GUIDELINE

Universal Contact School Entry Health Assessment

Scope (Staff):	Community health
Scope (Area):	CACH, 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 promote the health and development of children by engaging with families and school staff.

To identify children who may be at risk of health and developmental concerns, through use of age-appropriate surveillance activities.

Risk

Delays in identifying health and developmental concerns impact negatively on child development and school engagement.[1] Lack of timely intervention can result in considerable cost to the health system, governments and the community.

Background

The early identification of health and developmental concerns is acknowledged as a primary health care opportunity for timely intervention, enabling children to achieve optimal developmental and functional health outcomes.[2,3] It is most meaningful when Community Health Nurses (nurses) working in schools 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 assessments.[1]

The *Universal Contact School Entry Health Assessment* is offered to clients of school age to enable nurses to focus on assessing child development and growth; and respond to parent/caregiver and teacher concerns where indicated. Child development from two (2) years to five (5) years is a time when parent/caregiver concerns often

emerge.[4] Nurses will undertake vision and hearing assessments (unless there is evidence that the child is under the care of a relevant health professional); growth assessment (including height, weight and Body Mass Index (BMI)) and oral health assessment. Early identification and intervention of physical, developmental and social wellbeing concerns will assist in school engagement and minimise the impact on learning.[4]

The school setting offers a unique opportunity to reach most children at a relatively early age, and at a time when families and teachers are focused on optimising the building blocks for school engagement and learning. In some circumstances there will be an opportunity for a Universal Contact School Entry Health Assessment to be conducted on school aged children before they commence Kindergarten at alternate venues. In Western Australia (WA), most children commence school in kindergarten which is offered to those who turn four (4) years of age by 30th June of a given year. Pre-primary is the first year of compulsory schooling and is applicable for children who will be five (5) years of age by the 30th of June of a given year.

Key points

- Discuss the CHS409-1 and promote completion with parents/caregivers at meetings, 'Kindy talks' and reinforce via school newsletters.
- A SEHA can be conducted prior to school commencement or in subsequent school holidays.
- Children who are home schooled are eligible for a SEHA. Nurses will conduct a SEHA upon contact from a home-schooled family.
- Nurses and school staff work together to consider all children in each Kindergarten class, prioritising assessments for those at greatest risk of health, developmental or wellbeing concerns.
- When conducting the SEHA with Education Support Children, either CHS 409-1 (mainstream form) or CHS409-5 (specific for Education Support children) may be used; whichever is more appropriate. Refer to Appendix B: School Entry Health Assessment with Education Support Children.
- Prior to conducting an assessment, it is the nurse's responsibility to check the identification of each client.
- Assessments may be conducted when parent/caregiver consent has been provided. If parental consent cannot be obtained, and a health concern has been identified, the *Health (Miscellaneous Provisions) Act 1911*, section 337(1) makes provision for a child to be assessed under special circumstances. Refer to Appendix A: Special circumstances for assessing a child without parent consent.
- Promote health and development emphasising nutrition, physical activity, social and emotional development.
- 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.
- Community health 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.

Process

Steps 1-3 of the following process refer specifically to SEHAs in the school setting; steps 4-6 are relevant to all SEHAs regardless of setting/venue.

For a flow chart summary of the SEHA process conducted in the school setting, refer to Appendix C: SEHA (school setting) Clinical Pathway Summary.

Steps	Additional Information
1. Establish class lists and priorities • As soon as available, establish class lists for Kindergarten (K) and Pre-primary (PP) children, including Education Support Students. <u>Pre-primary classes</u> • Identify children who may require assessment in PP, including those who did not attend (or only partly attended) Kindergarten, or did not have a CHS409-1 returned. • Check electronic record system, previous class lists and/or results sheets in academic records for any concerns previously identified. <u>Kindergarten classes</u> • Check electronic record system to identify clients who have had a SEHA prior to commencing school and those who had a concern identified at a previous contact. • Liaise with Kindy teachers (at regular intervals) to identify children who need to be prioritised in relation to particular concerns	• Where available, follow local protocols around the use of electronic record system to create/update client class lists and records. • Children in PP, who have not previously been screened, are to be screened in Term one; with priority given to those for whom a parent/caregiver or teacher concern has been raised. • Distribute a CHS409-1 to parents/caregivers of PP children as required. • If SEHA has been conducted prior to the start of Kindy, it does not need to be repeated. However, follow-up is required if any concerns were identified. • Areas for potential prioritisation may include concerns about social or emotional behaviour; gross or fine motor skills; language and communication; cognition and understanding; vision; hearing;

