

URGENT



MIN 13 / 1743

CORRESPONDENCE CLEARANCE

SUBJECT: Minute from Ian Thompson - Healthcare Access At School (HAAS) Program

NUMBER: COR13/12234

DATE DUE:

- Director-General - Health Directorate: Date:
- Deputy Director-General, Strategy & Corporate: Date:
- Deputy Director-General, Canberra Hospital & Health Services: Date: **22/1/14**
- Senior Manager, Executive Coordination: Date:
- Senior Manager, Communications and Marketing: Date: **23/1/14**
- Chief Information Officer, E-Health & Clinical Records: Date:
- Chief Finance Officer, Financial Management: Date:
- Exec Director, Business and Infrastructure: Date:
- Exec Director, Cancer, Ambulatory & Community Health Support: Date:
- Chief Health Officer, Population Health: Date:
- Exec Director, Critical Care: Date:
- Exec Director, People, Strategy & Services: Date:
- Exec Director, Medicine: Date:
- Exec Director, Mental Health, Justice Health, Alcohol & Drug Services: Date:
- Exec Director, Pathology: Date:
- Exec Director, Performance Information: Date:
- Exec Director, Policy & Government Relations: Date:
- Exec Director, Quality & Safety: Date:
- Exec Director, Rehabilitation Aged & Community Care: Date:
- Exec Director, Service & Capital Planning: Date:
- Exec Director, Surgery & Oral Health: Date:
- Exec Director, Women Youth & Children: Date: **17.1.14**
- Professional Leadership Research & Education: Date:
- Manager, Canberra Hospital Foundation: Date:
- Medical Director, Donate Life ACT: Date:
- Manager, Internal Audit & Risk: Date:
- Exec Director, Clinical Support Services: Date:



MINISTERIAL BRIEF

GPO Box 825 Canberra ACT 2601
 Website: www.health.act.gov.au
 ABN: 82 049 056 234

To: Katy Gallagher MLA, Minister for Health
 and
 Joy Burch MLA, Minister for Education and Training

Received in
 Minister's office:

Subject: Health Care Access At School (HAAS) Program

30 JAN 2014

Through: Dr Peggy Brown, Director-General ACT Health [REDACTED] 29/1/14
 and
 Ms Diane Joseph, Director-General,
 ACT Education and Training Directorate

Ian Thompson, Deputy Director-General
 Canberra Hospital and Health Services

From: Elizabeth Chatham, Executive Director
 Division of Women, Youth and Children

Stephen Gniel, Executive Director
 Education and Training Directorate

Critical Date

The proposed HAAS program is anticipated to begin in schools at the start of the 2014 school year.

Purpose

2. To inform you of and seek your agreement to transitioning specialist school students with complex health care needs to the Healthcare Access at School (HAAS) Program which commenced as a pilot program in February 2013.

Communication Implications (including media)

3. The response to the pilot HAAS program from the general public, families already on the pilot program and schools currently involved is positive. There has already been positive media (WINTV) regarding the first client on the program.
4. The response from specialist school principals and their school communities may be negative if the transition of the students in their schools who are assessed for the HAAS program are identified as requiring nurse-led care and not registered nurse care.
5. A Communication Strategy is outlined at Attachment D.

Background

6. In 2012 a pilot project was undertaken by the Community Health Programs Unit of the Division of Women, Youth and Children, in collaboration with the Disability Education section, ACT Education and Training Directorate (ETD), to research national and international models of care that support the complex and/or invasive health care needs of students to enable them to attend school.
7. This was in response to an increasing number of students with complex health care needs who attend mainstream ACT public schools, as well as increasing demands from parents for equitable access to an inclusive education for their child. The HAAS program was developed in accordance with the ETD *Students with a Disability: Meeting Their Educational Needs* policy and the *Disability Standards for Education 2005*.
8. Following consultation with schools, parents, unions and the community in November 2012, the pilot HAAS program commenced in February 2013. The evaluation of the first pilot HAAS client is at Attachment A.
9. [REDACTED] students are currently receiving care under this model.

