordance with nursing and midwifery board standards for practice and decision making framework. As part of their duty of care and within the scope of their skills, knowledge and availability, the CHN may assist in a medical emergency at school if they are present at the time of an incident. They may also be utilised as a secondary consultation where there is concern about the nature of the injury or where incidents are recurrent. Although not responsible for development of first aid policy and procedures, the CHN can use their expertise and knowledge to provide guidance.

Anaphylaxis management

All schools are required to develop a whole of school plan to manage the prevention and emergency management of anaphylaxis. In an emergency as part of their duty of care, the CHN may administer an adrenaline auto-injector to a student with an anaphylactic reaction.

Communicable diseases prevention

Infection prevention and control programs aim to increase and maintain target levels of immunisation coverage across all our immunisation programs and promote infection prevention strategies for clients, staff, and the broader community through all aspects of service delivery.



Infection prevention and control strategies are in place to ensure the environment is safe for students, staff, and families.

Immunisation

Immunisation services are provided by multiple service providers across WA. Immunisation Strategy Implementation Steering Committee oversees best practice pathways, with a strong commitment to achieving the best immunisation outcomes for all Western Australians to prevent vaccine preventable diseases.

The delivery of the National Immunisation Program is an important part of an overall strategy to reduce the burden of vaccine preventable diseases within the community. CAHS and WACHS partner with schools to provide immunisation programs for secondary students, in alignment with the National Immunisation Program and the WA Immunisation Schedule. The School Based Immunisation Program offers protection against human papilloma virus, diphtheriatetanus-pertussis, meningococcal, and other vaccinations to address specific needs of the population, such as COVID-19 vaccinations.

Immunisation activities improve protection against vaccine preventable diseases for individuals and the community. Key functions of the program are:

- delivery of the WA Immunisation Schedule targeting secondary school aged children through the School Based Immunisation Program
- data management of vaccine records for internal and external reporting via standardised pathways and application of software systems that include the mandatory reporting of immunisation to the Australian Immunisation Register (AIR) and adverse vaccine events to WAVSS
- training and clinical support for immunisation providers
- to provide clinical leadership regarding immunisation and infection prevention to partner and other agencies
- infection prevention and control strategies that support minimisation of healthcare associated infection transmission, with specific focus on vaccine preventable diseases relevant to healthcare workers and clients.

Definitions

(CLF refers to definition covered in the Common Language Framework).

Aboriginal Community Controlled Health Service (ACCHS) a primary health care service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive, and culturally appropriate health care to the community which controls it, through a locally elected Board of Management.

Aboriginal Medical Service (AMS) are health services funded principally to provide services for Aboriginal people.

Client a student who is receiving health services from a CAHS or WACHS health professional.

Health (WHO) World Health Organization's (WHO) definition of Health. Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Health Promotion (CLF) The processes of enabling people to increase control over and to improve their health. It moves beyond a focus on individual behaviour towards a range of social and environmental interventions. In a school setting, Health Promotion initiatives include; curriculum, teaching and learning; ethos and environment; partnerships with parents, community and external agencies. (WHO and WAHPSA).

Health Service Providers (HSPs) were established as separate legal entities, governed by either a chief executive or a board, legally responsible and accountable to the Minister for Health. HSPs have clear functions and powers under the Health Services Act 2016 relating to the provision of health services.

Identified health care needs (CLF) Level of health care and other support required (across a continuum) for an individual, dependent on level of disability and/or disease, impact on functionality, age and developmental stage.

National Safety and Quality Health Service Standards (CLF) Nationally consistent statement of the level of care consumers can expect from health service organisations. The primary aims of the standards are to protect the public from harm and to improve the quality of health service provision. Implementation of the standards are mandated for health service organisations in Australia, including school health services provided by CAHS and WACHS.

School Health Service Staff CHNs and other staff employed by CAHS and WACHS to provide health services in the school health context.

Screening (CLF) In the child and school health context, screening involves tests or assessments for a defined population to identify common health and developmental issues, prior to the development of obvious signs or symptoms. Screening identifies individuals who may need further tests or treatment to reduce the risk of a disease or developmental delay.

Notes:	



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