



GUIDELINE	
School-aged health services – primary	
Scope (Staff):	Community health staff - School health
Scope (Area):	CAHS-CH, WACHS

This document should be read in conjunction with this [DISCLAIMER](#)

Aim

To promote the health, development and wellbeing of children/young people by engaging with them, their families and school staff.

Risk

Delays in identifying health, development and wellbeing concerns impact negatively on child development.

Background

School health services have been in place in Western Australia (WA) for more than a century. Health and Education authorities have worked in partnership during this period to ensure that all children, wherever they live, have access to primary health care. A *Memorandum of Understanding* (MOU) between the Department of Education (DOE), Child and Adolescent Health Service-Community Health (CAHS-CH) and WA Country Health Service (WACHS) outlines the roles and responsibilities of each involved party in the provision of school health services within public schools.¹ A key component of the service is the *School Entry Health Assessment (SEHA)* which is offered to all children, including those attending Catholic or Independent schools or those being home schooled.

This document identifies the responsibilities of Community Health Nurses (nurses) to primary school-aged clients, their families and the school. Client services are based on the model of progressive universalism and are offered under Universal, Universal Plus and Partnership levels of service. Nurses offer opportunities for early identification of health, developmental and wellbeing concerns as children prepare for, enter and progress through school.^{2,3} Nurses provide parents with support and health information about key health, developmental and wellbeing issues through individual and group contacts. Nurses liaise with schools to prioritise individual client and school needs as outlined in this guideline. The processes in this guideline are not presented in a sequential order as it is recognised that many will overlap and occur concurrently.

Key Points

- This document should be read in conjunction with the *School-aged health services* policy.
- The child/young person is the primary client and is at the centre of care.

- Nurses will deliver care based on family-centred practice between children and young people and their families with a view to optimising health outcomes.
- Collaboration with families, schools and other agencies is integral to the aims of the school health service.
- Nurses will communicate with clients respectfully and sincerely and involve them in planning and goal-setting to achieve the best outcomes for them and their families.
- Prioritisation of assessments and interventions should occur for those children deemed at risk of health or developmental concerns.
- Nurses will plan and deliver care that takes into account each young person and their family’s values, beliefs and cultural backgrounds.
- Nurses require appropriate knowledge and skills that are specific to the nursing role undertaken. Refer to CAHS-CH and WACHS *Practice/Learning Frameworks* for further details.
- Liaison between school staff, families and the nurse should occur throughout the primary school years for any client identified at risk of health, developmental or wellbeing concerns. Additional support and assessments will be offered to these clients as appropriate.
- As the DOE identify nurses working in the school setting as visitors, adherence to the DOE *Visitors and Intruders on Public School Premises* policy is required.
 - Nurses are to discuss the implementation requirements within the specific school locations they work in.

Working with clients – Universal service	Additional information
<p>School Entry Health Assessment</p> <ul style="list-style-type: none"> • Offer the School Entry Health Assessment (SEHA) to all children of school entry age. <ul style="list-style-type: none"> ○ For the majority of children this will occur in Kindergarten. However, it is also offered to Pre-Primary children who have not previously received an assessment. ○ Where opportunities exist, SEHA can be conducted prior to school commencement or in subsequent school holidays. • Respond to identified client and family needs by planning appropriate additional 	<ul style="list-style-type: none"> • Where SEHA has been conducted prior to school entry, an additional SEHA is not required. • Refer to the <i>Universal contact School Entry Health Assessment</i> guideline for information on prioritising children, conducting assessments, follow-up and referrals. <ul style="list-style-type: none"> ○ Aboriginal* children require a tympanometry procedure as a component of their SEHA assessment. • Nurse to liaise with the school about attending case conferences as necessary.

* 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.