How the proposed HAAS model would work in schools

10. The existing model has been in place for over ten years and provides for an ACT Health nurse to be allocated to three specialist schools only. A small number of children in other schools have received a service in response to parental demand but in the absence of a clear framework of care.
11. Outcomes from the pilot HAAS project recommended the introduction of a new model that supports children who have complex or invasive health care needs to attend school and access education through the provision of nurse-led care during school hours. The nurse's role provides a link between parents and school and ensures carers have appropriate instruction and ongoing support. Nurse-led care means a registered nurse can delegate tasks to a non-nursing worker, such as a school staff member. The non-nursing worker will be appropriately trained by the HAAS registered nurse.
12. Benefits of the new model are equitable access to care for students in all ACT public schools, individually tailored care plans developed in partnership with parents, more children will have their health needs met appropriately, the existing nurses working in specialist schools will be more productive when working in HAAS across all public schools and the new arrangement more efficient as care will be devolved to support staff within EDT and lower levels of nurses where indicated. This will potentially result in a safe and sustainable model aligned with current national and international practice.
13. Complex or invasive health care may include care of tracheostomy, provision of nutrition and/or medication via gastrostomy, blood sugar levels in students who are unable to perform the procedure, catheterisation, and administration of oxygen therapy.
14. A comprehensive health assessment conducted by a registered nurse informs the level of care required for each student. Under an assessment matrix, the level of support could be provided by a member of the school community, an enrolled or registered nurse or other health care professional. It is anticipated that most care will be provided by non-licensed school staff, as evidenced by models in other states of Australia and overseas.
15. An enrolled or registered nurse will be employed by ACT Health where the level of care identified through the assessment process indicates that it is required.
16. HAAS program nurses will provide responsive and ongoing support to care staff, the student, family and the school.

Issues

17. Students in specialist and mainstream schools who are identified as having complex health needs will be referred to the HAAS Program. If the transition to the HAAS model results in the new model of care being introduced at a Specialist School, the registered nurse currently based in the school will not be required. This may cause some concerns amongst schools and the community.
18. ETD organised a meeting with specialist school principals on 22 November 2013 to discuss the transition of care for their students who meet the HAAS criteria. The principals were supportive of the model and are prepared to work through a transition period during 2014. Since the meeting two students from specialist schools have been referred to HAAS.
19. An intake panel composed of the HAAS Clinical Nurse Consultant, a registered nurse Level 2 and the HAAS Consultant Paediatrician will review the assessment, make recommendations and communicate with parents, medical officers and the school to develop and implement a care plan, HAAS registered nurses will use a delegation model of care to provide instruction to non regulated nominated care staff to ensure they have the required knowledge, skills and confidence to safely provide the care required.
20. Where there is disagreement from a parent with the level of care assigned to the student, a review panel will be convened. Review panel members will include the Director of Paediatrics, Canberra Hospital and Health Services and the Manager of Nursing Services, Community Health Programs, Division of Women, Youth and Children. The review panel decision will be documented as a ministerial brief given complaints are anticipated to be high profile but rare once current clients are transitioned to the new model.
21. The HAAS Flow Chart at Attachment B outlines the HAAS program processes.
22. If the HAAS model is supported, 28 students in specialist schools with complex health care needs would be transitioned to the HAAS model in 2014. An evaluation will be undertaken in 12 months time.

Financial Implications

23. ACT Health will continue to fund the school nurses and clinical support. The expected financial efficiencies are in the redirection of highly skilled nursing care away from a small group of children attending specialist schools to a larger cohort of children across all public schools in the ACT who would receive a mix of care (from EDT support staff to registered nurses) depending on the individual need.
24. The comparative costing tables at Attachment C for Black Mountain School and The Woden School outline the potential cost reduction for individual children already receiving care. The Woden School table demonstrates the potential for redirecting savings of [REDACTED] to other children with health/medical needs with the expansion of the HAAS program. The Black Mountain School table demonstrates potential costing changes of up to [REDACTED].
25. Potential ACT Health efficiency savings will be used during the transition and evaluation phase to provide additional funding to specialist schools for the engagement of extra support staff and a possible allowance paid to school assistants for undertaking specific health care tasks. Consultation with ETD's Human Resources Branch is currently underway.
26. A business case will be developed for the 2015-16 budget cycle after the evaluation if required.

Internal Consultation

27. ETD and ACT Health met with the specialist school principals on 22 November 2013 to discuss the transition of care for their students who meet the HAAS criteria. The principals supported the transition to HAAS.

External Consultation

- 28. The proposed Communication Strategy is at Attachment D.
- 29. There has been discussion and promotion of the program at ETD's Disability Education Reference Group and the Specialist Schools Principal meeting. Due to the pilot nature of the program, promotion has been limited to schools and families referred to the program. Broader engagement with specialist school communities is proposed to increase awareness and understanding of the proposed changes. The Frequently Asked Questions (FAQ) is at Attachment E.

Benefits/Sensitivities

- 30. The HAAS program enables the inclusion of a growing number of children with complex or invasive health care needs in mainstream school to have access to the appropriate level of individualised support they require.
- 31. Parents and school staff in specialist schools may perceive the transition to the nurse-led model of care as a reduction in the level of service they currently receive and respond negatively to the proposed program.

Recommendations

That you:

- Agree to the transition to the HAAS model in 2014 in specialist schools and mainstream schools

as per
on discussion
3/2/14

AGREED/NOT AGREED

- Note the above information and Attachments

NOTED/PLEASE DISCUSS

The brief is not clear on the individual impacts (if any) of these changes or transition to new model.

Is it really continuing what started as trial in Feb 13?

