



## PROCEDURE

### Clinical Handover - Nursing

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

#### 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 outline the process and minimum standards required for effective communication and documentation of clinical information, to support continuous, coordinated, and safe care for clients and to ensure that responsibility and accountability of each client's care is clearly defined<sup>1</sup>.

#### Risk

Failure to follow this procedure may impact the timeliness, continuity, and quality of care and result in a preventable risk to client safety<sup>1</sup>.

#### Background

Clinical handover refers to the transfer of professional responsibility and accountability for some or all aspects of care for a client, or group of clients, to another person or professional group on a temporary or permanent basis<sup>2</sup>.

Compliance with this *Clinical Handover – Nursing procedure* is mandatory. Non-compliance with this policy breaches [WA Health: Clinical Handover Policy](#) and [National Safety and Quality Health Service \(2<sup>nd</sup> edition\) Standard 6: Communicating for safety](#)<sup>3</sup>. This procedure is supported by the CAHS [Communicating for Safety](#) policy.

Clients seen in the community setting may receive care from various service providers, sometimes concurrently. To ensure the safe delivery and continuity of care, there needs to be a standardised process in place for the effective and timely handover of

client information and care. This includes communication and coordination of care between services, and effective processes for sending and receiving critical information. This is particularly important to ensure provision of continuous, safe and effective care for children with identified health, development, wellbeing or safety concerns, and for external transfers of care<sup>1, 3</sup>.

## Definitions

- **Child Development Information System (CDIS):** an electronic client health record and management system used by CAHS - Child and Adolescent Community Health (CACH) staff for the management of client information, and service and corporate reporting.
- **Clients at risk:** Clients who experience adverse conditions, circumstances, or events and who require additional support to achieve positive health or development outcomes.
- **Clients of concern:** Clients identified as having risk factors for negative health, development, wellbeing, or safety outcomes. These risk factors include child protection concerns, family domestic violence, mental health concerns impacting parenting, social and emotional wellbeing concerns, or exposure to drugs and alcohol.
- **iSoBAR:** A standardised mnemonic used to guide the format and content of all clinical handovers initiated within CAHS. Its components are: Identify (i), Situation (S), Observations (o), Background (B), Agreed Plan (A), and Readback (R). (See [Table 1](#))
- **Mature minor:** A child under the age of 18 years who has been assessed as being able to fully comprehend the nature, consequences and risks of the proposed action, irrespective of whether there is parent/caregiver consent<sup>4</sup>.
- **Receiving nurse:** The nurse/team receiving a clinical handover, commencing a new episode of care, and taking on clinical responsibility for some or all aspects of a client's care<sup>1</sup>.

## Principles

- 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, child and family-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.

## Key points

- The iSoBAR framework supports consistent structure and content of the handover process and documentation. This ensures effective and comprehensive communication of client information to support coordinated and safe transfer of care of clients and to minimise the risk of error or clinical harm<sup>5</sup>.

- Handover may be given face-to-face, or by telephone, email, referral form (e.g., CHS663 form) or letter, but must always follow the iSoBAR framework. Voice mail or SMS handovers are not permissible.
- Clinical handover should be prioritised for clients who have identified concerns<sup>1</sup>.
- Nurse must always seek consent for handover/referral from the parent/caregiver, except in the event of an emergency. Consent for release of information must also be current. Consent from parent/caregiver should be clearly documented in CDIS and/or paper-based client record. (See CACH [Client Information - Requests and Sharing](#) guideline)
- Parent/caregiver should be included in the handover/referral process and care planning whenever possible and provided with a copy of relevant clinical handover/referral information.
- Three mandatory identifiers must be used when handing over care, as per the CAHS [Patient / Client identification](#) procedure.
- All handovers must be between a clinician responsible for the current care of the client and a clinician who is assuming responsibility for the client's care<sup>1</sup>.
- One clinician takes the lead for coordinating and communicating with the parent/caregiver when more than one care provider is involved in a client's care.
- All handovers, including communication, decisions, responsibilities, actions, and outcomes, must be clearly documented in the client record following the iSoBAR framework<sup>1</sup>.

**Table 1 - iSoBAR format**

iSoBAR	Relevant Information
<b>I</b> - Identify	<ul style="list-style-type: none"> <li>• Nurse identifies themselves</li> <li>• Confirm client and legal guardian details</li> <li>• Consent for services/information sharing</li> <li>• Interpreter required</li> </ul>
<b>S</b> - Situation	<ul style="list-style-type: none"> <li>• Presentation/ primary concern</li> <li>• Reason for handover/referral</li> </ul>
<b>O</b> - Observation	<ul style="list-style-type: none"> <li>• Observations and assessment results                             <ul style="list-style-type: none"> <li>○ ASQ, Physical Assessment, Breastfeeding assessment, SEHA, EPDS results, Growth charts</li> </ul> </li> </ul>
<b>B</b> - Background	<ul style="list-style-type: none"> <li>• Relevant birth, developmental, medical, and family history</li> <li>• Social situation - siblings, protective and risk factors (e.g. transport difficulties, literacy issues, Department of Communities involvement, risk of harm)</li> <li>• CDIS flag alerts</li> </ul>

	<ul style="list-style-type: none"> <li>• On Clients of concern list</li> <li>• Allergies, drug reactions</li> <li>• Care history</li> <li>• Other services involved in client's care</li> </ul>
<b>A – Agreed Plan</b>	<p>Given the situation, what needs to happen?</p> <ul style="list-style-type: none"> <li>• Relevant goals/plans including timeframes and level of urgency</li> </ul>
<b>R – Readback</b>	<p>Clarify and confirm a shared understanding of responsibilities and timelines.</p> <ul style="list-style-type: none"> <li>• Discuss handover/referral with parent/caregiver and confirm their understanding of the process and required actions</li> <li>• Identify receiving clinician and discuss the handover/referral with them if required</li> <li>• Receiving CACH clinician to read CDIS record and contact referring clinician for additional information if required</li> </ul>

Refer to [Appendix 1](#) for Guide to finding iSoBAR Clinical Handover information in CDIS.