<p>contacts and/or referral to relevant services and programs.</p>	<ul style="list-style-type: none"> • Children who are home schooled are eligible for a SEHA. Nurses will conduct a SEHA upon contact from a home-schooled family. • Adherence to CAHS-CH and WACHS clinical handover processes is required when handing over, or referring a client within, or outside of, the health service. • For assistance with recognising and responding to child health and safety concerns refer to <i>Guidelines for Protecting Children 2015 (revised May 2017)</i>.
<p>Working with clients – Universal Plus</p>	<p>Additional information</p>
<p>Primary Health Care- Pre-Kindergarten</p> <ul style="list-style-type: none"> • Undertake relevant age-appropriate assessments of any child of school entry age for whom there is a developmental, health or wellbeing concern raised by a parent or guardian. • Discuss outcomes with families, providing appropriate support, information and referrals as required. 	<ul style="list-style-type: none"> • Parents may request an assessment in response to self-identified concerns. • Adherence to CAHS-CH and WACHS clinical handover processes is required when handing over, or referring a client within, or outside of, the health service.
<p>Primary health care- Kindy to Year 6</p> <ul style="list-style-type: none"> • Undertake age-appropriate assessments of any child for whom there is an identified developmental, health or wellbeing concern raised by a parent/guardian or teacher. • Offer age-appropriate health assessment, inclusive of hearing and vision, to all new enrolments at Intensive English Centres (IECs) when it is identified this has not been undertaken. • Discuss outcomes with families, providing appropriate support, information and referrals that meet their needs as required. 	<ul style="list-style-type: none"> • Request school staff or parent/guardian completes a CHS142 <i>Referral to Community Health Nurse</i> if referring the client to the nurse. • Use appropriate screening tools and procedures as required. • Refer to <i>How Children Develop - 0-12 years</i> resource for more information. • Nurse to liaise with the school about attending case conferences as necessary. • Refer to <i>Language Services</i> policy for information on accessing interpreters. • Adherence to CAHS-CH and WACHS clinical handover processes is required when handing over, or referring a client within, or outside of, the health service. • For assistance with recognising and

	<p>responding to child health and safety concerns refer to <i>Guidelines for Protecting Children 2015 (revised May 2017)</i>.</p>
<p>Children in the care of the state assessments</p> <ul style="list-style-type: none"> Conduct health assessments in response to referrals from Department of Communities Child Protection and Family Support (CPFS). 	<ul style="list-style-type: none"> Refer to <i>Children in Care - conducting an assessment procedure</i> and <i>Children in Care - managing referrals for assessment</i> guideline for further details.
<p>Clients of concern management</p> <ul style="list-style-type: none"> Support children with identified risk factors known to impact on health, development, wellbeing and/or safety. 	<ul style="list-style-type: none"> Refer to <i>Clients of concern management</i> protocol for further information. <ul style="list-style-type: none"> At the commencement of the school year, nurses will review clients of concern communication tools to identify incoming students. For assistance with recognising and responding to child health and safety concerns please refer to <i>Guidelines for Protecting Children 2015 (revised May 2017)</i>. Clients of concern who move schools require clinical handover to the nurse at the receiving school using CAHS-CH and WACHS clinical handover processes.
Working with clients - Partnership	Additional information
<p>Support for children with complex and/or chronic health needs</p> <ul style="list-style-type: none"> Support school staff and families with health care planning and management for clients with complex health needs and/or chronic conditions. 	<ul style="list-style-type: none"> Clients with complex health needs may be enrolled in education support or mainstream schools. <ul style="list-style-type: none"> Additional guidance for specific health requirements can be found in the following procedures: <i>Catheterisation; Gastrostomy device management; Midazolam Administration; Nasogastric tube management; Oxygen administration (prescribed), Tracheostomy management.</i> Clients with complex and/or chronic health needs who move schools require clinical handover to the nurse at the