Will this be a surprise to any family on program?

Will anything change day 1 term 1 2014?

Elizabeth Chatham
Executive Director
Women, Youth and Children

Stephen Griel
Executive Director
Education Strategy
Education and Training Directorate

Action Officer: Sophie Bertram
Phone: 43659

The Comms Strategy is unclear as no dates included.

I await advice
31/1/14

Katy Gallagher 30/1/14
Katy Gallagher MLA

Joy Burch 11/2/14
Joy Burch MLA

Attachment A

EVALUATION PILOT HEALTHCARE ACCESS AT SCHOOL (HAAS) PROGRAM**Preschool client, 1st semester, 2013****Background**

The Healthcare Access At School (HAAS) has been implemented as a pilot program to meet the needs of children requiring complex or invasive health care procedures during school hours. The initial client in the pilot is a preschool aged child requiring procedures at unpredictable times during the day. Constant supervision for the prevention of injury is also required and the child's attendance at school is dependent on appropriate support being available. At the time of commencement of the program the student had not had any previous attendance at school or other centre. This created a sense of unpredictability about his situation with school staff expressing anxiety about his attendance at school. The HAAS process was undertaken prior to the commencement of term 1, 2013. In addition, support was sought from an ACT Health Occupational Therapist and a Clinical Nurse Consultant in Sydney who was a specialist in the student's disorder. Four Learning Support Assistants employed by the Education and Training Directorate (ETD) were trained in undertaking procedures as per the Healthcare Plan and ongoing support was provided by the HAAS Clinical Nurse Consultant. An evaluation of this initial HAAS client was undertaken to review the efficacy of the HAAS process, identify issues in implementing the program and consider any opportunities for improvement.

As expected with this client's health issues, a significant incident occurred during school time which tested the management process.

Method

A qualitative evaluation of the initial client in the pilot HAAS program was undertaken in the form of a SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis with data collected by interview with key stakeholders.

Interview questions:

- What do you see as the strengths of the HAAS program,
- What has worked well?
- What are the weaknesses?
- Are there issues; do you have concerns with this program, what are they?
- Are there opportunities?
- Do you have any ideas for improvements or enhancement of the program?
- Do you see any threats to the program?
- What could get in the way of its success?

Stakeholders interviewed individually:

- School Principal
- Client's mother
- HAAS Nurse Manager

Group interview:

- Learning Support Assistants providing health support
- Executive teacher – Preschool
- Client's teacher

SWOT analysis

Strengths

Most stakeholders felt the main strength of the program was that it allowed children with complex health needs to attend school and the school has welcomed the support. As one respondent commented:

"I hope this will be available to more families so that all children can access a public school education. We are seeing more and more children with health issues and this is something that is needed."

Themes that emerged in this category have been listed under the following headings:

Communication:

- Having personal contact with and easy access to a nurse by phone was seen to be important and was valued by all stakeholders.
- Having the support of the HAAS program assisted in reducing anxiety for both family and school staff
- The communication pathway was identified as a very useful framework. It clearly outlines the process for all parties and provides quick access to phone numbers of key people. It also provides a buffer between the family and the LSA's.
- The Healthcare Support Plan gave a clear outline of the student's needs
- Clear explanations were provided by health staff to school staff

Partnership: In general the partnership between ACT Health and ETD was viewed as important and worked well at school:

- ETD staff felt that knowing that they have back up from healthcare specialists was very helpful.
- The post incident review with teachers, LSA's and health staff was reported to be very useful. This allowed for debriefing and learning.
- Having a multidisciplinary approach with a variety of experts sharing skills and knowledge was also seen as valuable.
- Carers employed by ETD could continue with other classroom duties between health tasks and when the student was absent from school

Participation:

A number of respondents commented on how the program had allowed the student to participate safely in school activities.

"An important strength was having procedures and practices in place that supported him being able to integrate into everyday activities and allowing full participation."

Support:

- Support to the client and school staff was provided at all stages
- Plan "B" worked well when the usual carer was not at school and a significant incident occurred
- Having a personalised application of the program for an individual client
- Development of the program has received excellent support from ACT Health executive.

Other strengths identified:

- Environmental assessment raised awareness of needs
- The program has worked well because it has used the strengths of similar programs in place nationally and internationally
- HAAS nursing staff are committed to implementing the program

Weaknesses

One respondent felt the main concern was a lack of agreement or contract to ensure the LSA's/teachers are not open to litigation. There was an expectation that the ETD Student Support Team will develop documentation and give it to the legal team who will then provide it to the principal. Similarly another respondent expressed concern that the program was not yet supported by ETD policy.

- Need for clear program guidelines to clarify the roles between health and education. Not clear in the delineation of jobs between health and education.
- One respondent also expressed concerns that the program may not be supported politically. "Even with a review panel in place to review unfavourable/unpopular decisions, the decisions still need the backing of the health minister."
- There were no weaknesses identified in the group interview.