Steps	Additional Information
	growth/weight; any other health and developmental. • Flags in electronic record system could indicate concerns that need follow-up.
2. Distribution and collection of CHS409 • Distribute the SEHA kit which includes the CHS409-1, CHS409-3A/B, CHS409-7) to parents/caregivers via class teacher with a specified return date. • Record distribution of SEHA kit on electronic record system. • Discuss the SEHA process with the classroom teachers. Enlist their help to encourage parents/caregivers to return the completed CHS409-1. • On collecting returned CHS409-1, ensure consent is signed by parent/caregiver. Record CHS409-1 returned on electronic record system. • For CACH clients only, identify children whose parent/guardian has asked to attend a school holiday appointment with their child • For CACH clients use CDIS and WACHS clients use CHIS to record and track information (including attempts at contact) about individual children. • Distribute a second round of CHS409-1 to parents/caregivers who have not returned by the specified date. • If the second form is not returned, o Where no teacher concerns and no flags or documented concerns noted in electronic	• The CHS143A Class list is available for use as a paper copy to assist tracking the progress of individuals and class cohorts through the SEHA process. • The CHS409-1 Parent questionnaire seeks personal details and health history information on the child, including parent/caregiver assessment of child's development. It enables the provision of parental consent to conduct the SEHA and share information with the Department of Education (DoE) and other health providers, as appropriate. • It is best practice to align distribution and return of the SEHA kit close to screening dates to ensure currency of information on CHS 409-1. • If the CHS409-1 is not returned, consider possible barriers such as literacy or language issues, or psychosocial issues. Discuss alternative means of contacting parents/caregivers with school staff. • Refer to Appendix A should a teacher and/or a nurse identify a child who appears to have an issue which requires assessment, referral and intervention, where the CHS409-1 form has not been returned. • See Appendix D for guidance when working with non-English speaking clients and the hearing impaired.

Steps	Additional Information
record system; no further action is required. ○ If there are teacher concerns, and/or flags or documented concerns noted in electronic record system: ask the teacher to request the parent/caregiver complete the form. If this is unsuccessful, discuss with the Clinical Nurse Manager (CNM) about a course of action. • For conducting the School Entry Health Assessment with Education Support families, see Appendix B.	• For Aboriginal* children, if required, liaise with the school to seek help from the school Aboriginal and Island Education Officer (AIEO), or Aboriginal Health Worker to liaise with parents/caregivers. • For CACH, where CDIS indicates family contact with Refugee Health Team (RHT), the nurse may liaise with the RHT for support if CHS409-1 is not returned. • To encourage return of CHS409-1, consider the following: ○ Use the school newsletter to promote the SEHA and return of CHS409-1 forms by a specific date. Promote the benefits of early detection and provide parents/caregivers with a contact number for the school nurse. ○ Ask the Kindergarten teacher/s to place a reminder note on the front door of the classroom or information board including a specific return date. • Where possible, arrange to be on site at the beginning or end of the kindergarten session to approach parents/caregivers who have not returned the first form. Provide forms to parents/caregivers, which can be completed there and then.
3. Preparing for assessments • Arrange suitable dates, times and venues for conducting assessments. ○ For CACH clients only, this includes arranging school	• Where possible, book 'Mat Time' with the classroom teacher to talk with the children about the assessment process prior to conducting SEHA. This provides an opportunity for children to meet the nurse, look at

*OD 0435/13 - 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.

