

## Background

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

### How the proposed HAAS model would work in schools

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

## Issues

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

## Financial Implications

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

## Internal Consultation

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

**External Consultation**

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

**Benefits/Sensitivities**

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

**Recommendations**

That you:

- Agree to the transition to the HAAS model in 2014 in specialist schools and mainstream schools
- Note the above information and Attachments

*as per  
on discussi  
312/14*

**AGREED/NOT AGREED**

**NOTED/PLEASE DISCUSS**

*Katy Gallagher*  
Katy Gallagher MLA 31/1/14

*Joy Burch*  
Joy Burch MLA 11/2/14

*The brief is not clear on the individual impacts (if/any) of these changes or transitions to new model.  
Is it really continuing what started as trial in Feb 13?  
Will this be a surprise to any family on program?  
Will anything change day 1*

Elizabeth Chatham  
Executive Director  
Women, Youth and Children

*term 1 2014?*

Stephen Griel  
Executive Director  
Education Strategy  
Education and Training Directorate

*The Comms Strategy is unclear as no dates included.*

Action Officer: **Sophie Bertram**  
Phone: **43659**

*I await advice  
31/1/14.*

**Attachment A****EVALUATION PILOT HEALTHCARE ACCESS AT SCHOOL (HAAS) PROGRAM****Preschool client, 1<sup>st</sup> semester, 2013****Background**

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

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

**Method**

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

**Interview questions:**

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

Stakeholders interviewed individually:

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

Group interview:

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

## SWOT analysis

### *Strengths*

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

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

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

Communication:

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

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

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

#### Participation:

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

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

#### Support:

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

#### Other strengths identified:

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

#### **Weaknesses**

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

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

#### **Opportunities**

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

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

### **Threats**

Potential difficulties identified:

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

### **Summary**

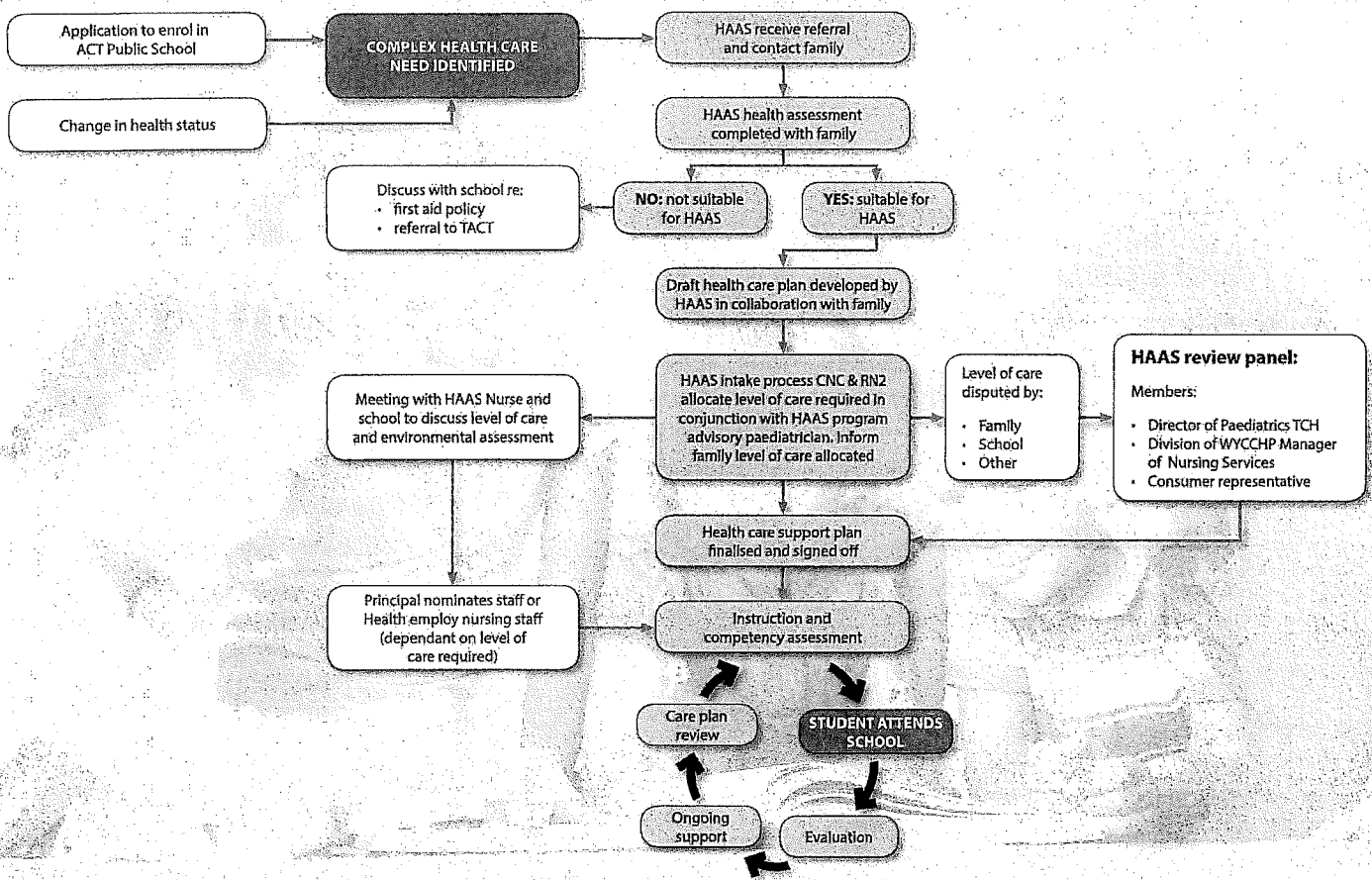
All respondents felt that the Healthcare Access at School Program was both needed in the school community and successful in its application. While limited conclusions can be drawn from the evaluation of one client in a new program, importantly, the generic aspects of the HAAS process are reported to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

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

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

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

# Healthcare Access At School (HAAS)







# 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 expectations from parents for equitable access to an inclusive education for their child and the need for greater efficiency and equity.

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

### 1. Goal

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

## 2. Situation analysis

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

## 3. Communication objectives

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

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

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

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

## 4. Communication implementation strategy

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

Parents and students	<ul style="list-style-type: none"> <li>• Information sessions – parents and other family information meetings to explain the HAAS process</li> <li>• Community consultation with school communities was undertaken over 4 evenings in November 2012</li> </ul>
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	<ul style="list-style-type: none"> <li>• PowerPoint presentation – as needed</li> <li>• One on one communication with the ACT Health HAAS team</li> <li>• Website information</li> <li>• <i>Frequently Asked Questions</i> paper</li> <li>• School newsletters</li> <li>• Letters to parents</li> <li>• Updated enrolment information</li> </ul>
School based Staff	<ul style="list-style-type: none"> <li>• Two information and planning meetings have been held with the Principals of the specialist schools to inform them of the HAAS model</li> <li>• Information was presented to the whole of school staff meeting at Black Mountain school on Monday 9th December</li> <li>• A follow up informal meeting with BM school staff is planned for the afternoon of Thursday 12<sup>th</sup> December</li> <li>• The HAAS team are working collaboratively with the Principal of Black Mountain School regarding the transition to the HAAS model</li> <li>• <i>Frequently Asked Questions</i> paper will be distributed</li> <li>• <i>Information for schools</i> letter and referral flowchart</li> </ul>
Others	<ul style="list-style-type: none"> <li>• Frequently Asked Questions paper</li> <li>• Web site information</li> <li>• ACT Medicare Local</li> <li>• Commissioners for Disability and Children</li> </ul>

## 5. Key messages

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

	<ul style="list-style-type: none"> <li>• Health care procedure is necessary to enable them to attend school</li> <li>• School staff need extra training to provide this health care</li> </ul>
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.
	<b>School staff Information</b>
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"
	<b>School community Information</b>
1.	HAAS model is being introduced into school during 2014 and will replace current model. The HAAS model represents contemporary best practice service provision to children attending school.

## 6. Outcome of the communication strategy

- 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.

# 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?**

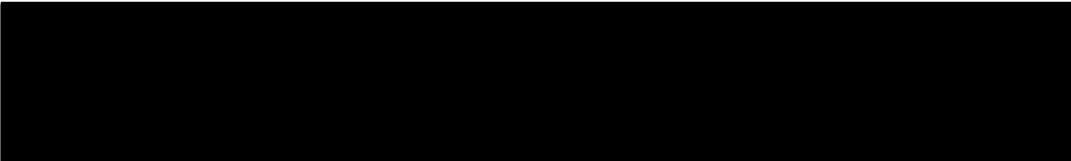

As at all schools, in an emergency the schools first aid policy is implemented which may stipulate that an ambulance is called or other planned emergency response is activated. However, students on the HAAS program will have emergency responses built into their individual health care plan which has been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

**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.







## HEALTHCARE ACCESS AT SCHOOL (HAAS) NURSE PATHWAY PROJECT

### **Aims:**

1. To establish a process within a given timeframe to provide opportunity for level 1 Special School nurses to progress level 2 HAAS nurses
2. Develop a succession plan for future staff

### **Process:**

- identify the skills required to undertake the HAAS role
- identify education and training options to acquire these skills
- develop a professional development pathway for the progression from novice to advanced practitioner in Paediatric Community Nursing
- provide competency assessment and further learning opportunities as necessary

### **Pathway process**

- establish learning goals
- course completion
- mentoring/coaching,
- competencies, reflective practice, timeframe, preceptor skills of current

### **Generic skills and attributes**

- Self reflection
- Lifelong learner
- Emotional intelligence
- Empathic, non judgemental perspective
- Self confidence
- Positive attitude
- Team player

### **Specific skills and knowledge**

- Knowledge and understanding of Primary Health Care principles
- Sound knowledge of chronic and complex paediatric – conditions and management
- Competency in holistic assessment

- Competency in developing a HAAS healthcare plan
- Broad knowledge of health and contemporary health issues
- Advanced verbal communication skills in relation to:
  - Developing partnerships with students and families that empower all parties and support the HAAS process.
  - Developing professional relationships with school staff that facilitate the teaching and learning of HAAS procedures and processes.
  - Working within a supportive multi-disciplinary team environment
  - Negotiation with schools and families
  - HAAS intake and other meetings when required
  - Presentations to school staff on health conditions
- Well developed written communication skills in relation to:
  - Developing care plans
  - Developing training packages and assessment
  - Medical record documentation
  - Report writing ie Quality Improvement projects
- Ability to provide instruction, assess competency and provide feedback in regard to HAAS procedures
- Knowledge of community and other health services and referral processes
- Understanding of evidence/literature and ability to source same to provide information on health issues
- Knowledge and understanding of child protection obligations and processes
- Knowledge and understanding of legislative requirements in relation to HAAS nurse role.
- Understand and apply principles of nursing scope of practice
- Knowledge of the ANMC approved delegation process
- ANMC advanced nurse competency achievement
- Knowledge of process and ability to undertake Quality Assurance project
- Understanding of ETD/school culture, structure, processes, policies, including the school's legal obligations around duty of care to the young person.

## TRAINING RELATED TO SKILLS ACQUISITION

The following list provides some training options for attaining the required skills for Level 2 HAAS nurse. The list is not exhaustive and other training may be appropriate for the role.

Skill	Training options
Primary Health Care Broad knowledge of contemporary health issues	<ul style="list-style-type: none"> <li>• Post graduate courses related to community health/specific post graduate PHC programs</li> <li>• SDU programs</li> </ul>
Paediatric conditions and management	<ul style="list-style-type: none"> <li>• Graduate Certificate or above in Paediatrics, Child Health or equivalent</li> <li>• Paediatric nursing experience</li> <li>• SDU or other training/modules in specific conditions</li> </ul>
Holistic assessment and development of care plans	<ul style="list-style-type: none"> <li>• Paediatric nursing experience</li> <li>• Professional development (PD) programs</li> </ul>
Facilitate learning of unlicensed workers Presentation skills	<ul style="list-style-type: none"> <li>• Cert 4 in training and assessment</li> </ul>
Advanced verbal communication skills	<ul style="list-style-type: none"> <li>• Family Partnership program</li> <li>• Health coaching</li> <li>• Health counselling</li> <li>• PD emotional intelligence/difficult conversations</li> </ul>
Written communication skills	<ul style="list-style-type: none"> <li>• PD Documentation</li> <li>• Professional writing</li> <li>• Project management</li> <li>• Report writing</li> </ul>
Child protection	<ul style="list-style-type: none"> <li>• Level 3 care and protection training</li> </ul>
Appropriate professional practice	<ul style="list-style-type: none"> <li>• PD scope of practice</li> <li>• PD professional boundaries</li> </ul>







**ACT**  
Government  
Health



CANBERRA HOSPITAL  
AND HEALTH SERVICES

## ACTION STATEMENT

<b>Title</b>	HAAS implementation planning meeting		<b>Meeting No</b>	1
<b>Location</b>	Black mountain School		<b>Chair</b>	Narelle O'Connor
<b>Date/Time</b>	18/03/14, 15:00-16:20hrs.		<b>Secretariat</b>	Deb Bali
<b>Attendees</b>	<b>Initials</b>	<b>Division / Service / Title</b>	<b>Present</b>	<b>Apologies</b>
Narelle O'Connor	NO	HAAS Clinical Nurse Consultant (CNC), ACT Health.	✓	
Deborah Bali	DB	HAAS Registered Nurse 2, ACT Health.	✓	
Anna Prescott	AP	Registered Nurse 1, Black Mountain School, ACT Health.	✓	
Andrew MacDonald	AM	Executive teacher, Black Mountain School, Education and Training Directorate.	✓	
Frank Fogliati	FF	Principal, Black Mountain School, Education and Training Directorate.	✓	
Iain Barr	IB	Senior Manager, Education and Training Directorate.	✓	
Lindy Abbott	LA	Manager, Education and Training Directorate.	✓	
Lesley Smith	LS	Registered Nurse 1, Black Mountain School, ACT Health.	✓	
Susan Barr	SB	Project officer, Education and Training Directorate.	✓	✓

## ACTIONS ARISING

Completed

Underway

Overdue

No	Recommendation	Action	Action Officer	Date Action Due	Outcome / Decision / New Action	Status
2	<p>Communication to families: Recommended that the invitation comes from the nurses at BMS.</p> <p>Information session: Need to emphasize what is available (nurse role change), rather than focus on what is taken away.</p> <p>Parent already in HAAS as an advocate, to address other parents at info night.</p>	<p>Draft a letter to be sent to families, invitations to information nights</p> <p>Ask a parent if they will speak as a consumer</p> <p>Plan venue, food, event needs, staff availability etc</p>	<p>AP, LS NO FF/AM</p>			
3	<p>Concerns to expect: Staff may feel too much responsibility, nurse removed completely.</p> <p>Clearly outline it as an individual process, needs driven, RN relationship may actually be stronger with families.</p>	<p>Need a clear outline of the transition for staff and families</p>	NO			
4	<p>Potential transition plan: Room by room, permanent staff mainly trained, 4 per child.</p> <p>May need to offer to whole of school, but only those who suit the criteria will be continued in the program. Epilepsy is a grey area. First aid officers to</p>	<p>Scope a rollout of school, anticipate potential staffing needs</p>	NO, AP, LS			532

	cover allergies, asthma, general medication and injuries.						
5	Starting new HAAS students: Gradual phasing in means multiple staffing rotation rewrites. Process may need to be faster, aim for full implementation term 3. Recommend room 28 & two outlying more mobile students.	Calculate an estimate of what staff training/time that may be needed School wide. Calculate average training for student with simple gastrostomy (prior knowledge decreases time).	NO DB				
6	Funding: Difficult to fund intermittent staff (1hr/child), some may need to be done with existing staff. This may interfere with routine, education tasks. Staffing points issue -- cannot round up to full time. By end of the year need to have the correct points (1-2 FTE). Concerns about the increase in people in the classroom (disruption).	Appropriate funding needs are addressed and school supported through the process. Investigate Inclusion fund further Discuss with teachers the impact HAAS may have in the classroom	IB, LA SB, LA, IB FF, AM				
7	First aid requirements: General and Webster pack medication given by whom? First aid officers up to date and available for role. Consideration of security of medication -- whether that be in the classroom or front office.	Ensure there are enough first aid officers available for needs. Meeting with first aid officers to discuss the expectations of the role during the phase in process	AM				
8	Training time: Release time and how to cover the costs to be considered. How this fits into the LSA EBA. (Note that HAAS duties are not only for LSA's to perform)						
9	<u>Plan overview:</u> Scope students and predict needs. Aim to transition room 28, and two more independent students. Look at funding; investigate how to free up current	Parent sessions for Tuesday 6 <sup>th</sup> May 6pm and Thursday 8 <sup>th</sup> May at 7pm. BMS. Flyer to be written and sent to	NO, FF, AM LS, AP				533

	LSA workforce to do health interventions in classroom. Organise parent sessions times, produce a flyer, ? HAAS parent to speak at the session.	parents at end of term 1. Reminder to parents in week 1 of term 2. Ask HAAS parent to address other parents.	AM, FF NO		
10					

## Divorty, Aimee (Health)

---

**From:** Andersen, Jackie (Health)  
**Sent:** Tuesday, 14 April 2015 6:17 PM  
**To:** Boogs, Monika; Partel, Krister  
**Cc:** Brown, Peggy (Health); Hogan, Sonia (Health); Thompson, Ian (Health); Conroy, Kathryn (Health); Gray, John; Health Ministerial Liaison Officer; Carey, Megan (Health); Elsey, Jennifer (Health); Redmond, Joanna (Health)  
**Subject:** Urgent request: Caveat brief regarding HAAS program  
**Attachments:** 20150414181731912.pdf; Caveat brief HAAS.DOC

Monika/Krister

Caveat brief and attachment cleared by Ian Thompson attached.

