



GUIDELINE	
School-aged health services – secondary	
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 adolescents by engaging with them, their families and school staff.

Risk

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

Background

School Health Services have been in place in Western Australia (WA) for more than a century. Health and Education authorities have been 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 party involved in the provision of school health services within public schools.¹

This document identifies the responsibilities of Community Health Nurses (nurses) to secondary 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 aim to improve the young person’s health, wellbeing and learning outcomes by focusing on health promotion and primary prevention.^{2,3} It is recognised that not all adolescents will have individual contact with a nurse during their enrolment in secondary school.

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 young person is the primary client and is at the centre of care.

- Nurses will deliver care, based on family-centred practice between adolescents 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 secondary 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	Additional information
<ul style="list-style-type: none"> • Offer presentations around health and wellbeing and the role of the nurse to students in year 7. 	<ul style="list-style-type: none"> • Delivery to be negotiated with schools each year and could include presentation of the nurse’s role at year assemblies. • Presentations can be run in conjunction with, or separate to, existing school programs to assist year 7 transition.
Working with clients – Universal Plus	Additional information
<p>Primary Health Care</p> <ul style="list-style-type: none"> • Provide a point of contact for adolescents to discuss physical, emotional or psychosocial health concerns. <ul style="list-style-type: none"> ○ Conduct drop-in and/or appointment sessions for adolescents. ○ Offer individual or group consultations. 	<ul style="list-style-type: none"> • Having readily accessible services for adolescents will increase their likelihood of engagement with school health services. • A referral process for adolescents to access the nurse should be negotiated at each school. This should include opportunities for self-referral. <ul style="list-style-type: none"> ○ The referral process should be communicated to all school staff

<ul style="list-style-type: none"> • Provide a CHS410 <i>High School Health Record</i> at the point of first contact and request that it is completed (CAHS-CH only). • Consider consent requirements • Discuss limits of confidentiality at each occasion of service. • Offer assessments, intervention and follow up as required in response to a holistic consideration of client needs. 	<p style="text-align: center;">and students.</p> <ul style="list-style-type: none"> • The nurse has the opportunity at all interactions to promote health literacy and encourage appropriate health-seeking behaviours in the secondary school setting. • The CHS410 is a health record and is not a consent form. • Most client contact will be covered by implied consent. <ul style="list-style-type: none"> ○ For considerations regarding determination of mature minor status refer to the <i>School-aged health services</i> policy. • Documentation of consent needs to be noted in the relevant health record at each contact. • Consent for sharing of information is to be noted in the health record as relevant. • Explaining the concept of conditional confidentiality early in a consultation is important. • For more information, including limits of confidentiality, refer to the <i>Confidentiality and adolescents</i> policy. • Refer to the following guidelines for specific information on <i>Dysmenorrhoea, Eating disorders, Overweight and obesity, Sexual assault, Sexual health in adolescence</i> and <i>Mental health in adolescence</i>. • If a psychosocial assessment is indicated refer to <i>HEADSS adolescent psychosocial assessment procedure</i>. • If a brief intervention is indicated, refer to <i>Adolescent psychosocial brief intervention procedure</i>. • If a young person discloses suicidal ideation or non-suicidal self-injury refer to <i>Suicide risk response protocol</i> and <i>Self-injury (Non-suicidal self-injury)</i> guidelines for processes to follow.
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	<ul style="list-style-type: none"> • For assistance with recognising and responding to child health and safety concerns refer to <i>Guidelines for Protecting Children 2015 (revised May 2017)</i>. • Refer to appropriate external services if issues identified require further follow up or are outside of the nurse's scope or experience. • 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. • Refer to <i>Language Services</i> policy for information on accessing interpreters.
<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 clients with identified risk factors known to impact on health, 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 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.
<p>Student services participation</p> <ul style="list-style-type: none"> • Participate in the Student Services team at the school. 	<ul style="list-style-type: none"> • Nurses should attend Student Services meetings at the school on a regular basis to support adolescents identified as at

