



POLICY

School-aged health services

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](#)

Only use this box if relevant (e.g. clinical document or available on an external website)

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Aim

To support school-aged children and young people to optimise their health, wellbeing, and development by providing services that are effective, contemporary and serve the needs of school-aged children, young people, and their families.

Risk

Nonadherence to this policy may negatively impact on the health, wellbeing and developmental outcomes of school-aged children, young people, and their families.

Background

Community Health Nurses (nurses) working in schools provide school health services that promote the health, development and wellbeing of children and young people to help them reach their full potential.

Nurses working in schools provide support through the primary and secondary school years working with the students, school staff and parents to:

- identify early signs of health or development concerns
- facilitate health education and health promotion
- connect children and young people with relevant health services and supports.

Several drivers influence work practices in the school-aged population including the WA Sustainable Health Review 2019¹, the Auditors General's Report on Improving Aboriginal* Children's Ear Health², WA Aboriginal Health and Wellbeing Plan Framework 2015 – 2030³ and State Public Health Plan 2019-2024.⁴ These highlight the following areas of mental health and wellbeing; overweight and obesity, developmental readiness for school, and early detection and treatment of ear health in Aboriginal children.

Nurses working in school health work with school aged children to apply a population-based service approach, facilitating health enhancement and the early detection of health concerns for children and adolescents as they grow and develop.

School-aged health services actively promote healthy knowledge, skills and behaviours for short term and life-long outcomes. Our current priorities for children and young people include:⁵

- healthy child and adolescent development
- overweight and obesity
- mental health and wellbeing
- communicable diseases
- ear health in Aboriginal children.

School-aged health services are informed by progressive universalism which acknowledges that a greater investment in working with families who need a higher level of support, will improve long term health outcomes for children, young people, and communities.

The three levels of progressive universalism are as follows:

- **Universal services-** offers services to all school-aged children with a focus on early identification of health and developmental outcomes. Services include

*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.

health promotion and health education, population based screening programs and delivery of school-based immunisation programs.

- **Universal Plus services-** offers follow-up of issues identified in Universal services, by parent, teacher or a child/young person and 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 identified or chronic health needs. Services may include more intensive support for health care planning and management, in collaboration with the family, school and health services.

Nurses work in public schools as per the 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 student attending public schools (2022-2024) which outlines the roles and responsibilities of each involved party.⁵

The School Entry Health Assessment (SEHA) and the School Based Immunisation Program (SBIP) services are offered in all public and non-government schools and to those that are home schooled or who are not regularly attending school.

Nurses advocate for the use of the Health Promoting Schools Framework/model to plan coordinated school health initiatives which address health issues using evidence-based school health promotion strategies.

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.

Definitions

The following definitions can be found in the [Common Language Framework \(CLF\)](#)

- Parent *
- Carer *
- Social determinants of health
- Student Services Team
- Population health approach
- Primary health care
- Screening
- Primary prevention
- Curriculum
- Health education
- Health literacy
- Health promotion
- School health care planning
- School risk management plan

* Throughout the *School-aged health services* policy and the primary and secondary guidelines, the term parent/carer is used to also describe other responsible adults in a guardian/carer role.

Principles

- The child or young person is the primary client and is at the centre of care.
- School health services are based on progressive universalism, with a focus on providing support for children and young people who need it most.
- The contemporary model of school health services is based on key population health approaches including:⁵
 - 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.
- Nurses are required to have relevant qualifications, skills, training and supervision as identified by the Registered Nurse Standards for Practice⁶ and the National School Nursing Standards for Practice.⁷
- 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, trauma informed service delivery which demonstrates a welcoming environment that recognises the importance of cultural beliefs and practices of all clients.

Service outline

The table below provides an overview of services provided in the school health environment:

Table 1: Overview of services- School Health

Service	Level of service		
	Universal	Universal Plus	Partnership
School entry health assessment program (SEHA)	✓	✓	
Aboriginal ear health		✓	✓
Primary health care for children when a health or development concern is raised by parent or teacher		✓	✓

Primary health care for adolescents		✓	✓
Health support for children and young people with identified risk factors known to impact health (e.g. brief intervention, referrals that meet needs of clients)		✓	✓
Support for student health care planning		✓	
Communicable disease prevention, including the School Based Immunisation Program (SBIP)	✓		
Curriculum support	✓		
School health promotion activity <ul style="list-style-type: none"> ○ Advocacy and support for whole school health promotion and wellbeing initiatives ○ Health and wellbeing presentations to year 7s ○ Kindergarten orientation presentation ○ Enhance parenting skill and confidence to support healthy child development (evidence-based parenting programs) 	✓		