Regards

**Jackie Andersen** | Senior Manager  
 Ministerial and Government Services  
 ACT Health | ACT Government  
 Phone: 6205 0829 | Mobile: 0466 169 984  
 Email: [jackie.andersen@act.gov.au](mailto:jackie.andersen@act.gov.au)

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**From:** Hogan, Sonia (Health)  
**Sent:** Tuesday, 14 April 2015 4:13 PM  
**To:** Andersen, Jackie (Health)  
**Subject:** FW: Urgent request: Caveat brief regarding HAAS program

Hi Jackie- this is urgent please, Sonia

Regards,

**Sonia Hogan**

Acting Directorate Liaison Officer | ACT Health Directorate

Phone: 620 50499 | Mobile: 0403 606 847 | Fax: 620 53030 | Email: [sonia.hogan@act.gov.au](mailto:sonia.hogan@act.gov.au)

*Please consider the environment before printing this email. If printing is necessary, print double-sided and black and white.*



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**From:** Partel, Krister  
**Sent:** Tuesday, 14 April 2015 4:05 PM

**To:** Hogan, Sonia (Health)  
**Cc:** Benson, Andrew; Boogs, Monika  
**Subject:** Urgent request: Caveat brief regarding HAAS program

Hi Sonia,

As discussed, we require an urgent caveat briefing this afternoon regarding the Health Access at School (HAAS) program.

- Program background
- Program current status
- Nurses removed from Black Mountain School and teacher assistants undertaking medical procedures
- Stakeholder concerns
- Communications implications (including media) dot points

**Krister Partel | Health Policy Adviser to Simon Corbell MLA**  
Deputy Chief Minister | ACT Attorney-General | ACT Minister for Health  
ACT Minister for the Environment | ACT Minister for Capital Metro  
P: (02) 6205 9854 | E: [krister.partel@act.gov.au](mailto:krister.partel@act.gov.au)















































**VALUES STATEMENT – HEALTHCARE ACCESS AT SCHOOL**

**ALL CHILDREN HAVE THE RIGHT TO ATTEND SCHOOL**

**CHILDREN HAVE INDIVIDUAL NEEDS AND CARE IS PERSON-CENTRED**

**A PARTNERSHIP BETWEEN PARENTS, EDUCATION AND HEALTH PROVIDERS PRODUCES THE BEST  
OUTCOMES FOR THE CHILD**

**SAFETY IS OF PARAMOUNT IMPORTANCE**









## Hagan, John (Health)

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**From:** Long, Christine (Health)  
**Sent:** Tuesday, 27 May 2014 11:12 AM  
**To:** Thomas, Carolyn (Health); O'Connor, Narelle (Health); Govey, Helen (Health)  
**Subject:** FW: HAAS Program Guidelines Draft 23 April 2014  
**Attachments:** HAAS Program Guidelines Draft 23 April 2014.doc

Hi All

I've finally had a chance to read these guidelines. They are very well constructed so it was difficult to find faults! I have added in some tracked changes, mainly grammatical, but I have also taken the liberty of removing references to 'HAAS worker' and consistently referring to 'LSAs undertaking HAAS functions or tasks'. I think HAAS worker should be reserved for ACT Health employees to minimise the confusion.

Christine

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**From:** Thomas, Carolyn (Health)  
**Sent:** Monday, 28 April 2014 11:55 AM  
**To:** Long, Christine (Health); Govey, Helen (Health)  
**Cc:** O'Connor, Narelle (Health); McGorm, Kelly (Health)  
**Subject:** FYI: HAAS Program Guidelines Draft 23 April 2014

Good morning Christine and Helen,

Hope lovely holidays/long weekend had by all?

**Just keeping you in the loop:** Narelle and I met with Beth, Lindy, Susan and Iain this morning to do some planning about the BMS parent information evenings next week (6<sup>th</sup> and 8<sup>th</sup> at 7pm).

Steam was still rising from education ears when we arrived regarding the request last week for them to look at the 'program guidelines/schedule' with the intent that this is submitted (in draft) to answer the questions (below in black) being asked of the program. ETD are very adamant that nothing is given to the Human Rights office until it has gone through their government solicitor. This is quite reasonable especially given the extremely short time frame and we did make peace. It has, however, highlighted for them that they need to get their skates on in regard to many aspects of this document, so it was actually a very useful exercise. Big (BIG) thanks to Kelly for all her work during the holidays in getting the schedule to this point – it has been a huge job.

*In addition, I was hoping for more detail regarding the HAAS model, on which to inform my opinion about progressing this complaint. In particular, I would like information and comment regarding*

- *Health Directorate policies and procedures underpinning the new model*
- *Details on the care planning process and how plans will be reviewed – including any care plan templates that will be used.*
- *Your approach to risk management and contingency planning*
- *The program evaluation process*
- *Any reports they have regarding the performance of the South Australian and Queensland models*
- *Evidence to support your claims of it having proven successful in 2013, including copies of feedback from families indicating how positive the model has been for them.*
- *Details on what you mean by the "non-licensed workers will be appropriately trained".*

- Incident reporting and management
- Performance management and supervision of LSA – given they will be ETD staff, but “nurse led” in relation to the health aspects of their work.

I am sure Narelle and I can provide most of this in another format – we need to have a think of the best way to do this. I will, of course, run it by you before I send it off.

Regarding the parent information evenings next week, Lindy Abbott is coming to the 6<sup>th</sup> and Iain Baar to the 8<sup>th</sup>. It will be good to have a senior Education presence on the nights.

Cheers

Carolyn

---

**From:** Thomas, Carolyn (Health)  
**Sent:** Wednesday, 23 April 2014 4:12 PM  
**To:** 'Susan Barr'; Barr, Iain; Mitchell, Beth; Abbott, Lynette  
**Cc:** Long, Christine (Health); McGorm, Kelly (Health); O'Connor, Narelle (Health)  
**Subject:** HAAS Program Guidelines Draft 23 April 2014

Dear Colleagues

Please find the first draft of the HAAS Program Guidelines for your review and comment.

These have been requested by the Human Rights Commission in relation to a complaint. We have been asked to provide this information by the end of this month (April). However, we may need to submit these in draft form. Could you please try to provide comments to [Kelly.McGorm@act.gov.au](mailto:Kelly.McGorm@act.gov.au), copying in all recipients, by 30<sup>th</sup> April if possible. If we do not hear from you by then, the draft will be forwarded to the Human Rights Commission (by necessity).

Best wishes

**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](mailto:carolyn.thomas@act.gov.au)

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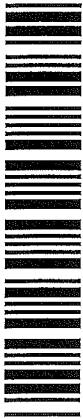












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ACT Health

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Surname: \_\_\_\_\_

Given name: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

### Individual Care Plan – Healthcare Access at School (HAAS)

<p><b>Date:</b> _____</p> <p><b>Invasive/Complex Healthcare Intervention Background</b></p>	<p><b>Completed by:</b> _____</p>
<p><b>Issues</b></p> <p>Alerts/Adverse Incidents</p>	<p><b>Actions</b></p> <p><b>Expected Outcomes</b></p>

<b>Issues</b>	<b>Actions</b>	<b>Expected Outcomes</b>
Intervention/Procedure		

Complete details or affix label

URN: \_\_\_\_\_  
 Surname: \_\_\_\_\_  
 Given name: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

ACT Health

**Individual Care Plan – Healthcare Access at School (HAAS)**

Issues Intervention/Procedure	Actions	Expected Outcomes
Other Considerations (for example: Toileting, Nutrition, Respiratory, Neurological development)		

Issues	Actions	Expected Outcomes
Other Considerations (for example: Toileting, Nutrition, Respiratory, Neurological development)		
Medication		
Infection Control		
Manual Handling		
Workplace Safety		

Complete details or affix label

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 Surname: \_\_\_\_\_  
 Given name: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

ACT Health

**Individual Care Plan – Healthcare Access at School (HAAS)**

Consumables and Equipment	
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Comments

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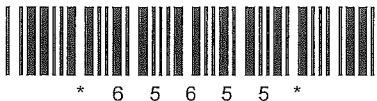
Signature

Print name

Designation

Date

**Individual Care Plan – Healthcare Access at School (HAAS)**



ACT Government Health Directorate  
**Healthcare Support Plan**

Complete details or affix label

URN: \_\_\_\_\_  
 Surname: \_\_\_\_\_  
 Given name: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

**Confidential**

The information contained in this document was written by a Registered Nurse and is specific to meet the healthcare support needs of the nominated student within the ACT Health Directorate's, Healthcare Access at School Program (HAAS). The Healthcare Support Plan for this student can only be altered or reviewed by a HAAS Registered Nurse in consultation with the family. The actions outlined in the document do not replace prescribed treatment by a Medical Practitioner or the implementation of first aid.

**Name of School:**

**Contact Details:**

Parent / Guardian	Name		Address	
	Phone		Mobile	
Parent / Guardian	Name		Address	
	Phone		Mobile	
	<b>Name</b>	<b>Phone</b>	<b>Mobile phone</b>	
Registered Nurse				
Clinical Nurse Consultant				

**Health Support Needs**

**Allergies / Sensitivities**

**"About me" - Special Considerations**

**Healthcare Support Plan**

**Supporting Documents**

- Individual healthcare plan
- Communication pathway
- Medication order
- Other

Healthcare Support Plan prepared by:

Name \_\_\_\_\_ Designation \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Designation \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I have read and agree with this Healthcare Support Plan and any supporting documents indicated above.

I understand my child's care will be provided by the school staff nominated by the school principal who will be instructed and supported by a registered nurse.

Parent/Guardian name		
Relationship to child		
Signature		Date

**Authorised Copies To:**

- Student and/or parent/guardian
- Student School File
- Student's Medical Practitioner



ACT Health

# Healthcare Access at School Communication Pathway

Complete details or affix label

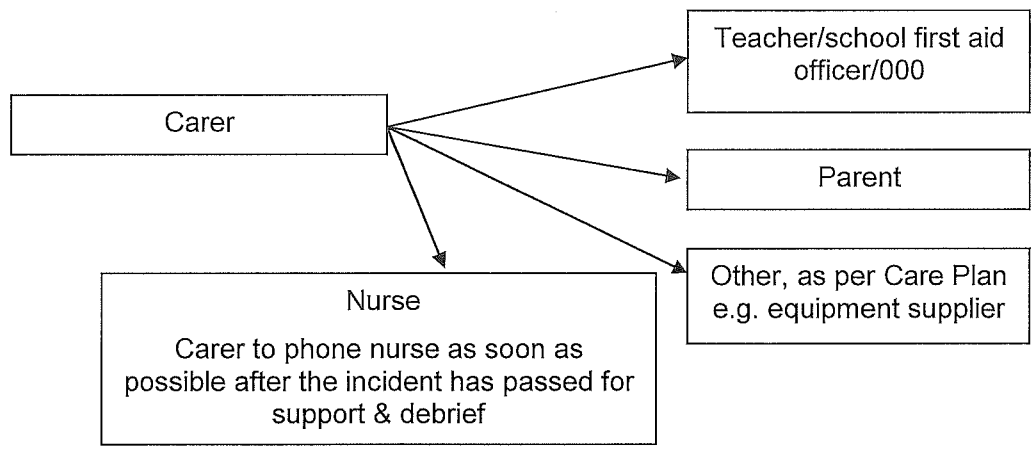
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Surname: \_\_\_\_\_

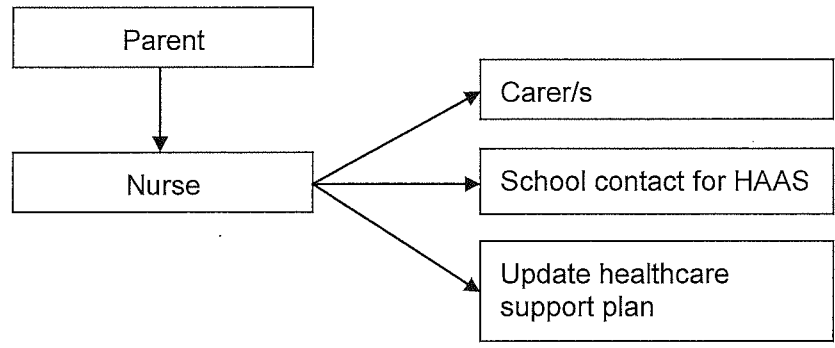
Given name: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

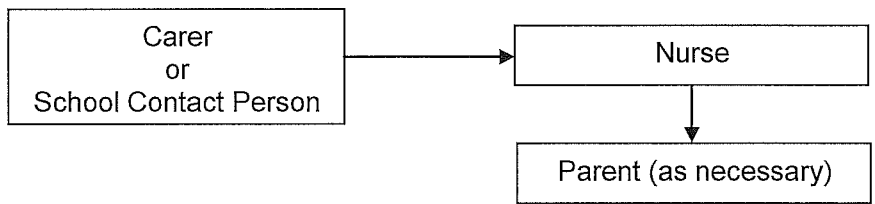
1. Any events outlined in "Adverse events/alerts" in the Healthcare Support Plan. Carer to call for assistance, phone parent and follow procedure in First Aid Policy when necessary.



2. Changes in healthcare management:



3. Any carer concerns regarding student's health and/or HAAS related



Healthcare Access at School Communication Pathway





**ACT Government Health Directorate  
Healthcare Access at School  
Assessment Form**

Complete details or affix label

URN: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Given name: \_\_\_\_\_  
DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

<b>Assessment Details</b>		
<input type="checkbox"/> Initial Assessment <input type="checkbox"/> Reassessment		
Date: _____ Time: _____		
<input type="checkbox"/> Consent documented		
<b>Person(s) Present:</b>		
<b>Health Professionals And Support Services</b>		
Profession	Name	Contact Details
General Practitioner		
Paediatrician		
Immunologist		
Neurologist		
Cardiologist		
Oncologist		
Neurovascular Specialist		
Respiratory Specialist		
ENT Specialist		
Intensive Care Unit Specialist		
Physiotherapist		
Endocrinologist		
Diabetes Nurse Educator		
Gastroenterologist		
Home Enteral Nutrition Scheme		
Dietitian		
Speech Pathologist		
Urologist		
Renal Specialist		
Orthopaedic Surgeon		
Occupational Therapist		
Dermatologist		
Psychologist		
Psychiatrist		
Behaviour Therapist		
Palliative Care		

**Healthcare Access at School Assessment Form**

<b>Diagnosis / Family History</b>
<b>Development History</b>
<b>Likes / Dislikes</b>
<b>Weight</b>
<b>Allergies / Sensitivities</b>
<b>Family/ Psychosocial Factors</b>
<b>Cultural Factors</b>
<b>NEUROLOGICAL</b>
<b>Seizures / Convulsions</b>
<b>Hydrocephalus / Shunt</b>
<b>Level Of Consciousness</b>
<b>Communication / Cognition</b>
<b>Pain Management</b>

Complete details or affix label

URN: \_\_\_\_\_

Surname: \_\_\_\_\_

Given name: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

**ACT Government Health Directorate  
Healthcare Access at School  
Assessment Form**

**SENSORY: Vision/Hearing/Touch/Taste/Smell**

**CARDIOVASCULAR**

**Cardiac Condition**

**IMMUNE / LYMPHATIC SYSTEM**

**CIRCULATORY**

**Circulatory/Blood disorders**

**Intravenous / Central Venous Devices**

**RESPIRATORY**

**Asthma**

**Recurring Chest Infections / Pneumonia**

**Oxygen Requirements**

**Suction Requirements**

<b>Airway: Upper/ Lower</b>
<b>Tracheostomy</b>
<b>Non Invasive Positive Pressure Ventilation / Intermittent or continuous ventilation via tracheostomy</b>
<b>METABOLIC - Diabetes / Thyroid Function / Pancreas / Adrenal / Electrolyte Balance</b>
<b>GASTROINTESTINAL</b>
<b>Bowel Management</b>
<b>NUTRITION</b>
<b>Oral</b>
<b>Enteral Nutrition</b>
<b>ORAL / DENTAL HEALTH</b>
<b>RENAL / URINARY</b>
<b>REPRODUCTIVE HEALTH</b>
<b>MUSCULO-SKELETAL</b>



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 – of adverse event	Consequence Risk rating		
<b>Physical condition</b> <ul style="list-style-type: none"> <li>to what extent does the client's physical condition pose a risk to their safety ie airway, breathing, circulation</li> </ul>				
<b>Stability of health</b> <ul style="list-style-type: none"> <li>how often do acute episodes occur?</li> <li>is the client's condition likely to become unstable?</li> </ul>				
<b>Airway</b> <ul style="list-style-type: none"> <li>is the client's airway compromised by their medical condition?</li> <li>What is the likelihood of the airway becoming obstructed?</li> </ul>				
<b>Amount and type of invasive procedures</b> <ul style="list-style-type: none"> <li>Does the complexity of the procedure/s increase risk?</li> <li>Does the procedure compromise the client's condition?</li> </ul>				

<p><b>Assessment /decision making</b></p> <ul style="list-style-type: none"> <li>• Can all the steps in client care be outlined clearly?</li> <li>• Is clinical judgement required?</li> </ul>							
<p><b>Environmental factors</b></p> <ul style="list-style-type: none"> <li>• Does the environment increase the risk of an adverse event ie outdoor play in sandpit may block a tracheostomy</li> </ul>							
<p><b>Equipment</b></p> <ul style="list-style-type: none"> <li>• Is the equipment complex to use – what is the risk of misuse?</li> <li>• Is the equipment likely to malfunction – what would be the consequence of the malfunction?</li> </ul>							
<p><b>Other contributing factors</b> ie mental health, behaviour issues, risk of harm, palliative care; family issues; developmental delay.</p>							

**Summary:**

.....