	receiving school.
Working with families	Additional information
<p>Support and health information – individual</p> <ul style="list-style-type: none"> • Respond to requests for health information by parent/caregiver for their child. 	<ul style="list-style-type: none"> • Provide information and offer referrals that meet the needs of clients and families. <ul style="list-style-type: none"> ○ This may include follow up/assessment of the client by the nurse.
<p>Support and health information - groups</p> <ul style="list-style-type: none"> • Promote and/or conduct relevant groups in accordance with the <i>Groups for parents</i> guideline. <ul style="list-style-type: none"> ○ Information about approved parenting programs running locally should be provided to schools regularly for dissemination to parents/caregivers. 	<ul style="list-style-type: none"> • All parents are offered the Universal group schedule which includes Kindy Talks and Triple P- Level 2 Seminar Series. • Universal plus groups are offered to those with specific needs; Triple P – Level 3 Discussion Group, Level 4 Group Triple P and Circle of Security – Parenting.
<p>Support and health information - whole of school health information and resources</p> <ul style="list-style-type: none"> • Distribute relevant CAHS-CH and WACHS age-specific resources to meet the needs of the school community. • Provide articles for inclusion in the school newsletter from <i>Newsletter items</i> available on HealthPoint under School Resources. • Provide endorsed resources to the school for inclusion in their electronic communication system. 	<ul style="list-style-type: none"> • The CHS432 <i>School Activity Record</i> outlines ages of distribution of resources. <ul style="list-style-type: none"> ○ <i>Ten Top Tips for a Great Start to School</i> ○ <i>Health Information for Parents with Children Starting School</i> ○ <i>Colour Blindness</i> ○ <i>Scoliosis</i> ○ <i>Health Information for Parents of Upper Primary Students.</i> • Provide resources to classroom teacher for distribution to children in their class. • Consider the <i>What's on in School Health calendar</i> activities that are relevant at particular times of the year.

Working with schools	Additional information
<p>Communicable Disease surveillance and prevention</p> <ul style="list-style-type: none"> • Support school immunisation surveillance practices. 	<ul style="list-style-type: none"> • Nurse ensures each school has access to the latest WA Health <i>Communicable Disease Guidelines</i>. • Nurse to provide information to school and parent/guardian on local immunisation clinics as required.
<p>Curriculum support</p> <ul style="list-style-type: none"> • Attend a class at the request of a teacher to provide support and contribute specialist knowledge in curriculum areas. Teachers are responsible for lesson planning, curriculum requirements and management of student behaviour. <ul style="list-style-type: none"> ○ Nurses may provide support to teachers around the key priority areas identified in the School-aged Health Service Review report.³ 	<ul style="list-style-type: none"> • A teacher should always be present in the classroom when the nurse is involved in a session. • Nurses are required to use approved resources and standard presentations, according to CAHS-CH and WACHS processes. • Key priority areas identified were: <ul style="list-style-type: none"> ○ Mental health and wellbeing ○ Healthy lifestyle – nutrition and physical activity ○ Development and growth ○ Relationships and sexual health ○ Alcohol and other drugs. • Discuss requests to provide curriculum support on topics outside the key priority areas with line manager.
<p>Health care skills support</p> <ul style="list-style-type: none"> • Support and guide schools to plan systems for delivery of first aid and emergency health care. • Assist school staff to identify health training needs that outside sources can deliver. <ul style="list-style-type: none"> ○ Deliver <i>Information sessions for</i> 	<ul style="list-style-type: none"> • School Principals have ultimate responsibility for the management of first aid within the school. • The nurse is not the school's designated first aid officer. <ul style="list-style-type: none"> ○ As part of their duty of care and within the scope of their skills, knowledge and availability, the nurse may be called as a secondary consultation where there is concern about an injury or in a medical emergency at school if they are

<p><i>education staff in the use of adrenaline auto injectors and the management of asthma, diabetes and seizures to school staff as requested.</i></p>	<p>present at the time of an incident. This may include administration of emergency medication as per Student Health Care plan.</p> <ul style="list-style-type: none"> For further information on topics and training outlines refer to <i>Information sessions for Education Staff</i> documents.
<p>Health Promoting Schools Framework implementation</p> <ul style="list-style-type: none"> Provide advice to schools about planning and implementing health promotion initiatives. <ul style="list-style-type: none"> Nurses may support and engage in programs and initiatives existing in local schools, such as Be You. Support school access to relevant resources and services that promote health and well-being in the school community. 	<ul style="list-style-type: none"> Nurses should advocate for, and support, school health promotion strategies which enhance the long-term health and wellbeing of children and adolescents. Refer to <i>Health Promotion in Schools</i> guideline for further information. Strategies should be based on current research evidence, address each school's identified needs, and align to the <i>Health Promoting Schools Framework</i>. Information on specific topics can be found in <i>Health Promotion in School Resources</i>.
<p>Planning school health service delivery</p> <ul style="list-style-type: none"> Regular meetings will occur between the nurse, their manager and the school leadership team.¹ <ul style="list-style-type: none"> Discuss school community needs and key health issues as part of this process. Promote the role of the nurse with school staff. 	<ul style="list-style-type: none"> Community needs assessments and audit tools are available for nurses to use to guide planning and prioritise service delivery for the school year (see external links for <i>WA Health Promoting Schools Association</i>). The CHS431 <i>School Profile</i> and the CHS432 <i>School Activity Record</i> are tools which can be used by nurses. To assist with discussion of role refer to <i>CHN in primary schools</i> (flyer for school staff).
<p>Support health care planning</p> <ul style="list-style-type: none"> Support school staff, families and clients with health care planning for those with complex and/or chronic health needs. 	<ul style="list-style-type: none"> School Principals have ultimate responsibility for student health care planning when a child has been identified as having a health need (<i>Student Health Care in Public Schools</i>

