



## PROCEDURE

### Drop-in session

<b>Scope (Staff):</b>	Community health
<b>Scope (Area):</b>	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](#)

### Aim

To provide guidance on the operation of a child health drop-in session to ensure consistent service delivery for all families.

### Risk

Non-adherence to this procedure could result in:

- inconsistent service delivery and access to services
- health and safety risks for clients and consumers and staff
- inefficient use of staff resources.

### Background

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. 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.<sup>1,2</sup>

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.

## Key points

- A DIS is suitable for brief intervention for *non-complex concerns*, health 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.
- A DIS is not intended to facilitate CHN-led parent social networking.
- 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 environment that recognises the importance of cultural beliefs and practices of all clients.
- Nurses need to be aware of the availability of local resources to support the family.
- Nurses must follow the organisation's overarching Infection Control Policies and perform hand hygiene in accordance with WA Health guidelines at all appropriate stages of the procedure.
- **There are differences in DIS operating processes for CAHS-CH and WACHS staff. Nurses should refer to processes relevant to their region of practice as detailed in the [procedure table](#)**

## 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)

## Procedure

Steps	Additional Information
<p><b>1. Plan session</b></p> <p>DIS planning will be led by the Clinical Nurse Manager (CNM) in consultation with CHN at a team or regional level.</p>	<ul style="list-style-type: none"> <li>• Planning will take into account local needs, geographic coverage, staffing and relevant population and health data.</li> <li>• 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.</li> <li>• The effectiveness of the delivery and scheduling of DIS will be reviewed using monthly management reports by the CNM and other relevant data.</li> </ul> <p><b>Session timing – CAHS-CH process</b></p> <ul style="list-style-type: none"> <li>• A maximum timeframe of 120 minutes should be allocated for DIS, including: <ul style="list-style-type: none"> <li>○ 60-90 minutes client contact time</li> <li>○ 15 minutes each for setup and pack down</li> <li>○ 15 minutes to complete documentation</li> </ul> </li> </ul> <p><b>Session timing – WACHS process</b></p> <ul style="list-style-type: none"> <li>• As per regional protocols</li> </ul>

Steps	Additional Information
<p><b>2. Book CHN calendars</b></p>	<p><b>Calendar allocation – CAHS-CH process</b></p> <p>CNM-CH to ensure that Child Health Booking System (CHBS) have an up-to-date listing of DIS in their area.</p> <ul style="list-style-type: none"> <li>• Each nurse to schedule DIS availability in their calendar in CDIS using '<b>Group/multi session</b>' (in <b>notes</b> section write 'DIS')</li> <li>• DIS need to be scheduled into CDIS to avoid CHBS or CHN making formal appointments.</li> <li>• Scheduling DIS into CDIS will allow DIS occasions of service to be accurately reported.</li> </ul> <p><b>Calendar allocation – WACHS process</b></p> <ul style="list-style-type: none"> <li>• Not applicable</li> </ul>
<p><b>3. Identify venue</b></p> <p>Provide a DIS in venues that are suitable and take into account the following:</p> <ul style="list-style-type: none"> <li>• Sufficient space for multiple families and their equipment.</li> <li>• Adequate occupational health and safety (no trip, child safety, hygiene or other hazards).</li> <li>• Sufficient alternative space for private and confidential one-to-one discussion as required.</li> <li>• Accessible by public transport and enough parking.</li> </ul>	<ul style="list-style-type: none"> <li>• When working in venues, staff must consider parent and child safety, and the potential need for brief separate private and confidential discussions.</li> <li>• Small-sized clinic rooms and waiting areas are not suitable for DIS.</li> <li>• 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 and within easy access to public transport.</li> </ul>
<p><b>4. Promote session</b></p> <p>Promote sessions to families at appointments, through PHR inserts and posters.</p>	<ul style="list-style-type: none"> <li>• PHR inserts for drop-in sessions are available on HealthPoint under <b>Community Health – Forms – Child Health</b>.</li> <li>• DIS editable posters are available on HealthPoint under <b>Community Health – Resources – Child Health</b>.</li> </ul>