**Support model:**

**HAAS INTAKE MEETING:      Date:**

<b>Attendees:</b>				
<b>Signatures:</b>				
<b>Designation:</b>				

# HEALTHCARE ACCESS AT SCHOOL - ASSESSMENT TABLE

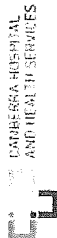


Contributing Factors	RN 1:1	EN 1: 1	School Support Staff 1:1	School Support Staff
<p><b>Physical Condition</b> What is the likelihood that the child's physical condition puts him/her at risk? What are the consequences if an incident does occur? What is needed to mitigate the risk?</p> <ul style="list-style-type: none"> <li>• Overall risk to airway/breathing and circulation</li> <li>• Specialist management required (tracheostomy etc)</li> <li>• Risk of infection or illness</li> </ul>	<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><b>Stability of Health</b> How long has the child's health been stable? What is the likelihood of condition deterioration? How serious is the consequence of condition deterioration?</p> <ul style="list-style-type: none"> <li>• Frequency of hospitalisation, serious illnesses</li> <li>• Frequency of events requiring intervention</li> <li>• Level of consciousness</li> <li>• Predictability of condition</li> </ul>	<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>

**HEALTH ACCESS AT SCHOOL – ASSESSMENT TABLE**



Contributing Factors	RN 1:1	EN 1: 1	School Support Staff 1:1	School Support Staff
<p><b>Airway</b> Is there a risk of breathing compromise or airway obstruction? How likely is this to occur?</p> <ul style="list-style-type: none"> <li>• Stability</li> <li>• episodes of collapse</li> <li>• episodes of apnoea</li> <li>• episode of aspiration</li> <li>• tracheostomy</li> </ul>	<p>Respiratory events have occurred previously &amp; continue to be likely</p> <p>Experiences severe respiratory illness with high risk of airway compromise</p> <p>Airway obstruction more than once &amp; further high risk of obstruction</p> <p>Frequent aspiration, requires assessment &amp; 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 &amp; 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><b>Amount and Type of Invasive Procedures</b> How many procedures are performed in a day? What is the risk of performing procedures? Is a serious incident likely when performing procedures? Is there risk to the carer? Can risk be mitigated through training?</p>	<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><b>Assessment / Decision Making Required</b> Is clinical decision making skills required? Can healthcare be delivered by following scope of practice steps?</p>	<p>Requires frequent assessment and management</p>	<p>Requires some level of assessment and management</p>	<p>Requires observation of signs &amp; 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>



## HEALTH ACCESS AT SCHOOL - ASSESSMENT TABLE

Contributing Factors	RN 1:1	EN 1: 1	School Support Staff 1:1	School Support Staff
<p><b>Environmental Factors</b> Are there significant environmental risks for the child or carer? How can these risks be mitigated?</p> <ul style="list-style-type: none"> <li>• Safety for child, support for Care Worker/EN/RN</li> <li>• Access to emergency assistance</li> </ul>	<p>Access to immediate phone or on site assistance</p> <p>Emergency procedures in place but require high level of complex health intervention &amp; assessment prior to ambulance arriving</p>	<p>Access to immediate phone or on site assistance</p> <p>Emergency procedures in place, nursing interventions required prior to ambulance arriving</p>	<p>Access to immediate phone or on site assistance</p> <p>Designated person to assist in emergencies. Interventions required prior to ambulance arrival are straight forward , stepped out in Health plan and are a competency assessed procedure</p>	<p>Access to immediate phone or on site assistance</p> <p>Health procedures planned and predictable. Staff member able to leave site in between interventions</p>
<p><b>Equipment</b></p> <ul style="list-style-type: none"> <li>• Simple or complicated equipment</li> <li>• amount of equipment</li> <li>• training required to use equipment</li> </ul>	<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><b>Other Contributing Factors</b></p> <ul style="list-style-type: none"> <li>• Staff concerns re ability to care for child</li> <li>• difficult relationships with families</li> <li>• behaviour of child</li> </ul>	<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: Need for constant supervision to avoid serious and too frequent injury indicates a need for a 1:1 School support officer.

Support model recommended:

HAAS Intake Meeting Date:

Intake Meeting Attendees:

Signatures:











































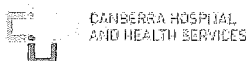










## HEALTHCARE ACCESS AT SCHOOL (HAAS)

### Information for HAAS Program Advisory Paediatrician

#### Background

Healthcare Access At School is a service provided by the Women's Youth and Children Community Health Program (WY&CCHP) in partnership with the Education and Training Directorate to provide care to students with complex or invasive health care needs. The service is a nurse-led model that meets existing health care needs of students 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 support will be continuous 1:1 or intermittent and if the care should be provided by an unlicensed worker, enrolled nurse 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 nominated school and the student's parents of the determined model of care.

#### Review Panel

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

#### Nurse delegation model

When the student's level of care is to be provided by a member of the school staff, the HAAS nurse will provide training to 3 school staff members. Competency assessment is included in the training package. HAAS nurses continue to provide ongoing support to school staff delivering care 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 once a term or as needed. Membership of the complex case review group includes: HAAS Program Advisory Paediatrician, CNC – Schools and the HAAS Nurse.



CANBERRA HOSPITAL  
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## HEALTHCARE ACCESS AT SCHOOL (HAAS)

### Information for HAAS Program Review Panel

#### Background

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

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#### Review Panel

In the event that the family dispute the level of care allocated the case will be elevated to a HAAS Review Panel which will be convened as required.

#### Nurse delegation model

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**Hagan, John (Health)**

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**From:** Wagg, Greg [Greg.Wagg@ed.act.edu.au]  
**Sent:** Wednesday, 11 June 2014 2:12 PM  
**To:** Thomas, Carolyn (Health)  
**Subject:** RE: Healthcare Access At School (HAAS)

Good Morning Carolyn

I would like to meet and work with you to ensure a well-planned and smooth transition. Whilst I have some idea of the program and process it was not one of the things I managed or had a great involvement in at BMS.

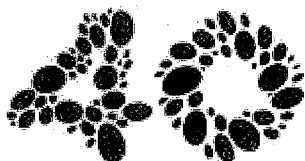
I can meet this Friday 8:30 -10:00 or Tuesday 10<sup>th</sup> June 10:30 – 1:00 or Friday 20<sup>th</sup> any time before 2:00.

I am looking forward to me meeting with you and getting the process of transition to a HAAS model planned.

Regards

Greg

Greg Wagg  
Principal  
Cranleigh School, Starke St Holt, ACT 2615  
Ph: 62058000 Fax: 62057964  
[www.cranleighps.edu.au](http://www.cranleighps.edu.au)



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**From:** Thomas, Carolyn (Health) [<mailto:Carolyn.Thomas@act.gov.au>]  
**Sent:** Wednesday, 11 June 2014 9:12 AM  
**To:** Wagg, Greg  
**Subject:** Healthcare Access At School (HAAS)

Good morning Greg,

I am hoping to arrange a meeting with you to discuss transitioning the students at Cranleigh to HAAS? It is helpful that you have a working knowledge of the program from your time at BMS but I appreciate it is not uppermost in your mind (as it is in mine) and we can give you a quick refresher if it is of use. I am happy to come to Cranleigh at convenient time for you. You may like to ask some of your executive teachers as well? Totally up to you.

I am not sure if you have been in touch with Frank lately, but the transition at BMS is in full swing and is going quite smoothly. There was quite a bit behind the scenes to make it so and it is this that we would like to start planning with you. Things like:

- o Best way/s to discuss HAAS with school staff - teachers, admin, LSA's etc
- o Information about HAAS in the school newsletter
- o Parent information evening/afternoon (need your input into best time for this)
- o Individual letters home to parents of those students who will be on the program
- o Distribution of fliers

At this time the transition at Cranleigh looks likely to start in term 3.

Do you have any free time in the next week or so?

Kind regards

**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](mailto:carolyn.thomas@act.gov.au)

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## **VALUES STATEMENT – HEALTHCARE ACCESS AT SCHOOL**

ALL CHILDREN HAVE THE RIGHT TO ATTEND SCHOOL

CHILDREN HAVE INDIVIDUAL NEEDS AND CARE IS PERSON-CENTRED

A PARTNERSHIP BETWEEN PARENTS, EDUCATION AND HEALTH PROVIDERS  
PRODUCES THE BEST OUTCOMES FOR THE CHILD

SAFETY IS OF PARAMOUNT IMPORTANCE





## Healthcare Access at School (HAAS)

### About HAAS

HAAS supports children who have a complex or invasive healthcare 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. This is currently available only in public schools.

### 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 and other health professionals, will assess your child's healthcare needs and develop a healthcare support plan. A meeting is held with the school, and carers nominated to perform the tasks. Using this plan, the nurse will provide instruction to the nominated staff and ensure they have the required skills to provide your child's care. The nurse will provide regular follow up support and will liaise with 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. We encourage you to contact your school early if your child has a complex healthcare need.

### 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 and management plan will be developed by the school.

### 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 for healthcare at school 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 transportable.

## Five levels of care according to the delegation model:

### Registered nurse

One RN to one student.

This is the highest level of health care available on the HAAS Program. The RN attends to the HAAS student's health care needs while in the school setting.

(No role in education or support of other students)

### Enrolled nurse

One EN to one student.

The EN attends to the HAAS student's health care needs while in the school setting.

(No role in education or support of other students)

### Level 1 Health Access at Schools Worker

One HAAS Worker to one student.

The HAAS worker attends to the HAAS student's health care needs while in the school setting.

(No role in education or support of other students but may support HAAS student with education tasks)

### Level 2 Health Access at Schools Worker

HAAS worker provides constant supervision.

The HAAS worker attends to the HAAS student's health care needs while in the school setting.

The HAAS worker must be within visible reach of the student at all times. The HAAS worker may be able to undertake other classroom tasks while maintaining full supervision of allocated HAAS student.

### Intermittent Health Access at Schools Worker

A HAAS worker attends to one or more procedures during the school day.



## AGENDA

<b>Subject</b>	HAAS Operational Meeting	<b>Meeting No</b>	
<b>Date</b>	5 <sup>th</sup> Nov 2014		
<b>Time</b>	1500 - 1600		
<b>Location</b>	Carolyn's office		
<b>Chair</b>	Carolyn Thomas		
	Julie Irving		

Attendees		Initials	Service/Title	Attendance	Apology
Carolyn	Thomas	CT	Manager Central	√	
Julie	Irving	JI	CNC HAAS	√	
Deb	Bali	DB	HAAS RN	√	
Anna	Preston	AP	RN	√	
Rita	Gray	RG	RN	√	

### **AGENDA ITEM 1:** Apologies

### **AGENDA ITEM 2:** Previous Minutes

### **AGENDA ITEM 3:** HAAS Nurse competencies

No.	Item	Responsibility	Time
1	According to the delegation model all HAAS nurses will need to be aware of all competencies for HAAS workers.	HAAS nurses to attend competency training as available/as able	As soon as training becomes available
2	Education for competencies needs to be planned	Julie	Dec 2014

### **AGENDA ITEM 4:** HAAS Transition Timeline

No.	Item	Responsibility	Time
1	Black Mountain School almost completely transitioned. HAAS workers requiring minimal supervision/redirection. Nurses supporting transition to HAAS model and will soon be able to be exited from BMS.	Manager	Dec 2014
2	Malkara to have transitioning complete by end of Term 1 2015. Process towards this commenced.	Deb	April 2015
3	All schools need to be forward planning to ensure adequate trained HAAS workers available for 2015 enrolments. Email to be sent to encourage 9 schools on program to complete class allocations for 2015.	Julie	Nov 2014
4	Need for regular HAAS Operational Meetings during this period of transition. Need weekly accessible to majority of staff meetings.	All HAAS	12/11/14 1530

5	Ongoing queries about funding for HAAS Workers and equipment, being directed at HAAS Nurse. Need for clearer pathway for schools to apply for funding for HAAS model.	Carolyn	Dec 14	629
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**AGENDA ITEM 10:** Next meeting **Date:** 12/11/14 **Time:** 1530 **Venue:** Black Mountain School



## AGENDA

<b>Subject</b>	HAAS Operational Meeting	<b>Meeting No</b>	
<b>Date</b>	12 <sup>th</sup> Nov 2014		
<b>Time</b>	1530 - 1700		
<b>Location</b>	Black Mountain School		
<b>Chair</b>	Julie Irving		

Attendees		Initials	Service/Title	Attendance	Apology
Carolyn	Thomas	CT	Manager Central		√
Julie	Irving	JI	CNC HAAS	√	
Deb	Bali	DB	HAAS RN	√	
Anna	Preston	AP	RN	√	
Rita	Gray	RG	RN	√	
Annette	Sidman	AS	RN	√	
Di	Davies	DD	RN	√	
Lesley	Smith	LS	RN	√	

### **AGENDA ITEM 1: Apologies: Carolyn Thomas**

### **AGENDA ITEM 2: Previous Minutes:**

3:1-2 Soon to commence a review of each competency with each HAAS Operational Meeting. **Julie**

4:3 All schools emailed regarding planning HAAS transitions for next year

4:4 Weekly HAAS operational meetings to continue.

4.5 Meeting with Ian Barr organised to discuss issues around funding.

**Carolyn and Julie**

### **AGENDA ITEM 3: Transitions for Malkara and Cranleigh**

No.	Item	Responsibility	Time
2	Meetings with executive to encourage process and answer questions	Julie Deb	By next meeting

### **AGENDA ITEM 4: Meetings and communication with Nurses**

No.	Item	Responsibility	Time
1	Need for regular meetings about planning and tasks to be completed. Logistically tricky to have meetings on Mondays.	All	Starting now
2	Emails to be sent out to team on Mondays and team to self allocate tasks.	Deb and Julie	Starting Monday
3	Carolyn to email an agenda (or ask Christine to) for next week's Wednesday HAAS meeting	Carolyn	Before meeting

**AGENDA ITEM 5: Black Mountain School**

No.	Item	Responsibility	Time
2	Encouraged nurses to leave BMS to function fully as HAAS model – no rounds, troubleshooting with HAAS workers when called, using mobile not pager	Nurses at BMS	Continuing now
3	Nurses will work as HAAS remote nurses (although dedicated only to BMS) sometimes between now and the end of the year – aka Christmas meeting	Nurses in consultation with CNC	Already happening

**AGENDA ITEM 6: Next meeting Date: 19/11/14 Time: 1530 Venue: Black Mountain School**



# AGENDA

<b>Subject</b>	Special Schools transition to HAAS model	<b>Meeting No</b>	1
<b>Date</b>	19/11/14		
<b>Time</b>	3.30		
<b>Location</b>	Black Mountain School. Classroom 14		
<b>Chair</b>	Christine Long		
<b>Secretariat</b>	Carolyn Thomas		

Attendees	Service/Title	Attendance	Apology
Christine Long	Director, WYC Community Health Programs		
Carolyn Thomas	Manager, Central Team		
Julie Irving	A/g Central CNC		
Anna Prescott	Special School Nurse		
Lesley Smith	Special School Nurse		
Di Davies	Special School Nurse		
Rita Gray	Special School Nurse		
Annette Sidman	Special School Nurse		
Deb Bali	HAAS RN		
Anthony Goodwin	Senior Advisor, Employment Services		

## AGENDA ITEM 1: Apologies

## AGENDA ITEM 2:

Planning for the end of the current model of care in the Specialist Schools

## AGENDA ITEM 3:

The future role of the nurse in the HAAS program

## AGENDA ITEM 4:

The time frame for these changes

**Meeting closed:**



# 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

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### 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.

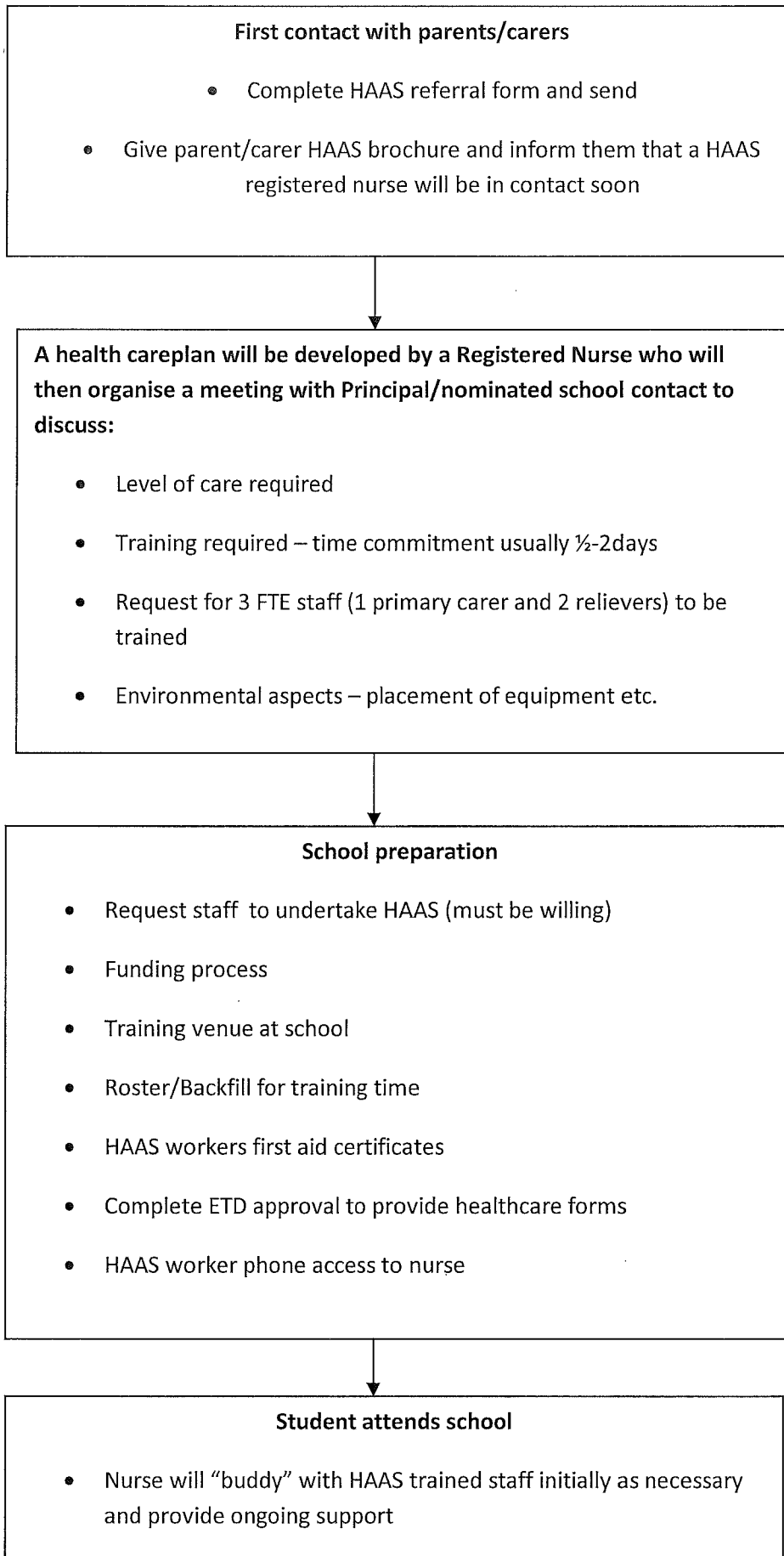
### **How do I access HAAS?**

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.

