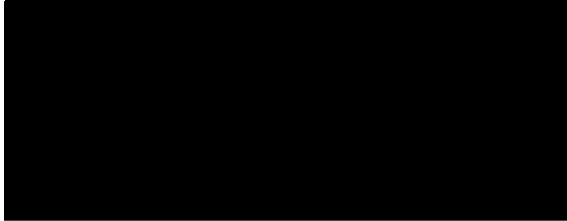


REF: FOI15/32



Dear 

I refer to your application under the *ACT Freedom of Information Act 1989* (the Act), received by ACT Health on 29 June 2015, in which you requested access to documents regarding Healthcare Access at School (HAAS) Program Pilot in ACT Public Schools.

As Executive Director, Women, Youth and Children Division, ACT Health, I am an officer authorised to make a decision in respect of a request for information, under section 22 of the Act.

After conducting a search of all relevant records, ACT Health has identified 818 pages of documents in its possession that meet the scope of your request. I have decided that some are to be partially released, some in full and some exempt in accordance with provisions under the Act, as outlined in the Schedule of Documents.

My decision is appealable under the Act. This means that if you are dissatisfied with this outcome you have a right to seek a review under section 59 of the Act. If you wish to seek a review you should write to:

The Principal Officer  
c/- FOI Coordinator  
Executive Coordination  
Health Directorate  
GPO Box 825  
CANBERRA ACT 2601

You have 28 days from the date of this letter to seek a review of the outcome or such other period as the Principal Officer permits.

Under section 54 of the Act, if you are concerned about the processing of your request or related administrative matters, you may complain to the Ombudsman, who may conduct an independent investigation into your complaint. There is no fee for this, and the contact details are as follows:

The Ombudsman  
GPO Box 442  
CANBERRA ACT 2601

If you have any queries concerning this Directorate's processing of your request, or would like further information, please contact the Freedom of Information Coordinator on 6205 1340 or via email at: [HealthFOI@act.gov.au](mailto:HealthFOI@act.gov.au)

Yours sincerely



Elizabeth Chatham  
Executive Director  
Women, Youth and Children Division

20 October 2015

FOLIO	ITEM	DATE	STATUS	REASON FOR EXEMPTION	Internet publication – YES/NO – if no, why not
1	Email from Carolyn Thomas to Ros Donohoe regarding Woden school	15/12/11	Part Release S.41	Disclosure of personal information	Yes
2-6	Email from Daina Neverauskas regarding project outline	28/02/12	Part Release Out of scope and S.36	Personal opinion and deliberations	Yes
7	Update on woden school activities	08/03/12	Part release S.41	Disclosure of personal information	Yes
8	Update on woden school activities	15/03/12	Part release S.41	Disclosure of personal information	Yes
9-24	Email from Helen Jackson regarding power point presentation and attachments	22/03/12	Part Release S.36	Personal opinion and deliberations	Yes
25-28	Students with complex medical needs in ACT public Schools	March 2012	Exempt S.41	Disclosure of personal information	Yes
29-54	Email from [REDACTED] to Carolyn Thomas regarding Access Assist Program and attachments: Government of south Australia – RN delegation of care service model and Draft Service Agreement	29/03/12	Part release S.36 and S.41	Disclosure of personal information. Personal opinion and deliberations	Yes
55-71	Email from Carolyn Thomas to Elizabeth Chatham et al regarding children at school with complex health care requirements and attachment	11/04/12	Full Release		Yes

72-76	Email from Diana Neverauskas to Stephen Gniel regarding project outline and attachment	19/04/12	Part release S.36	Personal opinion and deliberations	Yes
77-79	Stakeholder meeting – children with complex health care needs in education settings – action minutes	20/04/12	Full Release		Yes
80-81	Stakeholder meeting – children with complex health care needs in education settings – agenda	20/04/12	Full Release		Yes
82-88	Email from Helen Jackson to Carolyn Thomas and Narelle O'Connor regarding project report	14/06/12	Part release S.41	Disclosure of personal information	Yes
89-92	Email from Helen Jackson to Narelle O'Connor regarding comparison of models and draft attachment	15/06/12	Part release S.36	Personal opinion and deliberations	Yes
93-96	Draft - Comparison of models	17/06/12	Exempt S.36	Personal opinion and deliberations	Yes
97-98	Special school nurses model of care consultation process notes	20/06/12	Full Release		Yes
99-101	Email from Carolyn Thomas to Daina Neverauskas et al regarding complex health care working group agenda	17/07/12	Full Release		Yes
102-104	Action Statement – Working Group: Complex health care needs in schools	01/08/12	Full Release		Yes
105-111	Email from Helen Jackson to Daina Neverauskas et al regarding DERG power point presentation and attachments	06/08/12	Full Release		Yes
112-122	Email from Helen Jackson to Sue Byrnes et al regarding draft discussion paper for complex care	14/08/12	Part release S.36	Personal opinion and deliberations	Yes



123-124	Email from Helen Jackson to Narelle O'Connor and Carolyn Thomas regarding SA information	15/08/12	Full Release		Yes
125-156	Email from Helen Jackson to Narelle O'Connor and Carolyn Thomas regarding SA documentation and attachments	22/08/12	Part release S.36 And S.41	Personal opinion and deliberations. Disclosure of personal information.	Yes
157-166	CHHS Clinical record Standard operating Procedure	October 2012	Full Release		Yes
167-172	Notes for Community consultation presentation	November 2012	Full Release		Yes
173-180	Meeting Healthcare needs in ACT schools discussion paper – final draft	November 2012	Full Release		Yes
181-185	Draft referral form	November 2012	Exempt S.36	Personal opinion and deliberations	Yes
186-188	Working group: complex health care needs in schools action statement	01/11/12	Full Release		Yes
189-191	Email from Helen Jackson with Working group: complex health care needs in schools action statement	02/11/12	Full Release		Yes
192-215	Email from Helen Jackson to Carolyn Thomas et al regarding community consultation presentation and attachments	02/11/12	Full Release		Yes
216-221	Email from Helen Jackson to Carolyn Thomas and Narelle O'Connor regarding final project drafts	02/11/12	Part Release S.36	Personal opinion and deliberations	Yes
222-224	Community Health Intake Referral form	Undated	Full Release		Yes
225-227	HAAS Sample communication plan	Undated	Full Release		Yes

228	Medical Practitioner's order for medication administration	December 2012	Out of scope		Yes
229 - 249	Email from Helen Jackson regarding draft report from community consultation	12/12/12	Full Release		Yes
250-269	Guidelines for registered nurses, registered midwives and enrolled nurses	Undated	Full Release		Yes
270-276	Email from Helen Jackson regarding referral process and referral form for complex and invasive healthcare in schools	13/12/12	Part release S.36	Personal opinion and deliberations	Yes
277-278	Template – Healthcare support Plan	Undated	Full Release		Yes
279	HAAS process flow chart	Undated	Exempt S.36	Personal opinion and deliberations	Yes
280	HAAS Process	Undated	Full Release		Yes
281	Governance considerations	Undated	Full Release		Yes
282	Agenda – HAAS program update	12/02/13	Full Release		Yes
283	Disability education Reference Group Agenda	19/02/13	Part release - Out of scope		Yes
284-286	Standing committee on education, training and youth affairs	Undated	Exempt S.46	Cabinet-in-Confidence	Yes
287	HAAS meeting agenda	25/02/13	Full Release		Yes
288-289	Email from Carolyn Thomas re HAAS meeting on 25/2/13	26/02/13	Full Release		Yes
290-294	HAAS Assessment form	March 2013	Full Release		Yes
295	HAAS Interagency reference Committee Terms or Reference - Draft	15/03/13	Exempt S.36	Personal opinion and deliberations	Yes
296-318	Email from Carolyn Thomas regarding HAAS suitability with email attachments	21/03/13	Part release S.36	Personal opinion and deliberations	Yes

319	HAAS meeting action items	22/03/13	Full Release		Yes
320	Notes from meeting with special school principals – HAAS program	Undated	Out of scope		Yes
321	Specialist Schools Principal's meeting agenda	27/03/13	Part release – Out of scope		Yes
322-324	Draft HAAS guide for parents and carers	April 2013	Exempt S.36	Personal opinion and deliberations	Yes
325-326	HAAS Support model assessment form	April 2013	Full Release		Yes
327-328	Tasks that may be delegated to staff at school under HAAS	Undated	Full Release		Yes
329-332	Epilepsy Foundation Seizure Observation Record	Undated	Full Release		Yes
333	Draft - HAAS Review Panel Information for panel members	22/04/13	Exempt S.36	Personal opinion and deliberations	Yes
334	Draft – HAAS Review Panel information for families and schools	22/04/13	Exempt S.36	Personal opinion and deliberations	Yes
335-337	Statement of collaborative intent – 2014-2019 between ACT Health and ETD	Undated	Part Release - Out of scope	Third party consultation - ETD	Yes
338-342	Email from Megan Carey regarding MIN13/293 – HAAS question on notice	07/05/13		Requires third party consultation – ETD	Yes
343-344	Email from Carolyn Thomas regarding HAAS meeting agenda items	30/05/13	Full Release		Yes
345	HAAS meeting agenda	30/05/13	Full Release		Yes
346-347	Draft HAAS Intake meeting terms of reference	13/06/13	Exempt S.36	Personal opinion and deliberations	Yes
348-359	Email from Sue Byrnes to Dr Jeff Fletcher regarding health care access at school involvement and email attachments	14/06/13	Part release S.36	Personal opinion and deliberations	Yes