Refer to [Appendix 2](#) for Clinical Handover Infographic

## Clinical Handover - External

External clinical handover processes are required when:

- Client needs to be transferred urgently to an acute medical setting for further assessment and treatment.
- Client is referred to services outside CACH.
  - Common referrals include General Practitioner, Ngala, Wanslea, Communicare, Family Support Services, Department of Communities - Child Protection and Family Support Services (Communities)
- Client is exiting CACH services, but it is currently unknown who CACH is handing over to. In these circumstances, clinical handover documentation will be given to the parent/caregiver/mature minor to pass on, as appropriate.
- Nurses receiving handover from an external service provider should follow the iSoBAR framework to document this handover in CDIS.

## Procedure: Client Handover - External

Steps	Additional Information
<ul style="list-style-type: none"> <li>• Discuss the referral or handover with parent/caregiver, and ensure they understand the reason for it.</li> <li>• Obtain consent for referral.</li> <li>• Complete <a href="#">CHS663 Clinical Handover/Referral</a> form. Provide parent/caregiver with copy of form and copies of any relevant assessments.</li> <li>• Ensure parent/caregiver understands their responsibility for arranging and attending the referral appointment.</li> <li>• Complete a new or update <a href="#">CHS825 My Care Plan</a> if required, and provide a copy to parent/caregiver.</li> <li>• Use clinical judgement to determine whether the Health Professional copy of CHS663 form is provided to the client or sent directly to the external service provider. Document the method of sending the Health Professional copy of the referral in client record.</li> <li>• Document clinical handover in CDIS as a CNP – Clinical Handover (ISOBAR). <ul style="list-style-type: none"> <li>○ Attach PDF copy of <a href="#">CHS663 Clinical Handover/Referral</a> form in CDIS, and update <a href="#">CHS725 Consent for Release of Information</a> form if required</li> </ul> </li> <li>• Nurses without CDIS access will document clinical handover in client's paper health record (MR600) and attach a paper copy of <a href="#">CHS663 Clinical Handover/Referral</a> form. Update</li> </ul>	<ul style="list-style-type: none"> <li>• Consent to sharing information must be in writing and current (within 12 months) when handing over to external parties. (Refer to <a href="#">CACH Consent for Services</a>)</li> <li>• If the external service provider has their own referral forms, complete these using iSoBAR framework. Also complete and attach <a href="#">CHS663 Clinical Handover/Referral</a> form if any relevant handover information cannot be entered on the external referral form.</li> <li>• Referrals to include information about any issues that may impact on a family's ability to respond to appointment offers or attend appointments.</li> <li>• Consent for referral to Communities is ideal. However, concern for the safety and wellbeing of the child or clinician may override the need for parental consent. <ul style="list-style-type: none"> <li>○ Refer to CAHS <a href="#">Child Safety and Protection</a> and the <a href="#">Guidelines for protecting Children 2020</a></li> </ul> </li> <li>• When referring for child protection concern use: <a href="#">CPFS – Child Protection Concern Referral form</a></li> <li>• When referring an adult to family and domestic violence services use: <a href="#">Referral for Family and Domestic Violence form (FDV952)</a></li> <li>• Refer to CAHS <a href="#">Recognising and Responding to Acute Deterioration</a> policy for further information on handover in emergency situations.</li> <li>• Where required, advise parent/caregiver to proceed with child to the hospital or GP.</li> </ul>

Steps	Additional Information
<p><a href="#">CHS725 Consent for Release of Information</a> form if required.</p> <ul style="list-style-type: none"> <li>In emergency situations, follow the iSoBAR framework in the verbal handover to the paramedic to ensure all critical information is communicated. This clinical handover must also be documented thoroughly in CDIS as a CNP – Clinical Handover (ISOBAR).</li> </ul>	<ul style="list-style-type: none"> <li>When a <a href="#">CHS825 My Care Plan</a> is completed or updated, document this as a CNP in CDIS, save a copy in MR600 client record, and scan a copy to CDIS.</li> <li>Consider the need to add or update <a href="#">CDIS flags</a>, and/or add to or remove from <a href="#">CDIS CoC list</a>.</li> <li>For clients exiting CACH services, refer to CACH <a href="#">Client Record Transfer</a> policy for more information on record management.</li> </ul>

## Clinical Handover - Internal

Internal clinical handover processes will be utilised in the following circumstances:

- Transfer of client care between nurses within the same discipline/specialty within CACH.
  - This includes the routine transfer of client care from a child health nurse in one metropolitan region to a child health nurse in another metropolitan region
- Transfer of some or all aspects of client care between nurses in different areas within CACH.
  - This includes referral to the Aboriginal\* Health Team (AHT), Refugee Health Team (RHT), Child Development Services (CDS), Partnership level of services – Child Health, and Breastfeeding Support Service (BSS).

For additional information on the transfer of some or all aspects of client care between regions or teams for **clients with identified concerns**, refer to Procedure section below - [Clinical Handover of Clients with identified needs](#).

**Note:** CNM/CNS must be included in all emails concerning clients with identified risk factors that may have a negative impact on health, development, wellbeing, or safety outcomes.

