



GUIDELINE

School-aged health services- primary

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 primary school-aged children to optimise their health, wellbeing, and development.

Risk

Nonadherence may negatively impact on the health, wellbeing, and developmental outcomes of primary school-aged children.

Background

Community Health Nurses (Nurses) support school communities with specialist skills and knowledge. Nurses offer a population based approach to facilitate health enhancement and the early identification of health, developmental and wellbeing concerns as children prepare for, enter and progress through school.¹ Nurses also provide families with guidance around healthy growth, development and wellbeing.

Services for school-aged children are based on the progressive universalism model characterised by universal services offered to all children and additional services provided for children 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.
- 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](#).
- 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.
- When handing over, or referring a client within, or outside of, the health service, adherence to CAHS-CH and WACHS clinical handover processes is required.
- 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).

- Families and children are able to access information about the [Charter of Healthcare Rights](#).

Principles

- The contemporary model of school health services is based on key population health approaches including:
 - 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 environment that recognises the importance of cultural beliefs and practices of all clients.

Service Outline

Planning school health delivery service	
	<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"> ○ promote the role of the nurse with the school staff ○ discuss school community needs and key health issues <ul style="list-style-type: none"> - see tools CHS431 School Profile and CHS432 School Activity Record ○ plan school health service activity and expected outcomes <ul style="list-style-type: none"> - WACHS staff: see Service Level Agreement templates. • Community needs assessment and audit tools are available for nurses to use to guide planning and prioritise service delivery for the school year. See Health Promoting Schools

*MP 0097/18 - Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

	<p>Framework – Primary School and WA Health Promoting Schools Association (External link).</p> <ul style="list-style-type: none"> • For further information and to help with planning, nurses can refer to the WA School Health Program Guide. • Assist school staff to identify health training needs: <ul style="list-style-type: none"> ○ Deliver <i>Information sessions for education staff</i> as requested and negotiated. ○ For further information on topics and training outlines refer to <i>Information sessions for education staff</i> documents (adrenaline autoinjectors, management of asthma, diabetes, and seizures). • For identified priority health issues, link school staff to appropriate agencies and resources for other training, as needed. • The nurse is not the school’s designated first aid officer: <ul style="list-style-type: none"> ○ As part of their duty of care and within their scope of their skills and availability, the nurse may be called as a secondary consultation where there is a concern about an injury or in a medical emergency at school if they are present at the time of an incident. ○ This may include administration of emergency medication as per Student Health Care Plan. ○ If relevant, nurse follows instructions as per Paediatric goals of patient care plan as outlined in the Paediatric Goals of Care policy (CAHS) and the Goals of Patient Care Guideline (WACHS). • 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.
<p>Communicable disease surveillance and prevention</p>	
<p>Universal</p>	<ul style="list-style-type: none"> • Advocate for good hand hygiene practices and related health education. • Support and promote school immunisation among school community: <ul style="list-style-type: none"> ○ Provide information to school and parents about local immunisation clinics and services.

	<ul style="list-style-type: none"> • 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 the classroom when the nurse is involved in a lesson. ○ 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:² <ul style="list-style-type: none"> ○ mental health and wellbeing ○ healthy child and adolescent development ○ overweight and obesity ○ communicable diseases ○ ear health in Aboriginal* children. • 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"> • Kindergarten orientation presentation <ul style="list-style-type: none"> ○ Offer 'kindy talks' for parents to promote healthy development for students starting school, and to promote school health service. • Promote and conduct relevant evidence based parenting programs • Advocate and support for whole school health promotion and wellbeing initiatives. <ul style="list-style-type: none"> ○ See <i>Health promotion in schools</i> guideline.

	<ul style="list-style-type: none"> ○ Strategies should be based on current research evidence, address each school’s identified needs, and align to the <i>Health Promoting Schools Framework</i>. ○ See <i>Health Promotion in School Resources</i> for information on specific topics. ● Provide endorsed health related information/resources for inclusion in school newsletters and communications.
<p>School entry health assessment program (SEHA)</p>	
<p>Universal Universal Plus</p>	<p>The SEHA program is offered for all children to facilitate early identification of health and developmental concerns. The SEHA program is offered to Kindergarten (or Pre-primary) children as they commence school, to those attending public and non-government primary schools, including education support students, and those children who are home schooled or not regularly attending school.</p> <ul style="list-style-type: none"> ● Liaise with the classroom teachers to plan SEHA delivery. ● Distribute and collect information from parents using CHS409 via class teacher. ● Conduct universal school entry health assessment with kindergarten students. ● Prioritise SEHA for the following children: <ul style="list-style-type: none"> ○ kindergarten children at risk identified by school staff ○ kindergarten or Pre-primary children at risk identified by community health staff (i.e. via review of clinical records) ○ pre-primary children not previously assessed or who require review. ● A SEHA can be conducted prior to school commencement or in subsequent school holidays. ● A SEHA may be conducted using alternative means to support the needs of children at risk, (e.g. those not attending school regularly). Alternative modes of delivery must be approved by local management (WACHS specific). ● Provide families with information, brief intervention, and referral to support their child with identified health concerns.