360-369	Email from Sue Byrnes to Dr Graham Reynolds regarding health care access at school involvement and email attachments	14/06/13	Part release S.36	Personal opinion and deliberations	Yes
370-399	Email from Kelly McGorm regarding HAAS Schedule and draft schedule attachment	26/06/13	Part release S.36	Personal opinion and deliberations	Yes
400-403	HAAS information for families	undated	Full Release		Yes
404-407	Emil from Kelly Swan to Carolyn Thomas regarding HAAS information	10/07/15	Full Release		Yes
408-416	Emails from Carolyn Thomas to Samantha Barr regarding HAAS draft brochure and attachment	17/07/13	Full Release		Yes
417-421	HAAS meeting action statement	23/07/13	Part release S.41 & Out of scope	Documents affecting personal privacy	Yes
422-423	HAAS meeting agenda	23/07/13	Part release – out of scope		Yes
424	HAAS feedback session notes	08/08/13	Part release – S.41	Documents affecting personal privacy	Yes
425	HAAS program information	Undated	Full Release		Yes
426-445	Email from Sue Byrnes regarding HAAS meeting notes and attachments	13/09/13	Part release – S.41 and out of scope	Documents affecting personal privacy	Yes
446-448	HAAS frequently asked questions	Undated	Full Release		Yes
449 - 465	Diabetes at school – HAAS	August 2013	Full Release		Yes
466-471	HAAS mapping of potential clients in schools	Undated	Part release - Out of scope		Yes

472-474	Transition of black mountain school to HAAS model	Undated	Full Release		Yes
475-478	Draft HAAS communications strategy	December 2013	Exempt S.36	Personal opinion and deliberations	Yes
479-482	HAAS project risk assessment matrix 1	Undated	Full Release		Yes
483	Queensland Government form – voluntary undertaking to perform a specialised health procedure	Undated	Out of scope		Yes
484-487	Draft HAAS Fact sheet for families	Undated	Exempt S.36	Personal opinion and deliberations	Yes
488-489	HAAS assigned level of care form	Undated	Full Release		Yes
490-503	HAAS suctioning presentation	February 2014	Full Release		Yes
504-522	Ministerial brief regarding HAAS Program	February 2014	Part release S.36 S.40 S.41	Personal opinion and deliberations. Documents affecting the operations of an agency. Documents affecting personal privacy.	Yes
523 – 525	Draft HAAS fact sheet for principals and school staff	February 2014	Exempt S.36	Personal opinion and deliberations	Yes
526-528	HAAS nurse pathway project outline	Undated	Full Release		Yes
529-530	HAAS – nurse concerns and ideas	Undated	Out of scope		Yes
531-534	HAAS implementation planning meeting action statement	18/03/14	Part release – S.41 / out of scope	Documents affecting personal privacy	Yes

535-539	Email from Jackie Andersen regarding HAAS program ministerial caveat brief	14/04/14	Part release – S. 35 S.36	Executive document for consideration by the Minister Working document	Yes
540 – 559	HAAS Draft program guidelines	23/04/14	Exempt – S.36	Personal opinion and deliberations	Yes
560	HAAS values statement	Undated	Full Release		Yes
561-563	HAAS fact sheet for families	April 2014	Exempt S.36	Personal opinion and deliberations	Yes
564-573	Email from Christine Long regarding HAAS draft program guidelines and draft guidelines attachment	27/05/14	Part release S.36	Personal opinion and deliberations	Yes
574	Approval for ETD staff to undertake HAAS training – draft form	29/05/14	Exempt – S.36	Personal opinion and deliberations	Yes
575-579	HAAS individual care plan template	Undated	Full Release		Yes
580-581	Health care support plan template	Undated	Full Release		Yes
582-583	HAAS communication pathway template	Undated	Full Release		Yes
584-588	HAAS assessment form template	Undated	Full Release		Yes
589-594	HAAS support model assessment template	undated	Full Release		Yes
595-616	HAAS Draft program guidelines	10/06/14	Exempt S.36	Personal opinion and deliberations	Yes
617-620	Draft - First Aid Book general procedures	Undated	Exempt S.36	Personal opinion and deliberations	Yes
621	Information for HAAS program advisory paediatrician	June 2013	Full Release		Yes

622	Information for HAAS program review panel	June 2013	Full Release		Yes
623-624	Email from Greg Wagg regarding HAAS transition	11/06/14	Full Release		Yes
625	HAAS Values statement	Undated	Full Release		Yes
626	HAAS information sheet	Undated	Full Release		Yes
627	Five levels of care according to the delegation model	Undated	Full Release		Yes
628-629	HAAS operational meeting agenda	05/11/14	Full Release		Yes
630-631	HAAS operational meeting agenda	12/11/14	Part release – out of scope		Yes
632	Agenda – special schools transition to HAAS model	19/11/14	Full Release		Yes
633-636	HAAS information for families	Undated	Full Release		Yes
637	Process for establishing HAAS support in schools	Undated	Full Release		Yes
638-639	Legal Concerns – Action statement	21/11/14	Out of scope		Yes
640-641	HAAS operational meeting action statement	03/12/14	Part release – out of scope		Yes
642-643	Draft HAAS meeting terms of reference 2015	Undated	Exempt S.36	Personal opinion and deliberations	Yes
644-650	HAAS assessment guide	Undated	Full Release		Yes
651-652	Draft HAAS review panel terms of reference	Undated	Exempt – S.36	Personal opinion and deliberations	Yes

653-654	Draft HAAS interagency reference committee terms of reference	Undated	Exempt – S.36	Personal opinion and deliberations	Yes
655-656	Draft HAAS interagency reference committee terms of reference	Undated	Exempt – S.36	Personal opinion and deliberations	Yes
657-658	HAAS program planning agenda	Undated	Full Release		Yes
659-661	Draft instructions – capturing HAAS activity on ACTPAS	13/01/15	Exempt – S.36	Personal opinion and deliberations	Yes
662-665	Draft School policy for administration of prescribed medication and injections to students on HAAS program	Undated	Exempt – S.36	Personal opinion and deliberations	Yes
666-687	Draft HAAS program guidelines/schedule	21/01/15	Exempt – S.36	Personal opinion and deliberations	Yes
688-689	HAAS operational meeting agenda	27/01/15	Full Release		Yes
690-697	Feedback from ANMF regarding HAAS model of care concerns	30/01/15	Out of scope		Yes
698-700	Draft HAAS factsheet for principals and school staff	February 2015	Exempt S.36	Personal opinion and deliberations	Yes
701	AEU HAAS meeting main points	16/02/15	Full Release		Yes
702-706	Ministerial brief regarding ANMF HAAS nursing staff	23/02/15	Out of scope		Yes
707	Notes from HAAS meeting	2/3/15	Full Release		Yes
708-732	Draft procedures for HAAS pilot in public schools	12/03/15	Exempt S.36	Personal opinion and deliberations	Yes
733-734	HAAS RN1 black mountain school planning dat	April 2015	Part release – out of scope		Yes
735	Email from Carolyn Thomas regarding HAAS meeting	02/04/15	Full Release		Yes



736	Comparison of access assistance program (SA) and HAAS	Undated	Full Release		Yes
737-743	HAAS questions from CPSU	Undated	Full Release		Yes
744-746	Notes on proposed HAAS service delivery model	Undated	Full Release		Yes
747-748	Notes from HAAS meeting	13/05/15	Full Release		Yes
749 – 756	Email from Narelle O'Connor regarding draft has model and draft attachment	24/5/15	Part release S.36	Personal opinion and deliberations	Yes
757-758	Notes from Health and ETD HAAS meeting	19/5/15	Full Release		Yes
759	Notes from Health and ANMF HAAS meeting	19/5/15	Out of scope		Yes
760-761	HAAS industrial consultative committee meeting notes	25/2/15	Full Release		Yes
762 – 782	Healthcare needs of students attending ACT specialist schools – Survey monkey results	Undated	Out of scope		Yes
783 – 786	HAAS revised model options 1 - 4	Undated	Exempt S.36	Personal opinion and deliberations	Yes
787 – 790	HAAS Governance meeting	2/6/15	Full Release		Yes
791 – 793	HAAS Review Project outline	Undated	Full Release		Yes
794 – 800	Draft HAAS memorandum of understanding	12/06/15	Exempt S.36	Personal opinion and deliberations	Yes

801 – 804	Women, youth and children community health programs standard operating procedure – registered nurses delegation to assistants in nursing and other unlicensed workers including health care support workers	Undated	Full Release		Yes
805- 807	HAAS operational meeting agenda	24/06/15	Full Release		Yes
808- 810	HAAS operational meeting action statement	24/06/15	Part release – out of scope		Yes
811- 812	HAAS meeting notes	26/06/15	Full Release		Yes
813- 818	Ministerial brief regarding HAAS consultation	22/06/15	Full Release		Yes

## Hagan, John (Health)

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**From:** Thomas, Carolyn  
**Sent:** Thursday, 15 December 2011 11:54 AM  
**To:** Donohoe, Ros (ACTEDU)  
**Subject:** Woden school [REDACTED] [REDACTED]

Good morning Ros,

There are certainly some interesting developments regarding services we provide to students with additional health care needs in schools. I am thrilled at the opportunity to develop a new model. I take it you know we will provide a nurse from the beginning of term one in 2012 - for 6 months - to attend to the Woden students Blood Sugar Levels (BSL) as well as to take on the project role to develop the new model.

A few things I hoped you could assist me with before school finishes for the year. Or can point me towards who can assist.