## PROCESS FOR ESTABLISHING HAAS SUPPORT IN SCHOOLS





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## ACTION STATEMENT

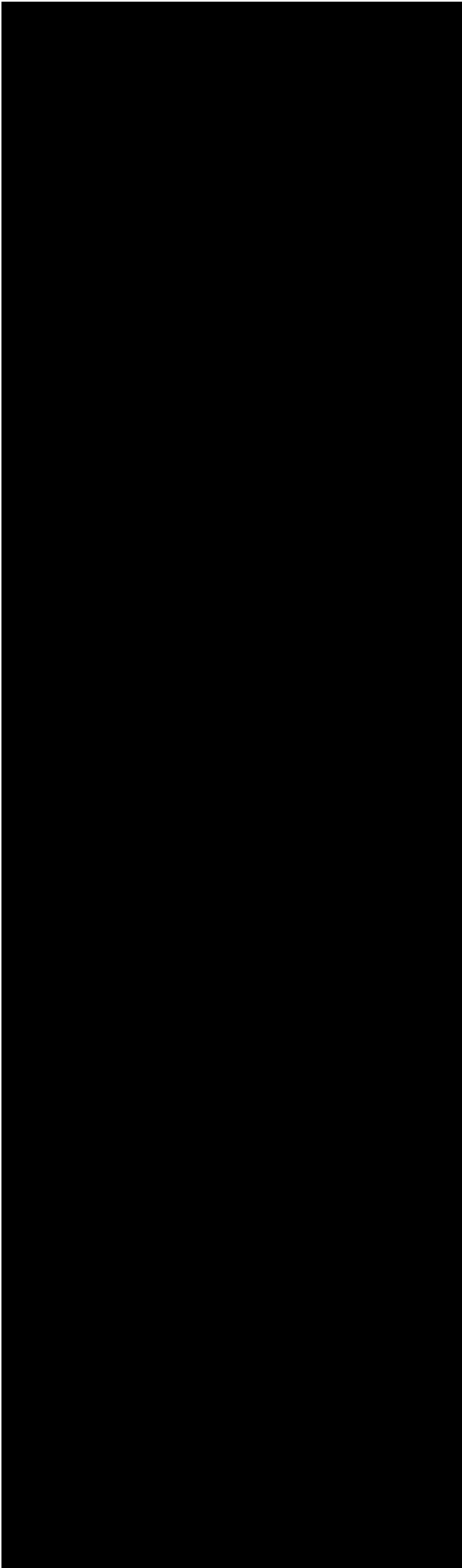
<b>Title</b>	Legal concerns	<b>Meeting No</b>	1
<b>Location</b>	Moore ST. Civic	<b>Chair</b>	Julie Irving
<b>Date/Time</b>	21/11/14	<b>Secretariat</b>	Julie Irving
<b>Attendees</b>	<b>Initials</b>	<b>Division / Service / Title</b>	
Julie Irving	Jl	CNC HAAS	
Jenny Broome	JB	Medico Legal Coordinator	
		<b>Present</b>	√
		<b>Apologies</b>	√

## ACTIONS ARISING

Completed

Underway

Overdue





## ACTION STATEMENT

<b>Title</b>	Healthcare Access at Schools Operational Meeting		<b>Meeting No</b>	
<b>Location</b>	Carolyn's office		<b>Chair</b>	Carolyn Thomas
<b>Date/Time</b>	3 <sup>rd</sup> December 2014		<b>Secretariat</b>	Julie Irving
<b>Attendees</b>	<b>Initials</b>	<b>Division / Service / Title</b>	<b>Present</b>	<b>Apologies</b>
Carolyn Thomas	CT	HAAS Manager	✓	
Julie Irving	JI	HAAS CNC	✓	
Deb Bali	DB	HAAS RN	✓	
Di Davies	DD	SSN	✓	
Rita Gray	RG	SSN		✓
Annette Sidman	AS	SSN		✓
Anna Prescott	AP	SSN		✓
Lesley Smith	LS	SSN		✓

## ACTIONS ARISING

Completed		Underway			Overdue	
No	Recommendation	Action	Action Officer	Date Action Due	Outcome / Decision / New Action	Status
1	Transition planning of current HAAS students in preparation for Term 1 2015	Identify if not able to commence school on Day 1 Term 1 (i.e. if training for HAAS workers etc is not complete). Communicate this as soon as possible to family/school.	DB	Jan	Every effort is made to assist HAAS students being able to attend school with cohort, but if there are barriers everyone is aware early to prevent undue anxiety.	Underway

3	Difficulties for Deb in contacting Palliative Care Team doctors; wanting to clarify awareness that no nurse available on school site	Write a formal letter explaining HAAS.	JI DB	Jan	Palliative Care aware of HAAS role in schools. Medication given only to an order.	Underway







CABRERA HOSPITAL  
AND HEALTH SERVICES

## HEALTH ASSESSMENT GUIDE-HAAS

### GENERAL INFORMATION

**IF PARENT / CARER DOES NOT HAVE ALREADY, ENSURE THEY ARE GIVEN A COPY OF THE FOLLOWING:**

- Healthcare Access At School (HAAS) parent information booklet
- The Australian Charter of Healthcare Rights pamphlet
- Explain access to relevant healthcare support plan documents
- Business Cards –Healthcare Access At School Program

**ENSURE THE FOLLOWING ITEMS ARE DISCUSSED THROUGHOUT THE ASSESSMENT VISIT**

- Inform parent / carer that RNs in the service are mandatory notifiers
- Explain the HAAS process including: development of HAAS Healthcare Support Plan, delegation of care, training and skills assessment, Process of reassessment (annually unless any changes to healthcare needs)
- Communication pathway

FLAG if ETD Emergency management plan is needed for specific areas/conditions.

### DIAGNOSIS / FAMILY HISTORY

**CONTACT DETAILS OF PAEDIATRICIAN AND GP**

Document health related diagnoses / effects of diagnosis on client's daily living

Any new diagnoses since initial referral

FAMILY HISTORY - Significant medical conditions

### DEVELOPMENT HISTORY

Developmental Milestones / Immunisation history

Hospital admissions - frequency and length of admissions, any recent admissions

### LIKES / DISLIKES

Establish relevant information to include in "About Me" section of Health Plan

### WEIGHT

To be obtained as a guide only to Medication doses / appropriate nutrition volumes etc

**ALLERGIES / DRUG SENSITIVITIES: CONTACT DETAILS OF IMMUNOLOGIST OR MEDICAL PROFESSIONAL**

Known allergies/sensitivities and reaction / Outline management of symptoms

**DOES THE CHILD HAVE A CURRENT: Action plan for Anaphylaxis or Anaphylaxis and Severe Allergy plan**

**FAMILY/ PSYCHOSOCIAL: CONTACT DETAILS OF PARENTS**

Identify Immediate Family/Identify social support network

Are there any court orders or alerts to be aware of? Is the child a Guardian of the State?

Identify who will be responsible for signing Health Plan

### CULTURAL CONSIDERATIONS

**LANGUAGE SPOKEN AT HOME**

**CONTACT DETAILS OF INTERPRETER**

Identify any factors that will affect service delivery / family communication issues / Family wishes

<b>NEUROLOGICAL: CONTACT DETAILS OF NEUROLOGIST OR MEDICAL PROFESSIONAL</b>	
<b>Seizures / Convulsions</b>	Febrile convulsions or epilepsy /Seizure type/description Relevant medications Is there a current Seizure plan, medication authority, is a seizure observation log required (check school policy)
<b>Hydrocephalus/ Shunt</b>	Type of shunt - VP/ VA /Date of last shunt review Signs & Symptoms of blockage / Emergency treatment
<b>Level of consciousness</b>	Does the client have an altered state of consciousness Establish base line Neurological status (GCS) Identify sleep patterns during school hours - is client easy to rouse / able to protect airway etc. <b>NOTE:</b> Any concerns related to this must immediately be identified to CNC and risk assessment must take place
<b>Communication/ Cognition</b>	<b>CONTACT DETAILS OF SPEECH THERAPIST</b> level of understanding / Methods of communication / Use of communication aids Likes and dislikes of the client if cannot communicate
<b>Pain Management</b>	Known causes of pain/ location Signs & Symptoms of pain /Management of symptoms Date of last review /Does the client experience any sensory impairment? Any controlled (Schedule 8)
<b>SENSORY: Vision/Hearing/Touch/ Taste/Smell</b>	Visual impairment diagnosis / Visual aids used Hearing impairment diagnosis or issues with infections Use of any hearing aids etc Grommets –? use of ear plugs for swimming
<b>CARDIOVASCULAR CONTACT DETAILS OF CARDIOLOGIST OR MEDICAL PROFESSIONAL</b>	
<b>Cardiac Conditions</b>	Diagnosis /Signs & Symptoms of potential emergency situations Oxygen required? History and Risk of cardiac arrest?
<b>IMMUNE / LYMPHATIC CONTACT DETAILS OF ONCOLOGIST/ MEDICAL PROFESSIONAL</b>	
<b>History of disorders</b>	Lowered immunity / preceding factors Lymphatic disorders / Cancer / treatment prescribed Precautions – Cytotoxic periods for Chemotherapy (oral/IV)
<b>CIRCULATORY CONTACT DETAILS OF NEUROVASCULAR/MEDICAL SPECIALIST</b>	
<b>Circulatory/Blood disorders</b>	Any disorders: hemophilia, arteriovenous malformation (AVM) etc. Management plan
<b>Intravenous/ Central Venous Devices</b>	Reason for device /Type / size / measurement of device Taping / Dressings / Emergency management Intermittent or continuous access Medication Administration / Flushing frequency -where?

RESPIRATORY	CONTACT DETAILS OF RESPIRATORY SPECIALIST, ENT SPECIALIST OR MEDICAL PROFESSIONAL INTENSIVE CARE UNIT SPECIALIST
<b>Asthma</b>	Signs, symptoms, known triggers / treatment history History of significant episodes / hospitalisation / Puffer/spacer or nebulizer Preventer in use. Must have a current <b>Asthma Action Plan</b>
<b>Recurrent Chest Infection Pneumonia</b>	History of Cystic Fibrosis/chest infection Contributing factors & management of same Does the client require chest physiotherapy <b>Chest physio plan – written by and trained by Physiotherapist</b>
<b>Oxygen requirements</b>	Continuous or PRN / rate / Signs & symptoms, indications for PRN use Method of administration / how is tubing secured / humidification / oximetry Assess for any skin irritation to ears / face etc Discuss safety and storage, cleaning needs Who is provider of oxygen? Is there a back up (power failure) and portable cylinder for transfers & excursions?
<b>Suction</b>	Type of suction & indicators / How immediate is response required Equipment used - catheter size, Yankuer, unit etc Maintenance of equipment – testing/servicing dates (parent to monitor) Plan for equipment failure / Equipment manuals (back up available)
<b>Airway- Upper  - Lower</b>	Any structural airway abnormalities e.g. laryngomalacia, tracheomalacia, vocal chord palsy, tracheoesophageal fistula, trauma Management of airway / safe swallow? / management of secretions  Bronchieactasis, lobular abnormalities, empyema. Management/ prophylactic antibiotics etc.
<b>Tracheostomy</b>	Relevance of diagnosis, date of initial cannulation, Type of tracheostomy tube General stoma condition (history of infection, granulation etc) Management of tube & stoma / humidification / how is tube secured / cleaning etc Frequency of planned tube changes performed (who, when, how) Use of manometer / cuff check Emergency plan for blockage/accidental decannulation / How is emergency equipment stored - easy to find , easy to see equipment etc <b>EMERGENCY EQUIPMENT CHECKLIST NEEDED.</b>
<b>Non Invasive Positive Pressure Ventilation (NIPPV)</b>	Indication for this. Hours of therapy required Level of dependence on NIPPV therapy (client's breathing effort) Signs indicating PRN therapy. Monitoring required- oximetry (indications for use, alarm limits, action plan) Type of unit & accessories / Equipment manual Emergency action plan in case of malfunction or power failure (especially relevant for overnight care) , battery backup Skin care/pressure area concerns to mask area Date of last sleep study <b>EMERGENCY EQUIPMENT CHECKLIST NEEDED</b>

<p><b>Intermittent or continuous ventilation via tracheostomy.</b></p>	<p>Indication for this.          Make and model of unit - best contact for troubleshooting machine          Mode of ventilation &amp; settings / Alarm parameters          Power supply – length of battery life, ACTEW critical customer, battery backup          Routine equipment /Emergency equipment /Troubleshooting          Change frequency of: Circuit, ventilator filters - how many/maintenance          Circuit Filters - Heat moisture exchange / bacterial viral          Daily maintenance/care of equipment / service schedule          Tracheostomy management, Oxygen requirement?  <b>EMERGENCY PLAN FOR UNIT MALFUNCTION</b>  <b>EMERGENCY EQUIPMENT CHECKLIST NEEDED</b></p>
<p><b>METABOLIC                      CONTACT DETAILS OF ENDOCRINOLOGIST, DIABETIC NURSE SPECIALIST</b></p>	
<p><b>Diabetes</b></p>	<p>Type &amp; history (controlled/uncontrolled/DKA frequency)          Normal BGL ranges for client          Medication and dietary regime          Monitoring regime          Equipment for monitoring/ administering insulin  <b>MUST HAVE A MANAGEMENT PLAN</b></p>
<p><b>Thyroid/ Pancreas/ Adrenal/ Electrolyte balance</b></p>	<p>Diagnosis &amp; history          How does this affect the client and do we need to intervene?          Avoid strenuous activity/salt replacement etc.</p>
<p><b>GASTROINTESTINAL:    CONTACT DETAILS FOR GASTROENTEROLOGIST, HENS NURSES, DIETICIAN</b></p>	
<p><b>History of disorders Surgical interventions</b></p>	<p>Surgical history /relevant medical history- GORD, oesophagitis, thrush          Avoidance of aggravators          Medication and management plan, special positioning required?</p>
<p><b>Bowel management/ Constipation</b></p>	<p>Normal bowel pattern / regime / frequency / Management of constipation          Continence aids used /Level of independence          Colostomy, Caecostomy, Ileostomy, mucous fistula? – Stoma care, normal routine          &amp; frequency of change, washouts needed, equipment required, level of independence          ( note this is often managed by school staff)</p>
<p><b>NUTRITION :              CONTACT DETAILS FOR SPEECH THERAPIST</b></p>	
<p><b>Oral Aspiration history</b></p>	<p>Cleft lip/palate          Document if client has impairment to chewing and swallowing?          Is modified food consistency is required          Whether school has access to an <b>Oral Eating &amp; Drinking Plan</b></p>
<p><b>Nasogastric/ Transpyloric</b></p>	<p>Estimated time of use /Plans for PEG/Jejunostomy procedure?          Type of tube, length of insertion /Normal checking procedure          Emergency plan for tube migration/ unable to confirm placement /Troubleshooting          Skin care considerations / equipment used          Details of nutrition and regime</p>

<p><b>Percutaneous Endoscopic Gastrostomy (PEG)</b> <b>Low Profile Gastrostomy</b> <b>Jejunostomy</b></p>	<p>Date of insertion / Type of device, size /PEG Length/size of tube/ how fastened Emergency plan for accidental dislodgement /Stoma care Details of nutrition regime, mode of delivery e.g. syringe, flask or pump Equipment supplied /Degassing/decompression required?</p>
<b>ORAL/ DENTAL HEALTH</b>	
<p><b>Oral/Dental issues</b></p>	<p>Dental/oral disorders Mouth care requirements: plates/dentures/braces/sensitivity.</p>
<b>RENAL/ URINARY CONTACT DETAILS FOR UROLOGIST/RENAL SPECIALIST</b>	
<p><b>Relevant renal conditions /Renal failure</b></p>	<p>Any surgical procedures e.g. ureteric implants, bladder augmentation, urostomy, urinary stoma, hypospadias repair, SPC insertion –last changed Continence status and continence aids used Dialysis - type and details of management Clean Intermittent Catheterisation (CIC) – details of regime, equipment required, level of independence, long term aims.</p>
<b>REPRODUCTIVE HEALTH</b>	
<p><b>Female</b></p>	<p>Detail menstrual cycle including pain management and use of hormones to regulate cycle. History of any anaemia, complications, trigger for seizures, contraception</p>
<p><b>Male</b></p>	<p>Any issues which will impact on health.</p>
<b>MUSCULO- SKELETAL CONTACT DETAILS FOR ORTHOLOGIST/ORTHOPEDIC SURGEON/ PHYSIOTHERAPIST/OCCUPATIONAL THERAPIST</b>	
<p><b>Diagnosis &amp; Relevant medical history</b></p>	<p>Examples: Osteoporosis, Osteogenesis Imperfecta, scoliosis History of dislocations and/or fractures Use of equipment /Use of orthotics /Plaster care / stretches etc Is an OT or physio plan available Botox / how frequent</p>
<b>SKIN CARE CONTACT DETAILS FOR DERMATOLOGIST</b>	
<p><b>History of skin care concerns</b></p>	<p>Eczema, specific skin conditions, pressure areas Identified risk factors (e.g. low body weight, bony prominences, wheelchair straps) Any Community Nursing involvement for existing wound care management Any creams used (ETD require authority for creams, lip balm etc)</p>
<b>MENTAL HEALTH/BEHAVIOUR CONTACT DETAILS OF PSYCHOLOGIST/PSYCHIATRIST/BEHAVIOUR THERAPIST</b>	
<p><b>Mental health disorders</b></p>	<p>Diagnosis of depression/anxiety/OCD other Medications required /desired effects / Presenting behaviours / risk to self or others</p>
<p><b>Behavioural Disorders</b></p>	<p><b>AUTISM, ASPERGERS, ADHD</b> Is there a behavioural management plan in place? Does the client need referral for same? Any soothing/calming techniques</p>