	<ul style="list-style-type: none"> • See <i>Universal Contact School Entry Health Assessment guideline</i> for further information on prioritising children, conducting assessments, follow up and referrals.
<p>Aboriginal* ear health</p>	
<p>Universal Plus Partnership</p>	<p>Additional screening and prevention activities and support to access referral pathways for Aboriginal children:</p> <ul style="list-style-type: none"> • Annual ear health screening to be conducted for Aboriginal children who are attending or eligible for Kindy, Pre-primary, and Year 1. • Conducted in collaboration with the Aboriginal Health Team/staff and/or other service providers as appropriate. • Key ear health education messages are provided for Aboriginal families, children, and school staff. • Support access for further assessment and treatment. Referrals are provided to a medical practitioner/other health practitioner where responses to screening questions and/or results from assessments indicate a need. See <i>Hearing and ear health guideline</i>, <i>Otoscopy guideline</i>, <i>Audiometry guideline</i> and the <i>Tympanometry procedure</i>. • Refer to CAHS and WACHS local processes around planning and information sharing.
<p>Primary health care for children when a health or development concern is raised by parent or teacher</p>	
<p>Universal Plus Partnership</p>	<ul style="list-style-type: none"> • Undertake relevant age-appropriate assessments of any child for whom there is a developmental, health, or wellbeing concern. <ul style="list-style-type: none"> ○ This may include assessment for hearing, vision, growth, developmental concerns, or specific conditions e.g. trachoma, skin disease, otitis media etc. • Offer age-appropriate health assessment, inclusive of hearing and vision, to all new enrolments at Intensive English Centres (IECs) when this has not been undertaken. • Discuss and provide families with information, assessment, brief intervention, and referral to support their child. • Parent or school staff to complete CHS142 Referral to Community Health Nurse if referring the client to the nurse.

<p>Health support for children and adolescents with identified risk factors known to impact health</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. Refer to <i>Children in Care - conducting an assessment</i> and <i>Children in Care - managing referrals</i>. • Work in partnership with principal and/or delegated student service staff to support students at risk (clients of concern). <ul style="list-style-type: none"> ○ At commencement of school year, review clients of concern to identify incoming students. ○ Refer to <i>Clients of concern management</i> protocol for further information.
<p>Support for student health care planning and management for students with identified health needs</p>	
<p>Universal Plus</p>	<ul style="list-style-type: none"> • School Principals have ultimate responsibility for student health care planning when a child has been identified as having a health need. See Student health care plans guideline and DOE Student Health Care in Public Schools Policy and Procedures • Support school staff and families with health care planning and management for students with identified health needs, if required: <ul style="list-style-type: none"> ○ Clients with identified and/or chronic health needs may be enrolled in education support or public 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>

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.

WACHS

- Quarterly reporting and analysis of Community Health Information System (CHIS) data showing school health activity
- Annual reporting of SEHA completion for children in Kindergarten and Pre-primary

CAHS-CH

- Annual reporting of SEHA completion
- Quarterly reporting on percentage compliance with consent for service (SEHA school health)
- 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](#)

Agess and Stages Questionnaire (ASQ)

BMI Assessment – Primary School

Children in Care- conducting an assessment

Children in Care- managing referrals
Clients of concern management
Clinical handover- Nursing
Factors impacting child health and development
Family domestic violence
Groups for parents
Health promotion in schools
Hearing and ear health and related procedures
Out of School Activities
School aged health services
Student health care plans
Universal contact School Entry Health Assessment
Universal Plus – school health
Vision and eye health and related procedures
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
Language services

Paediatric Goals of Patient Care
Patient/Client Identification
The following documents can be accessed in the WACHS Policy Manual
Child health clinical handover of vulnerable children
Consent for sharing of information: child 0-17 years procedure – Population Health
Documentation - Clinical Practice Standard
Enhanced Child Health Schedule
Engagement Procedure
Goals of Patient Care
Iron deficiency assessment for children; Respiratory health assessment for child health; Skin health assessment for children
Paediatric Diabetes Notification Procedure
WebPAS Child at Risk Alert procedure
School Entry Health Assessment Records Management 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)
Language Services Policy (MP 0051/17)
Related legislation, policies, and guidelines
WA Health Communicable Disease Guidelines
Related internal resources (including related forms)
Charter of Healthcare Rights
CHS142 Referral to Community Health Nurse
Common Language Framework
Guidelines for Protecting Children 2020

Health Promoting Schools Framework – Primary School
Information sessions for Education Staff
MOU between DOE, CAHS and WACHS for the provision of school health services 2022-24
WA School Health Program Guide


Related external legislation, policies, and guidelines

School Education Act 1999
School Education Regulations 2000 (Section 147)
Student Health in Public Schools Policy and Procedures (Department of Education)

Related external resources (including related forms)

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

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