Service delivery considerations

Duty of care:

Promoting the best interests of children and young people is central to the work of nurses in CAHS and WACHS. The duty of care owed by health professionals to clients is determined by reference to legislation, common law and Department policy.⁵

The nature of the relationship between health professionals and clients has been recognised at law as giving rise to the duty of care. Whether the client is a child or adolescent, a minor or adult, the principle is that the health professional must recognise the responsibility to prevent harm through maintaining safety and wellbeing of that person.^{7 8}

For health professionals (including community nurses working in schools), the duty of care arises when they expressly or implicitly accept responsibility for the care of an individual and involving use of appropriate clinical skills and judgment. The duty means that health professionals must ensure that the individual they care for does not come to reasonably foreseeable harm by their actions or failure to act.

Consent for services:

- Nurses have a responsibility to obtain consent for assessments and treatments under the WA Health Consent to Treatment Policy (MP 017/22)⁹ and the WA Health Consent to Treatment Procedure (MP 017/22).¹⁰

- A client's consent remains valid until either the client withdraws it, or the proposed treatment is no longer appropriate due to a change in client's circumstances.
- Refer to Consent to Treatment Procedure section 3.2.2 for guidance on Children and Mature Minors.
- For CAHS and WACHS health professionals, the concept of the competence of minors to provide their own consent is determined by reference to registration standards, legislation, common law and policy.⁵
- The majority of activities provided through school health services in the secondary setting do not require written consent. Nurses are required to document when verbal consent has occurred.
- Where the service involves the conduct of assessments, such as those undertaken as part of SEHA (primary school setting) or treatments such as Immunisation, consent is required from a parent/carer.
- An emergency situation does not necessarily require consent. Refer to Statewide Consent to Treatment Policy⁹ section 3.7.1
- At times there are concerns about the health and wellbeing of a child, and standard methods of communication and efforts to gain consent fail to elicit a response from a parent (or guardian).
 - Pursuant to the Health (Miscellaneous Provisions) Act 1911, section 337(1); nurses may examine medically and physically, a child attending any school as the nurse deems necessary.
 - In this situation the nurse is to consult with their manager prior to examination and advise the school principal or delegate as appropriate.

Confidentiality and Information sharing:

Health professionals have a duty of care to maintain the confidentiality of all information obtained while providing health care to clients of any age.

For CAHS and WACHS health professionals, the duty of confidentiality determined by reference to registration standards, legislation, the common law, and policy.

The duty means that information cannot generally be released to others without the client's consent or, where deemed 'incompetent' due to conditions such as intellectual disability, psychiatric illness or an acquired brain injury, the permission of the client's legal guardian (usually a parent).¹¹ This is a fundamental legal duty of health professionals.

Explaining the concept of conditional confidentiality early in a consultation with a client is important so that clients understand the limits to confidentiality, including situations when there is serious risk of harm to the young person or others.

Community health nurses and other health personnel are required to document assessments, care, and referrals for individual students. Health records must be stored and managed to ensure confidentiality. Access is restricted to health

professionals and information contained in the records should not be shared without the consent of the relevant mature minor, adult student, or parent, unless the disclosure of the relevant information is otherwise authorised or required by law.⁵

For additional information see:

- Memorandum of Understanding between the Department of Education and CAHS and WACHS⁵
- Working with youth: A legal resource for community-based health workers⁸
- [CAHS- Confidentiality, Disclosure and Transmission of Health Information](#)

Table 2: Other service delivery considerations

Service delivery consideration	Community Health Nurse	Department of Education
Working in a school setting	<p>Nurses are identified as visitors on all school sites (primary, secondary and education support schools) and as such must:</p> <ul style="list-style-type: none"> - follow the DOE <i>Visitors and Intruders on Public School Premises</i> policy - if requested, provide proof of criminal record screening when attending DOE school sites in accordance with the DOE <i>Criminal History Screening for Department of Education Sites</i> policy - if requested, produce Working with Children card. 	<p>The school principal is responsible for the day-to-day management and control of a school, including all persons on the school premises, and to ensure the safety and welfare of students and all staff.</p>
Mature minors	<p>The law in Australia recognises the concept of the ‘mature minor’, which is founded in common law. The law states that a child under the age of 18 years is capable of giving effective consent if they fully comprehend the nature, consequences and risks of the proposed action, irrespective of whether a parent consents.⁸</p>	<p>School Education Act 1999 School Education Regulations 2000 (Section 147) In DoE setting, the term “independent minors” is used in the following context: A principal designates the child to be an independent minor if they are satisfied that the child has the capacity to make his or her own decisions in relation to:</p> <ol style="list-style-type: none"> 1. An educational programme for the child at the school