1. We need to speak with the parents of [REDACTED] Before the start of the 2012 school year. Can we arrange to meet with them in the new year? We will be available to meet any time from the 9<sup>th</sup> January. We can meet at their home if required.
2. Can you arrange for an office and computer at Woden school for the nurse to use? I would really like this finalised by the end of the term (by Wednesday next week!) as we are very time limited with the Special School Project (which is what I am calling it for now) and we need to hit the ground running at the beginning of term 1. From previous experience with the School Youth Health Nurses this process took many months to organise and we don't have the luxury of time. If we have an Education computer we can use Citrix to log onto the 'health' system.
3. Can I please get a list of Woden School names and contact numbers for 2012 please? (Principal, Deputy, front desk etc)

Thank you for your energy and enthusiasm in driving this change process. As I said, I am thrilled at this golden opportunity.

Kind regards

*It's beginning to look a lot like Christmas!*

Carolyn Thomas | Manager

Phone 62051575 | mobile 0408648945 | Fax 62051591

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

Nurse Audiometry | School Immunisation | Kindergarten Health Check

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

1 Moore St Canberra ACT | GP Box 825 Canberra ACT 2601 | [www.health.act.gov.au](http://www.health.act.gov.au)

## Hagan, John (Health)

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**From:** Neverauskas, Daina  
**Sent:** Tuesday, 28 February 2012 11:28 AM  
**To:** Gniel, Stephen; Johnston, Jayne  
**Cc:** Chatham, Elizabeth; Thomas, Carolyn  
**Attachments:** Record of meeting 3 February 12.doc; Project outline - Provision of health services to children and young people in the education system.doc

**Importance:** High

Hi Stephen and Jayne,

Attached is a slightly reworked project plan, notes from our last meeting and costing to give you an idea of what my budget is already committing to support the nurses in special schools

We also need to arrange:

- A consumer forum which will include parents of special school students and 'targeted families' - would DET arrange this one?
- A key stakeholder forum – directors with assistance from project staff. We are happy to coordinate this (especially if DET are doing the consumer one). Helen and Carolyn have discussed a power point overview of different models we are considering.

These meetings are scheduled to take place in February/March as outlined in the project outline, so need to be scheduled fairly soon.

Please accept my apologies for the delay in getting this to you.

Cheers

Daina

Daina Neverauskas | Director Community Health Programs

Phone (02) 6205 1197, 6205 5028 | Fax (02) 6205 1591 | Mobile 0403 061 391

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

1 Moore St Canberra ACT | GP Box 825 Canberra ACT 2601 | [www.health.act.gov.au](http://www.health.act.gov.au)

Care ▲ Excellence ▲ Collaboration ▲ Integrity



**Record of meeting Division of Women, Youth and Children and School Improvement  
Re Service Agreement and project plan for service provision  
3/2/2012**

Present: Elizabeth Chatham, Jayne Johnston, Daina Neverauskas, Stephen Gneil,

It was agreed that in the spirit of partnership and reflecting a whole of government approach that the respective Directorates would provide a 50/50% funding contribution to the project.

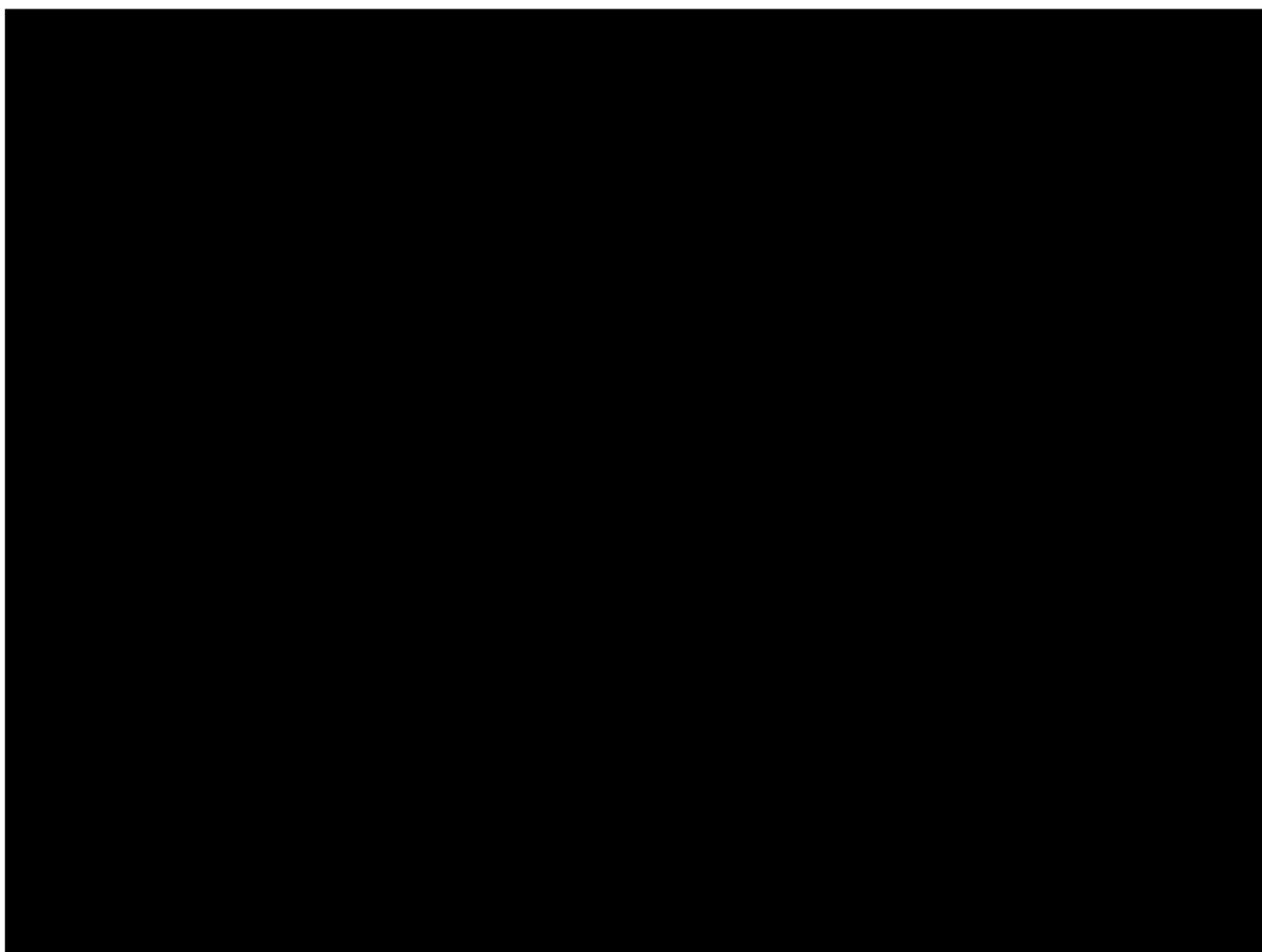
The project outline was supported and the following action items were identified to progress the issue. It was agreed that the development of an SLA was an urgent priority.

Action items:

- Daina to provide costing for Health's contribution to the project. (see below)
- Daina to meet with Ross O'Donohue to commence the process of developing a SLA
- Jayne to brief the Education and Training representative on the Strategic Governance Group.

**Health costs associated with implementing and supporting the Special school program and additional nurse at Woden Special School and HCSW at two mainstream schools.**

Costings are for the 6 month period. The costings are for the additional support funded by health to enable the provision of services at the special schools and for HCSW. The initial funds transferred from Education and Training was for three nursing positions only.











## Update on Woden School activities 8 March 2012

- E-mail and phone call from Ros Donohue about an alert system using the 'green card' via the school councillors to notify the department of student's with complex health care needs. This meeting with the counsellors takes place prior to enrolment and is accessed by a panel to provide resources. I am meeting with Ros on Friday 9 March to discuss and see this process and associated paperwork.
- Penny Mims the Deputy has organised for an update on the project to be presented at the Special Education Conference on the 17 April 2.40 -3.30pm in a concurrent session. Carolyn and Ros will join me as co facilitates.
- Carolyn had discussion with Ros to organise Principals and parent focus groups. The date proposed is 3 April 3.30 -5.00pm. Ros needs this confirmed to start booking rooms and sending invitations to Principals.
- Stakeholders meeting has been organised for 29 March 11.30am – 1.00pm.
- Attended an education session provided for Woden staff by Paula Bird and the students OT on manual handling and moving the student from a wheel chair to bean bag. The father was involved and provided valuable information on the students care.
- Buccal medication administration session is on hold until after the ILP have been completed over the next 3 weeks.

### In general

- Computer access via citrix continues to be temperamental and challenging with 'word' becoming corrupt while working on H drive and I lost a whole document. Fortunately I had backed it up an hour earlier on my personal hard drive. I am going to do my work straight to this drive from now on. I am about ¾ of the way through the analysis the literature and writing up the summaries.
- Thank you for following up the mobile internet access , it will be beneficial as when I am working on the hard drive I don't have internet access until I long in through CITRIX.
- I start my leave on Friday 16 March who will be covering for this day? I will let them know where the keys can be found. I will let Meryl know for the following week.

*Helen Jackson*

## Update on Woden School activities 15 March 2012

- Meeting with Ros Donohue on 9 March these are dot points
  - ✓ discussed green card that is used by school councillors. It could be used as an alert to schools for a complex healthcare need. These assessments are usually associated with a disability; however there is a section for chronic illness that could be utilised for complex health care needs. A process could be put in place to alert the Principal that an early enrolment is need to get healthcare plans, training etc in place prior to student starting school.
  - ✓ Asked about data collection for the project. Ros has her inclusion teachers collecting data as they go to all ACT schools. Ros is keeping a record of all enquires she receives for complex health care needs.
  - ✓ Ros will attend the key stakeholders meeting and will co facilitate the Special Educators conference concurrent session in April.
  - ✓ Provided Ros with an update and information on SA processes and models. She informed me that the department often sources SA for information.
  - ✓ Discussed the need for complex healthcare is not always associated with a disability. Ros has found this with the requests from a mainstream preschool. Preschool is another area not covered by her section.
  - ✓ Ros will organise the Principals and parent focus groups for 3 April.
- Preparing PowerPoint presentation for stakeholders meeting on 29 March 11.30am – 1.00pm.
- Buccal medication administration session is on hold until after the ILP have been completed over the next 3 weeks.