Opportunities

- Early identification of students who need referral to the program. A number of respondents commented on the short timeframe for preparation prior to the client's attendance at school which contributed to the anxiety around his attendance. It was suggested that the program be marketed effectively so that parents would be aware of the need to notify their child's school early of his/her impending enrolment.
- Ongoing support and contact with the school as the child progressed through his/her years of schooling. This would ensure that new staff would be trained appropriately and the Healthcare Support Plan would be amended as needed.

- Implement the program across all ACT schools and then offer HAAS in non-government schools

Threats

Potential difficulties identified:

- Sufficient time to source staff, set up physical environment and train staff
- Ongoing funding (equipment and staff) unknown??
- Availability of appropriate staff
- If nurses not available when needed
- Finding the right staff
- Uncertainty about how the NDIS will impact on HAAS – if at all.
- If the program was forced to “bend the rules” (political) it would be compromised and inequitable.

Summary

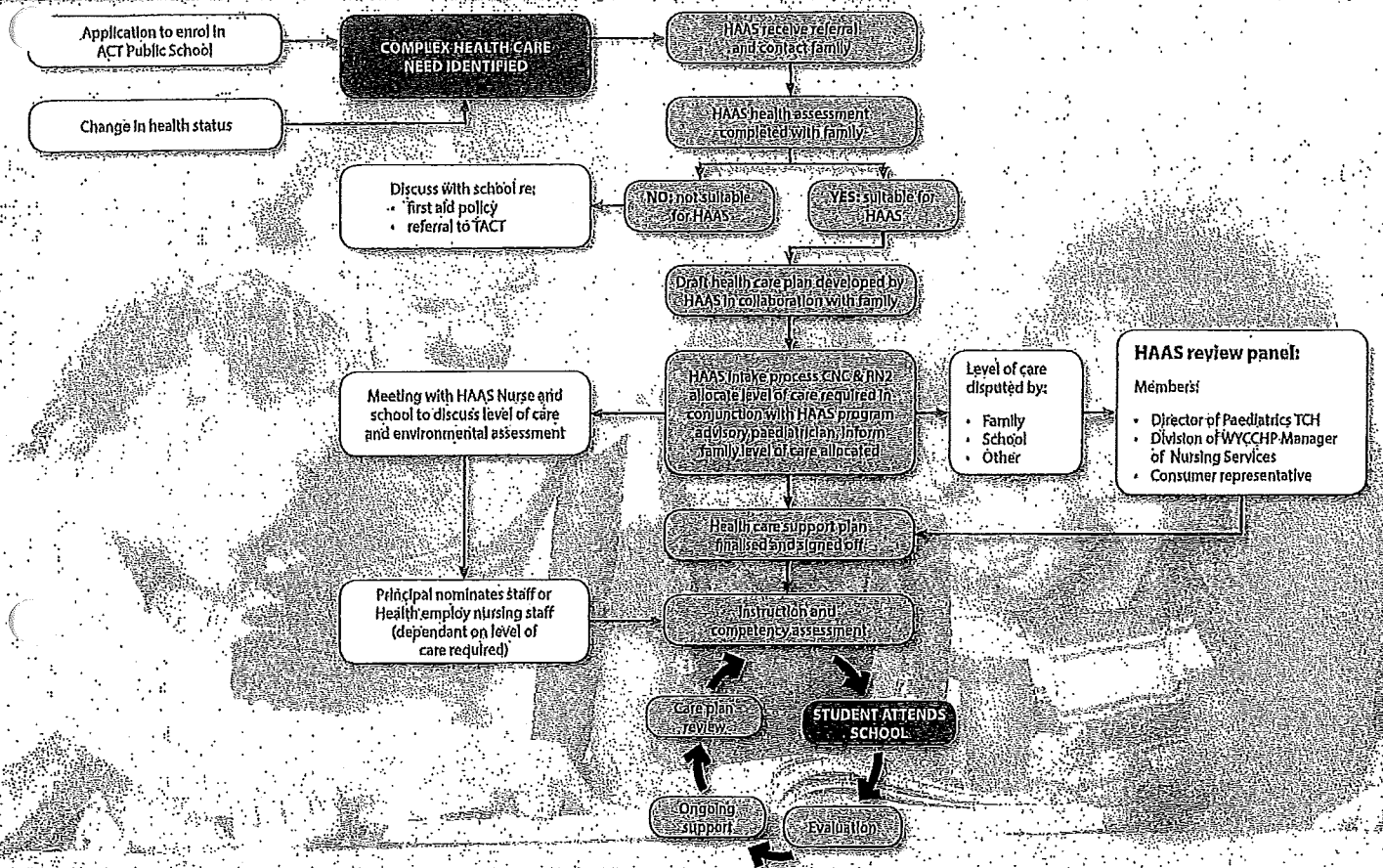
All respondents felt that the Healthcare Access at School Program was both needed in the school community and successful in its application. While limited conclusions can be drawn from the evaluation of one client in a new program, importantly, the generic aspects of the HAAS process are reported to have worked very well. In particular, the initial nursing assessment and relationship development with the student's parent followed by the training and ongoing support of care givers.