## Procedure – Clinical Handover: Internal

Steps	Additional Information
<p><i>Referring Nurse</i></p> <ul style="list-style-type: none"> <li>If transferring clinics, confirm preferred Child Health Centre location with parent/caregiver.</li> </ul>	<ul style="list-style-type: none"> <li>Confirm CHS location – see <a href="#">Metropolitan Child Health Centre Suburb Allocation List</a>.</li> </ul>

\* 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
<ul style="list-style-type: none"> <li>• Discuss the referral or handover with parent/caregiver, ensure they understand the reason for it, and obtain consent for referrals.</li> <li>• Notification of handover between CACH staff who both have CDIS access may be verbal or by email, following the iSoBAR framework.</li> <li>• Document communication and clinical handover in CDIS as a CNP - Clinical Handover (ISOBAR). Attach copy of email sent.</li> <li>• Complete referrals for CDS, BSS and Partnership - Child Health Service using the relevant CDIS screens.</li> <li>• Ensure parent/caregiver understands their responsibility for arranging and attending the referral appointment.</li> <li>• Complete a new or updated <a href="#">CHS825 My Care Plan</a> if required, and provide a copy to parent/caregiver.</li> <li>• Attach PDF copy of <a href="#">CHS663 Clinical Handover/Referral form</a> and <a href="#">CHS725 Consent for Release of Information</a> if required, to CDIS file.</li> </ul> <p><i>Receiving Nurse</i></p> <ul style="list-style-type: none"> <li>• Child health staff - request client's paper file from the referring nurse and update the CHC active site in CDIS, as per CACH <a href="#">Client Record Transfer</a> procedure.</li> <li>• When client initiates and establishes ongoing contact with a new region without prior advice, nurse will send a request to</li> </ul>	<ul style="list-style-type: none"> <li>• Consent for handover may be written or verbal. Document consent in CDIS.</li> <li>• When handing over to nurses without access to CDIS, complete a <a href="#">CHS663 Clinical Handover/Referral</a> form.</li> <li>• Discussion of relevant client information may be required with Partnership, BSS or CDS Intake CNS to determine the need for a referral.</li> <li>• Provide parent/caregiver with the contact details of the receiving community health service.</li> <li>• When a <a href="#">CHS825 My Care Plan</a> is completed or updated, document this as a CNP in CDIS.</li> <li>• Roles and responsibilities must be clearly described and agreed to by both the referring and receiving nurses and documented in CDIS.</li> <li>• Consider the need to add or update <a href="#">CDIS flags</a>, and/or add to or remove from <a href="#">CDIS CoC list</a>.</li> <li>• Ensure client paper and electronic files are up to date.</li> <li>• Refer to CACH <a href="#">Client Record Transfer</a> procedure when client is moving permanently to another CACH service site.</li> </ul> <p><b>Note:</b> When transferring clients with identified/urgent concerns to a different clinic or region, phone the receiving nurse to prioritise the handover. See procedure section below for clinical handover of clients with identified needs.</p> <p><b>Note:</b> <b>Nurses without CDIS access</b> will document making or receiving a handover in client's paper file (MR600). Include a printed copy of the handover email and any attachments, including <a href="#">CHS663</a></p>



Steps	Additional Information
<p>previous region for transfer of client's paper file.</p> <ul style="list-style-type: none"> <li>Read client's CDIS notes and/or paper record. Seek clarification from referring nurse if required.</li> </ul>	<p><a href="#">Clinical Handover/Referral</a> form and updated <a href="#">CHS725 Consent for Release of Information</a> form if required.</p>
<p><i>Referral to AHT</i></p> <p><b>Staff with CDIS access:</b></p> <ul style="list-style-type: none"> <li>Document consent for referral to AHT services in CDIS.</li> <li>Confirm preferred AHT location with client.</li> <li>Phone or email AHT base with the client's given name, DOB, parent/caregiver name and address, and consent to referral. Attach a copy of this email in CDIS.</li> <li>Document all verbal or email communications about referral to AHT services as CDIS CNP - Clinical Handover (ISOBAR).</li> <li>Ensure client's paper and electronic files are up to date.</li> <li>AHT will transfer client to the appropriate AHT 'Active list' after direct contact with referring nurse.</li> </ul> <p><b>Staff without CDIS access:</b></p> <ul style="list-style-type: none"> <li>In addition to the preceding steps, referring staff will: <ul style="list-style-type: none"> <li>Email a scanned copy of <a href="#">CHS663 Clinical Handover/Referral</a> form (with any additional relevant forms such as <a href="#">CHS825 My Care Plan</a>) to: <a href="mailto:Cachahreferrals@health.wa.gov.au">Cachahreferrals@health.wa.gov.au</a></li> </ul> </li> <li>Document the clinical handover, including agreed roles and responsibility for client care.</li> </ul>	<ul style="list-style-type: none"> <li>Locate nearest AHT base - see <a href="#">AHT Catchment Details and Map - Power BI</a>.</li> <li>Advise parent/caregiver that the referral will be sent directly to AHT and that AHT receiving nurse will contact them to discuss the referral and to schedule appointments.</li> <li>Where concerns are identified, contact the AHT receiving clinician by phone to prioritise the handover.</li> <li>Roles and responsibilities must be clearly described and agreed to by both the referring and receiving nurses, and accountability of care clarified.</li> <li>CDIS documentation to include all communications, and the agreed roles and responsibility for client care.</li> </ul> <p>For more information, see <a href="#">Aboriginal Health Team Bases</a> on HealthPoint.</p>