### In general

- Computer access via citrix continues to be temperamental, slow and challenging I am using it for e-mails and access to Q drive if required. I have mobile internet access and I can use it with the computer and my personal hard drive to do the project work. It can be difficult to save the work to Q and H drive at times as it will work periodically. I can copy to these folders on Thursday when I go to the City for an update.
- I have almost completed the write up for the literature review and have commenced the project report as they interlink. This is on hold as I get the PowerPoint ready.
- I start my leave on Friday 16 March returning Monday 26 I have handed over in person and with an e-mail to Erin and Meryl.
- This has been a disruptive week with Individual Learning Plan interviews with parents and my room has been needed. I have moved into the staff room with my computer and mobile internet has been an asset.

*Helen Jackson*

**Hagan, John (Health)**

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**From:** Helen Jackson [REDACTED]  
**Sent:** Thursday, 22 March 2012 5:08 PM  
**To:** Thomas, Carolyn  
**Subject:** Power point presentation  
**Attachments:** Project presentation.pptx; Notes for Slide show..doc

Hi Carolyn,

I have attached the power point presentation and notes for the session on Thursday.

I haven't had much time to work on them this week.

This is what I have so far, I still need to add more notes but I think you will get the picture of where I am heading.

Have you thought about what will happen with Woden on this day?

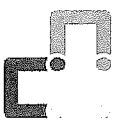
Talk to you on Monday hopefully I will get some more work done on the weekend.

Cheers Helen

*Helen Jackson*







CANBERRA HOSPITAL  
AND HEALTH SERVICES

**CHILDREN AT SCHOOL WITH  
COMPLEX HEALTH CARE  
REQUIREMENTS  
PROJECT 2012**

# What is happening in the ACT

- no clear framework or model
- no data on healthcare needs in schools
- need to link with other agencies and services

## **What is happening overseas and in others states of Australia?**

- Internationally (UK, USA, Canada)
- Australia (SA, Victoria, NSW, Tasmania)



## **What can we learn from the literature and research?**

- Macro verses service provision
- Impact on the child/young person
- Impact on families
- Impact on schools
- Impact on nurses

## What is the literature and research saying people want?

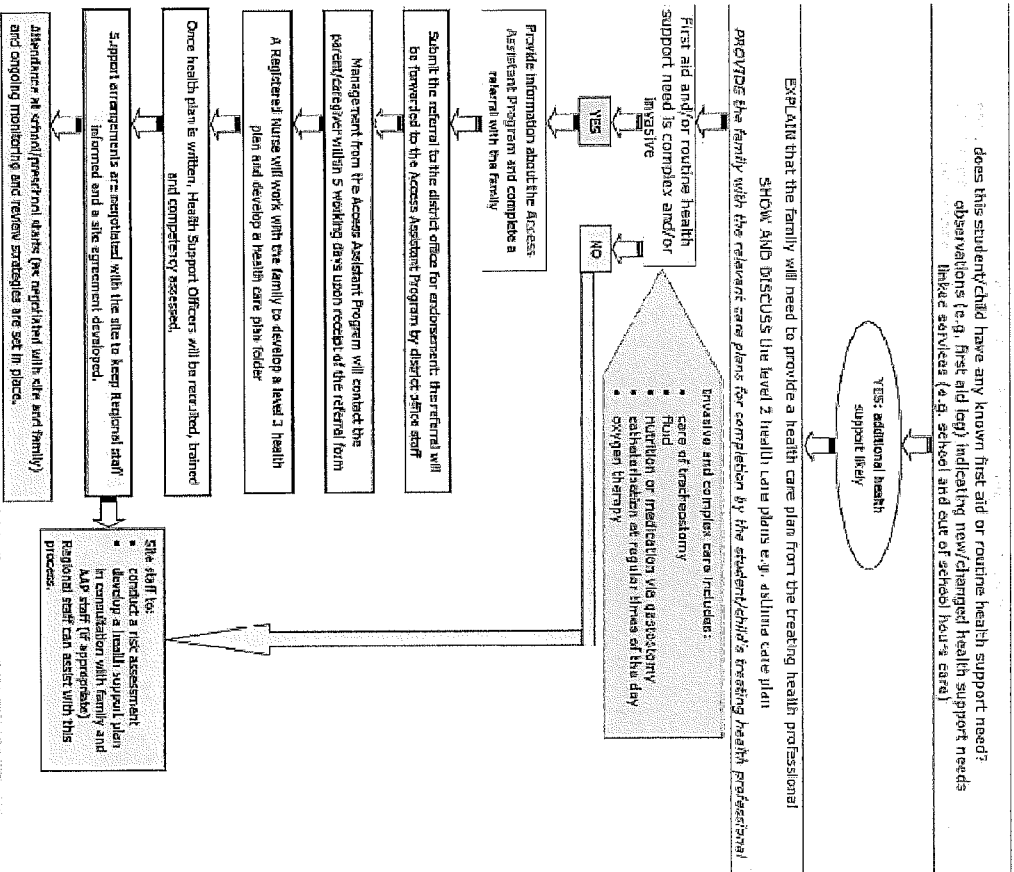
- **Service Providers** - clear definitions, eligibility criteria and assessment tools
- **Child /young person** – do the same as others their age.
- **Families** – clear, realistic indications of the support available
- **Schools** - job descriptions reflecting complex healthcare and their liability
- **Nurses** -governance, training, support for complex care in schools

## **What needs to happen?**

- Whole of Government approach to funding –  
child centred
- Develop a Framework
- Develop a model

[http://www.chess.sa.edu.au/Pathways/path\\_home.htm](http://www.chess.sa.edu.au/Pathways/path_home.htm)

WHAT IS THE PROCESS FOR APPLYING FOR SUPPORT FROM THE ACCESS ASSISTANT PROGRAM?  
 ...AND WHAT HAPPENS AFTER THE REFERRAL?



- Analyse data on actual complex healthcare needs in ACT schools

Medical	Number of students	Health requirements and comments
Diabetes	15	Blood glucose level monitoring & recording Insulin pumps Observations re hypoglycaemia Monitoring food and drink intake Issues around injections Issues for camp attendance
Muscular dystrophy	5	Toilet, eating, drinking, mobility support for some students Deterioration of function over time with increasing medical needs
Cerebral palsy	4	Toilet and personal care support
Tracheostomy	2	Close monitoring – airway intact Suction
Cystic fibrosis	2	Administration of enzymes for absorption of food Gastrostomy tube Cleaning and sterilizing equipment Administering medication
Cancer & Auto immune	2	Monitoring Support with side effects of chemotherapy treatment Possible loss of other functions – hearing, vision Support for peers in understanding
Multiple and other complex	2	Gastrostomy tube Seizure activity Resuscitation may be required Catheterisation Paraplegia/Quadriplegia/Hemiplegia
Acquired brain injury	1	Toilet, eating, drinking support, mobility may require support (wheelchair access)
Other	3	Toilet, food, fluid, fatigue monitoring

# What needs to be developed ?

- Action plan
- Parent information booklet
- Process for early identification and enrolment in schools
- Create a dual HCSW/LSA role in schools
- Processes and templates for a complex healthcare plans
- Develop education packages
- Develop delegation protocols

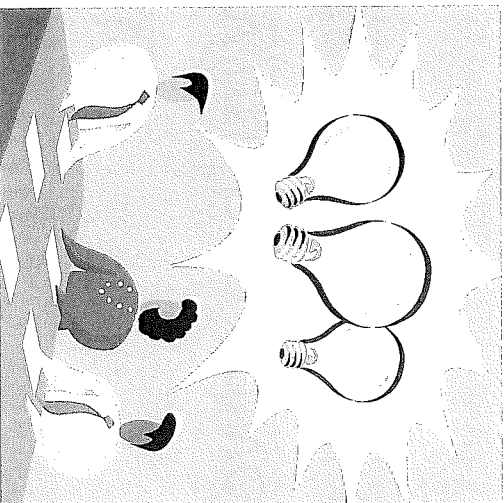
# ***Thank you***

## Email addresses

[helen.jackson@act.gov.au](mailto:helen.jackson@act.gov.au)

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

[ros.donohoe@act.gov.au](mailto:ros.donohoe@act.gov.au)