PALLIATIVE CARE CONTACT DETAILS OF PALLIATIVE CARE TEAM	
Palliative conditions	<p>Is there a current palliative care order <i>-(patient choices plan) (refer to CNC)</i></p> <p>Refer to palliative care services for management –syringe driver, deterioration</p> <p>Explain to parent / carer that they will need to discuss plan with ETD in relation to the Basic Life Support policy and rescue breaths</p> <p>Case conference may be required with Multidisciplinary team</p>
<b>EQUIPMENT AND CONSUMABLES</b>	
<p>Ensure parent / carer has provided adequate information on care and maintenance of all equipment required (Ask for manuals).</p> <p>Equipment is obtained by parents, self purchase or from outside programs.</p> <p>Stress importance of informing service of any planned / anticipated or actual change to equipment and devices as this will often result in additional training requirements which may potentially delay services</p>	
<b>MEDICATIONS</b>	
<p>Regular &amp; PRN Medications - Medication, form, strength, dose, route, time and any other instructions</p> <p>Medications not suitable for administration via Gastrostomy, alternative to be sought.</p> <p>Secure storage or medication &amp; liquids, re Fridgeration?</p> <p>Discuss:</p> <ul style="list-style-type: none"> <li>• To come under ETD Policy: storage, packaging, equipment, documentation of administration, principal and GP authorization, importance of Doctor's written authority matching pharmacy label</li> <li>• Exceptions: Enteral medication</li> <li>• Providing a cooler pack for excursions</li> <li>• Indications for PRN medications</li> </ul> <p>Offer assistance to help the family comply with procedures, Liaise with GP or Pharmacist as required.</p>	

<b>ADDITIONAL CONSIDERATIONS</b>
<b>FURTHER CONSULTATION</b>
<p>Where planning is complex and requires further consultation, document all consultation sought in progress notes and refer to any correspondence e.g. letters or emails</p> <p>If during the assessment signs and symptoms are noted that suggest an unmanaged or unpredictable health issue: Use <b>Support Model - Assessment table / Risk Assessment form</b> followed by escalation procedure - CNC , Clinical Meeting, Review Panel as required</p>
<b>ENVIRONMENTAL ASSESSMENT</b>
<p>An assessment of the environment in which support is going to occur will often be required. This will include an assessment of the physical lay-out of the environment to see if it is safe and allows mobility and comfort for the client and any equipment they may have. There also needs to be an assessment of the ease of access for ambulance officers and other emergency personnel. Where the environment poses potential risks or compromise to a client, concerns need to be reported to the school principal and/or school Workplace safety representative.</p>
<b>PROXIMITY TO EMERGENCY SERVICES</b>
<p>Ensure parents are aware that choice of school location may cause prolonged ambulance response time For clients in remote areas including camps and other trips out of the metropolitan area, it may be necessary for the school to liaise with local ambulance services regarding clients particularly at risk. Parents of these children should be encouraged to accompany their child on these trips. Does the client have an ambulance alert in place?</p>
<b>EMERGENCY CONTACT AVAILABILITY</b>
<p>Establish if the parent/ carer are able and prepared to immediately take over from a care worker in an emergency situation. Such contingencies should be clearly documented in the Health Plan. The capacity of the parent/ carer to be able to immediately take over in an emergency may be a factor in determining the support model recommended for the client.</p>
<b>SUPPORT STAFF AND RESOURCES</b>
<p>Based on the Healthcare Assessment, the Registered Nurse will make and document recommendations to the school principal for the training, skills assessment and resources required to support the student.</p> <p>Many factors may affect the support model required to provide safe care for the student. This decision making process can be assisted by using the <b>Support Model - Assessment table / Risk Assessment form</b>.</p>
<b>ALERTS</b>
<p>It is essential to enter dates of Alerts identified on Alerts form at front of client record, these must then be written in detail on the Health Assessment form. Examples: Anaphylaxis, Seizures, Asthma, Tracheostomy, Medication etc.</p>















## AGENDA

<b>Subject</b>	HAAS program planning	<b>Meeting No:</b>	1
<b>Date</b>			
<b>Time</b>			
<b>Location</b>	Level 2, 1 Moore Street CIVIC		
<b>Chair</b>	Daina Neverauskas		
<b>Secretariat</b>			

Attendees	Initials	Service/Title	Attendance	Apology
Daina Neverauskas		Director WYC Community Health Programs		
Sue Byrnes		Manager of Nursing Services WYC Community Health Programs		
Carolyn Thomas		Manager WYC Community Health Programs		
Narelle O'Connor		Schools Clinical Nurse Consultant		
Kerry Heath		Manager - School Improvement Aboriginal and Torres Strait Islander Education and Student Engagement		
Beth Mitchell		Director - School Improvement Aboriginal and Torres Strait Islander Education and Student Engagement		

### AGENDA ITEM 1: Apologies

### AGENDA ITEM 2: Previous Minutes NIL

### AGENDA ITEM 3: Brief HAAS program update

No.	Item	Responsibility	Time
1	Background overview		
2	Work to date		
3	Update on current clients		
4	Update on future clients		

### AGENDA ITEM 4: MOU and HAAS Program schedule

No.	Item	Responsibility	Time
1	MOU		
2	Draft HAAS schedule to sit under MOU		

### AGENDA ITEM 5: ETD policy update

No.	Item	Responsibility	Time
1	EDT Catheter and medication policy update		
2	Keeping LSA's safe		

No.	Item	Responsibility	Time
1	Panel members to be decided/invited		
2	TOR for HAAS panel to be drafted		

**AGENDA ITEM 7: Intake panel paediatrician – progress on this**

No.	Item	Responsibility	Time
1			

**AGENDA ITEM 8: Recruitment of RN2 for HAAS program**

No.	Item	Responsibility	Time
1			

**AGENDA ITEM 9: HAAS Brochures**

No.	Item	Responsibility	Time
1	Information for families		
2	Information for schools		
3	HAAS Program guidelines for families		

**AGENDA ITEM 10: Interagency reference committee (IRC)**

No.	Item	Responsibility	Time
1	IRC members identified		
2	IRC TOR drafted		

**AGENDA ITEM 11: Next meeting**

**Date:**

**Time:**

**Venue:**





























































## AGENDA

<b>Subject</b>	HAAS Operational Meeting	<b>Meeting No</b>	1
<b>Date</b>	27 <sup>th</sup> Jan 2015		
<b>Time</b>	1130 - 1300		
<b>Location</b>	Moore Street		
<b>Chair</b>	Julie Irving		

Attendees		Initials	Service/Title	Attendance	Apology
Carolyn	Thomas	CT	Manager Central		
Julie	Irving	JI	CNC HAAS		
Deb	Bali	DB	HAAS RN		
Anna	Preston	AP	HAAS RN		
Lesley	Smith	LS	HAAS RN		

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### **AGENDA ITEM 1:** Apologies:

### **AGENDA ITEM 2:** Previous Minutes:

1. Transition Planning: where are we up to? Is everyone ready for Day 1 Term 1? Any concerns?
2. Appreciation and acknowledgement cards and emails sent in Week 9 – a couple of email replies
3. Palliative Care – any ongoing issues? Or concerns?

### **AGENDA ITEM 3:** Review of current state of play

No.	Item	Responsibility	Time
1	What is happening for Malkara and Cranleigh?	Julie	5 minutes
2	What is happening at Black Mountain? What is the best way to support them February 2015?	Julie, Deb, Leslie, Anna	10 minutes
3	Where are we up to with the rest of the schools? Are we entirely prepared for Day 1 Term 1 for all HAAS students? Any highlighted concerns?	Julie, Deb, Leslie, Anna	30 minutes

### **AGENDA ITEM 4:** Documentation

No.	Item	Responsibility	Time
1	Documentation	Julie	5 minutes
2	Discuss audit results	Julie	5 minutes

### **AGENDA ITEM 5:** Training/competencies

No.	Item	Responsibility	Time
1	Discrepancies in training identified. Ideas?	Julie, Deb, Leslie, Anna	5 minutes

No.	Item	Responsibility	Time
1	Contact lists updating	Julie and volunteer	5 minutes
2	When receiving referrals for new HAAS students need to forward these on to Ian so that he is aware that applications are underway.	Julie	5 minutes
3	When Healthcare Support Plan is completed Principals need to site, and sign so that they are aware of student needs.	Julie	5 minutes
4	What are thoughts on division of labour? Do you want to allocate areas? Do you want to have your own case loads? What would happen if someone was away?	Julie	10 minutes
5	NDIS – what should we be saying to parents/carers?	Carolyn	10 minutes

**AGENDA ITEM 7:**

Next meeting **Date:** 25/01/15 **Time:** 1130 **Venue:** 1 Moore Street























AEU HAAS meeting 16/2/15 – main points

- Lack of guidelines given to AEU and DET
- AEU wants HAAS to succeed and students to attend school
- AEU will continue to support until all are satisfied
- HAAS has been 'stopped' at Cranleigh and Malkara without clear explanation
- HAAS has worked in mainstream but BMS is different altogether
- Concerns are being address very high up the DET ladder
- Concern over nurses at BMS not being able to assist in emergencies
- Are 2 first aid officers enough at BMS without nurses??
- Tania B is not 1<sup>st</sup> aid trained but is currently in HAAS program
- Confusion over displaying of health alerts
- Increased workload of all staff
- Does HAAS cover LSA/teacher duty statement
- No guide/meeting/guidelines given by DET
- Call for nurses to be at school for back up in case of emergencies
- National inconsistency: NSW = no teachers do HAAS, QLD = exec doing HAAS
- Is HAAS voluntary? Guilt / job stability a major factor
- Confusion/worry over legal liability if/when mistakes made
- More work for no more money
- Potential refusal to perform HAAS by union members if not satisfied with changes of practise (could come down to vote)











TERM 1 (Plan)	TERM 2 (Communicate)	TERM 3 (Develop)	TERM 4 (Train)
<p>1. ETD first aid policy rolled out to schools for all non HAAS students (IB)</p> <p>2. Develop joint 'language statements' to use around HAAS (joint)</p> <ul style="list-style-type: none"> <li>○ Normalising</li> <li>○ Student centred</li> <li>○ Inclusive</li> <li>○ Sustainable</li> </ul> <p>3. Engage P&amp;C to assist with parent engagement (IB)</p> <p>4. Ask Principal of Cranleigh the best way to engage and communicate with parents (IB)</p>	<p>Aim: Engage school staff, parents with the HAAS model</p> <p>1. Iain to identify dates of school events we can attend to communicate re HAAS.</p> <p>Book dates for:</p> <ol style="list-style-type: none"> <li>1. P&amp;C meetings</li> <li>2. Parent teacher nights</li> <li>3. Open nights (IB)</li> </ol> <p>2. Talk at DERG. When is this? Get on to agenda (IB)</p> <p>3. Talk to School network reference group. When, agenda? (IB)</p> <p>4. Put HAAS info into school newsletters (joint)</p>	<p>1. Schools to decide who will be the LSA's in 2016?</p> <p>2. Schools to develop classroom plans for 2016 – in particular the specialist schools</p> <p>3. Identify potential new HAAS clients from new 2016 enrolments</p> <p>4. Media opportunities? (both)</p>	<p>Training to ensure all in place for start of 2016</p>

Iain Barr wrote; After our recent meeting, it is clear that we need to come to a common understanding about:

- Language used in the Assigned Level of Care documentation
- Black Mountain School classroom operation and how HAAS can respond to the particular needs of the school – including the number of staff required to manage HAAS at BMS.
- Summary of concerns raised by school staff as a result of HAAS.
- Communication protocols between Health, the school and ETD.



















































## HAAS RN1 @BMS – Planning April 2015

The HAAS RN2's continues as normal. One of the two HAAS RN2 has the BMS 'case load' and an ongoing presence at the school, however they are not based there.

### HAAS RN1 does:

1. Takes over the *level 2* students at BMS. This = ■■■ students (workload as above)
2. Does support the *level 1* HAAS workers (*level 3* HAAS workers contact the RN2 as usual)
3. Does instruct the ETD staff in what to observe for in level ■■■ students that would alert them to call the HAAS RN1

### The HAAS BMS RN1 does not:

1. Do general school first aid
2. Give medication to non *level 2* HAAS students
3. Complete emergency care plans for general students
4. Organise feeding clinics
5. Attend excursions

### Risks:

1. *Level 2* students may not be adequately supervised (as under the usual HAAS model) for signs of deterioration as the RN1 cannot be in all rooms all the time
2. Pressure from the school community for the RN1 to work out of scope in a 'school as hospital' acute context
3. *Level 2* students will not be able to go on excursion
4. Previous problem of lack of professional development opportunity
5. Unable to leave the school during the school day
6. Problems with backfill

### Needs:

1. ETD will provide office space and a computer for the RN1 at BMS
2. To agree that this RN1 position is a 'pilot'
3. To have an agreement that an RN1 will be at the school for *level 2* students. If the school has few (or none) *level 2* students the nurse does not remain - Program guidelines updated
  - ETD to provide an office space and computer for the RN
  - Education to confirm that HAAS is no longer on hold at Malkara and Cranleigh so we can proceed at these schools
  - Do we need to confirm in writing that any future 1:1 HAAS Workers at any school across the ACT will be funded by ETD?

- ETD first aid and medication policy will be rolled out across ACT Gov schools with some priority
- Compliance with ETD medication policy at all ACT Gov schools including BMS is the responsibility of ETD

**Concerns:**

1. That Cranleigh, Malkara and Woden (or the ETD union/P&C) will also want a similar RN1 once word gets out
2. ...
3. ...

**Planning:**

- = 08.30 - 15.30hrs per day
- = 32.5 hours a week/65 hours a fortnight
- =0.85 FTE (under schedule 4)
- No ADO requirement

Filled by 2 x part time staff or one full time staff member

## Hagan, John (Health)

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**From:** Thomas, Carolyn (Health)  
**Sent:** Thursday, 2 April 2015 9:37 AM  
**To:** Long, Christine (Health)  
**Cc:** Govey, Helen (Health); O'Connor, Narelle (Health)  
**Subject:** HAAS meeting 30th March

Hi Christine,

Narelle and I had a meeting at BMS on Monday 30<sup>th</sup> March with Frank Fogliati (BMS Principal), Alison Gunning and Andrew McDonald (Executive Teachers) to progress the points from our meeting on 19<sup>th</sup> March that we (Health) had agreed to take the lead on. These are:

1. Language used in HAAS (make it less medical)
2. Review the number of staff trained for students in the context of various school settings during the day
3. Prioritise the students who need extra staff trained
4. Revisit information for classroom staff who are not HAAS credentialed
5. confidentiality

While we made some limited inroad into the areas listed above, the overwhelming concern for the school, and the issue they wished to discuss, is staff levels, in particular number of extra LSA's. This was a point raised at the meeting on 19<sup>th</sup> March for ETD to address.

The main understanding that Narelle and I gained from the meeting is that it is not necessarily the number of HAAS workers required for a student, it is also the number of staff needed for the OPERATIONAL needs of the school to allow the HAAS tasks to occur.

For example; in an average classroom there might be a teacher and two LSA's, all are trained HAAS workers for one student in this classroom who is HAAS level 2 (intermittent health tasks but constant supervision needed). There are 6 or 10 other students in the class room and the two LSA's have to leave the classroom regularly to attend to the personal care of the students in the room (this takes two people and can involve use of hoists etc and we are told this can take the entire day in some high needs rooms) leaving only the teacher in the room with 6 or more students as well the as supervision of the HAAS student. If the HAAS student then has an unexpected event (as outlined on their HAAS healthcare plan) then the teacher has to attend to this. This potentially leaves the other students without adequate supervision. It is a very complex school.

Frank mentioned that there is a plan to locate more high needs students at Woden school which he feels would make HAAS easier to implement at BMS. He plans on taking his staffing concerns directly to the Exec Director/Deputy Director General (ETD) as he feels is not being heard by or assisted by next in line management.

The school still needs much support.