Steps	Additional Information
<ul style="list-style-type: none"> <li>Save a printed copy of the email, CHS663 form and any other attachments in client's paper file.</li> </ul>	
<p><i>Referral to RHT</i></p> <ul style="list-style-type: none"> <li>Document consent for referral to RHT services in CDIS.</li> <li>Clarify and document client's visa type (e.g. Humanitarian or Asylum Seeker visa), date of arrival in Australia, interpreter requirements (language and dialect), and the contact details of an alternative contact.</li> </ul> <p><b>Staff with CDIS access:</b></p> <ul style="list-style-type: none"> <li>Phone or email RHT about the client referral. Attach a copy of email to client's CDIS file.</li> <li>Document referral to RHT in CDIS as CNP - Clinical Handover (ISOBAR).</li> </ul> <p><b>Staff without CDIS access:</b></p> <ul style="list-style-type: none"> <li>Email RHT about client referral, with a scanned copy of the <a href="#">CHS080 form</a> and any additional relevant forms such as <a href="#">CHS825 My Care Plan</a> included. Email to:</li> </ul> <p><a href="mailto:CACH.RefugeeHealthReferrals@health.wa.gov.au">CACH.RefugeeHealthReferrals@health.wa.gov.au</a></p> <ul style="list-style-type: none"> <li>Save printed copy of email, CHS080 form and other attachments in client's paper file.</li> <li>Ensure paper and electronic files are up to date.</li> </ul> <p><i>Referral from RHT to CH or SH</i></p> <ul style="list-style-type: none"> <li>Explain CH or SH services and reason for the referral to parent/guardian.</li> </ul>	<ul style="list-style-type: none"> <li>Advise parent/caregiver that the referral will be sent directly to central RHT email and that an RHT receiving nurse will contact them (using free interpreter services as required) to discuss concerns and to schedule appointments.</li> <li>Contact RHT receiving clinician by phone to prioritise the referral if client concerns have been identified. Document this communication as a CDIS CNP.</li> <li>The client remains on the Child health centre's 'Active list' after the referral is accepted by RHT.</li> <li>CDIS documentation to include all communications, and the agreed roles and responsibility for client care. (See <a href="#">CDIS User Guide</a> manual).</li> </ul> <ul style="list-style-type: none"> <li>Support the family (as required) to schedule an appointment.</li> <li>Document discussions with parent/guardian and CH nurse as a CNP, and referral to Community</li> </ul>

Steps	Additional Information
<ul style="list-style-type: none"> <li>Obtain electronic consent for referral during home visit.</li> <li>Complete <a href="#">CHS142 Referral to Community Health Nurse</a> form.</li> <li>Phone or email Community health nurse about the client referral. Attach a copy of CHS142 and email to client's CDIS file (see Child Health CDIS Guide <a href="#">Manual</a>).</li> <li>Document consent for referral to Community health services in CDIS.</li> </ul>	<p>health services as a CNP – Clinical Handover.</p> <ul style="list-style-type: none"> <li>Include CNM in all emails about clients with identified risk factors for negative health, development, wellbeing, or safety outcomes.</li> <li>When referring to CH or SH services for assessments, RHT continues to provide Refugee Health Services (RHS) to both children and their caregivers, addressing their refugee-specific health care and psychosocial needs.</li> </ul> <p>For more information, see <a href="#">Refugee Health Team</a> on HealthPoint.</p>

## Clinical Handover - Clients with identified needs

This includes clinical handover from one community health service to another within CACH, between child health and school services, or between CACH and WACHS.

Clients with identified needs may include clients of concern, children under the care of Communities and those clients with CDIS Flags or on the Universal Plus pathway who are considered at risk of health, developmental, social or safety concerns.

The clinical handover of care of a client with concerns should be prioritised to minimise the risk of interruption to continuity of care. This includes a direct handover from the referring nurse to the receiving clinician. Where significant risks are present, ensure the relevant Alert flag has been created or updated in CDIS. An Alert flag must be used if there is a risk to the safety and wellbeing of the client or clinician.

Combined Clients of Concern (COC) meetings for child and school health teams are recommended to enable discussion and clinical handover between teams as needed. Clinical representation at COC meetings from AHT and RHT supports the clinical handover of relevant clients to school health, particularly near the end of each year.

**Note:** CNM/CNS must be included in all emails concerning clients with identified risk factors that may have a negative impact on health, development, wellbeing, or safety outcomes.

**Note:** If a client on the Clients of concern list is transferred between metropolitan regions, the receiving nurse will transfer them to receiving region's COC list once the clinical handover process is complete. (See [CDIS Tipsheet – Clients of concern](#))

When the whereabouts of a child is unknown and there are concerns, a report should be made to Communities, as per the [Clients of concern management](#) protocol.

## Procedure – Clinical Handover: Clients with identified needs

Steps	Additional Information
<b>Child Health to School Health</b>	
<p><i>Child Health Nurse</i></p> <ul style="list-style-type: none"> <li>• Child health nurses are required to regularly review Child Health - Active lists to ensure that COC list and Flags status are up to date.</li> <li>• Consider clients at risk who will be starting in Kindy the following year. Determine if clinical handover to School Health service is required.</li> <li>• Discuss reason for handover with parent/caregiver.</li> <li>• Handover may be given directly to receiving school nurse if school enrolment has been confirmed by the parent/caregiver.</li> </ul> <p><i>Clinical Nurse Manager</i></p> <ul style="list-style-type: none"> <li>• When a child’s school has not yet been determined, CNM is responsible for communication with school health team about children identified by child health nurse as being at risk or having identified health or developmental needs. CNM and school health team then identify school enrolment for these children with concerns.</li> <li>• CNM to forward client details to the appropriate school health nurse.</li> <li>• Communication, decisions, actions, and outcomes are to be clearly documented in the client record.</li> </ul> <p><i>School Health Nurse</i></p>	<ul style="list-style-type: none"> <li>• Refer to <a href="#">CDIS Flags - Risk factors</a> tip sheet for further details on assigning and updating flags.</li> <li>• Include parent/caregiver in the handover process where possible. Advise that handover is being given to school health services.</li> <li>• Discussion with parent/caregiver and verbal handovers to receiving nurse are recorded as CNP in CDIS.</li> <li>• If concerns relate to family wellbeing and safety siblings are to be linked on CDIS and added to the Clients of Concern (COC) list. (See <a href="#">Child Health CDIS Guide Manual</a>)</li> <li>• CNM must be involved in all handovers of clients on COC list.</li> <li>• If class lists are delayed, ask CHNs to generate a handover list by ‘copying and pasting’ clients on COC list or clients with relevant CDIS flags on CH Active list.</li> </ul> <ul style="list-style-type: none"> <li>• Make a prioritisation plan for School Health Entry</li> </ul>