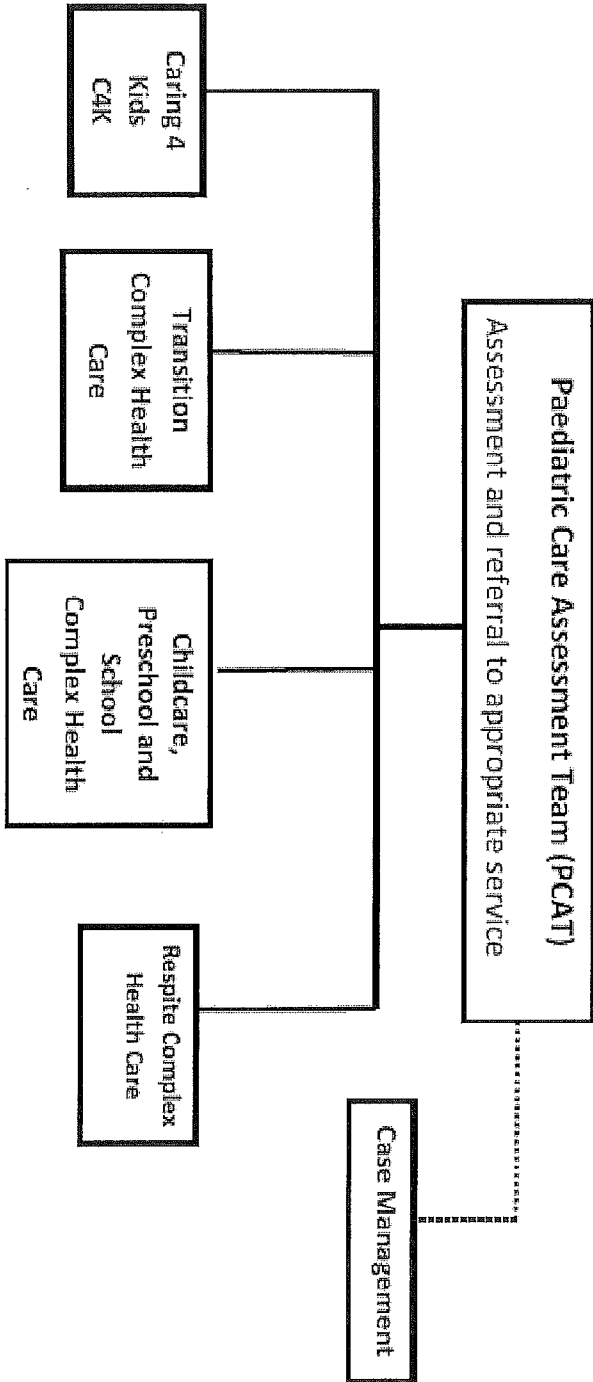




## Useful websites

- <http://www.education.tas.gov.au/school/health/students>
- <http://www.education.vic.gov.au/management/governance/spag/default.htm>
- <http://www.education.vic.gov.au/healthwellbeing/wellbeing/disability/programsupp.htm>

Suggested Framework for Complex health Care Services











**Hagan, John (Health)**

---

**From:** [REDACTED]  
**Sent:** Thursday, 29 March 2012 4:32 PM  
**To:** Thomas, Carolyn  
**Subject:** RE: Access Assist program/CHESS - questions from the ACT  
**Attachments:** CYWHS RN Delegation of care service model final.doc; DECS Service agreement 2010.doc

Hi Carolyn

I have attached our "RN Delegation of care model" for your info as well as the MOU with Education. FYI the Education Minister provides us with funds to employ approximately 100 careworkers to support children with complex health in the schools across SA. Disability Services in SA provides us with the funds to employ about 14 nurses to provide the delegation of care model to about 200 careworkers in SA.

I will try to ring you tomorrow

regards

[REDACTED]

[REDACTED]

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**From:** Thomas, Carolyn [<mailto:Carolyn.Thomas@act.gov.au>]

**Sent:** Thursday, 29 March 2012 3:47 PM

**To:** [REDACTED]

**Subject:** Access Assist program/CHESS - questions from the ACT

Good afternoon [REDACTED]

I understand you manage the Access Assistance Program which sits in CHESS?

Here in the ACT we are looking to introduce a new model of care around children at school with complex health care requirements. Currently we have RN1's in our three 'Special Schools' with no support for students in the general school population. CHESS has impressed us and we are hoping to use a similar model.

I was wondering if you have an MOU with Education? If so would I be able to have a look at it and perhaps use it as a basis for ours?

Also, would you mind if I phone you (at a later date) to discuss how the program works from your point of view? Your experience in managing this program would be very valuable I am sure.

Kind regards

**Carolyn Thomas**

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

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

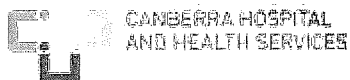
*Nurse Audiometry|School Immunisation|Kindergarten Health Check*

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**Government  
of South Australia**

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Children, Youth and  
Women's Health Service

# REGISTERED NURSES DELEGATION OF CARE SERVICE MODEL

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## CYWHS -DELEGATION OF CARE SERVICE MODEL LEVEL 3 CLIENTS

### SUMMARY

The CYWHS Delegation of care service commenced in 2004 for clients (0-18 yrs) accessing childcare services. The program expanded in January 2007 to now provide a Registered Nurse Delegation of care service to support all children and young people accessing community services such as in:

- Childcare
- Educational settings
- Community, Accommodation and Respite Agency Inc (CARA) respite services
- CYWHS – In Home program

This service model was developed in consultation with and ratified by:

- Relevant CYWHS Registered Nurses and Director of Nursing
- Representative from the Nurses Board
- Representative from the Office of Disability & Client Services
- Representatives from Department of Education and Children Services

### Relevant Policies

- Nurses Board of South Australia Standards “Delegation by a Registered Nurse or Midwife to an Unlicensed Healthcare Worker” May 2005
- Nurses Board of South Australia Standards – Scope of Practice Decision Making Tool May 2006
- Health support planning in education and children’s services – Department of Education and Children’s Services (2006) and support guidelines [www.chess.sa.edu.au](http://www.chess.sa.edu.au)
- Disability SA – Direct Health Support Policy
- Privacy (Private Sector) Amendment Act 2000

### 1. Scope

This service model is followed by the CYWHS Registered Nurses involved in the development of a plan of care for children and young people who have their health needs supported by non nurses.

This includes the undertaking of health support assessment, development of the health plan and the training, assessment and delegation of care to care workers ( non nurses)

This service model needs to be read in conjunction with the above policies and professional standards.

### 2. Support Levels

For specific information about the levels of health support for people with disabilities refer to the “Direct Health Support” Policy listed above.

### 3. Delegation of Care by a registered nurse.

Registered Nurses should refer to the Nurses Board standards and their own nursing agencies policies and guidelines in relation to their practice environment.

The central focus for the CYWHS service to the client is safety and wellbeing in regard to the decision of the registered nurse delegating to a healthcare worker.

The Nurses Board has defined delegation by a registered nurse (see pg 3 – Standards for delegation by a registered nurse or midwife to an unlicensed healthcare worker) occurs where the:

- Registered Nurse establishes a relationship with the client
- Task to be performed (as per the client health plan) requires an assessment of client need
- Task to be performed (as per the client health plan) is within the professional scope of practice of the registered nurse delegating care to the care worker
- Registered nurse determines that the care worker is competent and capable of carrying out the delegated task (as per the health plan)

Appendix added (June 2009) – ratified from a rep of the Nurses Board

Shared Delegation of Care can occur for a care worker by more than one Registered Nurse as long as the task to be performed (as per the client health plan) is within the professional scope of practice of the registered nurse delegating care to the care worker. The Registered Nurse who has competency assessed the care worker for the task would also retain responsibility for the training and competency assessment of the care worker of that particular task.

#### Decision making process

Refer to the flow chart on page 9 of the Nurses Board of South Australia Standards “Delegation by a Registered Nurse or Midwife to an Unlicensed Healthcare Worker” May 2005

### 4. Critical elements for delegation to an unlicensed health care worker

1. Health assessment (includes development of health plan)
2. Education and training
3. Supervision
4. Delegation
5. Accountability

#### 4.1 Health Assessment

A comprehensive health assessment is undertaken in collaboration with the client’s parent/legal guardian and related health professionals to determine appropriate health support and delegation of care. This assessment also involves an individual environmental and risk assessment.

The registered nurse is accountable for assessment of the client health needs and the decision to delegate which includes training and individual competency based assessment of the care worker.

Some clients may have more than one nurse agency involved in various settings and in this instance the employer of the registered nurse responsible for the development of the portable Health Plan is referred to as the Lead (Nurse) Agency as per the "Direct Health Support" policy.

The registered nurse (RN) receives a written referral from the provider agency signed by the client's parent/caregiver and is required to work in partnership with the Provider Agency/Broker to:

- Make contact with the client and agency within 5 working days
- Arrange a time to meet with the client/carer in order to gather information and undertake a health assessment relevant to the client health needs which includes identifying treating medical, nursing and allied health professionals who are able to be consulted as part of the process.
- Assess whether the client has level 3 health needs as per the "Direct Health Support" policy
- Provide feedback to the referring agency on the outcome of the client health support assessment and any environmental considerations. Make recommendations to the Provider Agency/Broker on the health support needs, skill mix, and training and competency needs of staff.
- Liaise with other Delegation of Care Registered Nurses involved with the client
- Negotiate timeframes for the expected completion date of the *Health Plan*, delegation which includes *training*, and individual competency assessment of the careworkers with the Provider Agency/Broker
- Develop a Health Plan based on the assessment

## Health Plan

The health plan is written by a health professional (registered nurses) for non nurses which is different to a nursing care plan written for nurses.

- The Health Plan remains the property of, and is retained by, the client and is to be made available to all care workers providing health support in the community. The registered nurse will retain a copy of all versions of the health Plan.
- The Health Plan is individualised and can only be used for the client for whom it has been developed and across only those environments in which the Registered Nurse/s has undertaken an assessment (as documented in the Health Plan) and in which they have delegated care. It is expected that all Registered Nurse's involved will ensure the Health Plan meets the needs of the client for the environment in which the support will be provided.
- The Health Plan addresses all health support issues over which times the client is supported within a 24 hour timeframe and outlines the delivery of health



support providing client specific information in consideration of the clients specific health support issues.

- The plan should include references to relevant Level 2 plans developed by other health professionals e.g. GP's such as for epilepsy and asthma- where the care is not complex or invasive. Examples of these can be obtained from The Department of Education and Children's services (DECS) chess website [www.chess.sa.edu.au](http://www.chess.sa.edu.au)

- Registered Nurse can also initiate the use of these proformas as a tool to include in the health plan.