The evaluation highlights the importance of the partnership between Health and ETD. Completion of the Memorandum of Understanding with Program Schedule will provide guidelines to strengthen this partnership. Of concern was the need for an ETD policy to support the program and provide security for the LSA's attending to student's healthcare needs.

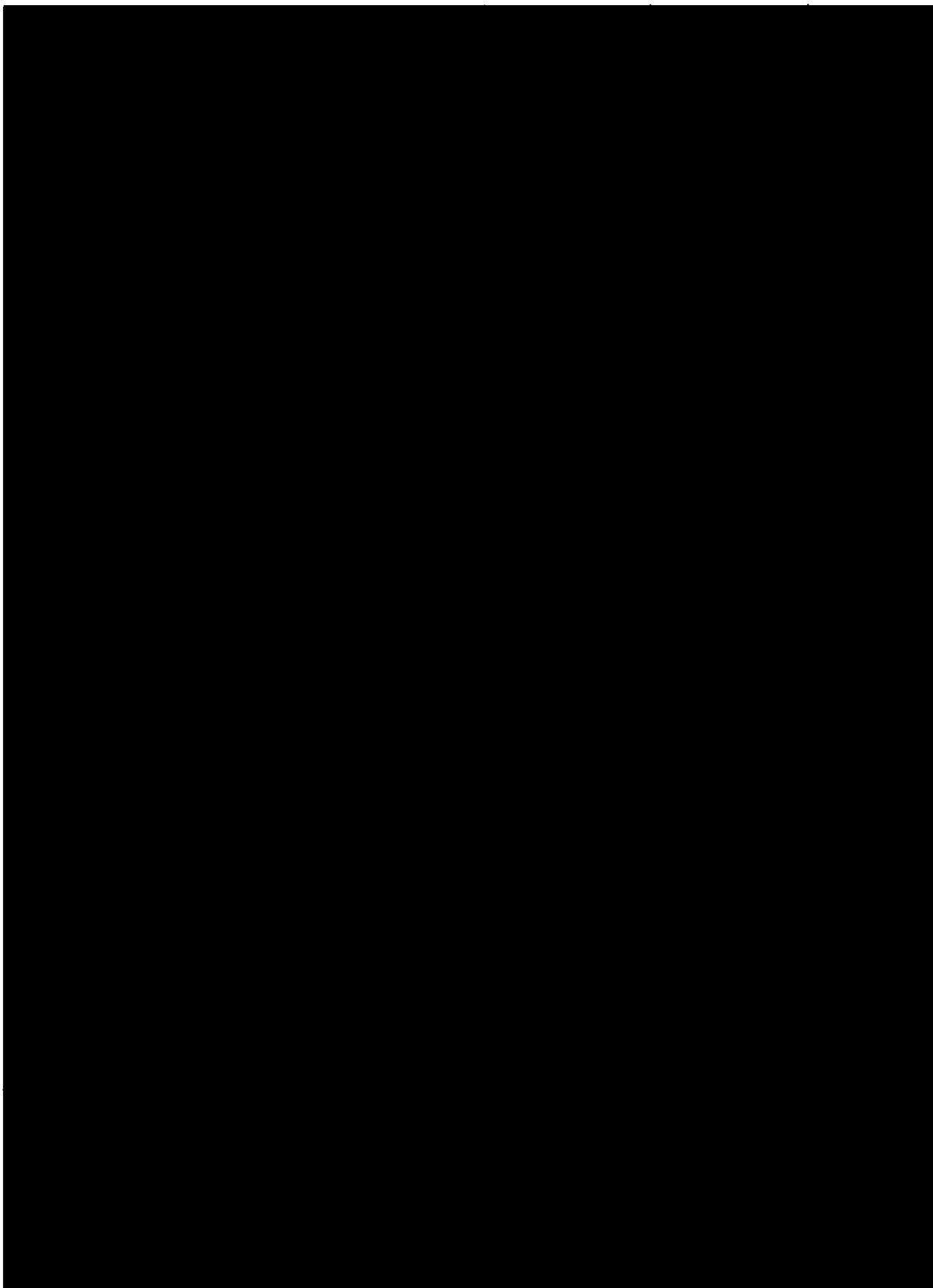
Communication was seen to be a key component of the program on every level. Processes put in place for the family and school have shown to be working well. Communication at an organisation level is still in development.