Steps	Additional Information
<p>School health nurses are required to prioritise School Entry Health Assessments for children with increased risks to health, wellbeing, development, and safety. This assessment includes direct liaison with the client's parent/caregiver and discussion with teacher.</p> <ul style="list-style-type: none"> <li>• Receive formal clinical handover of relevant clients from CHN or CNM.</li> <li>• Review children on CDIS Class lists for Flags or marked for Priority assessment.</li> <li>• Review CDIS notes for indicators of need and identified areas of concern. If required, seek further clarification from the child health nurse.</li> </ul> <p><b>Note:</b> A school health nurse may need to provide clinical handover to child health services if there are known younger siblings of a school aged child with identified significant risks.</p>	<p>Assessments of children at increased risk of compromised health, wellbeing, and developmental outcomes.</p> <ul style="list-style-type: none"> <li>• Review the CDIS notes of students with concerns identified by parent/teacher.</li> </ul> <p>Refer to <a href="#">School-aged health services – Primary</a> and <a href="#">Universal contact School Entry Health Assessment</a> guidelines for further details.</p>
<b>Handover from Primary School to Secondary School, and between schools</b>	
<p><i>Primary School Health Nurse</i></p> <ul style="list-style-type: none"> <li>• Students with identified health needs who move schools require clinical handover to nurse at receiving school.</li> <li>• Consider clients at risk who will be starting high school the following year. Determine if clinical handover to High School Health services is required.</li> <li>• Discuss reason for handover with parent/caregiver.</li> <li>• Handover may be given directly to receiving school nurse if school enrolment has been confirmed by the parent/caregiver.</li> </ul> <p><i>Secondary School Health Nurse</i></p>	<ul style="list-style-type: none"> <li>• Primary and Secondary School principals have ultimate responsibility for student health care planning and the development of Risk Management Plans (RMPs).</li> <li>• For school-aged children, communications are to involve the school principal or delegate.</li> <li>• Nurses may support school staff and families with health care planning and management.</li> <li>• Clients of concern who move schools require clinical handover to the nurse at the receiving school.</li> <li>• Document verbal handover to receiving nurse and</li> </ul>

Steps	Additional Information
<ul style="list-style-type: none"> <li>At the start of each school year, nurses will review Clients of concern communication tools to identify incoming students.</li> <li>Work in partnership with principal and/or delegated student service staff to support students with identified risk factors known to impact on health wellbeing and/or safety.</li> </ul> <p><b>Note:</b> A secondary school health nurse may need to provide clinical handover to primary school and/or child health services if there are known younger siblings of the secondary school child with identified significant risks.</p>	<p>discussions with parent/caregiver/student as CDIS CNP.</p> <ul style="list-style-type: none"> <li>If concerns relate to family wellbeing and safety, siblings are to be linked on CDIS and added to the Clients of Concern list.</li> </ul> <p>See <a href="#">CDIS User Guide Manual</a>.</p> <p>Refer to <a href="#">School aged health services Secondary</a> guideline and <a href="#">Clients of concern management</a> protocol for more information.</p>

### Community Health client relocating between CACH and WACHS

Steps	Additional Information
<p><i>Client moving from WACHS to CACH</i></p> <ul style="list-style-type: none"> <li>CACH CNM to provide CACH nurse with handover from WACHS of children with identified risks.</li> <li>Request handover via WACHS central email, <a href="mailto:AreaOfficePopulationHealth.WACHS@health.wa.gov.au">AreaOfficePopulationHealth.WACHS@health.wa.gov.au</a>, if not already received from CACH Executive Correspondence.</li> <li>Seek further clarification from relevant WACHS Child health nurse if required.</li> </ul> <p><i>WACHS requesting Birth Notification (BN) from CACH</i></p> <ul style="list-style-type: none"> <li>WACHS sends request for Birth Notification to CDIS help desk <a href="mailto:cdis@health.wa.gov.au">cdis@health.wa.gov.au</a></li> <li>CDIS sends the request to the CNM and to CON in the region where the BN has been allocated by post code</li> </ul>	<ul style="list-style-type: none"> <li>Handover is forwarded from WACHS Central email to CACH Executive Correspondence: <a href="mailto:CACHExecutiveCorrespondence@health.wa.gov.au">CACHExecutiveCorrespondence@health.wa.gov.au</a></li> <li>CACH Executive Correspondence will forward the handover to appropriate CNM.</li> </ul> <ul style="list-style-type: none"> <li>CACH CNM to be notified about all handovers of clients on COC list or considered to have high risk to health, development, wellbeing, or safety. Refer to <a href="#">Clients of concern management</a> protocol.</li> </ul>