These plans may be downloaded from: [www.chess.sa.edu.au](http://www.chess.sa.edu.au) and click on Pathways

- The parent/legal guardian is required to read and sign and release the health plan and any attachments to relevant education, community respite and child care settings. The Health plan is not active until signed by both the parent/legal guardian and the Registered Nurse.

- Currency and accuracy of the health plan is the responsibility of the registered nurse in partnership with the client, family and Provider Agency.

- Implementation of the Health Plan remains the responsibility of the Provider Agency and should be achieved in partnership with the client, family and the Registered Nurse(s).

- Health plan and delegation review should occur within an appropriate timeframe (maximum of 12 months for children up to 18 years) or as health status changes. The Registered Nurse however will use professional judgement in determining the review date.

- All Registered Nurses involved share the responsibility for discussions and negotiations re content and/or changes to the Health Plan that may impact on the training needs of care workers.

- An electronic copy of the Health Plan is held by the Registered Nurses and distributed to other Nurse Agencies supporting other environments identified in the Plan.

#### 4.2 Education and Training

- Prior to commencement of training the Provider Agency must confirm with the Registered Nurse that the care worker has achieved all pre-requisite training required eg epilepsy and asthma management, medication management, universal precautions etc before the registered nurse delegates care.
- Training timeframes are negotiated – training is a planned event and is not designed as an emergency response. Allow appropriate timeframes for the undertaking of the training and individual competency assessment of care worker/s with the provider agency.

- Theory/ Education can be provided on an individual or group basis and assessment of knowledge is conducted in a variety of ways e.g. oral or written test. The decision to delegate however is made on an individual basis and based on competence of the worker, the health needs of the client and the professional judgement of the registered nurse.
- The health plan is used as the guide, for training and individual competency assessment of care workers
- Training and individual assessment is provided to care workers using the relevant competency check list from the RDNS Health Support Manual (A Training & Competency Assessment Package for Health workers)
- Competency is validated by the care worker satisfactorily demonstrating the competencies to the registered nurse. This is conducted with the client – and when possible at the time a health support task is required e.g. giving nutrition via gastrostomy at lunch time, using the client's equipment, in the community environment the client accesses. Health tasks not able to be completed with the client eg Administration of Rectal Diazepam are assessed in a simulated environment.
- Provide feedback to the Provider Agency regarding care worker achievement or non achievement of competence and whether delegation has been achieved.
- The Registered Nurse may determine that the task can not be performed by a particular care worker and will inform the Provider Agency that the care worker has not achieved competency or that the task can not be performed by the care worker and that the registered nurse has not delegated the care to the particular care worker.
- Reviewing of care worker competence is provided upon advice from Provider Agency such as:
  - When an incident occurs in relation to a client's health support. This may result in the Registered Nurse rescinding competency.
  - Annual review of care worker competence and delegation

### 4.3 Supervision

Note: The decision as to the level of supervision required is part of the registered nurse accountability and professional judgment in relation to delegation. Therefore the decision for indirect supervision can not be enforced in Agency policy as it may put the registered nurse at odds with their professional judgment.

- Provider agencies/services need to have in place an appropriate line management infrastructure to support the client and care worker at the time of service delivery and are accountable for the appropriate supervision of care worker/s.

- Most indirect support to care workers is provided by first aid instructions which are part of the client health plan.
- The CYWHS Registered Nurses will usually provide indirect supervision via the phone to care workers for any other health plan queries not related to First-aid and can be contacted during work hours via their mobile phone number provided.
- CYWHS has negotiated with RDNS to provide indirect supervision via the phone for any after hours support required.

#### **4.4 Delegation**

Delegation of care by a registered nurse is a formal process requiring professional judgment and decision making and is formed on the basis of an individual client health care assessment.

The employer may not direct or pressure the Registered Nurse to delegate care that the nurse determines in their professional judgement is inappropriate.

#### **4.5 Accountability**

The Registered Nurse has the authority to determine from the health needs assessment the skill mix required to meet the needs of the client. No other person or employer can direct, pressure or compel the Registered Nurse in their decision around the level of support required.

The Registered Nurse is accountable for their own decisions and actions in relation to delegation to a care worker. This includes:

- The risk assessment undertaken on behalf of the referring provider agency
- All training and competency assessment provided
- Notifying the referral provider agency of training and assessment outcomes
- Ensuring effective and timely communication of the above.

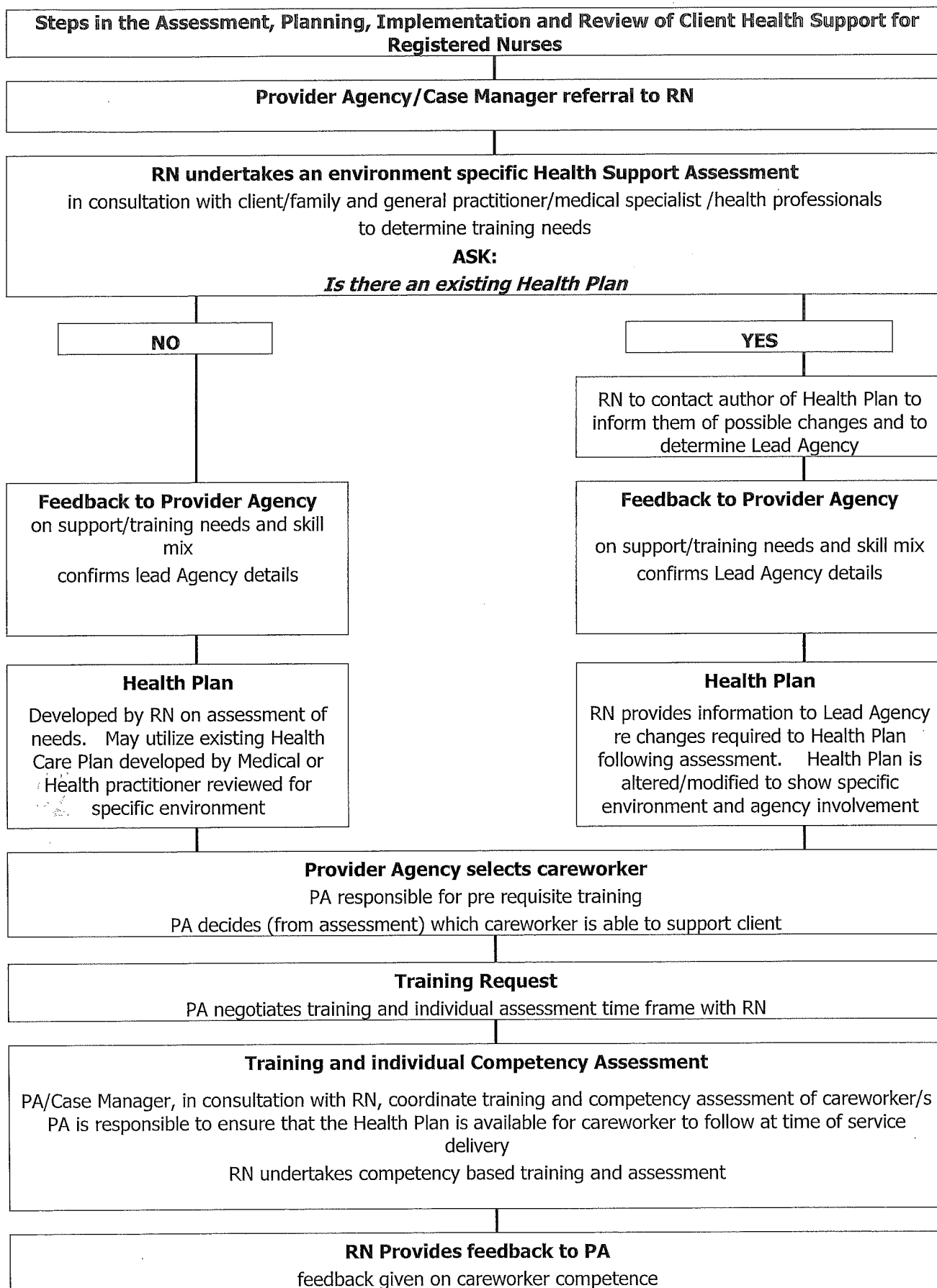
The Registered Nurse is not accountable for the actions or decisions made by an unlicensed health care worker who does not follow the delegated responsibility as determined by the Registered Nurse or the instructions included in the client health plan.

The employer of the Registered Nurse has vicarious liability and respective accountability with the Registered Nurse who delegated health care tasks to an unlicensed health care worker.

#### **4.6 Attachments**

- Flowchart - Steps in the Assessment, Planning, Implementation and Review of Client Health Support for Registered Nurses
- Health Plan template
- Example Client Health Plan





# Health Plan

For education, child care and community support settings

**CONFIDENTIAL**

The information contained in this document was written by a Registered Nurse for Care Workers and remains specific to meet the health support needs of the adult/student/child and is specific to the Provider Agencies identified below. The Health Plan for this adult/student/child can only be altered or reviewed by the Health Support Agency identified. The actions outlined in this document do not replace prescribed treatment by a Doctor or the implementation of first aid.

Name of adult/student/child ..... Date of birth.....

Developed by:.....  
(Primary health support agency)

Contact details: .....  
(Name and contact details of Registered Nurse)

PROVIDER AGENCY	VENUE ACCESSED/COMMUNITY SETTINGS:
CYWHS	Access Assistant Program Trinity Gardens Primary School
DECS	Vacation Care Trinity Gardens Primary School

**CONTACT DETAILS:**

Mother:      Name              Home Ph:              Mobile:  
 Father:      Name              Home Ph:              Mobile:

**ALLERGIES / SENSITIVITIES:**

PEANUT – ANAPHYLAXIS – Epi-pen prescribed.