	<p><i>Policy and Procedure).</i></p> <ul style="list-style-type: none"> • School staff, families and clients can liaise with the nurse about health care plans that require health expertise. • Nurses will use their clinical judgement as to the level of support required at each school.
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Documentation

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

References

1. 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 2020-2021.
2. State of Victoria (Department of Education and Training). Victorian School Nursing Program Guidelines. Melbourne: State of Victoria (Department of Education and Training); 2019.
3. Child and Adolescent Health Service. School-aged Health Service Review - Report and Recommendations. Perth; 2018.

Related policies, procedures and guidelines

The following documents can be accessed in the **Clinical Nursing Manual** via the [HealthPoint](#) link, [Internet](#) link or for WACHS staff in the [WACHS Policy](#) link

Acuity tool

Ages and Stages Questionnaires (ASQ)

Audiometry

BMI Assessment - Primary School

Catheterisation

Children in Care - conducting an assessment procedure

Children in Care - managing referrals for assessment guideline

Clients of concern management

Clinical Handover - Nursing

Corneal light reflex test

Cover test

Distance vision testing (Lea Symbols Chart)
Distance vision testing (Snellen)
Enuresis (Nocturnal) Nurse-Led Program
Family and domestic violence
Gastrostomy device management
Groups for parents
Growth birth - 18 years
Health promotion in schools
Hearing
Midazolam administration
Nasogastric tube management
Nutrition for children - 1 to 11 years
Oral health examination
Otoscopy
Overweight and obesity
Oxygen administration (prescribed)
School-aged health services
Student health care plans
Tracheostomy management
Tympanometry
Universal contact School Entry Health Assessment
Vision
Vulnerable populations
The following documents can be accessed in the CAHS-CH Operational Manual
CDIS Client Information Management
Client Identification
Client Record Audit Management

Client Records - Sentencing, Archiving, Off-site Storage
Computing devices - safe use of
Consent for release of client information
Consent for Services
Data Request and Release
Deterioration in Health Status - Unexpected and Acute
Dress and Grooming Standards
Home and Community Visits
Identification of Staff
Induction and Orientation
Language Services
Medication management in Education Support Schools
Mobile Computing Devices
Out of School Activities
Professional Development and Study Leave
Record (client) transfer
Transporting Students
The following documents can be accessed in the CAHS Policy Manual
Abbreviations
Child and Family Centred Care
Clinical Incident Management
Complaints And Compliments Management
Disability Access and Inclusion
Disposal of Health Service Property
Publications
Speaking Up for Safety & Professional Accountability

Workplace Hazard Inspection
The following documents can be accessed in the Department of Health Policy Frameworks
Clinical Handover Policy (MP 0095)
Clinical Incident Management Policy (MP 0122/19)
Guidelines for protecting children (OD - 0606/15)
Information Classification Policy (OD537/14)
Information Use and Disclosure Policy (MP 0015/16)
Patient Confidentiality Policy (MP 0010/16)
The following documents can be accessed in the Department of Education Policies
<u>DOE Student Health Care Documentation and Guidelines</u>
<u>DOE Visitors and Intruders on Public School Premises</u>
<u>DOE School Response and Planning Guidelines for Students with Suicidal Behaviour and Non-Suicidal Self-Injury</u>