<ul style="list-style-type: none"> <li>• CNM will send the request to the child health team to discuss handover with parent/ caregiver. Gain/update consent for release of information, using CHS725 Consent for Release of Information form.</li> <li>• Complete <a href="#">CHS663 Clinical Handover/Referral</a> form, documenting concerns regarding the child's safety and wellbeing.</li> <li>• Email to <a href="mailto:AreaOfficePopulationHealth.WACHS@health.wa.gov.au">AreaOfficePopulationHealth.WACHS@health.wa.gov.au</a>, <a href="#">CHS663 Clinical Handover/Referral</a>, including a request to conduct a clinical handover, and new contact details of client if known.</li> <li>• Document clinical handover as CDIS CNP - Clinical Handover (ISOBAR). Include a copy of the email sent and attach a copy of <a href="#">CHS663 Clinical Handover/Referral</a> in CDIS - Attachments.</li> <li>• Nurse may arrange and conduct the verbal component of handover directly with the receiving WACHS nurse to discuss the issues and the level of concern.</li> </ul>	<ul style="list-style-type: none"> <li>• CHN or CNM to review <a href="#">CHS663 Clinical Handover/Referral</a> form and any additional documents included, such as the <a href="#">CHS470 Child Wellbeing Guide</a> or reports to Communities, then forward to <a href="mailto:AreaOfficePopulationHealth.WACHS@health.wa.gov.au">AreaOfficePopulationHealth.WACHS@health.wa.gov.au</a></li> <li>• Child health client may be relocating to WACHS for child health services or entering kindy in the following year.</li> <li>• If the client is concurrently receiving services from CACH and WACHS, create a 'Flag - Information' in CDIS and document in CDIS-CNP.</li> <li>• Refer to Appendix 3: Birth Notification between CACH Metro and WACHS Flowchart</li> </ul>
<p><i>Client moving from CACH to WACHS</i></p> <ul style="list-style-type: none"> <li>• Identify client with concerns moving to WACHS services.</li> <li>• Discuss handover with parent/ caregiver. Gain/update consent for release of information, using CHS725 Consent for Release of Information form.</li> <li>• Complete <a href="#">CHS663 Clinical Handover/Referral</a> form, documenting concerns regarding the child's safety and wellbeing.</li> <li>• Email <a href="mailto:AreaOfficePopulationHealth.WACHS@health.wa.gov.au">AreaOfficePopulationHealth.WACHS@health.wa.gov.au</a>, <a href="#">CHS663 Clinical Handover/Referral</a>, including a request</li> </ul>	<ul style="list-style-type: none"> <li>• CACH CNM to be notified about all handovers of clients on COC list or considered to have high risk to health, development, wellbeing, or safety. Refer to <a href="#">Clients of concern management</a> protocol.</li> <li>• CHN or CNM to review <a href="#">CHS663 Clinical Handover/Referral</a> form and any additional documents included, such as the <a href="#">CHS470 Child Wellbeing Guide</a> or reports to Communities, then forward to</li> </ul>

<p>to conduct a clinical handover, and new contact details of client if known.</p> <ul style="list-style-type: none"> <li>• Document clinical handover as CDIS CNP - Clinical Handover (ISOBAR). Include a copy of the email sent and attach a copy of <a href="#">CHS663 Clinical Handover/Referral</a> in CDIS - Attachments.</li> <li>• Nurse may arrange and conduct the verbal component of handover directly with the receiving WACHS nurse to discuss the issues and the level of concern.</li> </ul>	<p><a href="mailto:AreaOfficePopulationHealth.WA.CHS@health.wa.gov.au">AreaOfficePopulationHealth.WA.CHS@health.wa.gov.au</a></p> <ul style="list-style-type: none"> <li>• Child health client may be relocating to WACHS for child health services or entering kindy in the following year.</li> <li>• If the client is concurrently receiving services from CACH and WACHS, create a 'Flag - Information' in CDIS and document in a CDIS-CNP.</li> </ul>
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## Compliance

Auditing for clinical handover occurs via the [CH Child and School Health Nursing Client Record Audit](#) tool, as per the [Client record audit management](#) procedure for Community Health. Compliance with the procedure is monitored via the CAHS – Community Health Clinical Governance Committee.

## Training

Nurses are required to complete training specific to their role as per the [CACH Practice Framework for Community Health Nurses](#).

### References

1. Government of Western Australia. Clinical Handover Policy MP 0095/18. In: Department of Health, editor. Perth, 2018.
2. Australian Medical Association. Safe Handover: Safe Patients. Guidance on Clinical Handover for Clinicians and Managers. Canberra, 2006.
3. Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards user guide for acute and community health service organisations that provide care for children. Sydney: Australian Commission on Safety and Quality in Health Care; 2018.
4. State of Western Australia. Working with Youth – A legal resource for community-based health professionals. In: Department of Health, editor. Amendment 2024 ed. Perth,; WA Country Health Service; 2020.
5. Government of Western Australia. Clinical Handover Matrix. In: Department of Health, editor. 2018.

### Related internal policies, procedures and guidelines




The following documents can be accessed in the Community Health Manual: <a href="#">HealthPoint link</a> or <a href="#">Internet link</a> or for WACHS staff in the <a href="#">WACHS Policy link</a>
<a href="#">Aboriginal Child and School Health</a>
<a href="#">Child Health Services</a>
<a href="#">Clients Of Concern Management</a>
<a href="#">Factors impacting child health and development</a>
<a href="#">Refugee Health Service</a>
<a href="#">School-aged health services - Primary</a>
<a href="#">School-aged health services - Secondary</a>
The following documents can be accessed in the <a href="#">Child Development Service Policy Manual</a>
<a href="#">Clinical Handover in the Child Development Service</a>
The following documents can be accessed in the <a href="#">CACH Operational Manual</a>
<a href="#">Client Identification Procedure</a>
<a href="#">Client Record Transfer</a>
<a href="#">Client Information - Requests and Sharing</a>
<a href="#">CACH Consent for Services</a>
<a href="#">Recognising and Responding to Acute Deterioration</a>
The following documents can be accessed in the <a href="#">CAHS Policy Manual</a>
<a href="#">Child Safeguarding and Protection</a>
<a href="#">Clinical Documentation</a>
<a href="#">Communicating for Safety</a>
<a href="#">Confidentiality, Disclosure and Transmission of Health Information</a>
<a href="#">Consent To Treatment</a>
<a href="#">Recognising and responding to acute deterioration</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>
The following documents can be accessed in the <a href="#">Department of Health Policy Frameworks</a>
<a href="#">Clinical Governance, Safety and Quality Framework</a>
<a href="#">Clinical Handover Guideline</a>
<a href="#">Clinical Handover Matrix</a>
<a href="#">Clinical Handover Policy (MP0095)</a>
<a href="#">Recognising and Responding to Acute Deterioration Policy (MP 0171/22)</a>
<b>Related CACH forms</b>
The following forms can be accessed from the <a href="#">CACH Forms</a> page on HealthPoint
<a href="#">CHS080 Referral to Refugee Health</a>
<a href="#">CHS470 Child Wellbeing Guide</a>
<a href="#">CHS663 Clinical Handover/Referral</a>
<a href="#">CHS725 Consent for Release of Information</a>
<a href="#">CHS725 Consent for Release of Information – Client Information Sheet</a>
<a href="#">CHS825 My Care Plan</a>
<a href="#">FDV952 Referral for Family and Domestic Violence</a>
<b>Related CACH resources</b>
The following resources can be accessed from the <a href="#">CACH Resources</a> page on HealthPoint
<a href="#">CDIS User Manual and guidelines</a>
<a href="#">Factors impacting child health and development</a>
<a href="#">Guidelines for Protecting Children 2020</a>
<a href="#">Standard 6 – Communicating for Safety</a>
<b>Related external resources</b>

