

HEALTH ACCESS AT SCHOOL – ASSESSMENT TABLE



Contributing Factors	RN 1:1	EN 1:1	School Support Staff 1:1	School Support Staff
<p>Airway</p> <ul style="list-style-type: none"> • Stability • episodes of collapse • episodes of apnoea • episode of aspiration 	<p>Respiratory events have occurred previously & continue to be likely</p> <p>Experiences severe respiratory illness with high risk of airway compromise</p> <p>Airway obstruction more than once & further high risk of obstruction</p> <p>Frequent aspiration, requires assessment & emergency management</p> <p>Ventilated client / unstable tracheostomy</p>	<p>Moderate to high risk of respiratory illness</p> <p>Moderate to high risk of respiratory compromise</p> <p>Some level of assessment required for airway management.</p> <p>Complicated tracheostomy care (Advanced EN only)</p>	<p>Increased risk of infection</p> <p>Previous respiratory events experienced but not for several months.</p> <p>May need complex/invasive interventions for care. e.g. Chest Physio / Suction / nebulised therapy/ oxygen which are both planned and PRN</p> <p>Stable & uncomplicated tracheostomy care</p>	<p>Nil respiratory events experienced</p> <p>May have difficulty managing secretions but has swallow gag and cough reflexes</p> <p>May need some interventions for care. e.g. Chest Physio / Suction / nebulised therapy all of which are planned events and not in response to emergency</p>
<p>Amount and Type of Invasive Procedures</p> <ul style="list-style-type: none"> • Scope of practice required to perform 	<p>Multiple complicated procedures e.g. oxygen, suction- Naso pharyngeal, Oropharyngeal airway management, gastrostomy, medication</p> <p>High risk procedure e.g. complex tracheostomy management /ventilation</p>	<p>Several and /or complicated or high risk procedures</p>	<p>More than 3 “invasive” procedures e.g. gastrostomy, oxygen, medication</p>	<p>1 - 3 straight forward procedures e.g. gastrostomy, medication</p>
<p>Assessment / Decision Making Required</p> <ul style="list-style-type: none"> • Scope of practice required 	<p>Requires frequent assessment and management</p>	<p>Requires some level of assessment and management</p>	<p>Requires observation of signs & symptoms, following of outlined responses in health plan</p> <p>Complex Health procedures, Additional training required but follows set plan.</p>	<p>No assessment required</p> <p>First aid responses</p> <p>Health plan outlines responses</p> <p>Simple procedures</p>

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<p>Equipment</p> <ul style="list-style-type: none"> • Simple or complicated equipment • amount of equipment 	<p>Multiple equipment e.g. oxygen cylinder, suction, gastrostomy tubing or</p> <p>Complicated equipment e.g. tracheostomy, BiPAP, dialysis, ventilator</p>	<p>Multiple equipment e.g. oxygen cylinder, suction, gastrostomy tubing or</p> <p>Complicated equipment e.g. tracheostomy, BiPAP, dialysis</p>	<p>Multiple equipment and increased skill level e.g. oxygen, oximetry, suction unit, emergency Tracheostomy equipment</p>	<p>Standard equipment e.g. gastrostomy lines and feeding equipment, syringes for medication</p>
<p>Other Contributing Factors</p> <ul style="list-style-type: none"> • Staff concerns re ability to care for child • difficult relationships with families • behaviour of child 	<p>High level of involvement with Palliative team.</p> <p>Extreme emotional distress within family unit.</p> <p>Child at high risk of harm</p>	<p>Emotional factors relating to client health deterioration.</p>	<p>Child at high risk of harming themselves or others due to behaviour</p> <p>Staff feel comfortable working with client and believe they are working within scope of practice.</p>	<p>Basic age appropriate level of independence</p> <p>Safe environment, independence appropriate to age level, capable of some decision making</p>

HEALTHCARE ACCESS AT SCHOOL - RISK ASSESSMENT FORM - EXAMPLE

Clients Name: Date of Assessment:

ASSESSMENT	Refer to Risk Management Assessment Table			COMMENTS	RECOMMENDED SUPPORT MODEL
	Likelihood	consequence	Risk rating		
Physical condition					
Stability of health					
Airway					
Amount and type of invasive procedures					
Assessment /decision making					
Environmental factors					
Equipment					
Other contributing factors					

Summary:.....

Support model recommended:	
HAAS Intake Meeting Date:	Agreed For review (comment)

Nurse's name.....
 Signature.....
 Designation.....
 Date.....

Intake Meeting Attendees:		
Signatures:		

Complete details or affix label

URN: _____
 Surname: _____
 Given name: _____
 DOB: _____ Gender: _____

ACT Government Health Directorate
 Women Youth and Children Community Health Programs
HEALTHCARE ACCESS AT SCHOOL (HAAS) – SUPPORT MODEL ASSESSEMENT

Clients Name: Date of Assessment:

ASSESSMENT	Refer to Risk Management Assessment Table			COMMENTS	RECOMMENDED SUPPORT MODEL
	Likelihood	Consequence	Risk rating		
Physical condition					
Stability of health					
Airway					
Amount and type of invasive procedures					

Assessment /decision making						
Environmental factors						
Equipment						
Other contributing factors						

Summary:

.....

Support model recommended:	
HAAS Intake	Agreed
Meeting	For review (comment)
Date:	

Nurse's name.....

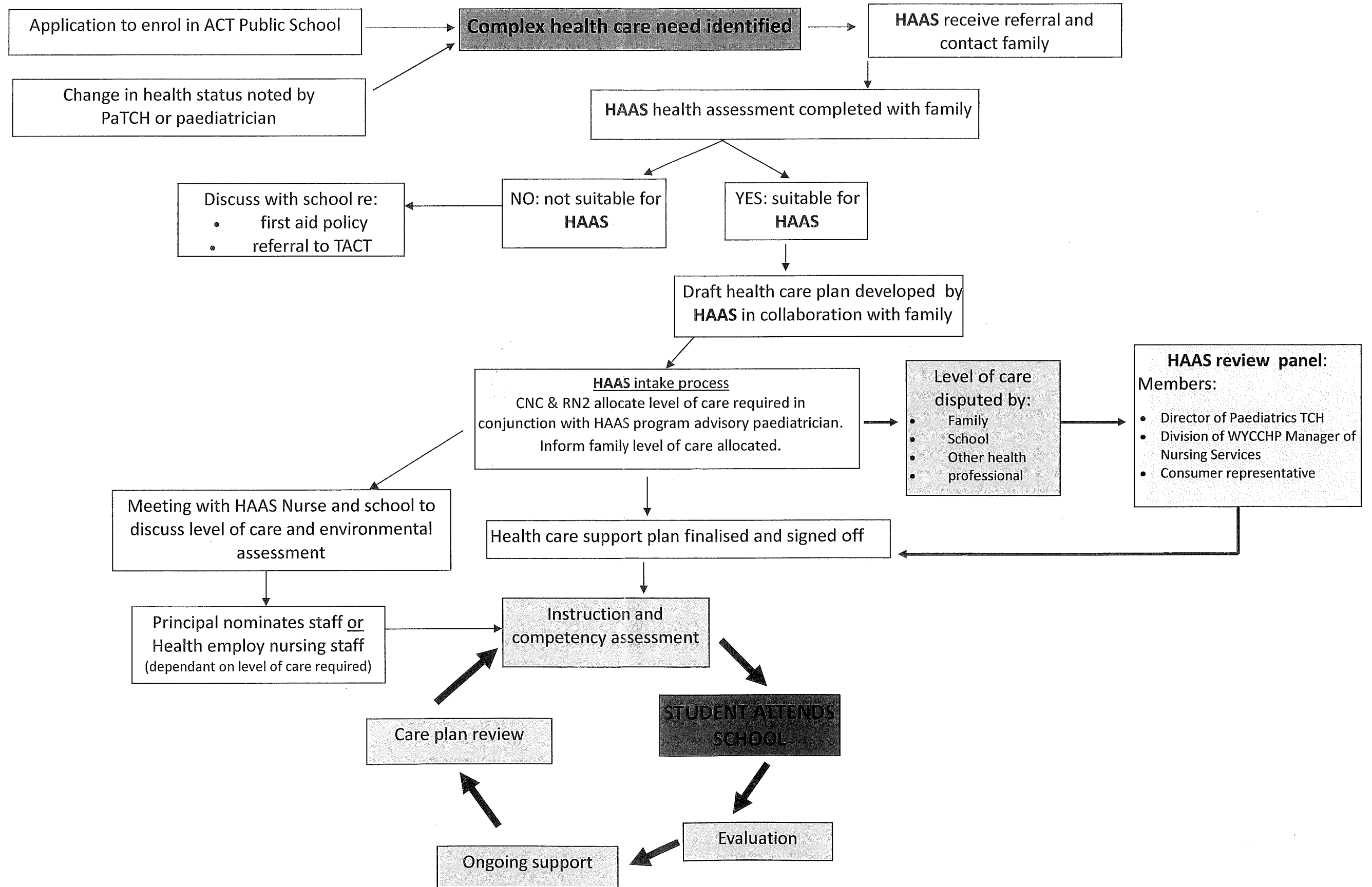
Signature.....

Designation.....

Date.....

Intake Meeting Attendees:		
Signatures:		

Healthcare Access At School (HAAS)



ACT Government Health Directorate

Women Youth and Children Community Health Programs

HEALTHCARE ACCESS AT SCHOOL (HAAS) – SUPPORT MODEL ASSESSEMENT

Complete details or affix label

URN: _____

Surname: _____

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DOB: _____ Gender: _____

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Summary:

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Support model recommended:

Nurse's name.....
 Signature.....
 Designation.....
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HAAS Intake	Agreed
Meeting	For review (comment)
Date:	

Intake Meeting Attendees:

Signatures:		

Hagan, John (Health)

From: Byrnes, Sue
Sent: Friday, 14 June 2013 4:30 PM
To: Reynolds, Graham
Cc: Neverauskas, Daina; Thomas, Carolyn; O'Connor, Narelle
Subject: HealthCrae Access at School
Attachments: Flow chart March 2013.pub; Paediatrician info.doc; Risk assessment table and form.doc; SUPPORT MODEL ASSESSMENT.doc; Brochure A4 version for families.docx

Dear Graham

Thank you so much for agreeing to be involved with the new Healthcare Access at School (HAAS) Program. Attached are some background documents about the program and the assessment guides that are used. The HAAS program is the culmination of extensive research and site visits to South Australia and Victoria. The ACT model has been adapted primarily from the model used in South Australia where it has been functioning effectively for many years.

We are about to complete the health assessment and intake forms for a child transitioning over from the C4K program (school hours only) so we will send these through for your consideration once complete.

It would also be great to meet with you soon to talk through the intake process for a more complex child currently at Woden School.

Kind regards

Sue

Sue Byrnes | Manager Nursing Services

Phone (02) 6205 2141 | Fax (02) 6205 1180 | Mobile 0419 162 291 | sue.byrnes@act.gov.au

Division of Women, Youth & Children Community Health Programs | Health Directorate | ACT Government

1 Moore St Canberra ACT | GP Box 825 Canberra ACT 2601 | www.health.act.gov.au

ACT Government Health Directorate

Women Youth and Children Community Health Programs

HEALTHCARE ACCESS AT SCHOOL (HAAS) – SUPPORT MODEL ASSESSEMENT

Clients Name:

Date of Assessment:

Complete details or affix label
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Support model recommended:		Nurse's name:.....	
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<p>Physical Condition</p> <ul style="list-style-type: none"> • Overall risk to airway/breathing and circulation • Specialist management required (tracheostomy etc) • Risk of infection or illness 	<p>Multiple, complex issues involving several systems - respiratory, cardiac, renal, central nervous system etc</p> <p>Deteriorating health/unstable general health</p> <p>Requires frequent observation / assessment and care based on observations</p> <p>Palliative - requiring significant input with child/family and/or service provider agencies. Changing situation.</p>	<p>Complex issue of one or more systems</p> <p>Deteriorating health</p> <p>Requires frequent observation/and some level of assessment.</p> <p>Increased risk of instability</p> <p>Palliative +/- end of life stage, established management protocols</p>	<p>Requires frequent observation but not assessment</p> <p>May require several procedures that are complex and time consuming.</p> <p>First Aid responses may include complex procedure for management e.g. Oxygen , Suction</p>	<p>Disability + minimal invasive procedures required</p> <p>Stable condition, nil deterioration of health</p> <p>First Aid management for emergencies definable and able to be managed by other staff members</p>
<p>Stability of Health</p> <ul style="list-style-type: none"> • Frequency of hospitalisation, serious illnesses • unpredictable or deteriorating health • Frequency of events requiring intervention • Level of consciousness 	<p>Frequent complicated admissions to hospital</p> <p>Unstable and unpredictable health</p> <p>Frequent events requiring intervention</p> <p>Altered level of consciousness requiring frequent assessment</p>	<p>Level of instability with health needs</p> <p>Frequent hospital admissions or illnesses</p> <p>May have frequent events which are manageable with minimal assessment</p> <p>Level of consciousness manageable with minimal assessment / intervention</p>	<p>May have had previous complicated hospital admissions but now stable</p> <p>Health is predictable but requires several procedures that are complex and time consuming</p> <p>Events predictable and interventions defined in Health Plan</p> <p>Stable level of consciousness</p>	<p>Minimal hospital admissions with straight forward management, illness easily resolved</p> <p>Routine medical management and support</p> <p>Stable level of consciousness</p>



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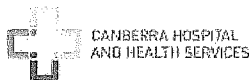
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Summary:.....

Support model recommended:		Nurse's name.....
HAAS Intake Meeting Date:	Agreed	Signature.....
For review (comment)		Designation.....
		Date.....

Intake Meeting Attendees:		
Signatures:		



HEALTHCARE ACCESS AT SCHOOL (HASS)

Information for HASS Program Advisory Paediatrician

Background

Healthcare Access At School is a new program provided by the Women's Youth and Children, Community Health Programs (WY&CCHP) in partnership with the Education and Training Directorate. The program allows students with complex or invasive health care needs to attend school. The program uses a nurse-led model of care that meets the existing health care needs of students while attending school. Complex and invasive health care generally refers to healthcare that involves a procedure and use of equipment.