**HEALTH SUPPORT NEEDS:**

1. ABOUT (add name)
2. NUTRITION VIA GASTROSTOMY
3. SEIZURE MANAGEMENT
4. ASTHMA MANAGEMENT
5. ANAPHYLAXIS (Severe allergy)

Client's Name:

Version Number:

Valid to: ...../...../.....

Page

### 1. About add Name

Insert simple explanation if condition and any specific needs not covered in other headings

### 2. Nutrition via gastrostomy

..... has a her nutrition, fluids and medication via a Bard /Mickey/.....gastrostomy feeding device through which she receives bolus/continuous feeds. She has **nil orally**.

#### Current regime

Type of formula/volume

Approximate times and amounts

Amts/type flushes

#### Changes to regime

**The parent/Dietician will provide any information re changes to formula, amounts and times for administration**

ADDITIONAL INFORMATION

Date.../.../....

---

Print Name.....Signed .....

### 3. Seizure Management

Please refer to Epilepsy and seizure care plan

ADDITIONAL INFORMATION

Date.../.../....

---

Print Name.....Signed .....

### 4. Asthma Management

Please refer to Asthma care plan

ADDITIONAL INFORMATION

Date.../.../....

---

Print Name.....Signed .....

Client's Name:

Version Number:

Page

Valid to: ...../...../.....

### 5. Anaphylaxis (severe allergy)

Please refer to Anaphylaxis (severe allergy) first aid plan

ADDITIONAL INFORMATION

Date.../.../....

Print Name.....Signed .....

#### Additional information attached to this Health Plan

- Medication plan
- Epilepsy and Seizure Care Plan
- Asthma Care Plan
- Anaphylaxis (severe allergy) first aid plan

#### AUTHORISED COPIES

- Adult/student and/ or parent/guardian.
- Health Support Agency/s Client Case Notes
- Other – as determined by the Registered Nurse

▪ .....  
 ▪ .....

#### AUTHORISATION AND RELEASE

Health Support Agency .....  
 Registered Nurse (print name) .....  
 (signature)..... date: .../...../....

*I have read, understood and agreed with this Health Plan and any attachments indicated above.  
 I approve the release of this information to education/ community support settings, child/care  
 workers and RDNS call centre.*

Adult/student  
 and/or parent/guardian (print name) .....  
 (signature) ..... date: .../...../.....

Client's Name:

Version Number:  
 Page

Valid to: ...../...../.....

**Additional information attached to this Health Plan**

- Medication plan (if supervision of medication is recommended at education/childcare/ community support settings).
- Individual emergency plan (if different to standard first aid).
- General information about this adult's/child's/student's condition.
- Other eg level 1 & 2 plans (please specify)

**AUTHORISED COPIES**

- Adult/student and/ or parent/guardian.
- Health Support Agency/s Client Case Notes
- Other – as determined by the Registered Nurse
- 
- 

**AUTHORISATION AND RELEASE**

Health Support Agency:  
Registered Nurse (print name) .....

(signature)..... date: .... / ..... / .....

***I have read, understood and agreed with this Health Plan and any attachments indicated above. I approve the release of this information to education and community support settings, child/care workers and RDNScall centre.***

Adult/student  
and/or parent/guardian (print name) .....

(signature) ..... date: .... / ..... / .....

# Health Plan

For education, child care and community support settings

## Confidential

The information contained in this document was written by a Registered Nurse for the delegated Care Workers and remains specific to meet the health support needs of the adult/student/child and is specific to the Provider Agencies identified below. The Health Plan for this adult/student/child/ can only be altered or reviewed by the Health Support Agency identified. The actions outlined in the document do not replace prescribed treatment by a Medical Practitioner or the implementation of first aid.

Name of adult/student/child:

Date of birth:

Developed by:

(Lead Nursing Agency)

Contact:

(name and contact details of Registered Nurse)

PROVIDER AGENCY	VENUE ACCESSED/COMMUNITY SETTINGS

### CONTACT DETAILS:

1. Parent/caregiver:

2. Parent/caregiver:

### ALLERGIES / SENSITIVITIES:

### HEALTH SUPPORT NEEDS

1.

2.

3.

Client's Name:

Version Number:

Valid to: ...../...../.....

Page

1.

ADDITIONAL INFORMATION

Date:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print Name.....

Signed.....

2.

ADDITIONAL INFORMATION

Date:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print Name.....

Signed.....

3.

ADDITIONAL INFORMATION

Date:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print Name.....Profession.....

Signed.....

Clients Name:

Version Number:

Valid To: ...../...../.....

Version Number:

Valid to: ...../...../.....

Page























## Divorcy, Aimee (Health)

---

**From:** Thomas, Carolyn  
**Sent:** Wednesday, 11 April 2012 2:40 PM  
**To:** Chatham, Elizabeth; Neverauskas, Daina; Faichney, Karen; Cameron, Fiona; Gniel, Stephen; Siripol, Anne; Heath, Kerrie; Donohoe, Ros; Stanilewicz, Chris Jackson, Helen  
**Cc:**  
**Subject:** Pre-reading: Children at school with complex health care requirements project  
**Attachments:** Literature Search and Review of Articles.doc

Good afternoon,

Please find attached a Literature Search and Review of Articles relating to the *children at school with complex health care requirements* project. Web links are included in the document

which will allow you to access more information should you so wish.

Thanks to Helen Jackson for compiling this succinct summary of many complex program models.

I look forward to discussion at our stake holders meeting on 20<sup>th</sup> April.

Kind regards

**Carolyn Thomas**

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

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## Literature Search and Review of Articles: *Children at School with Complex Health Care Requirements* project 2012

The Literature search involved a number of health data bases and e-journals carried out by the library at The Canberra Hospital.

The questions used were:

1. Children in schools who have complex healthcare needs
2. Models of care for children in schools with healthcare needs

An example of an ideal title suggested was 'Children in school and their healthcare needs.' The library was asked to look for mix of articles from Australia and overseas.

It was a comprehensive search with around 45 articles being found of which 24 were relevant to this project.

A search with Google was done using the key words; 'children with complex healthcare needs in schools'. The results provided a number of policies and frameworks from Education departments around Australia and overseas, predominately from the United Kingdom, Canada and America. These publications linked to other sites that provided useful information.

This is a summary of the most relevant articles:

**1. Include me. Managing complex health needs in school and early years settings Jeanne Carlin. Council for Disabled Children, London 2005.**

This Handbook can be accessed and downloaded from

[http://www.warwickshire.gov.uk/Web/corporate/wccweb.nsf/Links/31D211A2431714F08025795D005097E6/\\$file/IncludingMe.pdf](http://www.warwickshire.gov.uk/Web/corporate/wccweb.nsf/Links/31D211A2431714F08025795D005097E6/$file/IncludingMe.pdf)

It provides practical information to assist schools and early years setting to meet the needs of children and young people with complex healthcare needs.

It demonstrates how health, education and other agencies can work together to develop policies and procedures for children and young people to have their healthcare needs met in a coordinated and child-centred way. It highlighted that not all children and young people with healthcare needs have a disability and that healthcare needs are varied and wide ranging from basic personal care to complex care such as tracheotomies. The setting for this healthcare included schools, early years' settings, before and after school and school holiday programs.

The handbook recommends a process for developing policies, protocols and practice for supporting these complex healthcare needs.

The steps are:

- Developing policies through partnerships with health, education and other services departments. This joint arrangement for supporting these young people should include funding and resourcing.
- Schools and early year's settings should have policies and protocols for supporting complex healthcare needs. The policy will contain information on the roles and responsibilities of staff providing the healthcare needs and what is expected of the parents in providing updates on current healthcare needs and any changes.

Prior to any healthcare being provided by staff the following will be done; the staff will be trained, indemnity or insurance arrangements in place, a risk management strategy in place and a record keeping process and protocols for emergency situations.

- Anticipatory duties cover planning and reasonable adjustments, this requires the service to think ahead and remove or minimise any barriers these young people might experience.
- Admission to school etc needs to be organised well in advance with all information about the young person's healthcare needs, potential risks and the specific training required for staff.
- Risk management and assessments to be carried out on site and off site (excursions) to cover staff and the young person. The risk management focus is on supporting the young person with complex healthcare needs as the risk can not be removed completely.
- Healthcare plans are to be written in non jargon, non medical language that is easy to understand. The healthcare plans will clarify all levels of support the young person will receive, who is responsible for what task/procedure and what training is required for each task/procedure.
- Training of staff is provided by health professionals and then delegated to non health qualified workers. There is a criteria set by the nursing authority on what healthcare can be delegated and what has to be done by a health professional. All delegated clinical tasks have a governance framework that includes training and competency assessment.
- Support arrangements need to be clearly stated in the healthcare plan to obtaining funding and resources, this needs to be individualised to cover the degree of support required, is it one on one , is it short term or long term and complex or very complex.

The handbook contains case studies, templates of paperwork and forms that these young people require.

## **2. Managing Medicines in School and Early Years Settings. Department for Education and Skills | Department of Health March 2005, London.**

<http://www.plymouth.gov.uk/documents-managingmedicinesineysettings.pdf>

'Including me' refers to this document on page 10 as a guidance that outlines the roles and responsibilities for school and medications. The same will apply to young people with complex health care needs. It steps out processes and provides background information on common complex health issues and its care.

### **2a. Guidance on Managing Complex Health Needs in Children's Services & Settings. East Sussex County Council. Draft – April 2011**

<https://czone.eastsussex.gov.uk/schoolmanagement/leadership/headmeetings/11-19/2011/Documents/11.04.13%20Guidance%20on%20Managing%20Complex%20Health%20Needs%20Consultation%20May%202011%202.pdf>

This is a more recent document following the Include Me protocols. It is very clear and user friendly. This document also is used the administration of Medicines.