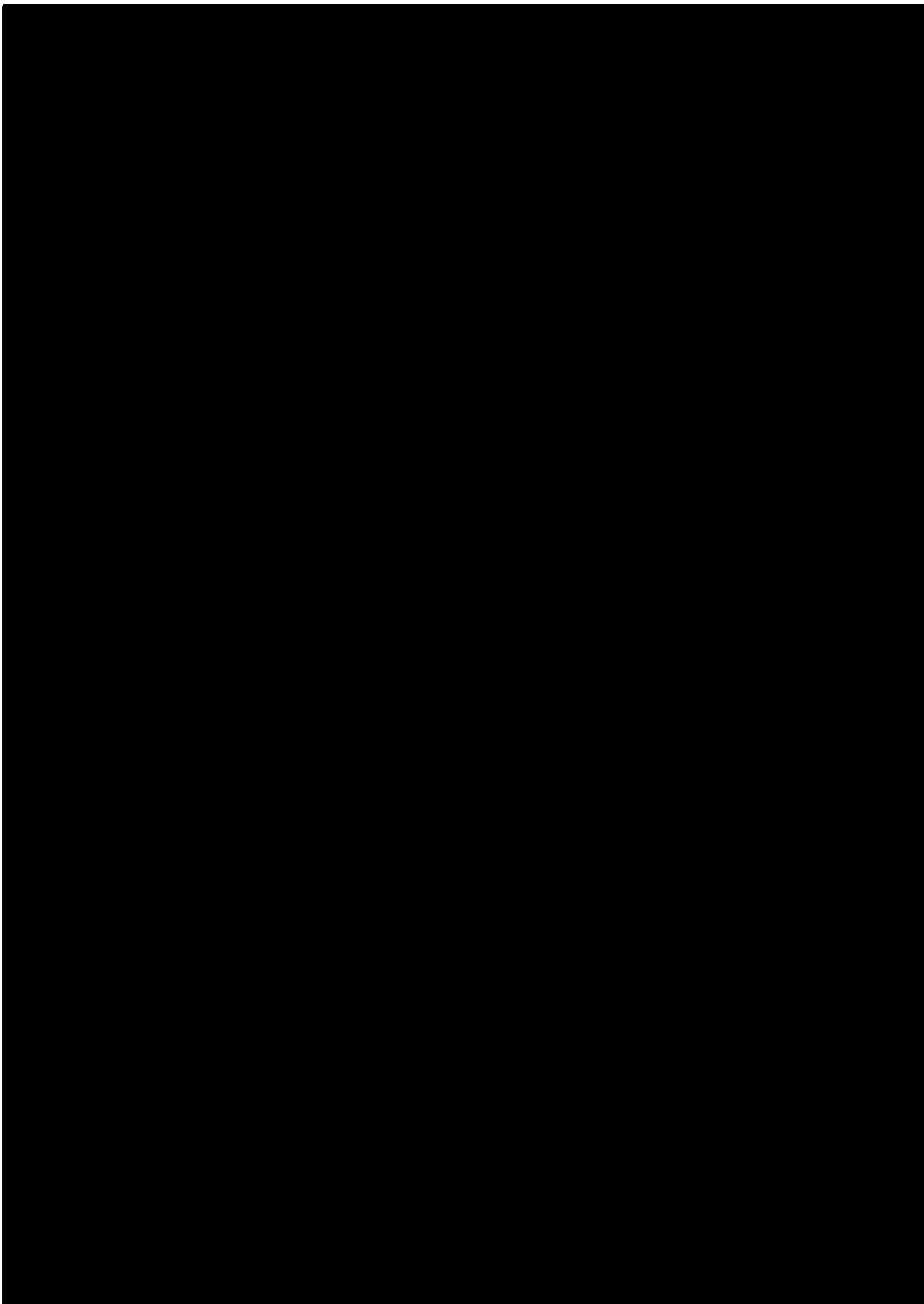
The most significant outcome identified in the evaluation is that the student was able to attend school since the beginning of term 1, 2013.

Healthcare Access At School (HAAS)



Attachment C





Attachment D

Healthcare Access At School (HAAS)

Communications Strategy

Background

This Communication Strategy is designed to provide information to ensure a smooth transition from the current model operating in the four Specialist Schools in the ACT to the HAAS model during 2014. It is to be remembered that the HAAS model has been successfully implemented in 7 ACT primary schools during 2013.

Clear information and ongoing support to school communities from both the Health and Education Directorates during this period of change will assist in the transition.

The HAAS initiative demonstrates a collaborative commitment from the Health and Education and Training Directorates to improve the health care and learning of all students with complex or invasive health care needs and to support their families and communities.

Complex or invasive health care generally refers to healthcare that involves a health procedure and/or use of equipment. This may include but is not limited to:

- Care of tracheostomy
- Provision of nutrition and/or medication via gastroonomy
- Catheterization at regular times during the day
- Oxygen therapy

The impetus for the HAAS project has come from the increasing number of students with complex health care needs who are attending mainstream public schools, increasing expectations from parents for equitable access to an inclusive education for their child and the need for greater efficiency and equity.