This may include, but is not limited to:

- Suctioning & care of tracheostomy
- Providing nutrition and/or medication via a feeding tube or gastrostomy
- Catheterisation at regular times during the day
- Oxygen therapy

Intake process

Intake and acceptance on the program will be informed by the nursing assessment and healthcare support plan using the risk assessment/matrix to decide on the level of support required for the student. The nominated level of support will indicate if the student requires one on one or intermittent care and if the care should be provided by a school staff member, such as a learning support assistant, enrolled or registered nurse. HAAS will develop recommendations on the level of care for the student and provide intake documentation and recommendation to the HAAS Program Advisory Paediatrician for consideration. HAAS will then inform the school and the student's parents of the determined level of care required in order for the student to safely attend school.

Review Panel

In the event that the family, school or student dispute the level of care allocated the case will be elevated to a HAAS Review Panel.

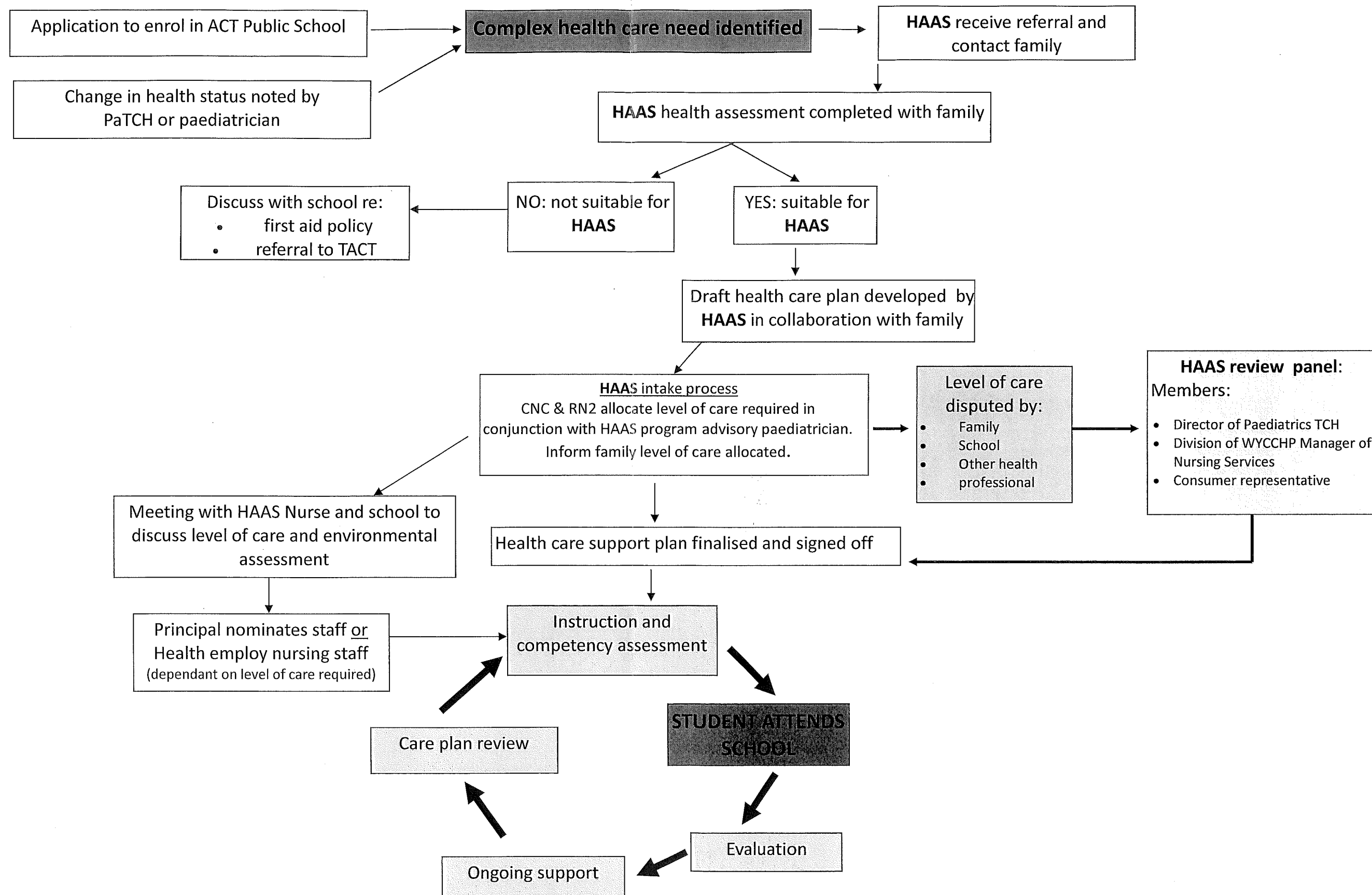
Nurse delegation model

Where the health tasks are appropriate to be provided by identified school staff these staff remain employees of the Education and Training Directorate (ETD), however for the identified health task only they are governed by Health using a delegation model. This involves the HAAS nurse providing instruction, assessment and ongoing support to three nominated ETD staff members; two staff will provide back up. Competency assessment is included in the instruction package. HAAS nurses will provide ongoing support to school staff and have a liaison role between the student's family and the school on health matters.

Complex case review

When a student's healthcare needs at school are particularly complex the nurse will provide an overview of the student's health care needs at a complex case review meeting. These meetings are held as needed. Membership of the complex case review group includes: HAAS Program Advisory Paediatrician, Schools Clinical Nurse Consultant and the HAAS Registered Nurse.

Healthcare Access At School (HAAS)



Hagan, John (Health)

From: McGorm, Kelly
Sent: Wednesday, 26 June 2013 12:35 PM
To: O'Connor, Narelle; Thomas, Carolyn
Subject: RE: HAAS schedule addition
Attachments: HAAS Schedule template.doc

Hi Narelle and Carolyn

I've reviewed the HAAS schedule (attached) and there's a few issues I need clarification on:

1. Should point 2.0 around complex and invasive care be relocated under a 'definitions and terminology' section?
2. Just wondered if you have at your fingertips the relevant excerpt from the "Nurses Code of Ethics" you wanted included?
3. Do you mind if I delete the following: "The generation and management of information (including health care records and other documents) are performed with professionalism and integrity. This requires the information being recorded to be accurate, non-judgemental and relevant to the health, care and treatment of a person. All health documentation is a record that cannot be changed or altered other than by the addition of further information."
4. Can you please remind me what LSA stands for? We should keep the terminology consistent, so should we use LSA or Unlicensed worker? I think we need a definition of what this term means in practice; is there a standard definition?
5. I've cut and paste a lot of information from the SYHN schedule in terms of child protection and responsibilities of Health and Education staff as it's very well written. The only problem is the role or responsibility of the unlicensed worker in child protection remains unclear.
6. Speaking of the SYHN schedule, because it is written so thoroughly, I'm wondering why other headings and excerpts haven't been extracted for inclusion in the HAAS document i.e. sections around induction and orientation, responsibilities of principal and nurse, Collaborative problem solving, Professional development and professional supervision, accommodation and resources, external people, research, media liaison, home visiting, confidentiality and health records etc. It's possible some may be less relevant. Do you want me to cut and paste all these for you to review and consider implications specific to HAAS and also the unlicensed worker? I have appended them at the end of the HAAS schedule (attached) for consideration.
7. I also need clarification around funding responsibilities. Does ETD have the funding for this program and transfer it to Health for nursing services? How are the unlicensed care workers employed, line managed and by whom?
8. Can I also clarify the IRC information? I've cut and paste a lot from SYHN schedule but this needs your review.
9. We need to work on the references as links won't be available to anyone out with Health. We either just reference or append the relevant document.

Cheers
Kelly

Kelly J. McGorm
 Project Support Officer
 Division of Women, Youth & Children Community Health Programs | ACT Health | ACT Government

1 Moore St Canberra ACT | GP Box 825 Canberra ACT 2601 | www.health.act.gov.au
Office: (02) 6205 1193 | Fax: (02) 6205 1591 | Mobile: 0488 786 268

Work days: Mondays to Wednesdays

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From: O'Connor, Narelle
Sent: Wednesday, 19 June 2013 12:28 PM
To: McGorm, Kelly
Subject: HAAS schedule addition

Hi Kelly,

Could we have the highlighted sentence below included in the HAAS schedule.

12.1.5 Teaching and education support staff remain responsible for the overall care and education of all students on site. They must support and enable the carer to undertake her/his assigned duties for the specified student/s. LSA's assigned to 1:1 care of a student under the HAAS program are not responsible for classroom duty of care.

This basically means the LSA cannot be left in the classroom as the only adult supervising the class. Happy for you to reword if you think it needs it.

Thanks
Narelle

Narelle O'Connor - Clinical Nurse Consultant - Schools

School Youth Health Nurse Program

Special School Nurses

Healthcare Access At School

Phone: 62055006

Mobile: 0478408859

Central Team | **Division of Women, Youth & Children Community Health Programs**

Health Directorate | ACT Government

1 Moore St Canberra ACT | GPO Box 825 Canberra ACT 2601 | www.health.act.gov.au

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Healthcare Access at School (HAAS)

Information for families



What if my child's healthcare need is not complex or invasive?

Many healthcare needs such as giving routine medication, or an asthma puffer are able to be managed within existing school processes. The nurse is happy to provide health information to the school when required.

Who provides the equipment for my child's healthcare?

Generally equipment is provided by the child's family. The nurse will discuss this with you and arrangements can be made with the school if the equipment is not easily transported.

Further information: HAAS@act.gov.au

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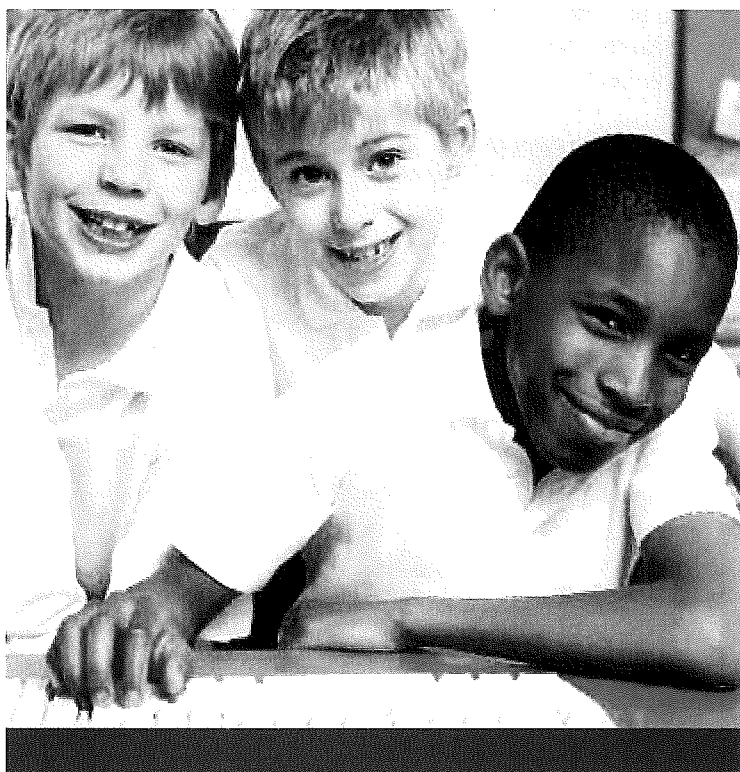
About HAAS

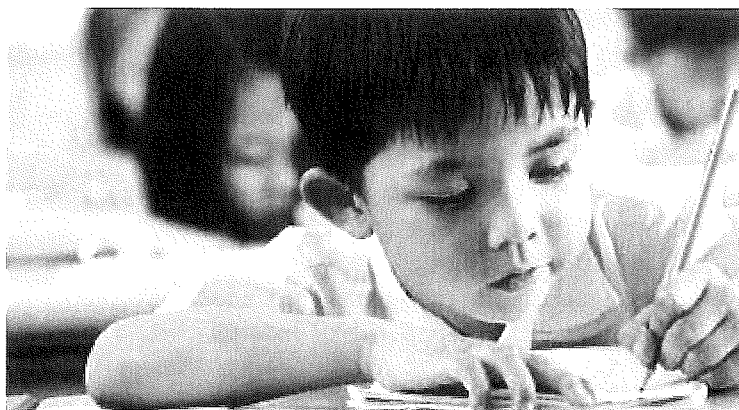
HAAS supports children who have a complex or invasive health care need to attend school through the provision of nurse-led care during school time. The nurse's role provides a link between parents and the school and ensures staff at school have appropriate training and skills to undertake health procedures. The nurse also provides ongoing support.

What is complex and/or invasive care?

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

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





How does HAAS work?

When a referral is received, the registered nurse, in partnership with the child's family, assesses the child's healthcare needs and develops a healthcare support plan. On occasion, with family permission, the nurse will also consult with the child's doctor and other healthcare professionals. Using the healthcare support plan, the nurse provides instruction and competency assessment to ensure nominated school staff have the required skills to provide healthcare at school. The nurse also provides regular follow up support and liaises with the family and school staff as needed.

How do I access HAAS?

Referrals to the program are usually received from the school when the initial enrolment interview identifies a need. To avoid delay in children attending school we encourage parents and carers to contact schools early when enrollment of a child with healthcare needs is being planned.

Does the nurse provide first aid?

No. Nurses are not on site at the school at all times. Your child's school will have a first aid process that will be followed in the event first aid is required. If your child has a known health issue that requires first aid, a first aid plan will be developed by the school.

Hagan, John (Health)

From: Swan, Kelly
Sent: Wednesday, 10 July 2013 1:32 PM
To: Thomas, Carolyn
Cc: Byrnes, Sue
Subject: RE: Information re: Healthcare Access At School (HAAS) Program

Amazing! Great news - we appreciate the updates...