### 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**  
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 e-mail: [carolyn.thomas@act.gov.au](mailto:carolyn.thomas@act.gov.au)

Care | Excellence | Collaboration | Integrity



COMPARISON of Access Assistance Program (SA) and Healthcare Access At School (ACT)

Element	Access Assistance Program (AAP)	Healthcare Access At School (HAAS)
Model	Nurse delegation model Registered Nurse to unlicensed worker Complex and Invasive care for children	Nurse delegation model Registered Nurse to unlicensed worker Complex and invasive care for children
Scope of program	School settings Respite settings	School settings only
Worker qualifications	Unlicensed workers employed by Disability Services	Unlicensed workers employed by ETD First Aid Certificate recommended
RN Training	RN required to hold Cert IV in Training and Assessment	RN required to hold (or working towards) Cert IV in Training and Assessment
Unregulated worker training	<p>Worker pre-requisite training:</p> <ul style="list-style-type: none"> <li>• Infection control</li> <li>• BLS</li> </ul> <p>Worker training based on individual health support needs and includes:</p> <ul style="list-style-type: none"> <li>• Orientation to the health plan</li> <li>• Specific health support training</li> <li>• Competency based assessment</li> </ul>	<p>Worker training based on individual health support needs and includes:</p> <ul style="list-style-type: none"> <li>• Orientation to the health plan</li> <li>• Specific health support training</li> <li>• Infection control</li> <li>• OHS aspects</li> <li>• Competency based assessment</li> <li>• Buddying until both HAAS worker and RN are satisfied task is being carried out safely</li> </ul>

# questions for the HAAS meeting

CPSU

<p>1 Who is in charge of the HAAS program?</p>	<p>Each Directorate is responsible for their employees and the duties that they perform as employees. HAAS is a joint venture.</p>
<p>2 Who are the other major players the Unions and ETD DCC need to be aware of?</p>	<p>From a Health perspective: parents, students, Health employees and the ANMF.</p>
<p>3 How much money is this new arrangement going to save the ACT Government, and the two directorates?</p>	<p>It costs more.</p>
<p>4 When will the HAAS program switch from trial to live?</p>	<p>This is yet to be determined. The current issues need to be resolved and an evaluation undertaken.</p>
<p>5 Professional responsibilities. You have a regulated task (nurse level medical care) delegated to a unregulated workforce.  How often will nurses get the chance to supervise staff and to give extra training?</p>	<p>The national Decision Making Framework that guides nursing practice allows for Registered Nurses (RNs) to delegate to unregulated workers, in some instances.  The focus of this model is on the nurse planning care, identifying the appropriate skills required and therefore who can deliver the care and then training for the delivery of the care.  Each care plan will state the frequency with which care will be reviewed i.e. it will depend on the nature of care for each student enrolled in HAAS.</p>
<p>6 My understanding was the original staffing level was five nurses. Then it went down to two and now it's three. Is this the case?  Do you see this staffing level or any other changing again before you start the project?  Has the originally calculated LSA staff level changed?</p>	<p>5 RNs (not FTE) Current nurse staffing in HAAS is 5 RN plus a nurse manager</p>

<p><b>7 Nurses registration relies on safe practice and in this case their practice will be contingent on unregulated worker.</b></p> <p>If LSA does something outside competency or doesn't apply the competence when required it results in a poor health outcome. What protection does the nurse have if this happens?</p>	<p>The nurse's role is to assess the level of care required in conjunction with parents and key health professionals. Based on the care plan, the necessary skills are determined and the nurse delivers the training and assesses for competence. The nurse then reviews the care plan and the competence at the interval identified in the care plan.</p>
<p><b>8 For most problems that come up along the course of the program I imagine ETD would hope that they can be solved at the school level?</b></p> <p>What kinds of problems have you prepared for?</p> <p>ETD and Health will need to have a HASS Consultative Committee or something to that effect. Do you have Terms of reference and when can we see them? What sorts of problems do you think this committee will handle?</p>	<p><b>ETD and ACT Health jointly govern HAAS</b></p>
<p><b>9 I'm guessing there are no plans to outsource this HAAS in any way due to the One Human Services System but from what I understand Lindy is the NDIS Transition Liaison Officer.</b></p> <p>Are you going to outsource any of this?</p>	<p>No plan to outsource at this time but many of the children will be eligible for an NDIS package</p>
<p><b>10 How does HASS link to NDIS?</b></p>	<p>In ACT Health HAAS is an in-kind contribution.</p>

<p><b>11 How does it link to the School Youth Nurse Health Program?</b></p>	<p>There is no link to the School Youth Health Nurse Program which requires quite a different skill set from healthcare within a Specialist School and the HAAS RN role.</p>
<p><b>12 What are the major pieces of legislation you are using for the project?</b></p> <p>You didn't mention the EA? Why's that?</p>	<p>Children and Young People Act 2008  Medicines, Poisons and Therapeutic Goods Act 2008  Health Professionals ACT 2004 (ACT)  Health Professionals Regulation 2004 (ACT)  Health Act 1993 (ACT)  Public Health Act 1997 (ACT)  Freedom of Information Act 1989 (ACT)  Criminal Code 2002 (ACT)  Privacy Act 1988 (Cth)  Education Act 2004 (ACT)  Health Records (Privacy and Access) Act 1997 (ACT)</p> <p>ACTPS Nursing and Midwifery Enterprise Agreement 2013-2017</p> <p>Key document that is not legislation:  A National Framework for the Development of Decision-making Tools for Nursing and Midwifery Practice (NMBA) 2007</p>
<p><b>13 Is it only LSAs who will be taking on HAAS duties or do you have plans to include other staff?</b></p>	<p>From an ACT Health perspective, we anticipate it would be a nurse or an LSA.</p>
<p><b>14 Is a first aid certificate the only formal training that staff will get? Are you planning on paying FA allowance?</b></p>	<p>Recommended that LSA have a first aid certificate, however not mandatory.</p>
<p><b>15 A HAAS RN will assess the school setting where healthcare tasks are to be performed. Assessing workplace safety requires formal training. Will the nurses be receiving training for this?</b></p>	<p>Assessing the appropriateness of applying the care plan in the school environment is the Principal's call.</p>

<p><b>16 How many people are currently deemed HAAS competent?</b></p> <p>How many will you have ready to go first day of term next year? How many more are you expecting to put on over the year?</p>	<p>No-one is HAAS competent. For every student enrolled in HAAS, at least 3 people are trained (until competent and confident) to deliver the care.</p>
<p><b>17 The RN retains accountability for the decision to delegate and for monitoring outcomes. The RN also provides ongoing support as needed.</b></p> <p>What accountability do the LSAs have? What risks have you identified around this? What measures are you taking to eliminate these risks? Where is your research coming from?</p>	<p>ACT Health are working with the Australian Nursing and Midwifery Federation (ANMF) and in line with the National Framework for the Development of Decision-making Tools for Nursing and Midwifery Practice, to review the accountability framework.</p> <p>The nurse's role is to assess the level of care required in conjunction with parents and key health professionals. Based on the care plan, the necessary skills are determined and the nurse delivers the training and assesses for competence. The nurse then reviews the care plan and the competence at the interval identified in the care plan.</p> <p>The plan prescribes the action to be taken should a student's health status change including emergency situations when first aid and calling an Ambulance apply.</p>
<p><b>18 I assume you are using a risk matrix as part of your decision making process. Please describe the matrix to us?</b></p>	<p>It's the ACT Health Risk Assessment Matrix.</p>
<p><b>19 At DCC it came up that ETD plans to just call an ambulance when things go south.</b></p> <p>How often are you currently calling an ambulance for HAAS work and, going off your risk matrix, how often do you expect you will be calling 000 one the nurses vacate the space?</p>	<p>Calling an ambulance would be an appropriate response to an emergency event.</p>

<p><b>20 Am I right in thinking that most HAAS eligible students will be identified by ETD staff at enrolment?</b></p> <p>How many students do you think will be missed during enrolment and how do you plan to cater for those students when they are identified?</p>	<p>Children can be referred to HAAS by medical staff, principals and parents.</p>
<p><b>21 What information is being sent to Principals?</b></p> <p>I spoke to a principle the other day who said there was a 'Principal's Pack'. What's that and when do we get one?</p>	
<p><b>22 HAAS workers are people who want to help out. They already have ridiculous workloads.</b></p> <p>HAAS workers are expected to look after HAAS students only. How do you intend to make sure that is the case?</p>	
<p><b>23 Under what circumstances will you begin recruiting specifically for LSA's willing to undertake HAAS work?</b></p> <p>Will all new School Assistants get their jobs based on their willingness to join HAAS?</p>	

<p><b>24 The HAAS RN will provide training on required tasks to the HAAS worker at the school. This may involve the presence of the student.</b></p> <p>So the HAAS workers will be learning on live humans? If this is the case are they covered to work on students before they are deemed competent?</p> <p>How are you going to get the meds into the test subjects?</p>	<p>The training includes 'buddying' by the RN to ensure that no child is placed at risk during the training.</p>
<p><b>25 HAAS RN's cannot delegate giving medication.</b></p>	<p>This is true and it relates to RNs requiring a prescription by a doctor which isn't the case for unregulated workers. Normal ETD arrangements apply here.</p>
<p><b>26 Will you be encouraging the students to take increased responsibility of their own care?</b></p> <p>If so how and when?</p> <p>Will this lead to a phasing out of some HAAS workers, and in turn a higher workload for less staff?</p>	<p>Yes, but only in incremental steps appropriate to the student's development.</p> <p>Some student's core requirements will not change. A few students care requirements will increase as their condition deteriorates.</p>
<p><b>27 What effect has the trial had on the health and wellbeing of staff?</b></p> <p>My members are telling me that in cases it can be very stressful. It concerns me that ETD does not know this and even more so that nothing is being done.</p>	<p>Anecdotally some LSAs have reported to the HAAS RNs that they are enjoying the expansion of their role.</p>

<p><b>28 What will happen to students if their HAAS worker goes away on a long period of emergency leave?</b></p> <p>Will the ability to take leave be affected by the HAAS program?</p>	<p>Replacement LSAs would be trained.</p>
<p><b>29 What plans do you have to take staff feedback?</b></p> <p>What are you obligated to do with this feedback?</p> <p>Will you be consulting with them?</p>	<p>Visual processes and procedures</p>
<p><b>30 Being that HAAS will be taking place in schools, ETD will be responsible for maintaining the facilities used.</b></p>	
<p><b>31 Will the HAAS workers be given this task on top of their regular duties and looking after their HAAS student?</b></p>	

## Notes on proposed HAAS Service delivery model

### AIM

1. Families are included in planning
2. Appropriate sustainable care is given
3. Children attend school safely

### WHAT WE KNOW

1. HAAS is working well in mainstream schools
2. HAAS is working well at Woden (3 students + Nurse going once a day to check up and give lunch time insulin). The school report that they do not need a nurse
3. HAAS intermittent and 1:1 care is working well at BMS.
4. Level 2 ('line of sight') is struggling at BMS
5. HAAS is on hold at Cranleigh and Malkara

### ISSUES

1. ANMF have disputed the appropriateness of using the delegation model
2. Schools have issues providing supervision as attempted in the previous 'level 2' model (which outlined intermittent tasks but continuous supervision).
3. BMS is struggling to provide first aid to non HAAS students. This was also the concern at Cranleigh and Malkara schools. Woden does first aid very well

### ALTERNATIVE MODEL

A service delivery model is proposed as it will not require such a strong collaboration with ETD. We could provide a targeted service to train school staff for identified tasks only.

Anything outside the tasks on the healthcare plan would be managed by the school under their first aid policy

Two levels of care are provided in this model; intermittent and 1:1

A suggested draft service provision MOU outline is provided

**Collaboration model:** As recommended by the ANMF

ETD is not a member of the HEALTH care team so a collaborative model is not supported under the national framework.

Under the national decision-making framework '*Collaboration refers to all members of the health care team working in partnership with consumers and each other to provide the highest standard of, and access to, health care. Collaborative relationships depend on mutual respect. Successful collaboration depends on communication, consultation and joint decision*

*making within a risk management framework, to enable appropriate referral and to ensure effective, efficient and safe health care.'*

HAAS does collaborate with other members of the healthcare team when completing the healthneeds assessment which is used to inform the care plan development.

## **SPECIAL SCHOOLS**

BMS is a busy and chaotic school with students moving through classrooms frequently and attending regular off campus activities. The school is managing the intermittent tasks and 1:1 students but is struggling with continuous supervision (by someone who knows what to look for) and with first aid tasks for the rest of the school. The RN has previously provided a 'first aid style service' at the school in between the planned health tasks. This could be met with a non regulated worker who did not have (or had very minimal) classroom duties and was available for first aid situations.

Most common first aid requirements are:

1. Unexpected epilepsy management (timing the fit, positioning the student if required and medication if listed on the school's first aid epilepsy management plan)
2. Students who appear unwell and may need to go home.
3. Other activities undertaken by the nurse are:

The current situation whereby BMS retains some students under the HAAS model AND has a nurse attending to some HAAS students as well as providing first aid to the general school is easing the pressure - but not eliminating it.

## BACKGROUND information

One of the main purposes of HAAS is to advise schools of how to safely include students with healthcare needs. Schools have a legal imperative under the Disability Standards for Education 2005, The Disability Discrimination Act 1992 and teacher's legal obligations under 'duty of care' to provide all reasonable adjustments to support a child to attend school regardless of their disability/health need.

Schools have a legal imperative to **consult** when unsure of how to support these health needs for students with disability. The purpose of this advice is to support teachers in meeting their obligations under the *Disability Standards for Education 2005* (Commonwealth of Australia, 2006) (The Standards) to ensure that all students with disability are able to participate in the Australian Curriculum on the same basis as their peers through rigorous, meaningful and dignified learning programs. It builds on the general *Student diversity advice* and applies to all educational settings and contexts, including specialist schools and support classes.

The *Disability Discrimination Act 1992* and *The Standards* are intended to give students with disability the same rights as other students, including the right to education and training '**on the same basis**' as students without disability. *The Standards* apply to education providers, including principals, schools and teachers. Principals and schools can meet their obligations under *The Standards* by giving consideration to '*reasonable adjustments*' to ensure that students with disability are provided with opportunities to participate in education and training on the same basis as students without disability. Before any adjustments are made, '*consultation*' takes place between the school, student, and parents or carers.

What is '**consultation**' and who is involved?

- Schools need to comply with the Disability Standards for Education 2005, in regards to consultation, ensuring that there is a team of people who have significant knowledge and understanding of the student, including the student and their family members or carers.
- 'Consultation' can involve the principal, class teachers and support teachers, and can include **the professional expertise of therapists and other community service providers**.
- The purpose of the 'consultation' is to identify the barriers to a student's learning and any adjustments that could be made.
- 'Consultation' should take place regularly and changes made to adjustments if needed.
- 'Consultation' should continue for the whole time that the student is involved with the school.

In special schools and Learning Support Units (LSU's) the role of the LSA includes supporting the teacher in the provision of educational program for students with disabilities and meeting their physical care needs in terms of toileting and feeding. **This may also include working under the direction of a physiotherapist, speech pathologist or occupational therapist in the provision of an individual therapy program.**

The law imposes a legal duty on teachers and schools to take care of the safety and well-being of pupils in their care. This *duty of care* arises where a **teacher-pupil** relationship exists. Duty of care can be defined as "an obligation, recognised by law, to avoid conduct fraught with unreasonable risk of danger to others". Every teacher and school authority owes a duty of care to take reasonable care to ensure that their acts or omissions do not cause reasonably foreseeable injury to their pupils

### Notes from HAAS meeting 13/5/15 15.30hrs

Attendance: Ian Thompson, Liz Chatham, Christine Long, Margaret McLeod, Helen Govey, Narelle O'Connor, Carolyn Thomas

#### Minister Corbell:

- No one in charge. Health to take the lead
- Communication needed with Parents of HAAS students/potential HAAS students/students ineligible for HAAS
- He wants it fixed and has no set view.

#### Points of note:

- HAAS in mainstream schools works well
- Malkara and Cranleigh schools need a communication plan developed for parents
- BMS- issue is really about non HAAS students. Need a clear communication plan for parents at this school
- Woden- concern at this school is equity. If other schools have a nurse they want one too. Possible expansion of this school to include some students from BMS (and increase the complexity at this school) needs to be confirmed with ETD
- Review: small 'r' is needed to reassess/take stock
- Separate HAAS from the special school nurses
- A certificate qualification for LSA's is not mandatory, but it is relevant and appropriate.
- The workload for LSA's: ETD need to address this

#### Nursing issues

- ANMF concerns
- Nurses at special schools are making decisions that are out of scope
- Does the work at the special schools actually require a nurse? Not at Malkara and Cranleigh; majority of time non nursing duties.
- Maintaining nurses is an issue (recruitment issues)
- We need a description of what the SS nurses do at these schools including non nursing duties.
- What does the school request of the nurse that is out of scope?
- The schools like nurses available

Other

- The first official HAAS client commenced at the beginning of term 1 in 2013. Aranda primary School
- A gradual expansion since then
- An evaluation was planned for when transition completed – however this is now on hold
- Discussion as to if the healthcare plan would be different if a nurse was caring for the student: No it would be the same.
- We need to maintain separation between the HAAS nurse role and the SS nurse role
- First aid officers at BMS could be used instead of nurses
- Marg pointed out that nurses are not trained to triage or to deliver first aid (even in our office we have to call the first aid officer – and we are all nurses) .
- We need to know what the general health needs of the student are, need to know from teachers.
- First aid officers will also have limits to their skill set and availability. We could advise the ETD first aid policy as it is still in draft.
- Last parliament sitting day is 17<sup>th</sup> August. We need to deliver an answer. Paper finalised by end of July including a communication plan and implementation plan.
- Change the Woden School meeting to be with ETD instead. A without prejudice discussion is required (not a \$ conversation)
- Need a whiteboard plan for Liz

Take someone off line to undertake this project

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End

**Hagan, John (Health)**

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**From:** O'Connor, Narelle (Health)  
**Sent:** Monday, 25 May 2015 12:39 PM  
**To:** Govey, Helen (Health); Thomas, Carolyn (Health); Long, Christine (Health); McLeod, Margaret (Health)  
**Subject:** RE: Draft HAAS model with changes from meeting on 19th May  
**Attachments:** Draft HAAS model with changes from meeting on 19th May.docx

Hi Everyone,  
 I think it looks good. Some changes/comments in purple.  
 Regards  
 Narelle

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**From:** Govey, Helen (Health)  
**Sent:** Monday, 25 May 2015 7:56 AM  
**To:** Thomas, Carolyn (Health); O'Connor, Narelle (Health); Long, Christine (Health); McLeod, Margaret (Health)  
**Subject:** FW: Draft HAAS model with changes from meeting on 19th May

Hi

This looks great.  
 I have made a couple of comments and tracks – bright green line in margin but tracks in red and underlined (could not change, despite best efforts, the colour of the track??).  
 In the governance – is this where you mention the line of 'supervision' eg:  
 - if issues with RN refer to ACT Health Central Team Nurse Manager and similar re HAAS worker?  
 Helen

---

**From:** Thomas, Carolyn (Health)  
**Sent:** Friday, 22 May 2015 11:42 AM  
**To:** Long, Christine (Health); McLeod, Margaret (Health)  
**Cc:** Govey, Helen (Health); O'Connor, Narelle (Health)  
**Subject:** Draft HAAS model with changes from meeting on 19th May

Good morning,

Please find attached the revised HAAS MOU. I have highlighted requested changes and additions from the meeting on 19<sup>th</sup> May in red.

In particular the Governance section (2) may need some tweaking.

If you can track any changes (or add them in green type) I can consolidate into one document.