These trends are apparent in other Australian states where similar models of care for students with ongoing complex health issues have been introduced in public schools; most notably in South Australia where their Access Assistant Program has been well established since 1992 and in Queensland who introduced a similar model this year. A sound evidence base and research support the nurse-led model of care.

1. Goal

The goal of the HAAS transition program is to continue to provide care and support to the specialist school students and staff under the existing model while transitioning those students with complex or invasive health care needs to the HAAS model during 2014; the HAAS model will replace the current model. For some periods during the year the models will be operating in tandem.

2. Situation analysis

<p>Strengths (examples) Positive culture to support changes is nurtured within schools to adopt and adapt to new working arrangements</p> <p>High level of interest and confidence of staff to undertake HAAS training to assist students</p> <p>Extra allowances paid to those who volunteer to undertake training and provide services to students</p>	<p>Weaknesses (examples) Insufficient number of staff volunteering to provide services</p> <p>Perceived difficulty in attracting staff to undertake role</p> <p>Opposition to change within schools</p> <p>Training hours required and back filling of staff viewed as a negative</p>
<p>Opportunities (examples) Enables students with chronic or invasive health care needs to attend school</p> <p>Further skill acquisition and recognition of services provided by school staff to students; Discussion with CIT is underway regarding HAAS training; contributing to Cert 3</p> <p>Employment opportunity for university students</p>	<p>Threats (examples) Perceived as reduction in service to specific students by parents</p> <p>EBA does not reference care provided by HAAS trained staff allowance</p>

3. Communication objectives

Awareness: to increase school communities awareness that a transition to the HAAS model is underway with completion expected by the end of 2014.

Comprehension: to increase school community understanding of the HAAS model, how it works and the service it will provide.

Conviction: to build support for the HAAS changes, to maintain reputation and share achievements.

Action: Parents and staff and wider school community invited to provide feedback on progress of transition for planning and/or evaluation.

4. Communication implementation strategy

The concerns of parents, teachers, school staff and other parties need to be addressed in an open and clear way from the outset and as concerns arise.

<p>Parents and students</p>	<ul style="list-style-type: none"> Information sessions – parents and other family information meetings to explain the HAAS process Community consultation with school communities was undertaken over 4 evenings in November 2012
-----------------------------	--

	<ul style="list-style-type: none"> • PowerPoint presentation – as needed • One on one communication with the ACT Health HAAS team • Website information • <i>Frequently Asked Questions</i> paper • School newsletters • Letters to parents • Updated enrolment information
School based Staff	<ul style="list-style-type: none"> • Two information and planning meetings have been held with the Principals of the specialist schools to inform them of the HAAS model • Information was presented to the whole of school staff meeting at Black Mountain school on Monday 9th December • A follow up informal meeting with BM school staff is planned for the afternoon of Thursday 12th December • The HAAS team are working collaboratively with the Principal of Black Mountain School regarding the transition to the HAAS model • <i>Frequently Asked Questions</i> paper will be distributed • <i>Information for schools</i> letter and referral flowchart
Others	<ul style="list-style-type: none"> • Frequently Asked Questions paper • Web site information • ACT Medicare Local • Commissioners for Disability and Children

5. Key messages

Who do we need to inform?	Key Message - information
1. Parents	<p>The HAAS model means individualised nurse led care for students with complex or invasive health care needs.</p> <p>Students with complex or invasive health care requirements will have an individual health assessment in collaboration with the family and other health professionals.</p> <p>Not all students attending a specialist school have complex or invasive health care needs.</p>
2.	<p>Suitability for HAAS includes:</p> <ul style="list-style-type: none"> • Health care is complex and/or invasive

	<ul style="list-style-type: none"> • Health care procedure is necessary to enable them to attend school • School staff need extra training to provide this health care
3.	A validated risk assessment tool will be administered by the HAAS Clinical Nurse Consultant, Registered Nurse Level 2 and the HAAS Consultant Pediatrician to inform the decision regarding level of care.
4.	The level of care required could be a school staff member either 1:1 or periodically during the day. In some circumstances a Registered or Enrolled Nurse may be required.
5.	A review panel will be convened to examine the level of care decision if the level of care recommendation is not consistent with expectation of the family.
	School staff Information
1.	School staff will be invited to undertake the caring role. There will be no coercion or directive to become a "nominated unlicensed worker" under the HAAS model.
2.	Training will be provided by a HAAS nurse. The time frame for the training will be determined by the health care needs of the student(s) and the experience of the carer. HAAS will ensure the school staff member feels confident and competent to undertake the task. Ongoing support and refresher training will be provided.
3.	It is anticipated that an allowance will be paid to HAAS "nominated unlicensed worker".
	School community Information
1.	HAAS model is being introduced into school during 2014 and will replace current model. The HAAS model represents contemporary best practice service provision to children attending school.