<a href="#">441 CPFS Child Protection Concern Referral form</a>
<a href="#">Child Protection reporting information</a>
<a href="#">National Safety and Quality Health Service Standards 2<sup>nd</sup> Edition</a>

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

Document Owner:	Nurse Director, Community Health		
Reviewer / Team:	Clinical Nursing Policy Team		
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Endorsed by:	Executive Director - Nursing	Date:	27 June 2025
Standards Applicable:	NSQHS Standards:  Child Safe Standards: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10		

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## Appendix 1: Guide to finding Clinical Handover information in CDIS

iSoBAR Framework	Relevant Information	Where to find information in CDIS
<b>I</b> - Identification	<ul style="list-style-type: none"> <li>• Introduce referring service and identify the client</li> <li>• Confirm parent/caregiver's contact details</li> <li>• Consent for services/information sharing</li> <li>• Interpreter required</li> </ul>	<ul style="list-style-type: none"> <li>• Client details screen</li> </ul>
<b>S</b> - Situation	<ul style="list-style-type: none"> <li>• Primary issue/concern and any secondary issues/concerns</li> <li>• Reason for handover</li> </ul>	<ul style="list-style-type: none"> <li>• Integrated Progress Notes (IPN)</li> <li>• <a href="#">Indicators of Need</a> (protective and risk factors)</li> <li>• Flags</li> </ul>
<b>O</b> - Observation	<ul style="list-style-type: none"> <li>• Observations and assessment results if relevant</li> <li>• CDIS flag alerts</li> <li>• On Clients of concern list</li> </ul>	<ul style="list-style-type: none"> <li>• IPN</li> <li>• Assessment tool results</li> <li>• ASQ</li> </ul>
<b>B</b> - Background	<ul style="list-style-type: none"> <li>• Medical, development and family history</li> <li>• Allergies, drug reactions</li> <li>• Social situation (including Communities involvement, siblings, transport difficulties, literacy issues)</li> <li>• Past and present plans, interventions, and investigations</li> <li>• Other services involved in client's care</li> </ul>	<ul style="list-style-type: none"> <li>• IPN</li> <li>• Correspondence (history)</li> <li>• Assessment tool results (outcomes from any previous assessments)</li> <li>• Referral history</li> </ul>
<b>A</b> – Agreed Plan	<ul style="list-style-type: none"> <li>• Given the situation, what needs to happen?</li> <li>• Relevant goals/plans, including timeframes, level of urgency</li> </ul>	<ul style="list-style-type: none"> <li>• IPN - Care planning</li> <li>• Correspondence</li> <li>• My Care Plan if required</li> </ul>
<b>R</b> – Read Back	<ul style="list-style-type: none"> <li>• Confirm shared understanding of the handover or referral with the parent/guardian or receiving clinician</li> </ul>	<ul style="list-style-type: none"> <li>• Handover - CNP 'Clinical handover (iSoBAR)'</li> <li>• Referral outside CACH - CNP 'Referral to another discipline/service'</li> </ul>

## Appendix 2: Clinical Handover Infographic

### Nursing Clinical Handover Infographic

**Clinical Handover** required for the temporary or permanent transfer of professional responsibility and accountability for some or all aspects of care for a client, or group of clients, to another person or professional group.

	Content structure	CHS663 Handover/Referral form Required	Not Required
<p><b>iSoBAR</b></p> <p><b>I</b>dentification</p> <p><b>S</b>ituation</p> <p><b>O</b>bservation</p> <p><b>B</b>ackground</p> <p><b>A</b>gree to Plan</p> <p><b>R</b>ead Back</p>	<p>Introduces client and referrer. Consent for handover and information-sharing.</p> <p>Reason for handover. Main issue / concern.</p> <p>Observations and assessment results.</p> <p>Medical/developmental history, social situation.</p> <p>Given the situation, what needs to happen next?</p> <p>Confirm shared understanding and responsibilities with parent/receiving clinician.</p>	<ul style="list-style-type: none"> <li>Handover to or from a clinician without CDIS access (e.g. ESS nurses, Immunisation Team).</li> <li>Handover to WACHS.</li> <li>Referral to <b>another agency</b> that does not have their own referral form (e.g. GP, private practitioner, hospital).</li> <li>Referral to an <b>unknown agency</b>, when client needs to access services elsewhere and the provider details are unknown (e.g. client is moving intrastate, interstate, or overseas).</li> </ul>	<ul style="list-style-type: none"> <li>Handover to all CACH clinicians with CDIS access (including AHT and RHT).</li> <li>Referral to RHT by staff without CDIS. Use <a href="#">CHS080</a> form.</li> <li>Referral to CDS, Partnership-CH service or BSS – handover/ referral completed using CDIS referral screens.</li> <li><b>All</b> verbal or email handovers or additional information to a receiving clinician must be documented in CDIS as <b>CNP</b> – Clinical Handover (ISOBAR).</li> <li>In an emergency without time to complete a CHS663, verbal handover is given to paramedic and documented in CDIS as <b>CNP</b> – Clinical Handover (ISOBAR).</li> <li>Use agency's own referral form if available (e.g. DoC <a href="#">child protection concerns</a>, FDV referral <a href="#">FDV952</a>).</li> </ul>