	<p>risk.</p> <ul style="list-style-type: none"> ○ Nurses should request to be informed of outcomes at Student Services meetings if they are not present.
<p>Health assessments for new enrolments in Intensive English Centres</p> <ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Refer to <i>Language Services</i> policy for information on accessing interpreters. • Encourage school staff or parent/guardian to complete a CHS142 <i>Referral to Community Health Nurse</i> if referring the client to the nurse.
<p>Working with clients – Partnership</p>	<p>Additional Information</p>
<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> • If a young person discloses suicidal ideation or non-suicidal self-injury refer to <i>Suicide risk response</i> protocol and <i>Self-injury</i> guideline for processes to follow. • Nurses should make themselves familiar with the school’s process for accessing and storing student health care plans and Risk Management Plans (RMP). • The development of a RMP is the responsibility of a DOE ‘Nominated staff member’. • 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. • Nurse to liaise with the school about attendance at case conferences as necessary.
<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"> • Nurses trained in Teen Triple P should discuss with their line manager the delivery of this program in a school or community setting.
<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"> • Consider the <i>What's on in School Health calendar</i> to note 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 	<ul style="list-style-type: none"> • SBIP to inform nurse and DOE contact of immunisation dates annually.

<p>surveillance practices.</p> <ul style="list-style-type: none"> • Liaison with School Based Immunisation Program (SBIP) Team or provider and nurse should occur at the commencement of each school year and prior to each scheduled round of immunisations. 	<ul style="list-style-type: none"> • SBIP team leader or immunisation provider to liaise with the nurse following the return of immunisation consent forms and coordinate school assistance in sending of second forms as required. • Nurse to liaise with SBIP team leader about potential assistance required on the day of immunisation visits, dependent on availability. • 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 additional 	<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

<p>training needs that outside sources can deliver.</p> <ul style="list-style-type: none"> ○ Deliver <i>Information sessions for Education staff</i> in the use of adrenaline auto injectors and the management of asthma, diabetes and seizures to school staff as requested. 	<p>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 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 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> is a tool which can be used by nurses. ● To assist with discussion of role refer to <i>CHN in secondary schools (flyer for school staff)</i>.

<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 Policy and Procedure</i>). 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

Adolescent Psychosocial Brief Intervention

Audiometry

Bullying

Catheterisation

Children in Care - conducting an assessment procedure

Children in Care - managing referrals for assessment guideline

Clients of concern management
Clinical Handover - Nursing
Confidentiality and adolescents
Corneal light reflex test
Cover test
Distance vision testing (Lea Symbols Chart)
Distance vision testing (Snellen)
Dysmenorrhoea
Eating disorders
Enuresis (Nocturnal) Nurse-led Program
Family and domestic violence
Gastrostomy device management
Groups for parents
Growth birth - 18 years
Health promotion in schools
Hearing
Mental health in adolescence
Midazolam administration
Nasogastric tube management
Otoscopy
Overweight and obesity
Oxygen administration (prescribed)
School-aged health services
Self-injury
Sexual assault
Sexual health in adolescence
Student health care plans

Suicide risk response
Tracheostomy management
Vision
Vulnerable populations
The following documents can be accessed in the CAHS-CH Operational Manual
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
Gifts, Benefits and Hospitality Declarations
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
DOE Student Health Care Documentation and Guidelines
DOE Visitors and Intruders on Public School Premises
DOE School Response and Planning Guidelines for Students with Suicidal Behaviour and Non-Suicidal Self-Injury

Related CAHS-CH forms
The following resources and forms can be accessed from the CAHS-Community Health Forms page on HealthPoint
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 not 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)
Lifestyle counselling guide (CHS426)
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 Health Record Transfer Record (CHS417)
Screening for Family and Domestic Violence (WNHS) (FDV950)

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
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 secondary schools
Dental (lift the Lip) Referral Options


HEADSS Assessment Handbook for nurses working in secondary schools
Health Promotion in Schools
Information sessions for Education Staff
LGBTIQ
MOU between DOE, CAHS and WACHS for the provision of school health services 2020-2021
Negotiating a school first aid system
Newsletter items
School Profile (CHS431)
Talk soon. Talk often
Transition to Secondary School
What's on in School Health calendar
Working with youth: A legal resource for community based health workers
Consumers
All about School Health Services
Bedwetting
Colour blindness
Head injury and concussion – information for parents
Head lice – what parents need to know
Puberty (Boys and Girls)
Relationships, sex and other stuff
Scoliosis
Talk soon. Talk often
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
Government allowances for youth
Growing and Developing Healthy Relationships – Health Promoting Schools Framework
Headspace
Jean Hailes for women's health
Kids health information (Royal Children's Hospital Melbourne)
Kids Helpline
Lifeline
Medicare for young people
Meerilinga
Meningitis Centre Australia
NAPCAN
National Heart Foundation (includes Active Living)
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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