From: Thomas, Carolyn
Sent: 10/07/13 1:20 PM
To: Swan, Kelly
Cc: Byrnes, Sue
Subject: RE: Information re: Healthcare Access At School (HAAS) Program

Hi Kelly,

es, there has been progress.

The HAAS program commenced as a pilot in February this year – to great success. A small evaluation of our first client; parents/school/carers failed to find any negatives!

We continue to roll the program out – slowly but steadily.

Cheers

Carolyn Thomas

Manager | Division of Women, Youth & Children | Community Health Programs
Specialist School Nurses|School Youth Health Nurses|Asthma Nurse Educator Service
Nurse Audiometry|High School Immunisation|Kindergarten Health Check/Healthcare Access At School (HAAS)
Phone: 6205 1575
 Mobile: 0408 648 945
 e-mail: carolyn.thomas@act.gov.au

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From: Swan, Kelly
Sent: Tuesday, 9 July 2013 11:32 AM
To: Byrnes, Sue; Thomas, Carolyn
Subject: RE: Information re: Healthcare Access At School (HAAS) Program

Hi Carolyn,

Can you confirm whether the HAAS program is operational now? Has there been progress since we were last in touch?

Kind Regards,

Kelly Swan.

From: Swan, Kelly
Sent: Friday, 3 May 2013 4:00 PM
To: Durkin, Mary; Roy, Alasdair
Subject: FW: Information re: Healthcare Access At School (HAAS) Program

FYI and discussion. Would it be appropriate for us to be involved? If not, can we make any useful suggestions?

From: Thomas, Carolyn
Sent: Wednesday, 1 May 2013 12:02 PM
To: Swan, Kelly
Cc: Byrnes, Sue
Subject: Information re: Healthcare Access At School (HAAS) Program

Good morning Kelly,

It was nice to talk with you yesterday. I appreciate your assistance as well as your support and encouragement of our new program. I have included information as requested regarding HAAS (below).

We are still working out who will sit on the review panel but it will definitely include the Manager of Nursing Services (Division of Women Youth & Children, Community Health Programs) and a Paediatrician. We are still looking for another one or two members for this panel. If you are able to suggest an appropriate someone for possible inclusion it would be appreciated.

Healthcare Access at School (HAAS)

HAAS supports children who have a complex or invasive health care need to attend school through the provision of nurse-led care during school time. The nurse's role provides a link between parents and the school and ensures carers at the school have appropriate instruction and ongoing support.

What is complex and/or invasive care?

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

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

How does HAAS work?

When a referral is received, the registered nurse, in partnership with the child's family and other health professionals, such as the doctor or diabetic educator, will complete a comprehensive health assessment of the student. A draft healthcare support plan will be developed. An *Intake meeting* is then convened – with staff comprising: HAAS registered nurse level 2, HAAS clinical nurse consultant and a paediatrician - who use information from the health assessment to assign the level of care required to ensure the students health needs are safely met while at school.

The level of care required could be a Learning Support Assistant (LSA) enrolled or registered nurse. It is anticipated that most care will be provided by LSA's, as evidenced by what happens in other states. LSA's are employed by the Education and Training Directorate and the HAAS registered nurses will use a delegation model of care to provide instruction to the nominated school staff to ensure they have the required skills to provide necessary care. Enrolled or registered nurses, if the intake meeting identifies this level of care is required, would be employed by ACT Health. The HAAS nurse will provide regular follow up and support to staff working with students in the school setting and will liaise with the family and other school staff as needed.

What if the student/parents/school disagree with the level of care assigned to a student?

If there is a disagreement regarding the level of care assigned during the intake meeting then the student is referred to the **HAAS Review Panel**

The role of this panel is to:

- o review the HAAS *Health Assessment and Healthcare Support Plan*
- o review *the level of care* assigned to the student at the intake meeting using the *Assessment Table*
- o Consider the family's/student/schools reasons for requesting a different level of care be assigned to the student
- o making a finding either:
 - supporting the level of care assigned at the intake meeting
 - recommending that a different level of care be assigned
- o The review panel recommendation is documented as a ministerial brief. A copy of the brief remains in the students health file.
- o The student/family/school is informed of the review panel's decision via a letter. A copy of this letter remains in the student's health file.
- o The Panel's decision is relayed to HAAS team by the Manager of Nursing Services (Division of Women Youth & Children, Community Health Programs)

How do you access HAAS?

It is anticipated that referrals to the program will be received from the school when the initial enrolment interview identifies a need. Parents will be encouraged to contact the school early if their child has a complex healthcare need.

We are building a referral pathway from the paediatric department at Canberra Hospital to ensure a smooth transition for students who may have had a change in their health status due to illness or injury to assist their return to school.

Does the nurse provide first aid?

No. Nurses may not be on site at the school at all times. All schools have a first aid process that will be followed in the event first aid is required. If a child has a known health issue that requires first aid, a first aid plan will be developed by the school.

I hope this information is useful.

Kind regards

Carolyn Thomas

Manager | Division of Women, Youth & Children | Community Health Programs

Specialist School Nurses|School Youth Health Nurses|Community Asthma Support Service (CASS)

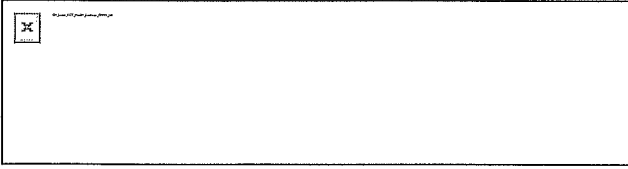
Nurse Audiometry|High School Immunisation|Kindergarten Health Check/Healthcare Access At School (HAAS)

Phone: 6205 1575

Mobile: 0408 648 945

e-mail: carolyn.thomas@act.gov.au

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Hagan, John (Health)

From: Thomas, Carolyn
Sent: Wednesday, 17 July 2013 9:36 AM
To: Samantha Behr
Cc: O'Connor, Narelle
Subject: FW: HAAS_DL_Draft_V3
Attachments: ACT_H_HAAS_V3.pdf

Importance: High

Good morning Sam,

I have started seeing the brochures and fliers you have designed for the nutrition team and MACH in use. They are looking good!

I do need to get this HAAS brochure finalised (sorry it has taken me so long). I have CC'd Narelle O'Connor into this e-mail. Narelle is the Clinical Nurse Consultant for HAAS and the School Youth Health Nurse (SYHN) program.

For this HAAS brochure:

1. On page 2 and 3 the photos on the top are set square to the page and don't have borders around them. I think the photos at an angle with a boarder look better, also perhaps only one photo at the top of page 2 and one photo in the middle of page 3? Can we use the two photos on page 2 for this?
2. Can the older boy on the back page – with the contact details, please be replaced with a 5-6 year old. (Can you find any photos of a healthy 5-6 year old child with a tracheostomy or an oxygen tube in their nose?)
3. Also, can the words 'HAAS' and 'Information for families' on the front page be made more prominent?

We would also like to develop a brochure for the SYHN program. Narelle will get in touch with you with the scripting for this.

Please give me a call if you want to discuss or I am not making sense.

Cheers

Carolyn Thomas

Manager | Division of Women, Youth & Children | Community Health Programs
Specialist School Nurses|School Youth Health Nurses|Asthma Nurse Educator Service
Nurse Audiometry|High School Immunisation|Kindergarten Health Check/Healthcare Access At School (HAAS)
Phone: 6205 1575
 Mobile: 0408 648 945
 e-mail: carolyn.thomas@act.gov.au

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From: Samantha Behr [mailto:sam@sambehrdesign.com.au]
Sent: Monday, 18 February 2013 12:31 PM
To: Thomas, Carolyn
Cc: Neverauskas, Daina
Subject: HAAS_DL_Draft_V3
Importance: High

Hi Carolyn,

Attached is some revisions for you to have a look at.
 I have looked at all your thoughts, and tried to incorporate, whilst trying to be consistent with the overall new brand.
 The images will still be pixilated (fuzzy), let me know if you would like to purchase these for your presentation. They are approximately \$24 - \$27 each.
 I can organise this for you if you like, just let me know

Kind regards
 Sam

Sam Behr

Sam Behr Design
 0420 443 962
 sambehrdesign.com.au



Please consider the environment before printing this email.

From: "Thomas, Carolyn" <Carolyn.Thomas@act.gov.au>
Date: Monday, 18 February 2013 10:01 AM
To: Microsoft Office User <sam@sambehrdesign.com.au>
Subject: FW: HASS_DL_Draft_V1

Hi Sam,

I am presenting the new HAAS program at a multi directorate meeting tomorrow.

I thought I could take draft information brochures to give out. It explains the program very well and looks terrific.
 Do you think the next draft would be ready for this???

Cheers
 Carolyn

From: Samantha Behr [<mailto:sam@sambehrdesign.com.au>]
Sent: Monday, 4 February 2013 4:58 PM
To: Thomas, Carolyn
Subject: Re: HASS_DL_Draft_V1

Hi Carolyn,
 Sorry about that. I just left a message on your phone.
 Here is a revised copy for you, I am hoping these are better.
 It might still need new photos, but it gives us a starting point, which we can refine.
 Many thanks
 Sam

Sam Behr

Sam Behr Design
 0420 443 962
 sambehrdesign.com.au



Please consider the environment before printing this email.

From: "Thomas, Carolyn" <Carolyn.Thomas@act.gov.au>
Date: Monday, 4 February 2013 2:44 PM
To: Microsoft Office User <sam@sambehrdesign.com.au>
Subject: RE: HASS_DL_Draft_V1

Hi Sam,

Looks terrific however

The biggest thing about this program, HAAS, is that it is NOT nurses performing the health 'tasks'. Therefore the pictures of nurses need to go really quickly!

Most of the children in the program will just look like normal school students. There may be some with a physical or intellectual disability as well, but not necessarily.

I do understand photos can be tricky. Can we just use photos of school aged 'Australian looking' children, not necessarily in uniform?

Cheers
Carolyn

From: Samantha Behr [<mailto:sam@sambehdesign.com.au>]
Sent: Monday, 4 February 2013 2:34 PM
To: Thomas, Carolyn
Subject: HASS_DL_Draft_V1
Importance: High

Hi Carolyn,
 I have attached a copy of the first draft of your DL brochure.
 You'll notice that I have left spaces for the 'contact information'.
 And it is a little bit tricky getting kids in school uniform that looks Australian, generic, multicultural and not too 'cheesy'.
 Have a look, I look forward to hearing your thoughts.
 As this is first draft we can play around with images and any text revisions.
 Kind regards
 Sam

Sam Behr

Sam Behr Design
 0420 443 962
sambehdesign.com.au



Please consider the environment before printing this email.

From: "Thomas, Carolyn" <Carolyn.Thomas@act.gov.au>
Date: Monday, 21 January 2013 12:20 PM
To: Microsoft Office User <sam@sambehdesign.com.au>
Subject: RE: HASS_DL sample and factsheets

Hi Sam,

Sorry I missed your call this morning – just tried you but you must be busy!

Regarding your questions below:

1. Yes, the text supplied can go into the draft brochure. I was thinking a three page folded brochure – this may be the first contact with the program and it needs to be simple, clear and outline first steps to take to get onto the program
2. The designs are lovely although, as these are school aged children not babies, brighter colours would be good.
3. We don't have any photos currently. It is something we can think about once we have a few clients. We can ask if the parents are happy for photos of them to be used in this way. Can we use stock photos of children in school uniform? These children referred to this program may or may not have a disability – just needs to be a complex requirement so I am thinking just a regular student in the first instance.
4. Did you have a date that you are working towards for completion? Not really.... but the sooner we have the brochures the sooner we can start disseminating the information
5. Regarding Education, yes I agree an A4 fact sheet: double sided would be good. I will send you the info for this ASAP.

Very happy to discuss all this with you. My office phone goes through to my mobile automatically if I am out and about.

Cheers

Carolyn

From: Samantha Behr [<mailto:sam@sambehdesign.com.au>]

Sent: Monday, 21 January 2013 11:28 AM

To: Thomas, Carolyn

Subject: HASS_DL sample and factsheets

Hi Carolyn,

Thankyou, I am glad you like the new Posters! I appreciate feedback..

I just rang to have a chat, but all good. I just have a few questions.

- The text that you have supplied for HAAS are you happy for it to go into the DL brochures that have been designed?
- See (ACT_DL_Sample.pdf)
- Do you have photos that you are currently using that may be appropriate for the new content?
- Did you have a date that you are working towards for completion?

For the Education material – would this suit perhaps a A4 double/single sided Factsheet. (Similar to the files attached). Once I have seen the content we could talk further about how it is distributed ect, and work out the best format.

Kind regards

Sam



Sam Behr Design

0420 443 962

sambehdesign.com.au



Please consider the environment before printing this email.

From: "Thomas, Carolyn" <Carolyn.Thomas@act.gov.au>
Date: Friday, 18 January 2013 1:23 PM
To: Microsoft Office User <sam@sambehrdesign.com.au>
Subject: FW: New Look_Designs_ Brochure for new pilot program: HASS

Hi Sam,

Daina Neverauskas has put me in touch with you regarding designing a brochure for a new program we are piloting this year. The poster design you did for the dietitians looks terrific and this brochure will be in line with the new Community Health Programs design you have created for us.

The new program is called Healthcare Access At School (HAAS)

This brochure explains to families what the program is and what it can do to assist their child if required. I have attached the information we feel needs to be included in the brochure.

We are also developing a similar information leaflet/flier/brochure?? for Education and Training Directorate staff - but this will be a bit more in depth and include the referral pathway. We are still working on this but will send you the information for development when we have it.