Steps	Additional Information
holiday appointments with parents/guardians as identified in step 2. • Ensure that an appropriate quiet room is allocated ○ If this is not provided discuss concerns with line manager before proceeding.	the equipment which will be used, and become familiar with the LEA symbols. • If team screening, each nurse will work with their own individual client for the entire assessment. In this way, there is an opportunity to gain a holistic view of each child and to act on professional observation and judgement about other aspects of health and development during the assessment. This nurse is then responsible for recording information and contacting the parent/caregiver. • Whether working in a team or alone, it is recommended that nurses conduct no more than 10 LEA Chart Tests per day. This will help to prevent repetitive strain injuries.

4. Conducting the assessments
• Review CHS409-1 form and determine required actions.
• Conduct the following assessments with all children unless there is evidence of current involvement from a relevant specialist:
  ○ Vision
  ○ Hearing
  ○ Growth (including height, weight and BMI)
  ○ Oral health (Lift the Lip).
• Review the Parent's Assessment of Child's Development tick boxes, and other sections of the CHS409-1 for any parent/caregiver concerns.
• Use clinical observation of the child in conjunction with parent/caregiver, and/or teacher feedback, to determine if further developmental assessment is required.
	• For vision screening, use the following procedures:
	  ○ Cover Test
	  ○ Corneal Light Reflex
	  ○ Distance vision testing (LEA Symbols Chart)
	• For hearing assessment, use the following procedures:
	  ○ Otoscopy
	  ○ Audiometry
	  ○ Tympanometry (for Aboriginal and at-risk children).
	• For growth assessment, refer to Body Mass Index Assessment.
	• For the Lift the Lip assessment, refer to Oral Health Assessment.
	• Consider use of the ASQ®-3 and/or ASQ®:SE-2 if further developmental assessment is indicated. Where

Steps	Additional Information
	available, ASQ Trak may be used with Aboriginal clients
Other considerations • Recognise indicators for child abuse. • Consider the child's age, level of mobility and development. If there are observations or concern relating to bruising without reasonable explanation (i.e. bruising in a non-mobile baby including facial, torso, ears and neck bruising) or patterned bruising (i.e. slap, grab or loop marks) nurses must take the following action: ○ Identify any immediate safety concerns ○ Discuss concerns with parent/caregiver if safe to do so ○ If a belief is formed that the child has been harmed or is likely to be harmed a formal report to the Department of Communities is required as soon as possible ○ Document discussion, actions, referrals and plans in CDIS/CHIS, including discussions with relevant CNM/CNS and document further action and plan of follow up <u>If unable to complete child's assessment in one session</u>: • Document results of any completed sections as per **5. Results**, and reason for incomplete assessment	• Staff can use the TEN-4-FACESp tool to improve recognition of potentially abused children with bruising who require further evaluation. • See Guidelines for Protecting Children 2020, Child Safeguarding and Protection (CAHS) and Child Safety and Wellbeing (WACHS).

Steps	Additional Information
• Use clinical judgement to consider results of any completed sections, taking into account parent/caregiver and/or teacher identified concerns • Contact parent/caregiver to discuss and plan follow-up re-assessment, referral, or if no further action required • Liaise with teacher regarding outcome and plan	• Re-assessment may be considered if it can be undertaken in a timely manner (less than 3 months). Also consider reason for incomplete assessment • If re-assessing, any completed sections with no concerns do not require re-assessment

5. Results
• Record results of SEHA on the CHS409-2 Results for staff and CHS409-6A Results for parents.
• Record results of SEHA in electronic record system.
• Refer as appropriate after gaining parent/caregiver consent.
	• The SEHA Parent questionnaire (CHS 409-1) serves as the hard-copy health record for school children during their primary school years (K-6/7). Retain a copy of the CHS409-2 Results for staff in the CHS409-1 or CHS409-5 record.
	• CHS409-6A Results for parents
	  ○ Send home parent copy along with CHS409-8 *Tips to support healthy choices (2-5 years)* A5 booklet in the CHS409-6B SEHA Results envelope
	  ○ Give school their copy of the CHS409-6A for filing in School Academic record (as per DOE policy)
	  ○ Retain the health service copy with the CHS409-1or CHS409-5.
	• CHS409-5 Parent completed questionnaire specifically for Education Support Children and families, will form part of the client health record in Education Support Schools.
	• CHS663 – (Metro only) Referral from CACH to outside agencies.
	  ○ The CHS663-1 Clinical Handover/Referral Form should be used to send referral

Steps	Additional Information
	information home to parents/caregivers. • For WACHS, use CHIS E-Referral form.
6. Follow-up and referral • Where issues or concerns are identified, refer to the relevant procedure to obtain information on follow-up and referral.	