6. Outcome of the communication strategy

- a) To facilitate a smooth transition to the HAAS model with minimal resistance to the change process.
- b) An equitable and inclusive education; and
- c) Safe and appropriate health care as determined by a student's individual health care plan.

Attachment E

Healthcare Access At School (HAAS)

Frequently Asked Questions for families and school staff

Why change the current system?

The Education and Training Directorate (ETD) has a commitment to the inclusion of all students in public education.

HAAS is a sustainable model that delivers a more equitable match of resources to an individually assessed level of student need.

A trial of the new nurse-led model of care, Healthcare Access At School (HAAS), in mainstream ACT Government schools during 2013 has proven successful in allowing students with complex health care needs to attend school and enjoy the benefits that provides.

How does HAAS Work?

Referrals are made from the school to the HAAS team when a student with a complex need is identified, parents therefore contact the school in the first instance. Early identification allows for a smooth and well planned transition.

The individual health plan for each HAAS student is developed in collaboration with the family and other health professionals as needed. An appropriate level of health care is allocated based on this information.

How is the level of care determined?

The HAAS Clinical Nurse Consultant; Registered Nurse level 2 and the HAAS Consultant Paediatrician use a validated risk assessment tool to assign the level of care required to meet the identified health care need. This level of care could be a school staff member 1:1 or school staff member periodically during the day. In some circumstances a registered or enrolled nurse may be required.

Who is suitable to be on the HAAS Program?

Children suitable for the HAAS program are those who have complex and or invasive health conditions that require tasks or procedures to be undertaken during school hours. These tasks or procedures require that school staff members have extra training to provide this health care.

What is the HAAS nurse led model?

HAAS is a nurse led model of care, which means the registered nurse can delegate tasks to a non-licensed worker, such as a school staff member. The non-licensed worker will be appropriately trained by the HAAS registered nurse. The nurse will ensure the school staff member feels both confident and competent to undertake the health care tasks. The HAAS nurse will provide ongoing support during the day as required.

How much training and ongoing support will school staff members receive?

The hours of training provided to school staff members will depend on the needs of the student receiving the care and the learning needs of the carer. Training is tailored to the individual care plan of the student and while some tasks may require half day training others may need two days or more. All carers will be both confident and competent in their new skills prior to undertaking health care tasks. HAAS nurses will provide extra training, assistance and ongoing support as required by the school staff member or as needed. This could include 'refresher' training after a period of leave.

How will students in Specialist Schools be affected?

Students with complex and/or invasive health care needs at specialist schools will be included in the HAAS model and an individual health care plan developed in consultation with their family; this is similar to students at other schools.

What if parents disagree with level of care assigned? Is there an appeal process?

In the event that the care level recommendation made by the intake team is not consistent with the expectation of the family, it will be elevated to the HAAS review panel for further consideration and a final decision. This panel comprises the ACT Health Medical Director of Paediatrics and the ACT Health Division of Women, Youth & Children Manager of Nursing Services as well as a community representative.

What if there is an emergency situation at school concerning a student?

As at all schools, in an emergency the school's first aid policy is implemented which may stipulate that an ambulance is called or other planned emergency response is activated. However, students on the HAAS program will have emergency responses built into their individual health care plan which has been developed in collaboration with their families and health professionals.

What if there are changes in my child's health care needs?

The HAAS registered nurse provides a link between the parents and the school. A communication pathway will be developed with each family ensure that changes in health are communicated promptly to the HAAS nurse. This ensures the health care plan will be updated and further training implemented if required. In the event that changes in health are noted at school the parents will be informed by the HAAS nurse.

Do school staff members volunteer for the HAAS care role?

Yes, only school staff members who wish to volunteer will be trained. No school staff member will be compelled to train against their wishes. School staff members are employed by ETD and governed by ETD for everything except the specific health care task or procedure they are undertaking. For this procedure the registered nurse uses a delegation of care model and they are responsible for the safe delivery of the task or procedure.

Do school staff members receive any recognition and allowances for undertaking the HAAS role?



Will the HAAS model be evaluated? How and when?

The HAAS model will be evaluated during 2014. Parents and school staff will be invited to provide feedback over the course of the year. An evaluation report will be prepared at the end of 2014.

Do similar models to HAAS exist in other states?

Yes, South Australia has had a similar model of care in use since 1992 and Queensland commenced with a similar model of nurse led care this year. Similar models are also being used in other countries.

Can students, who may have been excluded from school because of their health care needs, attend mainstream school and receive the care they need?

The HAAS program can be implemented in ACT Government schools as long as the student is suitable for the HAAS program and HASS trained staff are available.