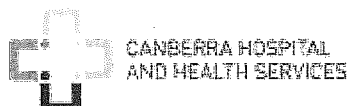
Please get in touch if you want to/need to and if I can answer any questions etc

Kind regards

Carolyn Thomas

Manager | Division of Women, Youth & Children | Community Health Programs
Specialist School Nurses|School Youth Health Nurses|Community Asthma Support Service (CASS)
Nurse Audiometry|School Immunisation|Kindergarten Health Check
Phone: 6205 1575
Mobile: 0408 648 945
e-mail: carolyn.thomas@act.gov.au

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From: Neverauskas, Daina
Sent: Friday, 18 January 2013 10:20 AM
To: Thomas, Carolyn
Subject: RE: New Look_Designs_first rollout for comment

Yes – but I think Sue was going to do it you might liaise with her...I will warn Sam!

Cheers

Daina

Daina Neverauskas | Director Community Health Programs
Phone (02) 6205 1197, 6205 5028 | Fax (02) 6205 1591 | Mobile 0403 061 391
Division of Women, Youth & Children Community Health Programs | Health Directorate | ACT Government
1 Moore St Canberra ACT | GP Box 825 Canberra ACT 2601 | www.health.act.gov.au

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From: Thomas, Carolyn
Sent: Friday, 18 January 2013 10:03 AM
To: Neverauskas, Daina; Byrnes, Sue
Subject: RE: New Look_Designs_first rollout for comment

Hi,

Does this mean I can send the info to Sam to develop the new HAAS brochure for parents?

Hopefully

Carolyn

From: Neverauskas, Daina
Sent: Thursday, 17 January 2013 4:17 PM
To: Byrnes, Sue; Thomas, Carolyn
Subject: FW: New Look_Designs_first rollout for comment
Importance: High

Sam's contact details.

Cheers

Daina

Daina Neverauskas | Director Community Health Programs
 Phone (02) 6205 1197, 6205 5028 | Fax (02) 6205 1591 | Mobile 0403 061 391
 Division of Women, Youth & Children Community Health Programs | Health Directorate | ACT Government
 1 Moore St Canberra ACT | GP Box 825 Canberra ACT 2601 | www.health.act.gov.au

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From: Samantha Behr [<mailto:sam@sambehdesign.com.au>]
Sent: Wednesday, 16 January 2013 8:30 PM
To: Neverauskas, Daina
Subject: New Look_Designs_first rollout for comment
Importance: High

Morning Daina,

I thought I would run this by you, as these are the first pieces of work to have the 'new look' applied.

I have taken on board all the comments you sent over. These are for Pip, and before I send through for revisions, I was hoping to get some feedback to the direction and get final approval from you, just before we go any further. I have brightened the palette and added all the logos. These need to be printed urgently so I needed to keep them moving. Look forward to hearing your thoughts.
Kind regards
Sam

Sam Behr

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ACTION STATEMENT

Title	HAAS Meeting	Meeting No		
Location	Conference Room , Level 2, 1 Moore Street City	Chair	Sue Byrnes	
Date/Time	Tuesday 23 July 2013 3:30-4:30pm	Secretariat	Sue Taws	
Attendees	Initials	Division / Service / Title	Present	Apologies
Diana Neverauskas	DN	Director, Community Health Programs (CHP)		✓
Sue Byrnes	SB	Manager of nursing services,(CHP)	✓	
Carolyn Thomas	CT	Manager,(CHP)	✓	
Narelle O'Connor	NO	Schools Clinical Nurse Consultant, (CHP)	✓	
Beth Mitchell	BM	Director Student Support Services (ETD)		✓
Kerrie Heath	KH	Senior Manager Student Support Services (ETD)	✓	
Ros Donohoe	RD	Manager, Student Support Services (ETD)	✓	
Jo Monteith	JM	Executive Teacher Student Support Services (ETD)	✓	

419		group might progress this.				
5	Costs associated with transition of students to HAAS model. Costs associated with program development and current health model	Discussion around funding HAAS. It was decided that each directorate will provide an estimate costing for the program; including program development costs and predicted future costs. The client mapping exercise can provide a guide to future funding requirements. Funding HAAS will be added to the agenda of the meeting next week between Health And ETD executive.	Carolyn/ Kerrie		Sue Byrnes & Kerrie Heath will take the funding estimates to the Executive Directors of Health and Education meeting.	
6	Communication: Brief relevant: ED,DG and Ministers	The Draft Health brief has been sent to ED WYC, Liz Chatham. Carolyn will send the brief in word format to ETD.	Carolyn			
7	Communication: Commissioners: Disability and Children	Carolyn has been keeping the Commissioner's of Disability and Children informally updated on progress with this program.	Carolyn			
8	Communication: Schools	ETD will develop and provide education around this new program to ACT Schools.	Education			
9	Communication: Pediatricians - develop referral pathway	Discussion with the Pediatricians regarding developing a pathway for children who may require HAAS is	HAAS			

420		underway. Health will present at 'grand rounds' as a way to promote the program				
10	Communication: GPs	When on the HAAS program a copy of the student's health care plan is sent to their GP as a means of keeping them informed. Health will liaise with Medicare local to promote the program to GP's	HAAS			
11	Initial client evaluation of pilot	Evaluation of the first HAAS student. The evaluation showed the process worked well for the student. It was very positive and no obvious omissions noted. We need to plan for a formal evaluation. Carolyn will organise an approximate cost of a professional to assist with setting up for a future evaluation.	Narelle Carolyn			
12	Education policy update	Education policy update to include HAAS is still in progress.	Education			
13	TOR finalized	The TOR for the interagency reference committee (IRC) has been finalised following requested changes.	Carolyn			
14	HAAS consultant Paediatrician	A Paediatrician has been appointed.	HAAS			

421		<p>The Education and Health MOU is under development – at Directorate level.</p> <p>HAAS has been working on a draft schedule which will sit under the MOU. The draft will be sent to ETD IRC members for review, addition and comment.</p>	Narelle			
15	MOU and schedule: process thus far					
16	LSA recruitment and duty of care	<p>QLD department of Education Training and employment have recently launched a program similar to HAAS. A flow chart for this program given to IRC members which has examples of forms that sit under the policy such as 'voluntary undertaking to perform a specialized health procedure'.</p>	Education			

Next meeting:
 Tuesday 20th August 2013
 3.30-5pm
 Venue: Small conference room. Level 2, 1 Moore Street



AGENDA

Subject	HAAS meeting	Meeting No:	
Date	Tuesday 23 rd July 2013		
Time	3.30-4.30		
Location	Level 2, 1 Moore Street CIVIC		
Chair	Health		
Secretariat	Sue Taws		

Attendees	Initials	Service/Title	Attendance	Apology
TBC		Director, Community Health Programs (CHP)		
Sue Byrnes	SB	Manager of Nursing Services, CHP		
Carolyn Thomas	CT	Manager, CHP		
Narelle O'Connor	NO	Schools Clinical Nurse Consultant, CHP		
Beth Mitchell	BM			
Kerrie Heath	KH			
Ros Donohoe	RD			
Jo Monteith	JM			

AGENDA ITEM 1: Apologies

AGENDA ITEM 2: Client mapping

No.	Item	Responsibility	Time
1	Numbers of students <u>potentially</u> requiring HAAS at Specialist schools	Health/Education	
3	Caring for Kids clients – transition to HAAS	Health	
4	What might it look like at the specialist schools in the future?	Health/Education	

AGENDA ITEM 3: Funding

No.	Item	Responsibility	Time
1	Costs associated with transition of students to HAAS model	Education	
2	Costs associated with program development and current health model	Health	

AGENDA ITEM 4: Communication

No.	Item	Responsibility	Time
1	Brief relevant: ED, DG and Ministers	Health /Education	
2	Commissioners: Disability & Children	Health	
3	Schools	Health /Education	
4	Specialist schools; staff/families	Health /Education	
5	Paediatrics – develop referral pathway	Health	
6	GP's	Health	
7	General Public/marketing	Health /Education	
8			

AGENDA ITEM 5: Evaluation

No.	Item	Responsibility	Time
1	Initial client evaluation of pilot	Health	
2	Future evaluation plans	Education/Health	
3			

AGENDA ITEM 6: Policy underpinning HAAS program

No.	Item	Responsibility	Time
1	Education policy update	Education	
2	LSA recruitment & Duty of care	Education/Health	
3			

AGENDA ITEM 7: HAAS intake meeting and review panel update

No.	Item	Responsibility	Time
1	TOR finalised	Health	
2	HAAS consultant Paediatrician appointed	Health	
3			

AGENDA ITEM 8: Key Performance Indicators /MOU & Program schedule

No.	Item	Responsibility	Time
1	Discussion regarding KPI's for HAAS	Health /Education	
2	MOU and schedule: progress thus far	Health	
3			

AGENDA ITEM 10: Next meeting

Date:

Time:

Venue:

HAAS Feedback Session Notes:Date: 08/08/2013

Time: 15:15 hrs

School: Caroline Chisholm School

Attendees: Narelle O'Connor (CNC), Deborah Bali (RN2), Jenny Mosessen (Business manager), Sally Alexander (Deputy), Jovelyn Dig-O (teacher), Anita Dhawan (primary), Lisa Rodgers, Jenny Williams, Marge Denne (LSA's).

General feedback from those attending was very positive. After initial friction during the first week, the team instigated weekly after school meetings to aid in cohesive management of [REDACTED] tracheostomy. The group present at the meeting was comfortable and much more relaxed with each other & with attending to [REDACTED] cares.

They stated the HAAS process was working well. The primary LSA feels very comfortable with the procedures now, signs of needing to prompt coughing, and would discuss with the permanent LSA in the class on need for suctioning and dressings, which they attended to together.

They stated that [REDACTED] appears more settled and familiar with the LSA's attending the cares and tended to be more involved in the class. Having a trained LSA rather than a worker for an outside organisation has worked very well. They are better integrated into the class and the teacher is happy with the situation.

No suctioning has been needed, only coughing prompt, clean up of secretions and a few dressing changes. One instance of blood around stoma/on dressing when LSA called mother, changed dressing but no further action needed. One instance of multiple vomiting that resolved after the mother was notified. Closer monitoring at eating time was initiated by LSA's. LSA and teacher encouraged to call HAAS nurse if any questions or non-urgent issues, or wait til end of day to talk with parents.

The table in the corner was working well, reinforced as out of bounds to students, and had essential everyday items such as gloves, fibrella wipes and a folder containing the Occasions of service forms. We discussed the need for confidentiality and the folder is to be locked in file cabinet/cupboard with other items. Mother happy to bring stock (NS out-of-date or soon to be) and LSA have nil concerns with equipment. Primary LSA has bought in zip lock bags to place items for dressing change so that it can be attended easily. LSA informed of the need to notify other members of the team of this change and its location in the equipment bag.

FORMS:

Occasions of service form: Working well, date only once for the day, use the sheet for multiple days. Added a new column for "Clean" (wiping around/under edge of the dressing). LSA's advised that they can change the titles to fit, and maybe not put emergency management as this is flagged in multiple areas anyway. To be collected each term and scanned into health file. Given multiple copies of Ambulance cheap sheet and primary LSA has put them in the back of coloured folder in equipment bag. For use in emergency situations.

Nil concerns voiced with other forms. Copies currently in coloured folder and office file. Communication pathway has been easily accessible for all. Discussed with Jenny M where HAAS forms will be filed/archived – to remain in health file, apart from LSA details.

Not all LSA's have had a chance to care for [REDACTED]. Plan for relieving once a week to keep skills current in the near future, circumstances allowing.

Healthcare Access At School (HAAS)

Scope

Healthcare Access At School (HAAS) provides care to students with complex or invasive health care needs while they are at school under a nurse-led care model.

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 tracheotomy
- Provision of nutrition and/or medication via gastrostomy
- Catheterization at regular times during the day
- Oxygen therapy

Service provision includes all ACT Government Schools and pre schools for the pilot program.

Referral

Referrals are anticipated to come primarily from schools but could come from paediatric services or parent self referral of their child.

Each student referred to HAAS will have an initial health assessment undertaken in collaboration with the family and other health professionals as necessary to ascertain suitability for the program as well as healthcare requirements at school. Suitability includes:

- health care is complex and invasive
- health care procedure is necessary to enable them to attend school
- school staff need extra training to provide this health care

Process

An intake meeting comprising the HAAS Clinical Nurse Consultant, Registered Nurse level 2 and a Pediatrician will 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 Registered Nurse, Enrolled Nurse, a Learning and Support Assistant (LSA) 1:1 or an LSA periodically during the day.

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 dispute panel for further consideration and a final decision. It is anticipated that this panel may consist of high level representation from Health, ETD, Human Rights and a paediatrician.

The HAAS Registered Nurse provides a link between parents and the school and ensures carers at the school have appropriate instruction and ongoing support.

Governance

Learning Support Assistants will be employed by the Education and Training Directorate and governed by them for everything except the specific health care procedure identified. For this procedure the Nurse uses a delegation of care model.

In the event that a Registered or Enrolled Nurse is required they will be employed and governed by the Health Directorate.

An Interagency reference committee will be established (similar to the successful IRC established for the School Youth Health Nurse Program) to provide communication between Health and Education and Training Directorates.

Byrnes, Sue (Health)

From: Byrnes, Sue (Health)
Sent: Friday, 13 September 2013 12:13 PM
To: Chatham, Elizabeth (Health); Gniel, Stephen; Mitchell, Beth; Furner, Catherine (Health)
Subject: Healthcare Access at School meeting
Attachments: EVALUATION ARANDA CLIENT.doc; HAAS combined transition costs August 2013.doc; HAAS PDF Flow Chart.pdf; Dot point description of HAAS.docx; HAAS risk assessment table.doc; Health assessment form - 8th Mar 2013.doc; Healthcare Support Plan.docx; 2013 TOR HAAS Review Panel Final draft.docx

Healthcare at Schools (HAAS) Meeting Notes

Date: 11 September 2013

Time: 4 -5pm

Venue 220 Northbourne Av

Present: Liz Chatham, Steven Gniel, Beth Mitchell, Cathy Furner, Sue Byrnes

Items for discussion: Actions to progress and Next steps

- Pressure to sustain current arrangements while awaiting decision to adopt HAAS model for children with complex health needs in all public schools.
- Discussion on blockers.
- Review of actions from last meeting.
 - *Need to meet monthly
 - *Desk top exercise on costing comparison for both models completed and attached
 - *Beth has identified someone who can write up the business case and is sorting out a contract
 - *Meeting with DET HR pending.