I will forward you the TOR for the IRC meeting ASAP (☺)

Cheers and thank you

**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)*  
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## Notes from Health + ETD meeting 19th May 4-5.30pm

Re: HAAS

### Attendance:

Health: Ian Thompson, Liz Chatham, Christine Long, Carolyn Thomas

Education: Joanne Garrison, Beth Mitchell, Lindy Abbott, Iain Barr

### Ian Thompson:

- Summarised the notice of motion from the ACT legislative Assembly
- Outlined the time frame (to be tabled on 17<sup>th</sup> August)
- Said that the Minister had asked Health to take the lead on this
- Differentiated between HAAS and what is required in the broader school population
- Asked for this to be clearly outlined in the report
- Described the three levels of clients a being
  1. HAAS students
  2. Potential HAAS students
  3. Non HAAS students
- Said there is confusion at schools as to how to refer to HAAS. Who is eligible etc

### General:

- Liz Chatham discussed ANMF concerns regarding delegation and that a new model had been proposed and had found favour with the ANMF. This was still slight modification required in response to collaboration however she suggested that this be tabled at a joint Health, ETD, ETD union and ANMF meeting in the next weeks. (Tuesday 9<sup>th</sup> June 2015 TBC)
- Parents are generally happy with the HAAS program
- Mainstream schools are generally happy with the program
- It was agreed for the report that Black Mountain, Woden, Cranleigh and Malkara schools will be included. There was debate about other high needs schools such as Turner, however given the tight time frame it will be restricted to the four outlined.
- The main problem lies at Special schools. The ETD union outline issues as:
  1. General increased workload
  2. Training and qualification issues
- ETD will explore an allowance in the new EBA
- The ETD first aid policy for non HAAS students was raised. ETD stated they are working on their First Aid documents as a priority and have asked one of their project officers, Coralie McAlister, to take the lead on progressing this. Duty of care and vicarious liability was discussed. It was agreed that the two directorates cover vicarious liability for staff employed by them.
- The 1007 School policy: *Administration of prescribed medication, catheters & injections to students* was raised as the policy on which HAAS merges with ETD in that it states that *If the directorate through the principal gives written approval for staff to administer such treatment, then it has the duty as an employer to safeguard the welfare of those employees. Therefore, a claim against a staff member would be deemed to be a claim against the directorate or the ACT Government. That is, the directorate would be vicariously liable and*

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*would bear the costs of a legal action brought against the staff member involved. (Vicarious liability affords protection to staff proved negligent in the course of their duty.)*

- Ian Thompson asked that HAAS is merged in to the ETD First Aid policy in particular for duty of care issues
- The final version HAAS MOU will be sent to ETD.

### **The report**

- The assembly report was discussed and how best to progress this.
  - Report to be tabled on 17<sup>th</sup> August. Needs to be completed by Friday 17<sup>th</sup> July
  - Weekly ETD/Health meetings will be scheduled
  - Health have a registered nurse off line to complete this report
  - Health will draft questions for the consultation process
  - Consultation will be held with ETD, Health, parents, teachers, school staff (LSA's) registered nurses and respective unions (as outlined in the assembly minutes)
  - Face to face consultation was the favoured option however given the short time frame survey monkey was proposed as a viable option to be used alongside face to face.
- 

Meeting ended



HAAS Industrial Consultative Committee Meeting 25/5/2015

Three agenda items:

1. Health meeting with ANMF
2. CPSU Questions
3. Actions arising from Assembly motion.

**Attendance:** Ian Thompson (Health), Liz Chatham (Health), Christine Long (Health), Joanne Garrison (ETD), Michelle Tranda (ETD), Beth Mitchell (ETD), [REDACTED] (CPSU), [REDACTED] (ANMF), [REDACTED] (AEU).

1. Health meeting with ANMF

Health representatives met with ANMF to discuss feedback previously provided by ANMF concerning the HAAS model of care. In response to the ANMF concerns, particularly the 'delegation' model, Health is in discussion with ANMF with a model of care that addressed the responsibility and authority concerns that were raised by ANMF.

Action: Health to distribute to the wider group by the end of this week.

The following dot points summarise the discussion that followed:

- Mainstream schools with HAAS students at present are:
  - Aranda Primary School
  - Amaroo
  - Caroline Chisholm
  - Duffy Primary School
  - Evatt Primary School
  - Flynn Pre-school
  - Lanyon
  - Namadji
  - UC High School Kaleen
- Parents are consulted in relation to HAAS as active partners in the development of each student's healthcare plan.
- Health determines the level of care required by each student and the relevant school Principal then determines how this will be managed in the school environment by distributing students and resources to maximise learning e.g. the number of children in wheelchairs that can be accommodated in any given classroom.
- The goal of this work is to ensure children with health care needs can still participate in education.
- The frequency of any review of a child's care plan and the competency with which the healthcare tasks are undertaken, will be identified in each care plan as they will vary based on the child's individual needs.

2. CPSU Questions

See attached spreadsheet. The meeting did not discuss the questions beyond number 14.

3. Actions arising from Assembly motion.

As a result of the Assembly motion, Health needs to report to the Assembly on 17 August. Ian asked the industrial representatives to affirm that HAAS outside of the Specialist Schools is out of scope for the consultation that needs to occur. This was affirmed although concern was expressed about training and remuneration.

Inside scope for consultation with parents, staff, nurses and industrial organisations prior to reporting to the Assembly:

- Recommendations related to the future of HAAS; and
- Recommendations related to the future of any nursing role in Specialist Schools.

Discussion points:

- Legal liability rests with the employer, where an employee acts 'reasonably' within their role. Health employs the nurses and ETD employs school staff.
- LSAs reluctant to sign that they feel confident in undertaking health-related tasks and have requested contact details for when they want further training.

Actions: Health to:

1. provide industrial organisations with contact information; and
2. fast track revision of the form which LSAs are asked to sign as it makes reference to receiving supervision from the nurses (i.e. refers to delegation model).

Action: fortnightly HAAS ICC meetings, the next being the week beginning 8/6/15.

The meeting closed at 3.15pm.



















































HAAS Governance Meeting 2 June 2015

**Attendance:** Liz Chatham (ED WYC Health), Beth Mitchell (ED, ETD), Christine Long (Director, WYCCHP Health), Carolyn Thomas (Manager Central Team, Health), Ian Thompson (DDG Health), Narelle O'Connor (Project Officer) and Kelly McGorm (attended for the item on the questionnaire).

**Apologies:** Michelle Tranda (HR, ETD), Ian Barr (ETD).

**Minutes:** accepted?

**Actions Arising:**

<p>Carolyn to:</p> <ol style="list-style-type: none"> <li>1. email electronic version to Beth ASAP – for Beth to feedback to Health but not distribute as yet;</li> <li>2. provide a list of HAAS procedures to be tabled at the next ICC meeting; and</li> <li>3. include something in the MOU that refers to the communication pathway between ETD and Health.</li> </ol>	<p>All actions completed.</p>
<p><u>Actions:</u> Beth to</p> <ol style="list-style-type: none"> <li>1. book the consultations at the schools;</li> <li>2. prepare message content about the consultation that will occur in relation to the healthcare needs of specialist school students – this will be sent to Liz, Christine and Carolyn for endorsement before being sent to the school principals (this will require a quick turn around by all).</li> </ol>	
<p><u>Actions:</u> Liz:</p> <ol style="list-style-type: none"> <li>1. organise a scribe for the consultations.</li> <li>2. coordinate setting the date and time for the next Governance Meeting, ideally on 1 June to cover the agenda items of the project plan and the survey questions.</li> </ol>	

**First Aid Policy Package**

Ian expressed concern that launching the document at this point in time may imply a pre-determined outcome as there is no reference to nurses. Joanne explained there has been an extensive consultation process, including P&Cs, to this point. There was further discussion about the risk that this could lead to further media attention. Conversation included the possibility that the package would lend itself to being released simultaneously with the outcomes of this 'review'.

Action: Joanne will negotiate, with in ETD the slowing down of the release of this policy.

### ***Administration of prescribed medication, catheters and injections* ETD policy**

ETD confirmed this policy is current. Liz asked if ETD can update it and incorporate HAAS

Action: ETD to review and update.

### **Consultation update:**

Focus groups (gathering information) with staff and parents are scheduled to commence next week. Message has gone to Specialist Schools to invite parents. ETD will be sending a staff member to each consultation as well as the local principal. School principal to MC (i.e. welcome and introductions). Helen Govey will attend the first evening and Christine will attend the others, and Narelle will attend. The consultation period is expected to be from 3.30 – 6.00pm.

Introduction needs to explain the issues and what we are trying to elicit

Action:

Brief Ministers prior to the consultations.

### **Questionnaire**

Agreed with minor changes. Replace the third paragraph of the introduction with, “We are also examining the role of nurses in the Specialist school communities.” Also replace the word, “random”, with language around “sample”. Add a final question asking about “any other concerns”.

Action:

Kelly to make the agreed changes and to arrange for the link to go live today.

### **Focus Groups**

Will need to use the same content for the phone calls and similar content for the focus groups. Discussed format should there be a large group – small groups. Agreed to the three questions proposed by Narelle plus a general question. The questions should be up on the PowerPoint:

1. What are the medical needs of children at ... school?
2. What is the best way to meet these needs?
3. What are the reasons for your response?
4. Do you have any other concerns?

Liz has organised a scribe and asked him to theme the information collected.

Agreed to provide face to face feedback sessions at each schools

Action:

Beth to organise venues – seating at tables.

Narelle to supply butchers' paper and a reminder about the link for parents to take away from the consultation.

**Phone Consultation:**

Agreed that the questionnaire will suffice for the phone consultations.

**Project Plan**

Feedback to the schools – collation of all of the feedback.

Needs addition in the project plan about the preparation and timing of the brief.

**Letter to Parents**

Joanne supports the letter home to parents. Letter needs to specify link and state date that the on-line survey will close. Letter will not be individually addressed but should be addressed, "Dear Parent/Carer". It would be helpful for the letters to be localised i.e. to include specific dates and times for the school in question. Letter to include a reference to a feedback session occurring in the first week of Term 3.

Action:

Narelle to complete today and to email principles direct, including a request principles send the letters this week. Beth and Joanne

**Other Business**

The amount of work that has been done was acknowledged.

**ICC**Action:

Liz to arrange next meeting in week of ICC and to send:

1. List of tasks
2. Previous minutes
3. MOU in draft
4. CPSU questions with answers.

**Next meeting:**

15 June, Liz to arrange further meetings on Tuesdays at the beginning of the date.

Liz will be away for most of July and Beth for most of August and September.

### For the HAAS Review Project

#### Primary Objective

To establish the level of need for medical supervision at the special schools: Woden, Black Mountain, Malkara and Cranleigh.  
To establish the level and make up of teaching and nursing staff required to support students in a classroom setting.

#### Initial Product End Description

- HAAS will continue but may need some modification
- A system for non- HAAS healthcare requirements, including first aid, emergencies and variances in student health status will be established

#### Background

HAAS was implemented at BMS school in 2014 to meet the needs of students who have complex and invasive healthcare needs whilst at school. A number of concerns have been expressed during the transition of the program:

- Teachers have concerns that health needs interfere with education needs
- Do LSA's need qualification to undertake HAAS tasks?
- Are LSA's classification and salary correct?
- Where does the duty of care and liability lie?
- The high volume of healthcare tasks

#### Project Justification

Review requested by the ACT Health Minister, the Honourable Simon Corbell.

#### Business Benefits Expected

All children attending Specialist Schools in ACT will have their health needs at school met in a safe and timely way.

A CT Health and ETD will have an agreed Service Delivery Framework for health needs of children attending special schools

#### Business Alignment

ACT Health Business Plan – WYC "Implement and Review HAAS Program"

Meets National Quality and Safety in Healthcare Standard – Partnering with Consumers

Aligns with One ACT Public Service Blueprint

Aligns with the key principles of ACT Primary Healthcare Strategy 2011-2014

**Project Quality**

Due to the short timeframe of the project, baseline data cannot be provided  
 Project strategies include both quantitative and qualitative data collection through questionnaires and focus groups across all stakeholder groups and literature review.

**Deliverables**

Results of consultation process with stakeholders  
 Recommendations based on this data.

**Out of Scope**

HAAS review in mainstream ACT Public Schools  
 Review of the needs of individual students  
 In depth program evaluation  
 Review of the LSA role  
 Health needs of children outside school hours

**Related Projects**

HAAS

**Assumptions**

HAAS program is successfully being delivered in mainstream (non Special Schools) in the ACT  
 Duty of care for students at school remains the responsibility of ETD  
 The project will include all the health needs of students in special schools and not be limited to the HAAS criteria.

**Constraints**

The project has a very limited time frame from May 25, 2015 16<sup>th</sup> July 2015.

## Outline

Phase	Description	Dates	Which officer	Governance meetings
1	Develop Project Plan and literature review	25 <sup>th</sup> – 28 <sup>th</sup> May	NO'C	25 <sup>th</sup> May
2	<p>Consultation Process</p> <p>Parent face to face forums</p> <ul style="list-style-type: none"> <li>• Woden 9<sup>th</sup></li> <li>• BMS 10<sup>th</sup></li> <li>• Cranleigh 11<sup>th</sup></li> <li>• Malkara 15<sup>th</sup> (TBC)</li> </ul> <p>Staff face to face forums</p> <ul style="list-style-type: none"> <li>• Woden</li> <li>• BMS</li> <li>• Cranleigh</li> <li>• Malkara</li> </ul> <p>Specialist School Nurses face to face forum</p> <p>Questionnaire survey</p> <p>Phone consultations</p>	1 <sup>st</sup> -19 <sup>th</sup> June	<p>NO'C &amp; KMcG</p> <p>NO'C CT CL/HG Lindy Abbott Iain Barr</p> <p>NO'C CT CL/HG Lindy Abbott Iain Barr</p> <p>CL/HG</p> <p>KMcG/NO'C</p> <p>ETD-BM</p>	<p>2<sup>nd</sup> June</p> <p>16<sup>th</sup> June</p>
3	<p>Completion of data compilation and preparation of the report</p> <p>Present results to Clinical Governance meeting</p>	<p>20<sup>th</sup> June – 19<sup>th</sup> July</p> <p>7<sup>th</sup> July</p>	<p>NO'C KMcG</p>	<p>30<sup>th</sup> June</p> <p>7<sup>th</sup> July</p>
4	Present draft report to Clinical Governance meeting	14 <sup>th</sup> July	NO'C	14 <sup>th</sup> July
5	Present report to the Minister	16 <sup>th</sup> July		
6	Stakeholder feedback	after 20 <sup>th</sup> July (Term 3)	Consult with principals	

Position	Name	Signature	Date
Project Officer	Narelle O'Connor		
Project Manager	Christine Long		
Project Sponsor			

















## **Women Youth & Children Community Health Programs Standard Operating Procedure**

### **WYCCHP –Registered Nurses (RN) delegation to Assistants in Nursing (AIN) and other unlicensed workers (however titled) including Health Care Support Workers (HCSW)**

#### **Purpose**

This document outlines the process by which Assistants in Nursing and other unlicensed workers (however titled) including Health Care Support Workers are enabled to provide health care interventions within Women, Youth & Children Community Health Programs (WYCCHP).

#### **Scope**

This procedure pertains to RN's employed in the WYCCHP who are delegating health care activities to Assistants in Nursing and other unlicensed workers (however titled) including Health Care Support Workers.

#### **Procedures**

AIN's and HCSW's are unregulated workers who are enabled to provide health care utilising the joint position statement released by the Australian College of Nursing (formally Royal College of Nursing) and the Australian Nursing Federation. This document endorsed in April 2008 is titled: 'Assistants in Nursing and other unlicensed workers (however titled)'. The following principles from that document apply to unlicensed health workers including HCSW's and AIN's in the WYCCHP:

#### **Principle 1 – Assessment**

Registered nurses undertake the initial and ongoing assessments of nursing care needs.

##### **Explanatory Statement**

*The comprehensive educational preparation of registered nurses provides the necessary skills and knowledge to enable them to carry out assessment, planning, delivery, delegation, ongoing monitoring and evaluation of nursing care. Enrolled nurses contribute to nursing assessment, planning, delivery and ongoing monitoring of people receiving nursing care in accordance with the Australian Nursing and Midwifery Council's competency standards for the enrolled nurse.*

#### **Principle 2 – Delegation**

Following assessment by registered nurses, assistants in nursing and other unlicensed workers (however titled) may be delegated aspects of nursing care, in some care settings and in some jurisdictions, to assist registered nurses and enrolled nurses in the delivery of nursing care.

Document Number	Version	Issue Date	Review Date	Area Responsible
1.1.4	1.0	July 2012	July 2015	WYCCHP

## 1.1.4

**Explanatory Statement**

*The registered nurse is responsible for delegation decisions. Assistants in nursing and other unlicensed workers (however titled) may assist registered nurses during the assessment process and in the delivery of nursing care in some settings and in some jurisdictions. Registered nurses retain overall responsibility for any aspects of nursing care delegated. Nursing care settings in which assistants in nursing and other unlicensed workers (however titled) may be employed are varied but are primarily in community settings, residential aged care, and disability services.*

**Principle 3 – Supervision**

Registered nurses supervise, either directly or indirectly, aspects of nursing care delegated to assistants in nursing and other unlicensed workers (however titled).

**Explanatory Statement**

*Registered nurses are responsible for supervising all delegated activities. Whether supervision is direct or indirect, depends on the acuity of the person requiring care, complexity of the delegated activities, and the level of training, competence and experience of the assistant in nursing or other unlicensed worker (however titled). The registered nurse delegating the care makes the decision as to whether the supervision is direct or indirect. In some jurisdictions enrolled nurses may also supervise assistants in nursing or other unlicensed workers (however titled).*

**Principle 4 – Education**

Assistants in nursing and other unlicensed workers (however titled) should have undertaken relevant education and training consistent with Level III of the Australian Qualifications Framework.

**Explanatory Statement**

*In order to provide safe and competent care all assistants in nursing and other unlicensed workers (however titled) must have undertaken the level of education and training considered necessary for their role. Employers should support and encourage assistants in nursing and other unlicensed workers (however titled) to achieve the necessary education and training or to have commensurate experience and competence formally recognised.*

**Principle 5 – Competence**

The aspects of nursing care that can be undertaken by assistants in nursing and other unlicensed workers (however titled) must be consistent with their level of education, training and competence, and the level of acuity and stability of the person requiring care.

**Explanatory Statement**

*The aspects of nursing care undertaken by assistants in nursing and other unlicensed workers (however titled) is determined by registered nurses having regard to that worker's: degree of educational preparation and demonstrated competence; the acuity of the person requiring care and the complexity of the care; and, the context in which the care is being provided.*

**Principle 6 – Accountability**

Assistants in nursing and other unlicensed workers (however titled) remain accountable for their own actions and are responsible to registered nurses and employers for all delegated activities.