	<p>Health workers must assess each child's competence on a case by case basis for each issue.^{9, 10}</p> <p>Refer to: Consent to Treatment Policy Consent to Treatment Procedure</p> <p><i>Resource:</i> <i>Working with youth: A legal resource for community-based health workers.</i></p>	<p>2. The administrative requirements of the school</p> <p>This is different from being a mature minor, which nurses use in relation to assessing competency for health decisions. An independent minor is not necessarily a mature minor.</p>
<p>Medication administration</p>	<p>As part of their duty of care and within the scope of their skills, knowledge and availability, the nurse may assist with medication administration in a medical emergency at school</p> <p>This may include administration of emergency medication as per the student health care plan. If relevant, nurse follows instructions as per Paediatric goals of patient care plan as outlined in the <i>Paediatric Goals of Patient Care policy (CAHS) and the Goals of Patient Care Guideline (WACHS)</i>.</p> <p>Refer to: <i>Memorandum Of Understanding between Department of Education and CAHS and WACHS 2022-2024 for the delivery of school health services for students attending public schools.</i></p> <p>For education support schools (CAHS-CH) see <i>Medication management in education support schools policy</i> for roles and responsibilities.</p>	<p><i>Student Health in Public Schools Policy and Procedures</i></p> <p>The responsibility for the storage and administration of medication resides with the principal.</p>

<p>First aid provision</p>	<p>Although not responsible for development of first aid policy and procedures, the community health nurse can use their expertise and knowledge to provide guidance.</p> <p>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.</p>	<p><i>Student Health in Public Schools Policy and Procedures</i> School Principals have ultimate responsibility for the management of first aid within the school.</p> <p>All schools are required to have clearly defined procedures for managing first aid and emergency situations, which are independent of community health nurse availability.</p>
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Families, young people and children are able to access information about the [Charter of Healthcare Rights](#). Translated versions of the healthcare rights can be found on the [Australian Commission on Safety and Quality in Health Care](#) website/page.

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 SEHA completion for children in Kindergarten and Pre-primary.

- Annual reporting of immunisation rates for 12 and 15 year olds.

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. Sustainable Health Review 2019. Sustainable Health Review: Final Report to the Western Australian Government
2. Western Australian Auditor General. Improving Aboriginal Children's Ear Health. Perth; 2019
3. Western Australian Department of Health. WA Aboriginal Health and Wellbeing Framework 2015-2030. Perth; 2015
4. Western Australia Department of Health. State Public Health Plan for Western Australia; Objectives and Policy Priorities for 2019–2024,. In: Public and Aboriginal Health Division, ed. Perth; 2019
5. 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
6. Nursing and Midwifery Board of Australia. Registered Nurses Standards for Practice. Melbourne: Nursing and Midwifery Board of Australia; 2016
7. Australian Nursing and Midwifery Federation. National School Nursing Standards for Practice: Registered Nurse. Melbourne: Australian and Midwifery Federation Office; 2019
8. State of Western Australia. Working with Youth – A legal resource for community-based health professionals. Perth: WA Country Health Service; 2020
9. Department of Health. Consent to Treatment Policy (Policy Framework MP 0175/22). . 2022
10. Department of Health. Consent to Treatment Procedure (Policy Frameworks MP 0175/22). 2022
11. Department of Justice. The Guardianship and Administration Act 1990 (GAAA). Perth: Government of Western Australia; 1990

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](#)

Clinical Handover- nursing

Health promotion in schools
Factors impacting child health and development
School aged health services - primary
School aged health services - secondary
Student health care plans
The following documents can be accessed in the CAHS-CH Operational Policy Manual
Consent for services
Consent for Release of Client Information
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
The following documents can be accessed in the WACHS Policy Manual
CAHS Community Health Policies, Procedures and Resources (Clients and Staff) - Endorsed for Use in Clinical Practice Policy
Consent for sharing of information: child 0-17 years procedure – Population Health
Documentation - Clinical Practice Standard
Engagement procedure
Enhanced Child Health Schedule guidelines
Goals of Patient Care
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
School Education Act 1999
School Education Regulations 2000 (Section 147)
<i>Student Health in Public Schools Policy and Procedures (Department of Education)</i>
Related resources
Guidelines for Protecting Children 2020
Common Language Framework (external link)
MOU between DOE, CAHS and WACHS for the provision of school health services 2022-24
WA School Health Program Guide
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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Healthy kids, healthy communities

Compassion
Excellence
Collaboration
Accountability
Equity
Respect

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