Actions

Action	Responsibility	Timeframe
Send documents describing HAAS model of care to members	Sue	Attached ✓
Arrange meeting with DET HR to discuss level of HAAS worker or allowance	Beth	Before next meeting
Arrange next meeting	Cathy	This week ✓
Develop joint Ministerial Brief informing Ministers of HAAS program as collaborative venture.	Liz to develop and send to Steven	asap ✓
Cancel working group meeting until Brief is completed.	Sue	completed ✓

Regards
Sue

Healthcare at Schools (HAAS) Meeting Notes

Date: 1 Aug 2013

Time: 12 -13.30

Venue 220 Northbourne Av

Present: Liz Chatham, Steven Gniel, Daina Neverauskas, Beth Mitchell, Kerrie Heath, Sue Byrnes

Items for discussion: MOU, Funding, Progress and Next steps

- A history of health care provision in schools is of a non-co-ordinated response to individual children's needs and a specialist school model which has been in existence for 40 years plus.
- The proposed new HAAS model of partnership has a framework of co-ordinated, equitable and clear processes, is health led and supportive to children, parents and schools.
- There is shared aim of having children who require complex or invasive health care attend school safely.
- Two parts are required. 1. Health attends to the intake and assessment process. 2. Education implements the model.
- An MOU document with HAAS as a detailed schedule is in draft.
- Three children are at school and engaged with HAAS. The first child's experience has been evaluated (attached).
- Discussion on when the pilot phase ceases and the model is implemented widely. This depends on funding predictions and industrial issues with LSAs.
- Both Health and DET have cost pressures to manage progress so far. A business case and budget submission to Govt may secure long term funding for the program.

Actions

1. Set up regular meetings with this group to progress work -**Beth**
2. Proceed with Duffy school transition - **Sue**
3. Engage an expert to develop a government submission for the HAAS program – **Beth**
4. Detailed assessment to determine predictive costs and HAAS worker requirements for Woden and Black Mountain School students and compare to current model –**Sue**
5. Set up meeting with DET HR Manager to discuss LSA role -**Beth**

Sue Byrnes | Manager Nursing Services

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Division of Women, Youth & Children Community Health Programs | Health Directorate | ACT Government

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HAAS Project Education Risk Assessment Matrix 1

(Attachment E)

15/11/13 3:22 PM

Step 1: Project Outcome(s)						
Risk Description	Consequence	Likelihood	Risk Rating	Risk Treatment Strategy	Who	By when
<p>The outcomes of the HAAS project are: To deliver to students with complex health care needs attending mainstream and the four Specialist Schools within the ACT public school system:</p> <ol style="list-style-type: none"> 1. equitable and inclusive education; and 2. safe and appropriate care as determined by their health care assessment. <p>To ensure greater efficiency in the provision of such services in a tight budgetary environment.</p> <p>Note: the risks identified refer to ETD as the provider of education services. ACT Health should undertake a risk assessment for health care issues. For example if the HAAS Review Panel finds that a higher level of care is required than first assessed, Health will need to find the contingency funding.</p>						
(a) Specialist School Principals do not support the proposed model.	Major	Likely	High	ETD and Health work with Principals, in particular to provide information eg: assessment model, decision review process limits on Health resources any additional ETD central office support develop timeframes and implement plans,	Ex Directors ETD Health Directors ETD and Health	Early Term 1 2014
					Project team	

(b) Specialist School parents do not support the proposed model.	Major	Almost Certain	High	Work with Principals and school communities, in particular to provide information eg: proposed model, assessment model, decision review process proposed ETD central office support timeframes and implementation plans	Ex Directors ETD Health Directors ETD and Health Project team	Early Term 1 2014
(c) Legal issues identified that impede implementation of model	Major	Possible	High	Advice from ACT Government Solicitor	ETD Exec Director	By end 2013
(d) ACT Health and ETD cooperation and momentum stalls	Moderate	Possible	High	Develop MOU that documents all key details, costings, and business arrangements.	Director ETD Project Team	End 2013
(e) No (or insufficient) volunteer School Assistants step forward at preferred mainstream or Specialist School	Moderate	Possible	High	New EA for School Assistants needs to offer attractive incentives to SA to volunteer ACT Health provides adequate training by RN and ongoing support for School Assistants who volunteer Volunteers from other schools are sought and/or recruitment process occurs. Additional resources \$ provided by ETD to cover shortfall (limited to 3 new positions in 2014 ?)	HR ETD	By start of Term 1 2014

					Policy on second choice schools and/or delivery of the Program on a region basis needs to be developed	Director ETD	
(f) While volunteers step forward, they lack required competency and/or confidence in relation to the health procedures required by the student	Likely	Moderate	High		Adequate, robust training for volunteers must be available. [NB detailed Program Guidelines must address this]	Directors ACT Health ETD	By early 2014
(g) Health care emergency arises at school in relation to a HAAS student	Unlikely	Catastrophic	Critical		Individual care plans will detail health actions to follow in emergency. Detailed Program Guidelines will be developed in relation to actions required, and by whom, under each scenario	Directors Health ETD Project team	By start 2014
- life threatening emergency	Likely	Major	Critical		Eg Apply First Aid, Call ambulance, notify parents.		
- serious injury	Likely	Moderate	Medium/High				
- minor injury	Possible	Major	Major		[NB detailed Program Guidelines must address this]	Directors Health ETD Project team	
(h) Responsibilities/liabilities of all individuals (eg principals, school assistants, parents) not clear	Likely	Major	High		Contingency funding needs to be identified by DET	Director ETD	
(i) Demand for HAAS placements not able to be accurately forecast							

						Students with complex health needs referred to schools where surplus capacity or funds exist Delivery of the Program on a region basis needs to be considered ACT Health 'scans' for children with complex health needs	Director Health	
(j) EA is not finished by term 1 2014	Possible	Moderate	Medium	Updates provided	HR ETD	End 2013		
(k) Minister exposed to negative media	Possible	Moderate	Medium	Provide regular information briefing and updates	ETD Exec Director	Ongoing		
(l) Environmental assessment reveals need for capital expenditure at the preferred school to accommodate student	Possible	Moderate	Medium	Contingency funding for schools needs to be identified by DET	ETD Exec Director	Ongoing		

HAAS Project HEALTH Risk Assessment Matrix 1

14/1/14 3:22 PM

Step 1: Project Outcome(s)						
The outcomes of the HAAS project are:						
<ol style="list-style-type: none"> 1. to provide a new model of care to students with complex health care needs attending mainstream and the four Specialist Schools within the ACT public school system to ensure: <ol style="list-style-type: none"> a) equitable and inclusive education b) safe and appropriate care as determined by their health care assessment 2. To ensure greater efficiency in the provision of such services in a tight budgetary environment. 						
Note: the risks identified refer to Health as the provider of health services.						
Risk Description	Consequence	Likelihood	Risk Rating	Risk Treatment Strategy	Who	By when
(a) Specialist School Principals do not support the proposed model.	Mod	Likely	High	Health and ETD meeting with principals who agreed to support the new model. Health work with Principals, in particular to provide information eg: assessment model, decision review process limits on Health resources any additional ETD central office support develop timeframes and implement	Ex Directors ETD Health Directors ETD and Health Project team	Early Term 1 2014

					plans,					
(b) Specialist School parents do not support the proposed model.	Major	Possible/unlikely	moderate		Work with Principals and school communities to provide information: proposed model individualised care plans with parent input and HAAS nurse support decision review process proposed ETD central office support timeframes and implementation plans	Ex Directors ETD Health Directors ETD and Health Project team	Early Term 1 2014			
(c) Legal issues identified that impede implementation of model	Major	Possible	High		Advice from ACT Government Solicitor	ETD Exec Director	By end 2013			
(d) ACT Health and ETD cooperation and momentum stalls	Moderate	Possible	High		Develop MOU that documents all key details, costings, and business arrangements.	Director ETD Project Team	End 2013			
(e) No (or insufficient) volunteer School Assistants step forward at preferred mainstream or Specialist School	Moderate	Possible	High		New EA for School Assistants needs to offer attractive incentives to SA to volunteer. ACT Health provides adequate training by RN and ongoing support for School Assistants who volunteer. Training may contribute to qualification .	HR ETD	By start of Term 1 2014			

				<p>Volunteers from other schools are sought and/or recruitment process occurs. Additional resources \$ provided by ETD to cover shortfall (limited to 3 new positions in 2014 ?)</p> <p>Existing model to continue through the transition period until new model bedded down in school.</p> <p>Policy on second choice schools and/or delivery of the Program on a region basis needs to be developed</p>	<p>Project team</p> <p>Director ETD</p>	
<p>(f) While volunteers step forward, they lack required competency and/or confidence in relation to the health procedures required by the student</p>	Likely	Major	High	<p>Adequate, robust training for volunteers must be available. [NB detailed Program Guidelines must address this]</p> <p>Nurse-led model using AHPRA nurse delegation principles</p> <p>Client risk assessment and intake process ensures tasks delegated to unlicensed worker do not require clinical decision making</p> <p>Ongoing worker support by HAAS Nurse</p>	Directors ACT Health ETD	By early 2014

(g) Health care emergency arises at school in relation to a HAAS student																																	
- life threatening emergency	Unlikely	Catastrophic	Critical	Critical	School emergency/first aid procedures in place	Detailed Program Guidelines will be developed in relation to actions required, and by whom, under each scenario	Workers will hold first aid certificates	Eg Apply First Aid, Call ambulance, notify parents.	Directors Health ETD Project team	By start 2014																							
- serious injury	Likely	Major	Critical	Critical	Detailed Program Guidelines will be developed in relation to actions required, and by whom, under each scenario	Workers will hold first aid certificates	Eg Apply First Aid, Call ambulance, notify parents.	Directors Health ETD Project team	By start 2014																								
- minor injury	Likely	Moderate	Medium/High	Medium/High	Detailed Program Guidelines will be developed in relation to actions required, and by whom, under each scenario	Workers will hold first aid certificates	Eg Apply First Aid, Call ambulance, notify parents.	Directors Health ETD Project team	By start 2014																								
(h) Responsibilities/liabilities of all individuals (eg principals, school assistants, parents) not clear	Possible	Major	Major	Major	[NB detailed Program Guidelines must address this]	Contingency funding needs to be identified by DET	Students with complex health needs referred to schools where surplus capacity or funds exist	Delivery of the Program on a region basis needs to be considered	Directors Health ETD Project team	By start 2014																							
(i) Demand for HAAS placements not able to be accurately forecast	Likely	Major	High	High	Contingency funding needs to be identified by DET	Students with complex health needs referred to schools where surplus capacity or funds exist	Delivery of the Program on a region basis needs to be considered	Director ETD	By start 2014																								

							ACT Health 'scans' for children with complex health needs Program marketing to parents to encourage early identification of HAAS clients	Director Health	
(j) EA is not finished by term 1 2014	Possible	Moderate	Medium	Updates provided	HR ETD	End 2013			
(k) Minister exposed to negative media	Possible	Moderate	Medium	Provide regular information briefing and updates	ETD Exec Director	Ongoing			
(l) Environmental assessment reveals need for capital expenditure at the preferred school to accommodate student	Possible	Moderate	Medium	Contingency funding for schools needs to be identified by DET	ETD Exec Director	Ongoing			

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 gastronomy
- 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 demands 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.

3. Situation analysis

<p>Strengths (examples)</p> <p>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)</p> <p>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)</p> <p>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)</p> <p>Perceived as reduction in service to specific students by parents</p> <p>EBA does not reference care provided by HAAS trained staff allowance</p>

4. 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.

5. 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.

Parents and students	<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 • 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

6. Key messages

	Who do we need to inform?	Key Message - information
	Parents	The HAAS model means individualised nurse led care for students with complex or invasive health care needs
1.		Students with complex or invasive health care requirements will have an individual health assessment in collaboration with the family and other health professionals.
		Not all students attending a specialist school have complex or

	invasive health care needs.
2.	Suitability for HAAS includes: <ul style="list-style-type: none"> • Health care is complex and/or invasive • 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.

7. Outcome of the communication strategy

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

(Attachment H)

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 schools 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?

Potentially yes, the current Enterprise Agreement (EA) being negotiated may include an allowance in line with other allowances offered, for those staff members undertaking HAAS care provision. Future advertised school staff member positions may include HAAS provision of care within duty statements.

Will the HAAS model be evaluated? How and when?

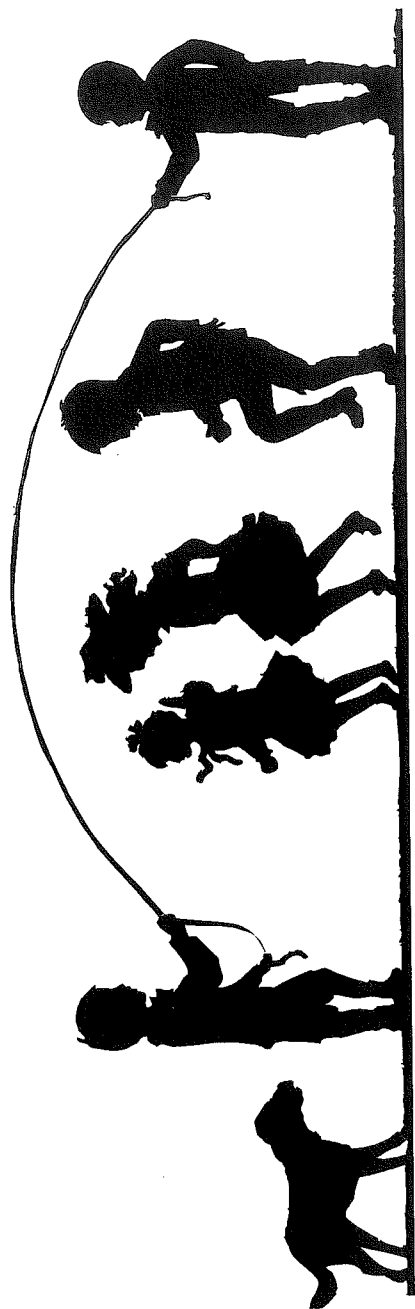
The HAAS model will be evaluated during 2014. Parents and school staff will be invited to provide feedback over the course of the year. An evaluation report will be prepared at the end of 2014.