**Explanatory Statement**

Document Number	Version	Issue Date	Review Date	Area Responsible
1.1.4	1.0	July 2012	July 2015	WYCCHP

## 1.1.4

*The registered nurse is responsible for delegation decisions and for supervising the assistant in nursing or other unlicensed worker (however titled) while they are performing delegated aspects of nursing care. Registered nurses retain overall responsibility for any aspects of nursing care delegated. The employer is responsible for the provision of services and for setting the policy framework in which the service is provided. The assistant in nursing or other unlicensed worker (however titled) is responsible for performing the delegated aspects of nursing care in accordance with policy and they are answerable to the registered nurse and the employer for the performance of those aspects of care.*

**Principle 7 – Right to Know**

People receiving nursing care and their families have the right to know the name, designation, qualifications and role of the worker who is involved in their care, and, who is supervising them.

**Explanatory Statement**

*People receiving nursing care and their families must have access to information about the skills and expertise of all workers (however titled) involved in their care.*

**Principle 8 – Employer’s Responsibility**

Employers must provide clear policies and protocols within which assistants in nursing and other unlicensed workers (however titled) function, having regard to the provision of safe care, the legal requirements within the particular jurisdiction care is being provided, and the educational preparation of the assistant in nursing and other unlicensed worker (however titled).

**Explanatory Statement:**

*Employers have a non-delegable duty of care to provide an environment in which safe care can be delivered by workers (however titled) who have the necessary education and training.*

**Evaluation**

**ALERT: In conducting this operational procedure it is a requirement for all Health Directorate staff to comply with the Work Safety Standards to ensure staff and clients safety.**

**Outcome measures**

All Assistants in Nursing and other unlicensed workers (however titled) including Health Care Support Workers will practice within accordance of their competency and under the delegation of a designated RN in the WYCCHP utilising the principals outlined in this SOP.

**Method**

Monitor client feedback, complaint and Riskman data relating to this concern and collected through existing organisational data bases.

Document Number	Version	Issue Date	Review Date	Area Responsible
1.1.4	1.0	July 2012	July 2015	WYCCHP

## 1.1.4

**References**

*Health Professionals Act 2004*, Republication No 22, Effective: 1 July 2010, ACT Government

*Health Professionals Regulation 2004*, Republication no 27, Effective: 12 December 2011, ACT Government

Australian Nursing and Midwifery Council - *National Framework for the Development of Decision Making Tools 2007*, September 2007

Australian Nursing Federation (ANF) Guidelines - *Delegation by Registered Nurses and Registered Midwives*. Endorsed November 2004, reviewed and re-endorsed December 2007 & June 2011.

ANF Policy - *Nursing education: Assistants in Nursing and other unlicensed workers (however titled)*. Endorsed August 2004, reviewed and re-endorsed May 2007 & May 2010

ANF Position Statement - *Assistants in Nursing (however titled) providing aspects of nursing*. Reviewed and re-endorsed November 2004, December 2007 & June 2011.

Royal College of Nursing Australia (RCNA) and ANF Joint Position Statement – *Assistants in nursing and other unlicensed workers (however titled)*. Endorsed April 2008

Australian Qualifications Framework Council – *Australian Qualifications Framework (2011)*. Accessed and retrieved from <http://www.aqf.edu.au> , May 2012

**Disclaimer:** *This document has been developed by Health Directorate, Caring for Kids- WYCCP specifically for its own use. Use of this document and any reliance on the information contained therein by any third party is at his or her own risk and Health Directorate assumes no responsibility whatsoever.*

Document Number	Version	Issue Date	Review Date	Area Responsible
1.1.4	1.0	July 2012	July 2015	WYCCHP



**AGENDA ITEM 4:**

No.	Item	Responsibility	Time
1			
2			
3			
4			
5			

**AGENDA ITEM 5:**

No.	Item	Responsibility	Time
1			
2			
3			
4			
5			

**AGENDA ITEM 6:**

No.	Item	Responsibility	Time
1			
2			
3			
4			
5			

**AGENDA ITEM 7:**

No.	Item	Responsibility	Time
1			
2			
3			
4			
5			

**AGENDA ITEM 8:**

No.	Item	Responsibility	Time
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

**AGENDA ITEM 9:**

No.	Item	Responsibility	Time
1			
2			
3			
4			
5			

**AGENDA ITEM 10:** Next meeting

**Date:**

**Time:**

**Venue:**



## ACTIONS ARISING

Completed		Underway			Overdue	
No	Recommendation	Action	Action Officer	Date Action Due	Outcome / Decision / New Action	Status
1	<b>MOU</b> – Document accepted as draft. The HAAS review will lead to some changes. Impact – mainstream continue as already implemented. Special schools- continue with nurse support until new model from review results.	Reminder that schools still have full duty of care for students and to follow the HAAS communication pathway.	DB, LS			
2	<b>Review Project:</b> Report and recommendation due 17 <sup>th</sup> July. Due to be tabled in parliament 17 <sup>th</sup> Aug.	Report to be completed and feedback sessions to be arranged Term 3 with schools/parents	NO'C			
5	<b>Communication to Parents:</b> Call from BMS parent that there is some confusion regards HAAS, onsite nurse and medications. One mainstream parent concern that HAAS was ending.	To send a letter to all BMS HAAS parents outlining HAAS continues as per Careplan. Include a prompt about school medical paperwork (requested by school). Reassure mainstream parents as needed.	DB			
6	<b>Training:</b> plans, competencies (includes reference to SOP's used), tools. HAAS booklet: expand - competency process & expectations, infection control etc.	Items updated as needed/best practice. HAAS booklet ongoing development – not in use yet. Develop a HAAS clinical guideline & Policy once review completed.	DB, LS ALL			809

87	Training needs: Mainly "buddying" to be completed at BMS.	Arrange as needed. New teacher to train at BMS next term	DB,LS				
8	QI: Review project into Healthcare at Specialist Schools Careplan review	Report to be completed. Ongoing careplan review: Look at restructuring of careplans, meet to discuss/develop final plan in future.	NO/C DB,LS,				
9							
10							
11							
12							
13							
14							
15							

Meeting Friday arvo 26 June

## Discussion

Stakeholder feedback indicates that nurses knowledge and experience is highly valued in school and the continued support of a nurse is of great benefit to the best outcomes for students and the Specialist School community. The requirement under the ANMB standards for nurses to maintain skills, experience, knowledge and current practice in a rapidly changing medical environment needs to be addressed.

Emergency and health management plans are able provide a step by step guide for any individual to follow when a health incident occurs. Health incidents that are not part of the plan would either consultation with the parents, first aid or ambulance to be called or all of these actions. Having a nurse present is unlikely to change that process or outcome.

The survey indicates that both parents and staff appreciate the nurse at school and that all families expect access to a school nurse. In particular having the benefit of the nurses knowledge and experience was valued. In order for the nurses to meet the ANMB nursing standards, and to remain current in rapidly changing health environment opportunities to update skills, knowledge and experience must be provided. As part of professional engagement nurses also need to have opportunity to undertake quality improvement activities.

Parents of children with health needs are choosing their child's school for a range of reasons and indicators are that with the increase in numbers of children attending school who have health needs that this trend will continue. Schools need to be able to safely allow these children to attend school and nurses have a pivotal role in supporting schools through providing assessment, careplan development, staff training and support. With children in 10 schools across the ACT who are currently supported by nurses it is no longer feasible for nurses to remain with one school only.

Staff also felt the a

What parents want

What staff want

Issues with existing nursing role

What parents want

What staff want

What paediatrician says

## Recommendations:

1. At least one first aid officer, who holds advanced first aid officer training, be employed without classroom duty of care to:

- Attend to calls to unexpected health events and follow health management plans
- Provide first aid to school community
- Undertake health administration tasks within role authority ie ensure emergency management plans are up to date and present in classrooms.
- Refer unusual health management plans to the registered nurse
- Provide classroom support with health tasks as needed and able

The number of first aid officers required and arrangements for backfill of this role is for consideration of individual schools. Nurses cannot provide backfill for this role.

#### HAAS RN2 role:

- One nurse at Black Mountain School, one nurse south-side predominantly at Malkara (including Woden) and one nurse north-side predominantly at Cranleigh. The north and south side nursing roles would include HAAS children in mainstream schools.
- Need to start thinking about a caseload for HAAS RN2s and current thinking is that around 15 students is the maximum for a nurse depending on the spread of HAAS students across schools.
  - South
    - Malkara 5, Woden 3, Others 3 = total 11
  - North
    - Cranleigh 5, Kaleen 1, Amaroo 1, Aranda 1, BMS 12
- Existing HAAS roles: health needs assessment with parents, consults with other health professionals as required, assesses school environment, develops a care plan and risk assessment for presentation to Intake Panel, etc
- Where child is ineligible for HAAS, RN could make recommendations
- Information/awareness sessions with classroom staff or wider school team so that teaching staff know what to expect
- Provide advice on health management (non-HAAS) plans where they seem unusual to the First Aid Officer
- Liaise between parents and school staff on health needs (a little concerned about managing the breadth of this) consultation
- First aid competence to support First Aid Officer

#### First Aid Officer (without teaching responsibilities):

- One at each Specialist School recognising the high level of non-verbal students and frequency of first aid incidents (and supported by large number of education employees with first aid qualifications)
- Health administration functions where these clearly align with ETD policies and protocols e.g. overseeing health management plans and making sure the right teachers have relevant information – if in doubt is able to refer to HAAS RN
- Refers unusual/complex health management plans to HAAS RN



URGENT

CORRESPONDENCE CLEARANCE

SUBJECT: Brief: Healthcare Access at School Program consultation

NUMBER: MIN15/819

DATE DUE: .....

- Director-General - Health Directorate: ..... Date: .....
- Deputy Director-General, Strategy & Corporate: ..... Date: .....
- Deputy Director-General, Canberra Hospital & Health Services: *[Signature]* ..... Date: *9/6/15*
- Deputy Director-General, Health Infrastructure and Planning: ..... Date: .....
- Senior Manager, Ministerial and Government Services: *[Signature]* ..... Date: *10/6/15*
- Senior Manager, Communications and Marketing: ..... Date: .....
- 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, HealthCARE Improvement: ..... Date: .....
- Exec Director, Rehabilitation Aged & Community Care: ..... Date: .....
- Exec Director, Surgery, Oral Health & Medical Imaging: ..... Date: .....
- Exec Director, Women Youth & Children: *verbally cleared by Liz* ..... Date: .....
- Manager, Canberra Hospital Foundation: ..... Date: .....
- Director, Donate Life ACT: ..... Date: .....
- Exec Director, Clinical Support Services: ..... Date: .....
- Professional Leads: ..... Date: .....
- Other: ..... Date: .....

UNCLASSIFIED

TRIM No.: MIN15/819

Date Rec'd Minister's Office 12/6/15

**To:** Minister for Health

**From:** Ms Nicole Feely, Director-General ACT Health

**Subject:** Healthcare Access at School Program consultation

**Critical Date:** Not applicable

**Critical Reason:** Not applicable

- DG Health .../.../...
- DDG CHHS .../.../...

### Purpose

1. To provide you with an update on the consultation plan for the proposed review of the Healthcare Access at School (HAAS) program. You have previously been briefed on this matter (Attachment A).

### Background

2. On 5 May 2015, in response to a Motion from Mr Doszpot, the Assembly passed a Resolution outlining your agreement to provide the Assembly with an update on the consultation process relating to the HAAS program by the last sitting week in August 2015.
3. This Resolution was agreed after concerns were raised about the level of need for medical supervision of children at specialist schools (Woden, Black Mountain, Malkara and Cranleigh) and the level and makeup of teaching and nursing staff required to support students in classroom settings.
4. The HAAS model provides health care to students at ACT Government schools who have health needs that cannot be accommodated under the Education and Training Directorate's (ETD) first aid policy. In summary, the HAAS model provides for a registered nurse who works with the family to assess the health needs, develop a care plan, assign the appropriate level of care, train school staff members in the provision of the health task/s and provide ongoing support to the family and school.
5. It is acknowledged by all parties that HAAS is working safely and well in mainstream schools.

### Government Commitment – Other

6. Assembly resolution.

UNCLASSIFIED

## UNCLASSIFIED

**Issues**

7. The specialist schools, with the exception of Woden school, have had a registered nurse based at the school for many years to complete health tasks and provide first aid. ACT Health is reviewing these duties and their appropriateness in line with a registered nurses scope of practice. School staff are concerned that the health tasks, being transferred back to school staff under the HAAS model, are taking up valuable teaching time.
8. Parents have also raised concerns that a nurse will not be based at the school to oversee students who do not require HAAS intervention as their needs are covered by the school's first aid policy (this is the remainder of the school).
9. In response to issues that have been raised, ACT Health has commenced a review of the HAAS implementation in the specialist schools and the overall health needs of students in specialist schools.
10. The review will establish the level of need for medical supervision at the specialist schools (Woden, Black Mountain, Malkara and Cranleigh) and establish the level and make up of teaching and nursing staff required to support students in a classroom setting, and determine whether implementation of the HAAS program will continue in specialist schools.
11. These aims will be achieved through focus groups with parents and school staff, phone interviews, an online survey, governance meetings and consultation with appropriate unions.
12. A consultation process timeline has been prepared and is at Attachment B for your information.

**Financial Implications**

13. Not applicable

**Directorate Consultation**

14. Education and Training Directorate. Senior officers from the ETD are representatives on the governance committee for this project.

**External Consultation**

15. Parents and carers of students in specialist schools.
16. ACT Health is meeting with the ACT Australian Nursing and Midwifery Federation, the Australian Education Union ACT, and the Community and Public Sector Union (CPU) on Thursday 11 June 2015. This will be the third meeting with unions, which are being arranged on an 'as needed' basis.
17. The Commonwealth Department of Education has not been consulted.

UNCLASSIFIED

**Benefits/Sensitivities**

18. At this stage, there is minimal risk to ACT Health. All students in the HAAS program are receiving care as outlined in their care plans. All parents will be consulted as part of this process, and WYCCHP has ongoing discussions with families as they raise concerns.

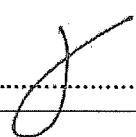
**Media Implications**

19. There has been ongoing media interest in the HAAS Program.

**Recommendation**

That you note the information contained in this brief and attachments.

**Noted / Please Discuss**

Simon Corbell MLA.....  22/6/15

Minister's Comments

Signatory Name:	Elizabeth Chatham	Phone:	6174 7839
Title:	Executive Director, Women, Youth and Children Division		
Date:	4 June 2015		
Action Officer:	Aimee Divorty	Phone:	6244 3659

Copy of  
MIN 15/1518



# CAVEAT BRIEF

A

To: Simon Corbell MLA, Minister for Health

Subject: Healthcare Access at School (HAAS)

Cleared by Director-General ACT Health { \_\_\_ } or Deputy Director-General, CHHS { \_\_\_ }

- Healthcare Access at School (HAAS) provides nurse-led care to students who have complex or invasive health care needs while they are at ACT Government school. This is a nurse delegation model.
- This service is provided by the Health Directorate's Women's Youth and Children, Community Health Program in partnership with the Education and Training Directorate (ETD).
- The model includes a HAAS Registered Nurse (RN) who works with the family and others involved health professionals to develop a care plan for the student. The RN then trains the school Learning Support Assistant (LSA) in the specific health care task/s required to support that particular student. These are often the same tasks that are undertaken by family members or carers when the student is not at school. The training takes as long as is needed for the particular task and the staff members learning needs.
- Detailed background on the HAAS program can be found in the attached Question Time Brief.
- As of 10 April 2015 there are 25 students on the HAAS program enrolled in nine ACT public schools. All HAAS eligible students attending Black Mountain School have been transitioned to the new model of care.
- In March 2015 teachers at the Black Mountain School raised concerns about the implementation of HAAS at the school in relation to the capacity's LSAs have to provide adequate support for students without a greater presence of an RN.
- ANMF and AEU have raised concerns about the model. The AEU have requested that the nurses be reinstated at Black Mountain School. Issues raised by ANMF are being addressed.
- On Friday 10 April a meeting was held with Black Mountain School, the Education Directorate and Health Directorate to discuss what is required to further support the ongoing implementation of the HAAS program at Black Mountain School due to the unique nature of the school.
- ACT Health have agreed to place two registered nurses at Black Mountain School in term 2 to further support families and staff transitioning to the HAAS program

**Communications Implications (including Media) Dot Points:**

Media interest

Contact Officer: Elizabeth Chatham  
Contact Number: 0417 388 032  
Date: 14 April 2015

*A caveat brief contains succinct and factual information in dot point form that is required as a matter of urgency by the Chief Minister's Office or an ACT Health Executive (does not exceed one page).*  
*Caveat briefs sent to the Minister's Office are coordinated via the Senior Manager, Executive Coordination.*

B

Attachment B

## Healthcare in Special Schools Project: Consultation process timeline

25<sup>th</sup> May – 17<sup>th</sup> July 2015

Stakeholder	Strategy	Date/Timeframe
Woden School	focus group - staff	9/6/15 3.30pm
	focus group - parents	9/6/15 4.30pm
BMS	focus group - staff	9/6/15 3.30pm
	focus group - parents	9/6/15 4.30pm
Cranleigh	focus group - staff	9/6/15 3.30pm
	focus group - parents	9/6/15 4.30pm
Malkara	focus group - staff	9/6/15 3.30pm
	focus group - parents	9/6/15 4.30pm
Specialist School nurses	Focus group	TBC
Parents	A random selection of special school parents (15-20% of parents) will be phoned by ETD and asked if they are willing to answer questions – similar to the online survey.	6-19/6/15
<ul style="list-style-type: none"> <li>○ Parents</li> <li>○ School staff</li> <li>○ ETD Managers</li> <li>○ Health Managers</li> <li>○ Specialist School Nurses</li> <li>○ HAAS Nurses</li> </ul>	Online questionnaire	6-19/6/15
All	Feedback on the results of the consultation	Between 20 <sup>th</sup> July and 14 <sup>th</sup> August (still TBC)