Steps	Additional Information
<p><b>5. Review staffing</b></p>	<p>CNM to review staffing in consultation with teams and with consideration of DIS attendance data and attending client profiles.</p> <p><b>Staffing – CAHS-CH process</b></p> <ul style="list-style-type: none"> <li>Where feasible, two staff should operate the DIS at one time (where possible). This ensures clients are seen in a timely manner, confidentiality is maintained, and OSH issues are minimised.</li> </ul> <p><b>Staffing – WACHS process</b></p> <ul style="list-style-type: none"> <li>As per regional protocols</li> </ul>
<p><b>6. Ensure confidentiality</b></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"> <li>The CHN can suggest that an appointment may be required to address the client's needs.</li> </ul>
<p><b>7. Record drop-in session attendance</b></p> <p>All clients attending a DIS must be recorded on an appropriate electronic data information system.</p>	<ul style="list-style-type: none"> <li>Client details will be entered onto the <a href="#">Drop-in session attendance form (CHS830)</a> by the CHN and kept confidential during DIS.</li> <li>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.</li> <li>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.</li> </ul>
<p><b>8. Consider clients presenting with complex issues and/or needs</b></p>	<p>All clients with complex needs should have identification in the client record of planned follow up activities.</p>

Steps	Additional Information
<p>Clients with urgent clinical issues can be addressed one-to-one during a DIS, however nurses should exercise clinical judgement and schedule a Universal Plus appointment outside of DIS where possible.</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>If a client originates from another Child Health Centre (CHC), the CHN must notify and inform the original CHC that the client has attended (see CAHS-CH and WACHS processes below)</p>	<p>Clinical handover of clients will be undertaken and documented according to local processes.</p> <p>All notifications should be time appropriate.</p> <p><b>CAHS-CH process</b></p> <ul style="list-style-type: none"> <li>The CHN should also notify the original CHC that CDIS notes are available</li> <li>Follow the appropriate handover procedure – see <a href="#">Clinical handover - nursing</a></li> </ul> <p><b>WACHS process</b></p> <ul style="list-style-type: none"> <li>Document contact on CHIS as appropriate</li> <li>Follow the appropriate handover procedure – see WACHS <a href="#">Child Health Clinical Handover of Vulnerable Children Procedure</a></li> </ul>
<p><b>9. Complete documentation</b></p> <p>Nurses maintain accurate, comprehensive and contemporaneous documentation of assessments, planning, decision making and evaluations.</p>	<ul style="list-style-type: none"> <li>The CHN must accurately record the topics discussed with each client in the relevant electronic information system.</li> </ul> <p><b>CAHS-CH process</b></p> <ul style="list-style-type: none"> <li>CHN to allocate 15 minutes during session conclusion to complete documentation in a timely manner.</li> </ul>

## References

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. National Framework for Child Health and Family Services - secondary and tertiary services. Australia; 2015.

## 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](#)

Body Mass Index assessment – child health

Breastfeeding and lactation concerns - assessment

Breastfeeding support service

Clients of concern management

Clinical handover - nursing

Growth – birth to 18 years

Growth – static or downward trajectory

Length assessment 0-2 years

Nutrition for children-Birth to 12 months

Physical assessment 0-4 years

Sleep

Weight assessment 0-2 years

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

[Patient/Client Identification](#)

[Client Record Transfer](#)

[Consent for Release of Client Information](#)

[Recognising and Responding to Acute Deterioration](#)

The following documents can be accessed in the <a href="#">CAHS Infection Control</a> manual
<a href="#">Hand hygiene</a>
The following documents can be accessed in <a href="#">WACHS Policy</a>
<a href="#">WACHS Child Health Clinical Handover of Vulnerable Children Procedure</a>
<a href="#">Infection prevention and control</a>
The following documents can be accessed in the <a href="#">Department of Health Policy Frameworks</a>
<a href="#">Clinical Handover Policy</a>
<a href="#">Guidelines for Protecting Children 2020</a>
<a href="#">Information management</a>
<a href="#">WA Health Consent to Treatment Policy</a>
WA Health COVID-19 Framework for System Alert and Response
<a href="#">WA Health System Language Services Policy</a>

<b>Useful internal resources (including related forms)</b>
<a href="#">Clinical handover/referral form (CHS663)</a>
<a href="#">Consent for release of information (CHS725)</a>
<a href="#">Consent for release of information supplement– Client information sheet (to use with CHS725)</a>
<a href="#">Drop-in session attendance form (CHS830)</a>
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)
<a href="#">Family and Domestic Violence Referral (FDV952)</a>
How children develop 0-12 years
PHR insert – drop-in (in Posters -Templates)




### Useful external resources (including related forms)

[Occupational Safety and Health Act 1984](#)

Nursing and Midwifery Board of Australia. [Code of conduct for nurses and Code of conduct for midwives](#). 2018

Nursing and Midwifery Board of Australia. [Registered Nurses Standards for Practice](#). 2016.

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

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