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.

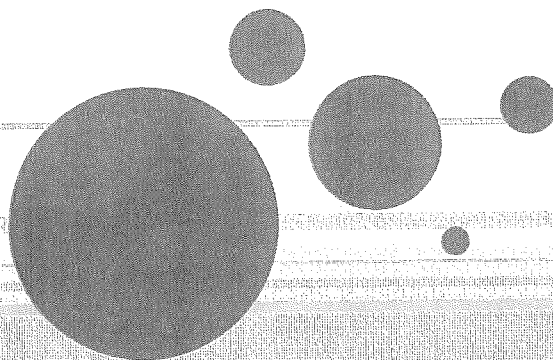
Can students, who may have been excluded from school because of their health care needs, attend mainstream school and receive the care they need?

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.



DIABETES AT SCHOOL

Deborah Bali August 2013 – HAAS



OBJECTIVES

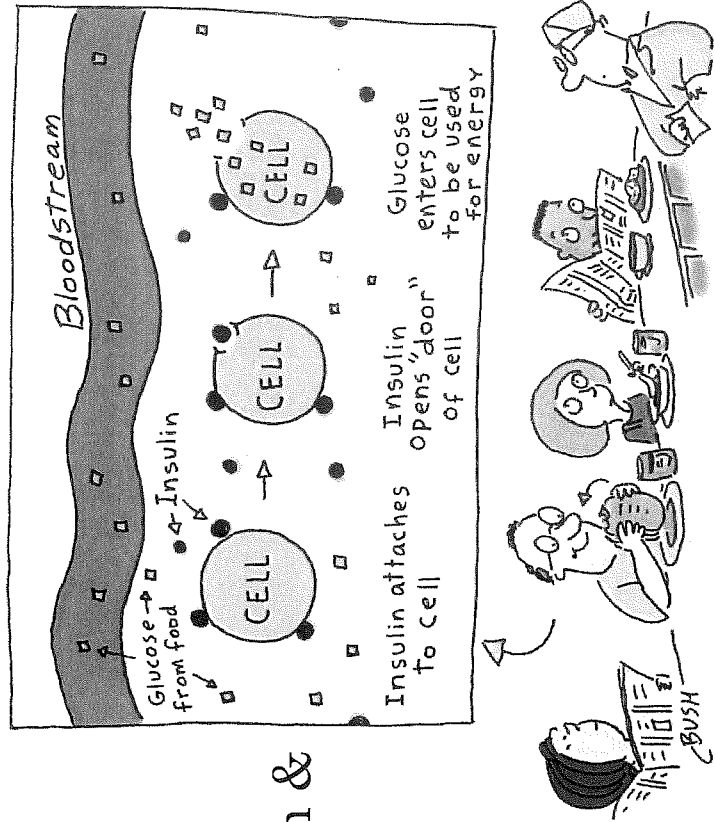
- To gain knowledge in the normal insulin/glucose cycle
- Define Diabetes, potential acute and chronic complications
- Discuss the general management of diabetes
- State the signs and actions to take for Hypoglycaemia and Hyperglycaemia
- Define what is an emergency situation for a student with Diabetes

OUTLINE

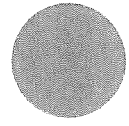
- Normal anatomy of the glucose insulin cycle
- What is diabetes?
- Acute complications
- Chronic complications
- General management
- Blood Glucose levels
- Hypoglycaemia
- Hyperglycaemia
- Emergencies
- Summary

NORMAL ANATOMY

- Food containing glucose is eaten & broken down in the stomach
- Glucose is absorbed into the blood stream and released into the pancreatic tissue

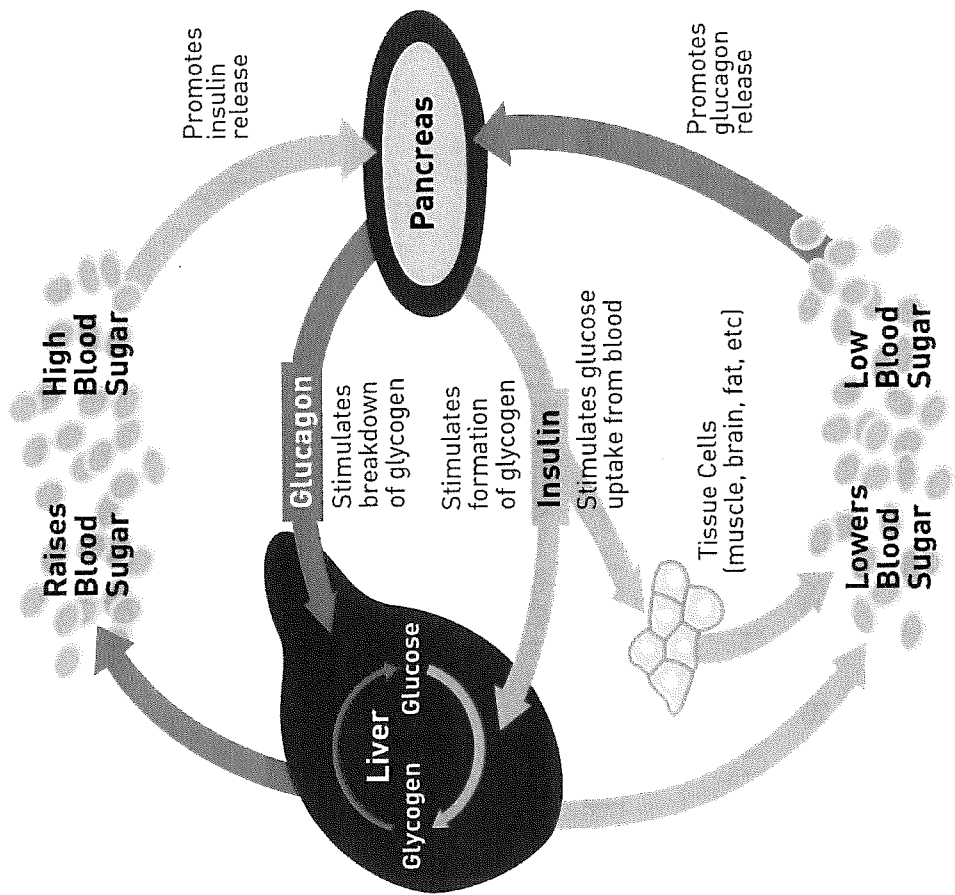


- Pancreas releases insulin into blood
 - insulin is produced in beta cells, clumped in islets
- Insulin travels over the body, mainly to muscles, fat and liver, assisting the absorption/storage of glucose
- Insulin binds to receptors on the surface of the tissues, that open channels for the glucose to enter the cell.



THE GLUCOSE INSULIN CYCLE

Figure 1.2. Insulin production and action



Insulin is a hormone produced by the pancreas that is necessary for cells to be able to use blood glucose. In response to high levels of glucose in the blood, the insulin-producing cells in the pancreas secrete the hormone insulin. Type 1 diabetes occurs when these cells are destroyed by the body's own immune system.

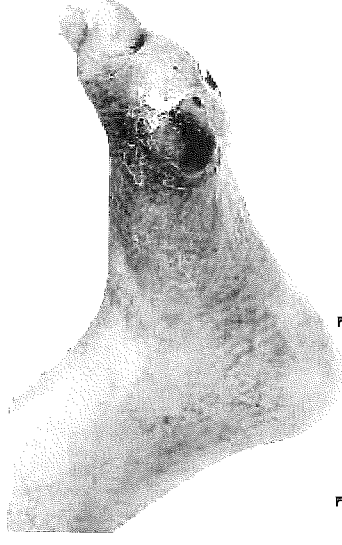
WHAT IS DIABETES?

- Diabetes is a chronic condition, related to the body's ability to produce and use the hormone insulin.
- **TYPE 1 DIABETES:** body's own immune cells attack the insulin producing cells in the pancreas, killing nearly all of them, preventing production of insulin
 - Referred to as an auto immune disease, lifelong condition
- **TYPE 2 DIABETES:** body does not produce enough insulin, and/or the cells are no longer as responsive to insulin (resistance)
 - Preventable, can be managed with diet and lifestyle changes
- Without insulin, the body cannot regulate glucose levels, high levels cause damage to various tissues in the body.

ACUTE COMPLICATIONS

- Hypoglycaemia (low) or hyperglycaemia (high)
 - Affects ability to concentrate
- Diabetic ketoacidosis (DKA):
 - Life threateningly high blood glucose levels, with muscle breakdown
 - Can lead to diabetic COMA or death
- Hyperosmolar hyperglycaemic nonketotic syndrome (HHNS)
 - usually brought on by something else, such as an illness or infection in those with poorly controlled diabetes, more common with Type 2 and older persons
 - Can lead to seizures, COMA or death
- Mental health: anger, denial, depression
- Increase risk of gum disease and respiratory illness

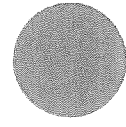
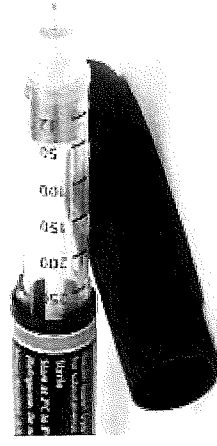
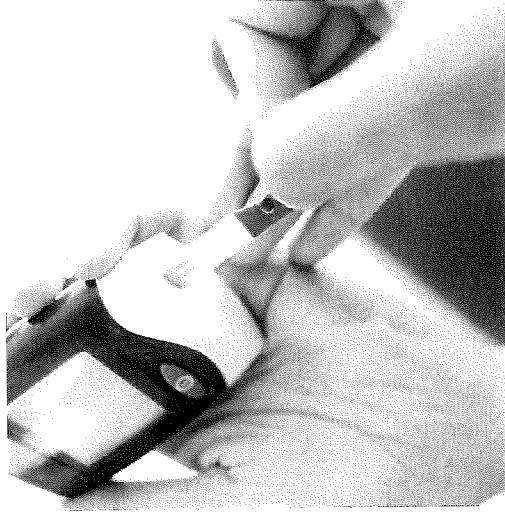
CHRONIC COMPLICATIONS: MAY OCCUR IF NOT PROPERLY CONTROLLED



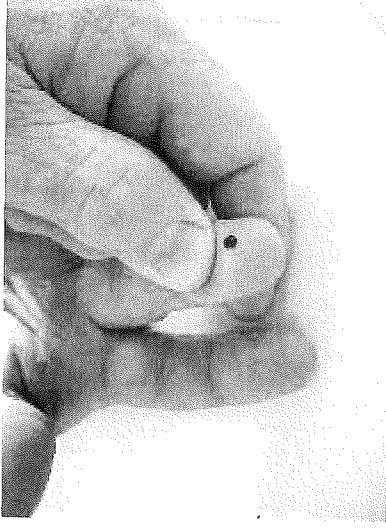
- Eye problems: More likely to develop glaucoma & cataracts, retinopathy, can lead to blindness
- Neuropathy (nerve damage) & peripheral vascular disease : Damage to blood vessel lining, causes poor circulation to extremities, changes in skin (dry), calluses, infections, ulcers, potential amputation
- Gastroparesis: neuropathy in stomach, potential delayed digestion
- Nephropathy: Kidney damage, leaking, potential for failure
- Cerebrovascular disease and Coronary artery disease – increased risk of heart disease & stroke related to high blood pressure and cholesterol
- More likely to have hearing loss, fertility issues and more.

GENERAL MANAGEMENT

- Diet and exercise:
 - regular meals evenly over the day, lower in fat, based on high fibre carbohydrates, in an amount equal to energy needed
- Blood Glucose Level testing
- Medication: tablets (Type 2)
- Insulin: (Type 1, sometimes Type 2)
 - Short, intermediate and long acting insulin's
 - intermittent injections or via a continuous pump
- Hypo/hyperglycaemic management



BLOOD GLUCOSE LEVELS (BGL)



- Intermittent testing:
 - Generally taken 4-6 times a day
 - Finger prick with a lancet (needle), blood placed onto a device called a Glucometer that gives a reading in mmol/l
 - usually before and/or after meals

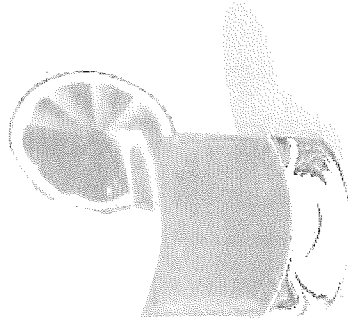
- Sick days – more BGL's may be required

HYPOGLYCAEMIA

- Definition: BGL drops below 4mmol/l
- Common signs:
 - Weakness, pale, shakiness, blurred vision, dizziness, crying, feeling hungry, sweating, headache, lack of concentration/behaviour change, irritability, confusion/vagueness
- Severe signs:
 - Fitting, unable to stand, disorientated or confused, unable to swallow, or becomes unconscious
- **DO NOT LEAVE STUDENT ALONE!**
- Treat student where they are

HYPOGLYCAEMIA - ACTIONS

- General ACTIONS:
 - Give student 15 g of quickly absorbed carbohydrate (juice/jelly beans/honey etc.)
 - Followed by 15 g of slowly absorbed carbohydrate (bread, biscuits, yoghurt, fruit)
 - retake BGL 10-30 minutes later to assess progress
 - If still below 4mmol/l, repeat hypoglycaemia treatment
- Limit exercise until level is improved

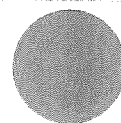
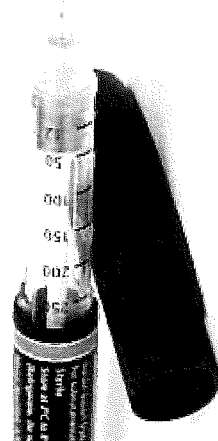


HYPERGLYCAEMIA

- Definition: BGL above 15-20 mmol/l or as stated in diabetes management plan.
- Student may not always have symptoms
- Possible causes:
 - Not enough or no insulin given, eating too much, stress, illness
- Signs:
 - Moderate: Dehydration/extreme thirst, vomiting, frequent urination, drowsy/lethargic, abdominal pain, confusion, headache, blurred vision
 - Severe: Fitting, unconscious

HYPERGLYCAEMIA - ACTIONS

- ACTIONS that can be taken:
 - Often resolves by itself
 - Encourage water, access to the toilet
 - Test ketones if indicated on management plan.
 - Notify parent/nurse if insulin is indicated on plan
- Call ambulance, put in side recovery position, and/or begin Basic life support if severe symptoms.