**Key Messages**

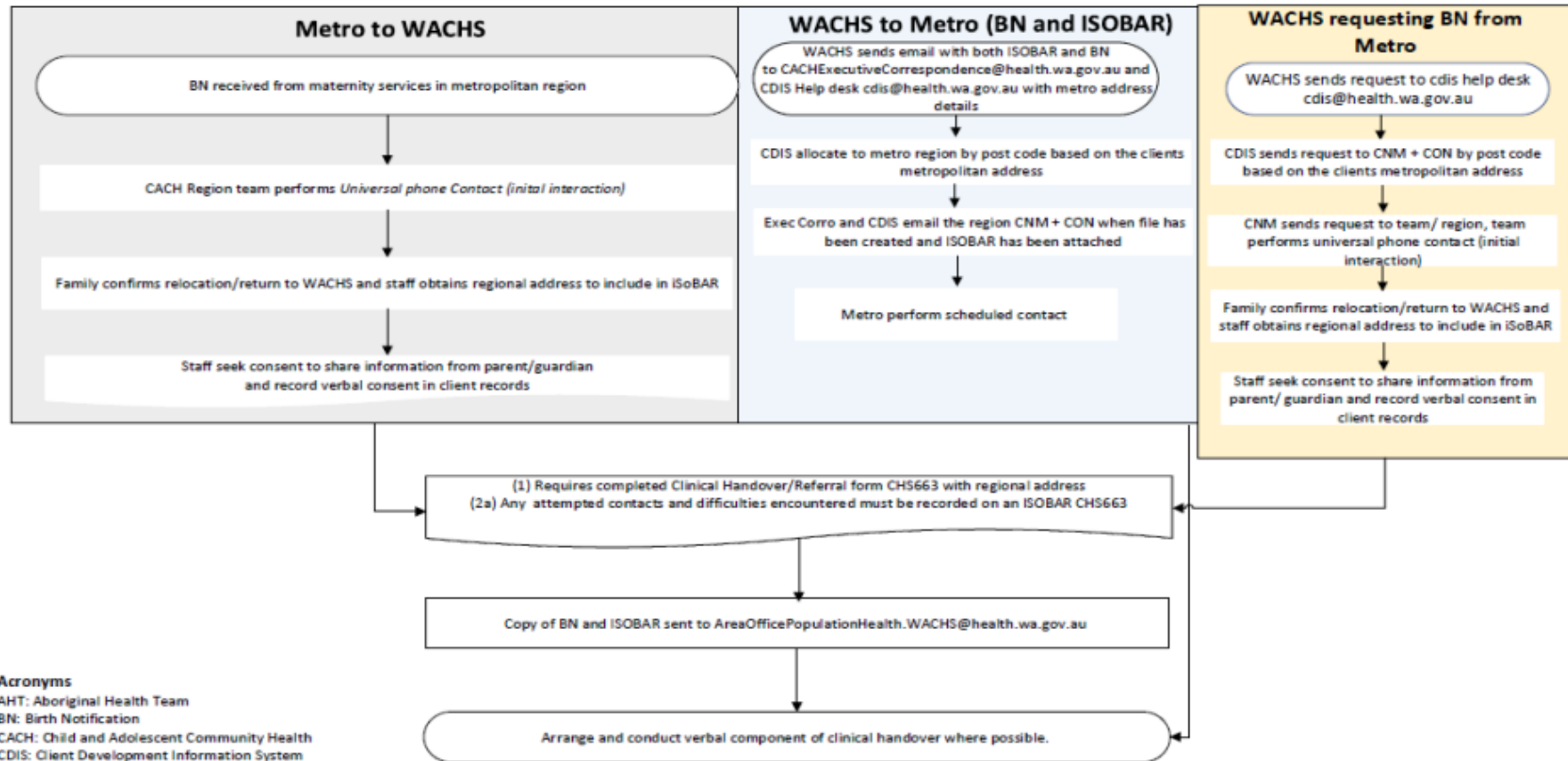
- iSoBAR is the structure that clinicians must follow within WA Health.
- Depending on the situation, handover can be done verbally, electronically, or in writing.
- Every** handover and referral **must** follow the iSoBAR format.
- Not every handover requires a *CHS663 Clinical Handover/Referral* form.

CLINICAL HANDOVER INFOGRAPHIC | Endorsed June 2025

### Appendix 3: Birth Notification between CACH Metro and WACHS

## Birth Notification between CACH Metro and WACHS

As per *Clinical Handover - Nursing* procedure and *Metro CACH team procedure* (Under development)



- Acronyms**  
 AHT: Aboriginal Health Team  
 BN: Birth Notification  
 CACH: Child and Adolescent Community Health  
 CDIS: Client Development Information System  
 CHC: Child Health Centre  
 ISOBAR: Identity, Situation, Observation, Background, Agree a plan, Readback  
 WACHS: Western Australia Country Health Service  
 Metro: Metropolitan

May 2025