Related CAHS-CH forms
The following resources and forms can be accessed from the CAHS-Community Health Forms page on HealthPoint
ASQ Follow-up required (CHS312)
ASQ No follow-up required (CHS313)
Assessment Family and Domestic Violence (WNHS) (FDV951)
Body Diagram (CHS422)
Body Mass Index - Boys (CHS430B)
Body Mass Index - Girls (CHS430A)
Child Protection Concern Referral Form (441) – external link
Children in Care Comprehensive Health Assessment 0–18 years (CHS450)
Client record audit tool – Community Health Nursing (staff using CDIS)
Clinical Handover/Referral Form (CHS663)
Clinical Handover/Referral Form – Electronic (CHS663E)

Community Health Progress Notes (CHS800C)
Diabetes Record Management Chart for Education Support Students (CHS427)
Medication Administration - editable (CHS414)
Parent Group Registration (CHS320)
Record of Medication Received/Discarded/Requested for Education Support Students (CHS428)
Referral for Family and Domestic Violence (WNHS) (FDV952)
Referral to Community Health Nurse (CHS142)
School Entry Health Consultation for Education Support Students (CHS409-5)
School Health Record Transfer Record (CHS417)
Screening for Family and Domestic Violence (WNHS) (FDV950)
SEHA Information for parent (CHS409-7)
SEHA Results for parents (CHS409-6A)
SEHA Parent Questionnaire (CHS409-1)
SEHA Results for staff (CHS409-2)

Related CAHS-CH resources

The following resources and forms can be accessed from the [CAHS-Community Health Resources](#) page on HealthPoint

Community health staff

Acuity information and marking guide

All About Growing Up - Me, Myself and I Toolkit

Be Smarter Facilitator Guide

BMI assessment and percentile charts for school aged children

BMI Online Calculator and Chart Plotting (CDC)

Children in Care Comprehensive Health Assessment Reference Guide: 0-18 years

CHN in primary schools (flyer for school staff)

Class list (CHS143)


DENTAL HEALTH resource catalogue/order form
Health Promotion in Schools Resources
How Children Develop - 0-12 years
Information sessions for Education Staff
Kindy Talk
Lift the Lip (Dental) Referral Options
MOU between DOE, CAHS and WACHS for the provision of school health services 2020-2021
Negotiating a school first aid system
Newsletter items
Safe SEHA PowerPoint presentation
School Activity Record (CHS432)
School Profile (CHS431)
Teacher Checklists
What's on in School Health calendar
Consumers
All about School Health Services
Bedwetting
Be Smarter Goal Sheet
Child Development 3 - 4 years
Child Development 4 - 5 years
Colour blindness
Food for Kids
Head injury and concussion – information for parents
Head Lice – what parents need to know
Health Information for Parents with Children Starting School

Lift the lip - Kindy and Pre-primary
Puberty (Boys and Girls)
Scoliosis
Talk soon. Talk often
Ten Top Tips for a Great Start to School
Tips to support healthy choices (2-5 years)
Yarning quiet ways

Related external resources
Association for Services to Torture and Trauma Survivors (ASeTTS)
Asthma Australia
beyondblue
Be You
Bladder and Bowel Health (WA Continence Advisory Service)
Cancer Council (includes SunSmart and Quitting Tobacco)
Colour Blind Awareness and Support Group
Continence Foundation of Australia
Diabetes WA
Epilepsy WA
Growing and Developing Healthy Relationships – Health Promoting Schools Framework
headspace
Kids health information (Royal Children's Hospital Melbourne)
Kids Helpline
Kidsafe WA / Kidsafe Australia
Lifeline
Meerilinga
Meningitis Centre Australia
NAPCAN

National Heart Foundation (includes Active Living)
Nature Play WA
Ngala
Royal Life Saving
Sexual Health Quarters
Telethon Kids Institute
Triple P
WA Ear Health Strategy
WA Health Promoting Schools Association – link to Health Promoting schools toolkit (including School Health Audit).
Western Australian School Canteen Association
Working with Youth

This document can be made available in alternative formats on request for a person with a disability.

Document Owner:	Nurse Co-Director, Community Health		
Reviewer / Team:	Clinical Nursing Policy Team		
Date First Issued:	11 February 2020.	Scheduled Review Date:	11 February 2023
Last Reviewed:	New	Amendment:	08 March 2021, 26 May 2021
Approved by:	Community Health Clinical Nursing Policy Governance Group		
Endorsed by:	Executive Director Operations	Date:	11 February 2020
Standards:	NSQHS Standards: 		
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