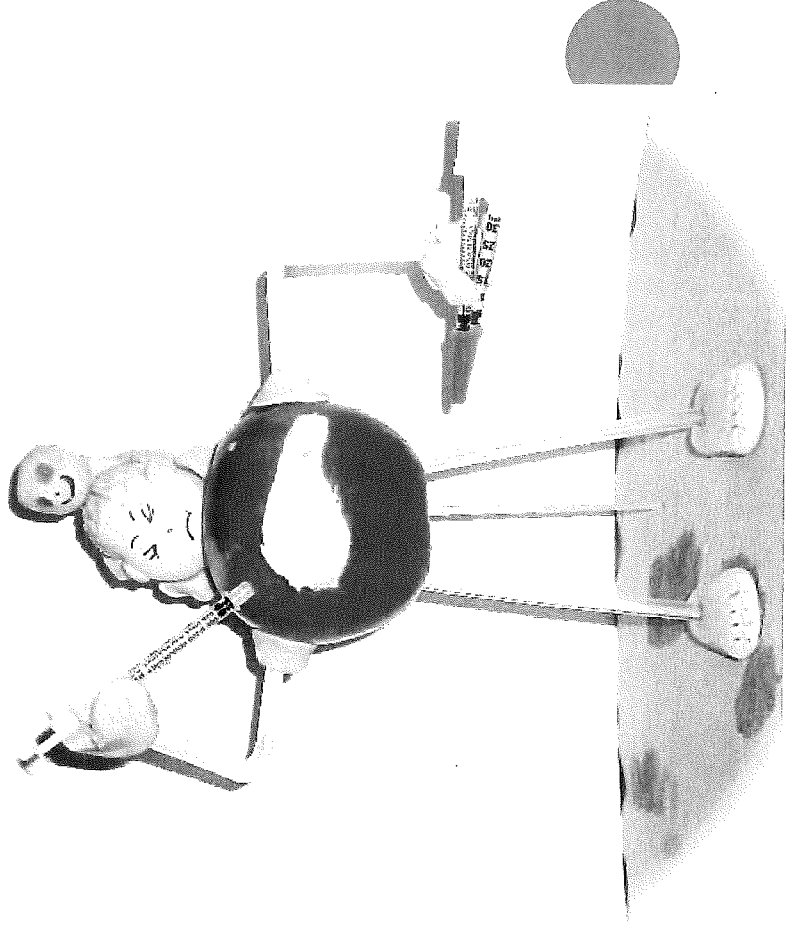


EMERGENCY

- Important to follow the Diabetic management plan and check BGL ASAP
- Use communication pathway and contact nurse or parents if indicated or unsure
- If child is disorientated, fitting or unconscious – Put in side recovery position, begin basic life support if not breathing, and call 000 immediately
- State it is a “Diabetic emergency”

SUMMARY

- Diabetes is due to problems with insulin in the body
- Good diet and routine monitoring is essential for management and prevention of complications
- Identify and act on hypoglycaemia and hyperglycaemia
- If unconscious, call 000



REFERENCES AND RESOURCES

- [http://www.rch.org.au/clinicalguide/guideline_index/Diabetes Mellitus/](http://www.rch.org.au/clinicalguide/guideline_index/Diabetes_Mellitus/)
- Australian Diabetes Society 2011 National Evidence-Based Clinical Care Guidelines for Type 1 Diabetes in Children, Adolescents and Adults. Available online: <http://www.diabetessociety.com.au>
- <http://www.diabetesaustralia.com.au/>
- http://www.wehi.edu.au/education/whitv/insulin_production_and_type_1_diabetes/
- <http://www.australiandiabetescouncil.com>
- <http://www.diabetes.org/living-with-diabetes/complications>

HAAS- MAPPING OF POTENTIAL CLIENTS IN SPECIAL SCHOOLS

NURSES CONCERNS AND IDEAS

CONCERNS/COMMENTS

Enteral feeds – staff may be hesitant, staff capable but lack confidence/fear something wrong.

Epilepsy – staff may not want to manage epilepsy, struggle with lack of support – stress ++

Medication – should be ok

NFR – staff worried

First Aid officer currently has minimal involvement

Inconsistent/transient staff – a lot of relief staff not familiar with students

Staff may be over involved with students – tendency to mothering behaviour

Malkara - LSA allocated to a room for one year? Other LSA's will need training for each child for each new year

Concern about staff needing support to develop skills and confidence in managing first aid

Frequent calls for nurse – child not eating/behaving as usual, has diarrhoea/vomiting nurse asked to consult

School staff don't understand the risk of giving medication, need good process for school staff to give medication

Webster packs are expensive and parents won't want to comply

I hope it doesn't make it more complex for the parent, they already have so much on their plate.

Staff worry if child becomes unwell ie vomiting

Child may not get the care they deserve, will need coordination

Existing LSA's have full workload, concern re sufficient funding to recruit enough LSA hours.

IDEAS

Tandem - nurse with LSA for seizures until confident

At BMS may need LSA allocated specifically to daily program of PEG feeds ? use staff who need a break from lifting etc. Existing LSA have full workload

LSA need to volunteer – no coercion

Will need a clear process for managing medication. ie stock, managing webster packs – will need prompts for parents to send in new pack. Administering liquid and non webster pack medication.

Need to train quite a number of staff to undertake tasks and rotate them on a regular basis to maintain currency and to cover for unexpected leave.

LSA's need to volunteer for HAAS – no coercion

Get ideas/ involve from school staff for transition

Tandem models - nurse with LSA for seizures until confident

Significant education and support for school staff

Staging the removal of nurse from school as necessary

TRANSITION OF BLACK MOUNTAIN SCHOOL TO HAAS MODEL

It is proposed that BMS be transitioned from the current model of two Special School nurses working full time in the school to one nurse based in the school under the HAAS model. Ideally the transition will be completed by the end of the school year 2013.

PROCESS

1. Initial consultation with school principal and executive

- Consideration for changes to existing nurses role.
- Change process for staff ie confidence in managing changes to students' health
- Management of medications
- Enhanced role of First Aid officers ie emergency treatment plans
- Develop working party for transition

2. Development of a working party

Potential members:

- CNC Schools – chair
- Principal/executive Black Mountain School
- Special School Nurse representative
- HAAS Nurse
- Other ?? Parent representative

Role of working party is to develop a plan to guide the process.

Considerations:

- Students with healthcare needs
 - Level of care
 - Triage according to need
 - Training/competency requirements – training packages, release time for training
 - Staffing – any additional staff needs
- Role of nurse at BMS
- Timeframe – develop Gant chart

COMMUNICATION:**NURSES:**

- Suggestions/recommendations for process (which students first?)
- Role definition/limitations

SCHOOLS:

- Meet with individual principals
- Presentation on HAAS model to school staff at staff meeting?
- Highlight HAAS support available – limit feelings of loss of “security” that school may have with the current nurse role.
- Estimate of LSA hours required under HAAS – Is this realistic?

FAMILIES:**Notification to parents of expected change:**

- Possibly target students moving from primary to high school first (so not inundated)
- Information night for parents? New model & process

Current activities undertaken by special school nurses that will not be performed under HAAS:

- Medication:
 - Manage oral medication ie storage, administration, medical orders for medication
 - For both students & staff
 - Weekly medication checks of prn/S8
- Immunisation checks for students/staff
- Health notice board & sending out health alerts
- Development of regular and emergency treatment plans
- First aid management:
 - Seizure management
 - Dressing change (not prearranged)
 - R/V student not on file if injured
- Weigh students and feeding clinics
- Change dressings (only if complex/prearranged)
- Help organise respite and day care
- Complete forms for parents to access care needs

Identify process for SS nurses transition to HAAS nurse role:

- SS nurses role change considerations
 - Play a supervisory/support role instead of active in health emergencies (except HAAS students allocated a nurse under the new model)
 - Tandem role, 1 in Office:1 in School

ETD:

- Plan for non-nursing duties as outlined above
- Need for more First aid officers, ensure it is up-to-date, has anaphylaxis training if needed.
- Plan LSA hours, recruit as needed
- Clarity around LSA education policy (career pathway?, skill recognition allowance?)
- ETD staff change process

HAAS Project Risk Assessment Matrix 1

Attachment G

Step 1: Project Outcome(s)						
Risk Description	Consequence	Likelihood	Risk Rating	Risk Treatment Strategy	Who	By when
<p>The outcomes of the HAAS project are: To deliver to students with complex health care needs attending mainstream and the four Specialist Schools within the ACT public school system:</p> <ol style="list-style-type: none"> equitable and inclusive education; and safe and appropriate care as determined by their health care assessment. <p>To ensure greater efficiency in the provision of such services in a tight budgetary environment.</p> <p>Note: the risks identified refer to ETD as the provider of education services. ACT Health should undertake a risk assessment for health care issues. For example if the HAAS Review Panel finds that a higher level of care is required than first assessed, Health will need to find the contingency funding.</p>						
(a) Specialist School Principals do not support the proposed model.	Major	Likely	High	ETD and Health work with Principals, in particular to provide information eg: assessment model, decision review process limits on Health resources any additional ETD central office support develop timeframes and implement plans,	Ex Directors ETD Health Directors ETD and Health	Early Term 1 2014
					Project team	

(b) Specialist School parents do not support the proposed model.	Major	Almost Certain	High	Work with Principals and school communities, in particular to provide information eg: proposed model, assessment model, decision review process proposed ETD central office support timeframes and implementation plans	Ex Directors ETD Health and Health Project team	Early Term 1 2014
(c) Legal issues identified that impede implementation of model	Major	Possible	High	Advice from ACT Government Solicitor	ETD Exec Director	By end 2013
(d) ACT Health and ETD cooperation and momentum stalls	Moderate	Possible	High	Develop MOU that documents all key details, costings, and business arrangements.	Director ETD Project Team	End 2013
(e) No (or insufficient) volunteer School Assistants step forward at preferred mainstream or Specialist School	Moderate	Possible	High	New EA for School Assistants needs to offer attractive incentives to SA to volunteer ACT Health provides adequate training by RN and ongoing support for School Assistants who volunteer Volunteers from other schools are sought and/or recruitment process occurs. Additional resources \$ provided by ETD to cover shortfall	HR ETD	By start of Term 1 2014

					(limited to 3 new positions in 2014?) Policy on second choice schools and/or delivery of the Program on a region basis needs to be developed	Director ETD	
(f) While volunteers step forward, they lack required competency and/or confidence in relation to the health procedures required by the student	Likely	Moderate	High		Adequate, robust training for volunteers must be available. [NB detailed Program Guidelines must address this]	Directors ACT Health ETD	By early 2014
(g) Health care emergency arises at school in relation to a HAAS student - life threatening emergency - serious injury - minor injury	Unlikely Likely Likely	Catastrophic Major Moderate	Critical Critical Medium/High		Individual care plans to manage each child Detailed Program Guidelines will be developed in relation to actions required, and by whom, under each scenario Eg Apply First Aid, Call ambulance, notify parents.	Directors Health ETD Project team	By start 2014
(h) Responsibilities/liabilities of all individuals (eg principals, school assistants, parents) not clear	Possible	Major	Major		[NB detailed Program Guidelines must address this]	Directors Health ETD Project team	

(i) Demand for HAAS placements not able to be accurately forecast	Likely	Major	High	Contingency funding needs to be identified by DET Students with complex health needs referred to schools where surplus capacity or funds exist Delivery of the Program on a region basis needs to be considered ACT Health 'scans' for children with complex health needs	Director ETD Director Health	End 2013
(j) EA is not finished by term 1 2014	Possible	Moderate	Medium	Updates provided	HR ETD	End 2013
(k) Minister exposed to negative media	Possible	Moderate	Medium	Provide regular information briefing and updates	ETD Exec Director	Ongoing
(l) Environmental assessment reveals need for capital expenditure at the preferred school to accommodate student	Possible	Moderate	Medium	Contingency funding for schools needs to be identified by DET	ETD Exec Director	Ongoing



Healthcare Access at School (HAAS) Assigned Level of Care

Date:

Student name:

Student ID:

School:

Date of birth:

HAAS Referral received: (date)

The HAAS Intake Team, comprising of HAAS Registered Nurse, HAAS Clinical Nurse Consultant and the HAAS advisory Paediatrician, has reviewed the student's health needs assessment, the Individual Care Plan and the Risk Assessment Matrix to determine the level of support required for the student to safely attend school.