Retention and Disposal of CHS409

CACH nurses refer to *Client Records – Sentencing, Archiving and Off-site storage* policy containing information on the retention and disposal of health records. WACHS nurses refer to WACHS *School Entry Health Assessment Records Management* Procedure.

Documentation

- Community health nurses will document relevant findings according to CACH and WACHS processes.

References
1. Sharma A, Cockerill H. Mary Sheridan's From Birth To Five Years Children's Developmental Progress. New York: Routledge; 2014. 2. Bellman M, Byrne O, Sege R. Developmental assessments of children. British Medical Journal. 2013. 3. Jackson B, Needelman H, Roberts H, Willet S, McMorris C. Bayley scales of infant development screening test-gross motor subtest: Efficacy in determining need for services. Pediatric Physical Therapy. 2012;24(1):58-62. 4. Australian Health Ministers' Advisory Council. National Framework for Universal Child and Family Health Services. In: Australian Government Department of Health and Ageing, editor. 2011.

Related internal policies, procedures and guidelines
The following documents can be accessed in the CACH Clinical Nursing Policy Manual HealthPoint link or CACH Clinical Nursing Policy Internet link
Ages and Stages Questionnaires ®
Audiometry
Body Mass Index assessment

Children in Care - conducting an assessment
Clinical Handover – Nursing
Corneal light reflex test
Cover test
Distance vision testing (LEA Symbols Chart)
Factors impacting child health and development
Growth – accelerated upward trajectory
Growth – birth to 18 years
Growth – downward trajectory
Hearing and Ear Health
Nutrition for children – birth to 18 years
Oral health assessment
Otoscopy
School-aged health services
Tympanometry
Vision and eye health
The following documents can be accessed in the CAHS Policy Manual
Abbreviations for Clinical Documentation
Child and Family Centred Care
Child Safeguarding and Protection
Language Services
Patient/Client Identification
The following documents can be accessed in the WACHS Policy Manual
Child Safety and Wellbeing
Identifying and Responding to Family and Domestic Violence

Patient identification
The following documents can be accessed in the CACH Operational Policy Manual
CDIS Client Health Record Management
Client Records – Sentencing, Archiving, Off-site storage
Client record transfer
Consent for services
Home and community visits
Identification of Staff
Mobile Computing Devices
The following documents can be accessed in the Department of Health Policy Frameworks
Clinical Handover Policy (MP0095)
Clinical Incident Management Policy (MP 0122/19)
Health (Miscellaneous Provisions) Act 1911 – WA Legislation
Information Classification Policy (OD537/14)
Information Use and Disclosure Policy (MP 0015/16)
Related internal forms and resources
The following forms can be accessed from the CACH Forms page on HealthPoint
CHS143 Class list
CHS409 – SEHA Kit (includes CHS409-1, CHS409-3A/B, CHS409-)
CHS409-1 SEHA Parent questionnaire
CHS409-2 SEHA Results for staff
CHS409-3A SEHA Return envelope
CHS409-3B SEHA Big (Outer) envelope
CHS409-5 School Entry Health Consultation for Education Support Students

CHS409-6 SEHA Results for parents kit (includes CHS409-6A/B and CHS409-8)
CHS409-6A – SEHA Results for parents
CHS409-6B SEHA Results envelope
CHS409-7 SEHA Information for parent
CAH-001051 Lift the lip – Kindy and Pre-primary
CHS417 School Health Record Transfer Record
CHS663 Clinical Handover/Referral Form
CHS663-1 Clinical Handover/Referral Form envelope
The following resources can be accessed from the CACH Resources page on HealthPoint
Community health staff
Guidelines for Protecting Children 2020
How Children Develop - 0-12 years
Kindy Talks
MOU between DOE, CAHS and WACHS for the provision of school health services
Newsletter items (School Entry Health Assessment - A note from the Community Health Nurse (Primary schools))
Nurses working in primary school – Work Health and Safety (WH&S) considerations - online course available via MyLearning
Clients
CAH-003424 Child Development 3-4 years
CAH-003425 Child Development 4-5 years
CAH-004146 Health Information for Parents with Children Starting School
CAH-011797 Ten Top Tips for a Great Start to School
CAH-000994 Tips to support healthy choices (2-5 years)
CHS409-8 – Tips to support healthy choices (2-5 years) – A5 booklet which is part of the SEHA Results to parents kit (CHS409-6)

Useful external resources (including related forms)
TEN4FACESp- Bruising Clinical decision rule for children <4 Years of Age **(**for staff use only - not for use in client facing areas)**

Appendix A - Special circumstances for assessing a child without parent consent

In instances where the CHS409-1 form has not been returned by parents/caregivers, and when the nurse or DOE staff member have identified concerns with a child, the following is suggested:

1. Telephone the parent (or guardian) to request verbal consent to undertake the Universal contact 4 years.
2. Liaise with DOE staff to request assistance in obtaining consent from the parent (or guardian).
3. If not successful with the above, discuss the case with the school principal and manager. Pursuant to the *Health (Miscellaneous Provisions) Act 1911 (section 337(1)*, the nurses specified in the schedule, may examine medically and physically, as the nurse deems necessary, any child attending any school or childcare centre.*
4. Consider contacting the Department of Communities, Child Protection and Family Support if parent/caregiver engagement is an ongoing concern, preventing the child from receiving adequate care.
5. Document all decisions and actions thoroughly.

* This authorisation may be cited as the Health (Examination of School Children) Authorisation 2017.

Appendix B – School Entry Health Assessment with Education Support Children

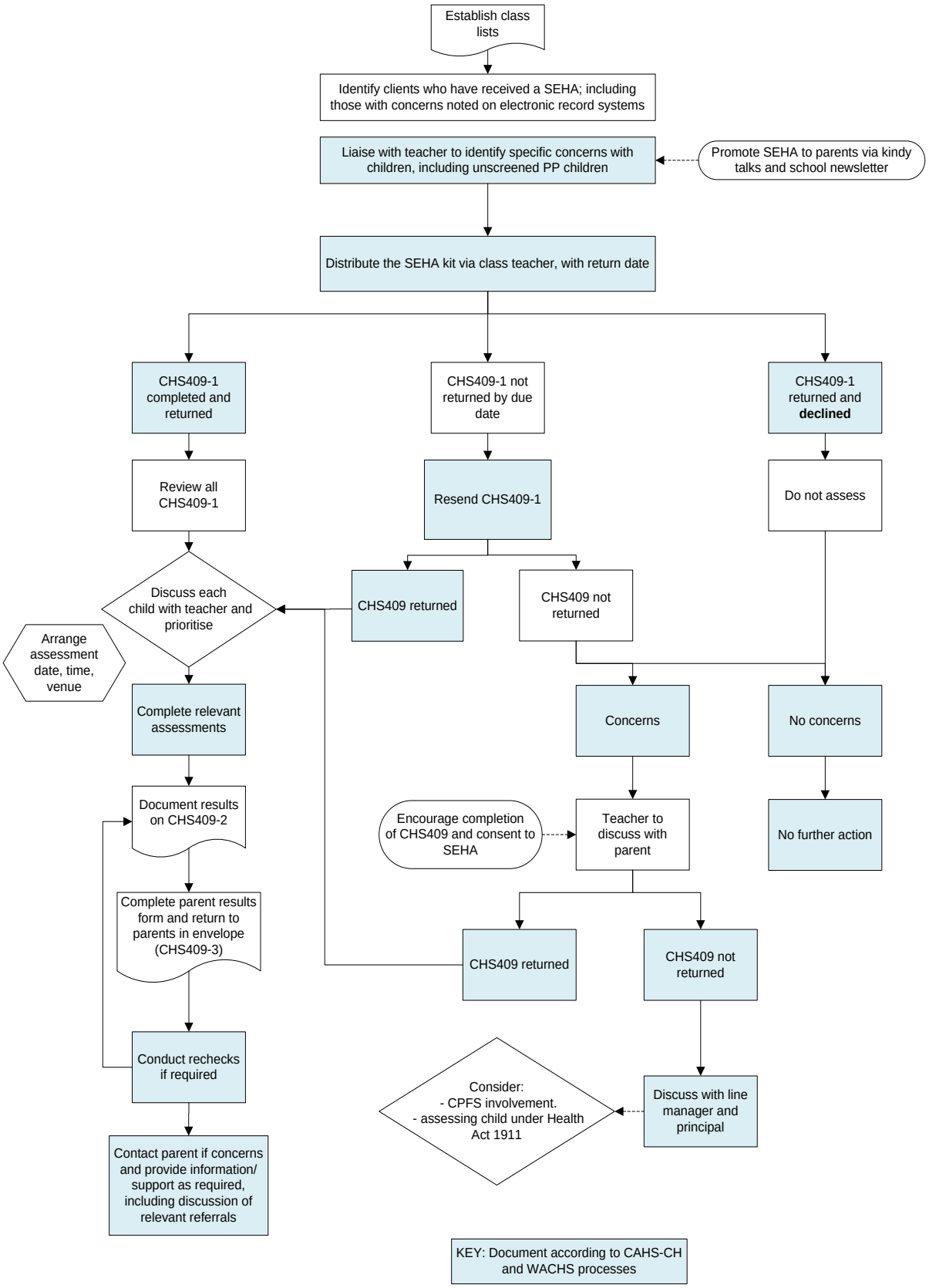
The SEHA for Education Support children focuses on engagement with the family in order to enquire about the child's individual needs. It provides an opportunity to explore the services and agencies involved with the family, and discuss any information, resources or referrals which may benefit the family.