Level of Care assigned:

Definitions of Level of Care

Intermittent procedures:

HAAS Worker attends to one or more procedures during the school day

Level 2 HAAS Worker:

Provides for health needs and learning support

Must be able to attend to HAAS student when required

Able to undertake other classroom tasks while maintaining full supervision of allocated student

Level 1 HAAS Worker:

Provides dedicated one to one support of student

Provides for health needs and learning support

Registered Nurse:

Provides dedicated one to one student health support of student

No learning support role

Estimated time recommended for safe inclusion of child with complex or invasive health care need

Intermittent procedures:

Level 2 HAAS Worker:

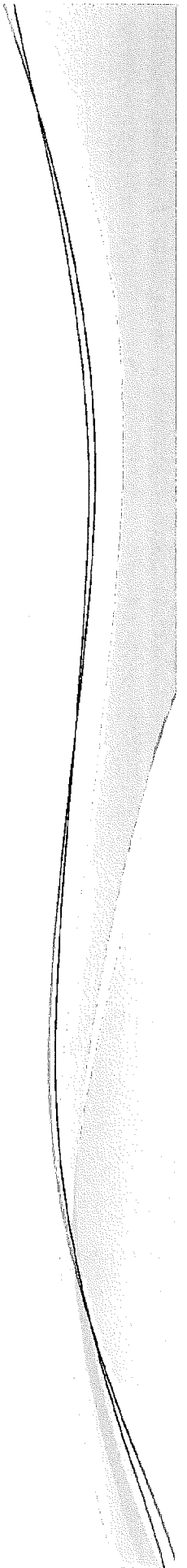
Level 1 HAAS Worker:

Registered Nurse:

Individual Care Plan review due:

Healthcare Access at School (HAAS) Assigned Level of Care

Contact HAAS@act.gov.au or phone HAAS on 62078598 for further information

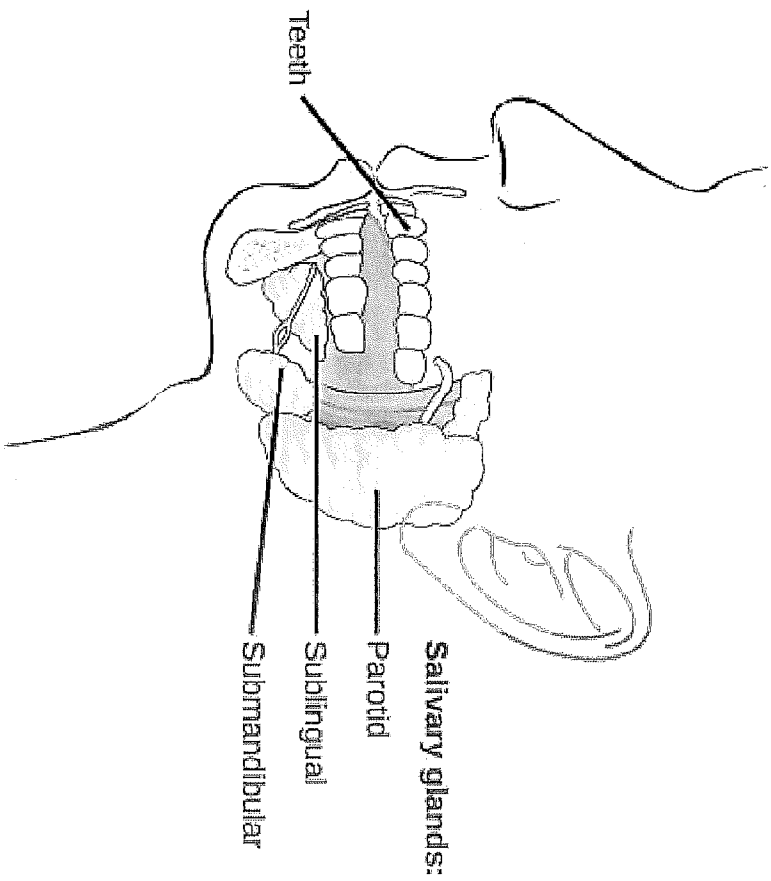
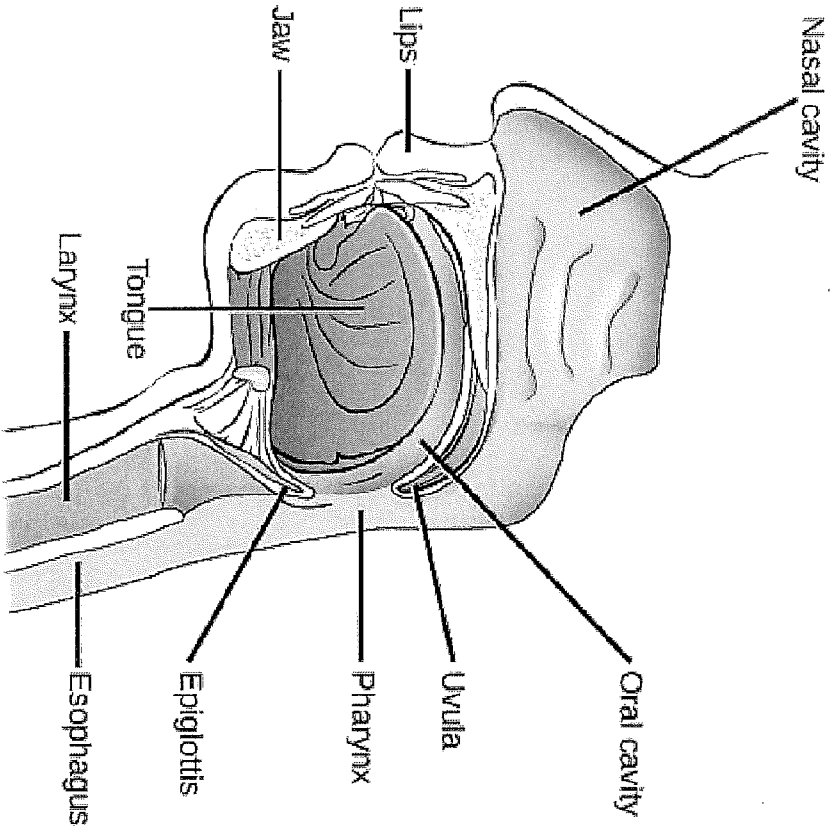


Suctioning



Deborah Bali HAAS, Feb 2014

Normal anatomy



SALIVA

- Saliva glands are found in the mouth
- The human body produces saliva, a watery substance with 0.5% electrolytes, mucus, enzymes & glycoproteins, and antibacterial compounds
- Assist in digestion & breakdown of food
- Lubricant function & protection of mucosal surfaces
- Helps with oral hygiene – washes away food/infections from the teeth/mouth
- Normally cleared by swallowing and spitting

MUCOUS:

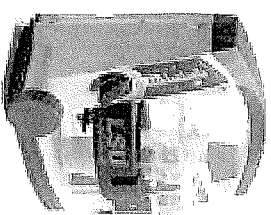
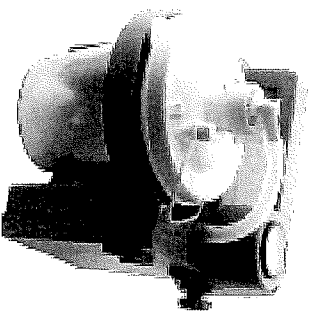
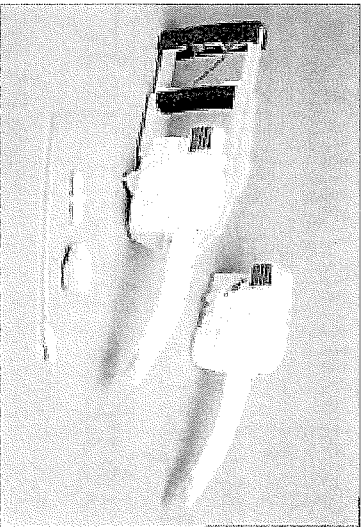
- Produced by mucous glands in the mucous membranes
- Usually clear and thin, colour depends on trapped bacteria (green, yellow, white)
- Contain water, antiseptic enzymes, immunoglobulin's, inorganic salts, glycoproteins
- Found in the respiratory, digestive & reproductive system
 - Average human body produces about a litre/per day
- Protection of lungs by trapping particles (i.e. bacteria, dust)
- Continual movement of mucus layer toward the oropharynx prevents objects entering the lungs
- Moisturises tissues, prevents drying out
- Swallowed unconsciously
- Natural reaction to irritants is an increase in production

Suctioning

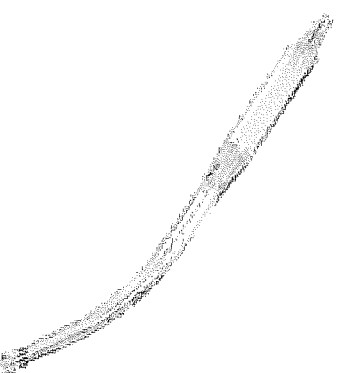
- Increased quantities of saliva and mucous can impede comfortable breathing and needs to be cleared
- Act of artificially removing secretions (saliva, mucous, vomit, blood) from a part of the body, often with a device.
- Oral, nasal or tracheal suctioning removes fluids (saliva/mucous) from the airways to allow easier breathing
 - *“Undergoing oronasopharyngeal suction is an unpleasant experience, but the intervention may prevent the deterioration of children who cannot clear their secretions.” (Knox 2011 pg 14)*

Pumps and equipment

- Hand pumps, battery operated or electrically operated



- Y suction catheters (soft plastic)
 - Used orally, nasally, tracheal
- Yankers suckers (hard plastic)
 - Used orally and in cavities
- Size of catheter depends on age & anatomy



Selection of Appropriate Size Suction Catheter

- Catheter size is as per care plan.
- The catheter should not exceed half the diameter of the airway

• PATIENT AGE

- Neonate to 18 months
- 18 months to 7 years
- 7 to 10 years
- 11 years to Adult

CATHETER SIZE

- 5 to 8 French (Fr)
- 8 to 10 Fr
- 10-14 Fr
- 12-16 Fr

(Oral and Pharyngeal Suctioning clinical procedure, Continuing Care Program, ACT Health 2008)

When is suctioning needed?

- You can see secretions pooling/dribbling out of mouth
- You can hear the secretions in the student's airway
 - Sound is moist, rattling, gurgles etc.
- The student is also having difficulty breathing :
 - pale/blue in face, choking like sound
- The student is struggling/can't cough up or spit out/swallow the secretions
- Changes in respiratory rate and pattern – usually faster
- Student is vomiting
- The student asks to be suctioned

Oral suctioning Procedure:

- Clean, minimal touch technique
 - Wash hands
 - Get equipment ready – unit with tubing, catheter, water to flush tubing, clean gloves
 - Apply gloves and encourage student to cough first to deal with as much secretions as they can
 - Sit up, lean forwards or roll side to side to allow secretions to flow from mouth
 - Open catheter & attach to tubing
 - Only place the catheter in as far as needed as per health care plan
 - Child shouldn't have to GAG
 - Do not apply the suction until you are at the secretions to avoid damage to the tissues (causes bleeding)
- Suctioning should last no longer than 5-10 seconds at a time

Procedure continued:

- Mouth - usually aiming towards the side of the mouth between the inner cheek and teeth
 - If secretions are not in mouth, may need to suction a bit deeper
 - down the back of the mouth/throat (into their pharynx).
 - Firstly measure the distance from the corner of mouth to the tip of their ear – this is the MAXIMUM length of catheter that should be inserted into the student's mouth.
 - Pass the catheter gently down the middle of the tongue to the back of the tongue, making sure to follow the curve of the tongue down the back to the throat
- Clear tubing with water after suctioning
- Look at colour of secretions in tubing, inform parent if they are different from normal as per care plan

Disposal and storage

- Catheters can be reused if stored between uses in clean receptacles (eg original packaging or clean glove)
 - Dispose every 24 hours or
 - If the catheter looks blocked with thick secretions and you can't clear it with water
 - If the catheter tip comes into contact with anything other than the client's mouth
 - If you drop the catheter
- Parents are responsible for emptying suction canisters and cleaning suction equipment
- Regularly charge the suction unit

Important points about suctioning:

- Suctioning can stimulate a cough, which will help to clear the student's throat
- Suctioning too far down the mouth/throat can cause the student to vomit
- Frequent suctioning can IRRITATE the soft tissues of the nose and mouth causing those cells to produce even more mucus so only suction when necessary.
- Never suction a student (unless in an emergency situation) when they are having a nasogastric or gastrostomy feed, it may cause them to gag or vomit.

Questions?



Resources

- WYCCHP SOP: C4K – Suctioning: oral and nasal
 - Royal Children’s Hospital (Melbourne), 2009, *Home and Community Care (HACC) Core Manual – Section: Oral and Nasal Suctioning*, version 1, pg 1-4. Retrieved from <http://www.rch.org.au/hacc/> April 2012
 - Continuing Care Program (ACT Health), 2008, *Oral and Pharyngeal Suctioning Clinical Procedure*, version 2, pg 1-8. Retrieved April 2012
 - Knox, T (UK), 2011, *Practical Aspects of Oronasopharyngeal Suction in Children*, Vol 23, No: 7, Nursing Children and Young People, pg 14-17. Retrieved from Joanna Briggs Institute April 2012, www.jbiconnectplus.org accessed via Health Directorate Library, ACT Government
 - Northern Health and Social Care Trust (UK), 2010, *Children’s Nursing - Oral and Nasal Suction Policy*, pg 1-8. Retrieved from Joanna Briggs Institute April 2012, www.jbiconnectplus.org accessed via Health Directorate Library, ACT Government
 - World Health Organisation (Switzerland), 2005, *Pocket Book of Hospital Care – Guidelines for the Management of Common Illnesses with Limited Resources*. Retrieved from <http://helid.digicollection.org>, May 2012 accessed via Google Images
- Various pages from Wikipedia: <http://en.wikipedia.org/wiki/Mucus>
<http://en.wikipedia.org/wiki/Saliva>
- Connexions: Digestive System (OpenStax College, BiologyNM). Available online: <http://cnx.org/content/m45535/latest/>

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: *[Signature]* Date: *24/1/14*
- Senior Manager, Executive Coordination: Date:
- Senior Manager, Communications and Marketing: *CE* 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: *[Signature]* Date: *21.7.14*
- 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 *S 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

- 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)

- 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.
- 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.
- A Communication Strategy is outlined at Attachment D.