- Parents/caregivers of children who have a disability whether in mainstream schools or an Education Support School will be offered a SEHA (or review) when they commence Kindergarten (K) or Pre-primary (PP). Either the general CHS409-1 form, or the CHS409-5 (for Education Support children) may be used.

The recommended process is as follows:

- Contact parents/caregivers of newly enrolled (K and PP) children to schedule an appointment to discuss and complete the School Entry Health Consultation for Education Support Students form CHS409-5.
- Conduct the review meeting with the parent/caregiver at school, over the phone or in the family home (in compliance with the Home Visiting Policy), depending on circumstances.
- Identify needs for health care planning and complete Department of Education forms as required.
- Respond to identified needs by undertaking physical, development and growth assessments of the child, where appropriate. Complete clinical observation/assessment of the child as appropriate.
- Discuss with parents/caregivers:
    - results of the completed assessments
    - suggested referrals and confirmation of consent to share information with school staff
    - health care planning
    - family education and support
    - and any other necessary information.

Appendix C – SEHA (school setting) Clinical Pathway Summary



Appendix D – Working with non-English speaking clients and the hearing impaired

The class teacher/school administration should be aware of those children whose parents/caregivers are non-English speaking and so may require an interpreter.

Provision of interpreters for non-English speaking people and the hearing impaired is an essential service and the use of family members, children, friends or other bilingual individuals, who may offer to help the client communicate, is discouraged.

Failure to provide an appropriate interpreter could jeopardise standards of care. If the CHS409-1 is not returned and the family are non-English speaking, the use of an interpreter should be considered.

Telephone interpreter services:

- Are appropriate for uncomplicated brief encounters
- Are less costly than face to face services
- Provide convenient access for families as they can be called at home
- May be less intrusive

On-site interpreter services:

- Are more appropriate for case conferences or complex issues
- Need to be booked in advance

For bookings and further information contact your Local Area Health Service site.

Using translated materials

On the front page of the CHS409-1, there is a sentence asking parents/caregivers if they require interpreter services to complete the form, or if they require an interpreter.

If the need for an interpreter is indicated, contact the parent/caregiver and use Area Health Service procedures to access a telephone or on-site interpreter.

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

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Reviewer / Team:	Clinical Nursing Policy Team		
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