**3. Managing children with health care needs: delegation of clinical procedures, training and accountability issues. Royal College of Nursing. Updated January 2008. London.**

This is regularly updated to be used with 'Including me'. It provides clear details of clinical procedures that can be delegated, the training and competencies required to meet the young people's healthcare needs. Australia has its own standards and delegation framework for nurses.

**The previous documents appear to have been the foundation stones for the Australian policies:**

**4. South Australia's 'health supporting planning in education and children's services 2001 and updated 2006.**

The updated version had the appendixes and templates removed, they are available on the web where they can be updated and available to the health professionals on Medical Director (a medical computer database used by general practitioners). In South Australia the Department of Education and Children's Services have formed the child health and education support services (CHESS) to support children and adolescents with healthcare needs.

There are formalised partnerships and agreements between health, education and a number of Government and Non Government agencies with:

- a Statement of collaborative intent
- a Memorandum Of Understanding that the Children, Youth Health and Women's Health Service has with the relevant educational settings (government, catholic and independent schools )

CHESS supports education staff, childcare workers, families and health professionals, to plan safe, reasonable and consistent health support for all children and students by referring to the Access Assistant or Community Health Support Programs.

These services will assess the healthcare needs and depending on the level of care plan required, provide training and competency assessments for delegated clinical practice to non licensed workers.

See [www.chess.sa.edu.au](http://www.chess.sa.edu.au) *Health Support Planning for Children and Students with Complex and/or invasive Health Care Needs:*

For further information you will find this website useful:

[http://www.chess.sa.edu.au/Pathways/path\\_home.htm](http://www.chess.sa.edu.au/Pathways/path_home.htm)

The following brochures and flow chart provide more information

## Access Assistant Program Mission Statement

The Access Assistant Program has been providing support to students in schools for over 10 years. The Access Assistant Program takes pride in this role and responsibility. Our Mission statement is as follows:

The Access Assistant Program (AAP) is dedicated to providing an excellent standard of service to students who have complex health care needs. The AAP staff are committed to and aware of students rights to respect, privacy, dignity, participation, choice and independence.


**General Enquiries**  
Access Assistant Program  
(08) 8159 9400

**Delegation of Care Program**  
(08) 8159 9485


**Postal Address**  
Post Office Box 2068  
Hilton Plaza, Hilton 5033  
South Australia

[www.cywhs.sa.gov.au](http://www.cywhs.sa.gov.au)

**Parent Helpline**  
24 hours a day telephone support  
and parenting information  
1300 364 100



Government of South Australia  
Department of Education  
Children, Youth and Women's Health Services



# Access Assistant Program

providing services for students with invasive or complex health care needs while they are at school

### What does the Access Assistant Program do and can it provide support to your child?

The Access Assistant Program employs Health Support Officers who provide direct health care to children with a complex health care need and/or physical disability while attending a government or non government preschool or school.

Health Support Officers are trained and competency assessed by a Registered Nurse to support students who are enrolled in the Access Assistant Program.

### How to go about seeking support for your child.

Discuss the enrolment of your child with the Director/Principal at the preschool/school of your choice as soon as possible.

Complete an Access Assistant Program referral form signed by you and return this to the school Principal. The school can provide you with a referral form.

Management from the Access Assistant Program will contact you within 5 working days upon receipt of this form.

### Most frequently asked questions.

**How long will it take to provide services for my child in the school of our choice?**  
Services are provided as quickly as possible, however the process cannot commence until the Access Assistant Program has received a referral form which has been signed by the parent/caregiver, school Principal and Disability Coordinator.

It might be necessary to recruit Health Support Officers. The Health Support Officers need to be trained and competency assessed to the child's health care needs. This can take between three to ten weeks in metropolitan areas and can sometimes take longer in country locations.

**Will there be more than one Health Support Officer supporting my child?**  
Yes, more than one Health Support Officer will be allocated over a week. The current average is three Health Support Officers to each child.

**Can I meet the Health Support Officers who will work with my child?**  
If you would like to meet the Health Support Officers, the Access Assistant Program Team Leader can arrange this for you upon request.

**Is there someone that I can talk to if I have more questions or any concerns?**  
Firstly, we suggest that you talk to the Team Leader who would have made contact with you upon receipt of the referral form. If you are not satisfied with the process, then you can talk to the Manager of Disability Services. You can contact this person by telephoning the general enquiries number listed on this brochure.

**How are the Health Support Officers trained to support my child?**  
The Access Assistant Program Team Leader will refer to a Registered Nurse who is located in the CYWHS Delegation of Care Program. The Registered Nurse will work in collaboration with you and other treating health professionals as required to develop your child's Health Care Plan. The Registered Nurse will train the Health Support Officers to implement the plan.

### Types of health care provided by Health Support Officers.

Health Support Officers provide care that cannot be provided by school and preschool staff. Examples of the types of health care provided include:

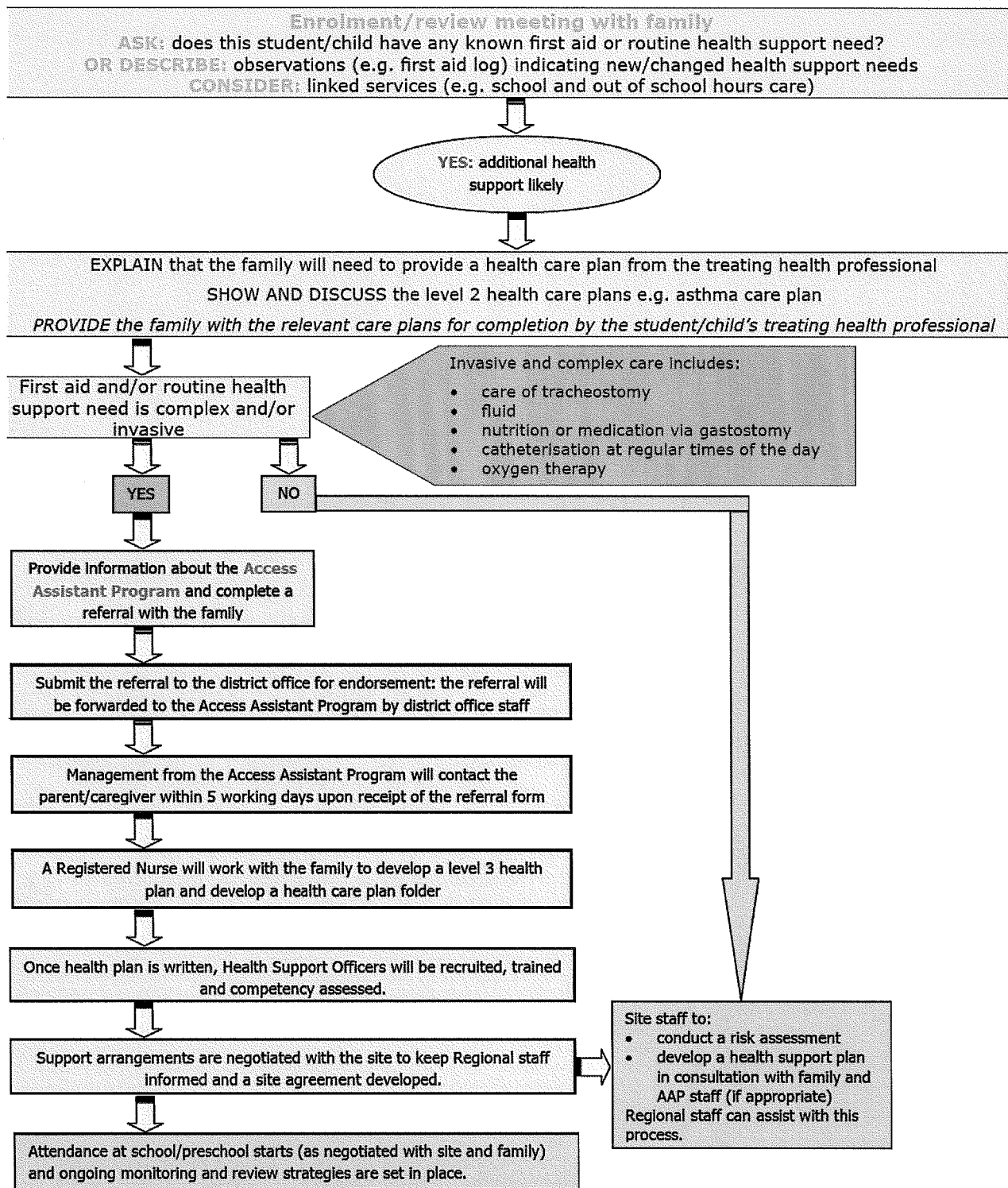
- care of tracheostomy
- fluid, nutrition or medication via gastrostomy
- catheterisation at regular times of the day
- oxygen therapy
- complex asthma or epilepsy management
- personal care and meal time management can sometimes be provided if time permits.

Health support Officers provide care according to a Health Care Plan which is developed by a Registered Nurse, in partnership with parents/caregivers, doctors and other health professionals as required who are involved in the treatment of the child.

### How much support is provided for your child?

The level of support provided is determined in partnership with the DECS Disability Coordinator (Catholic or Independent Disability Coordinator), the Access Assistant Program Team Leader and the school. Sometimes we request the advice and support of a Medical Consultant which is provided by the Access Assistant Program.

  
**WHAT IS THE PROCESS FOR APPLYING FOR SUPPORT FROM THE ACCESS ASSISTANT PROGRAM ?**  
**...AND WHAT HAPPENS AFTER THE REFERRAL ?**

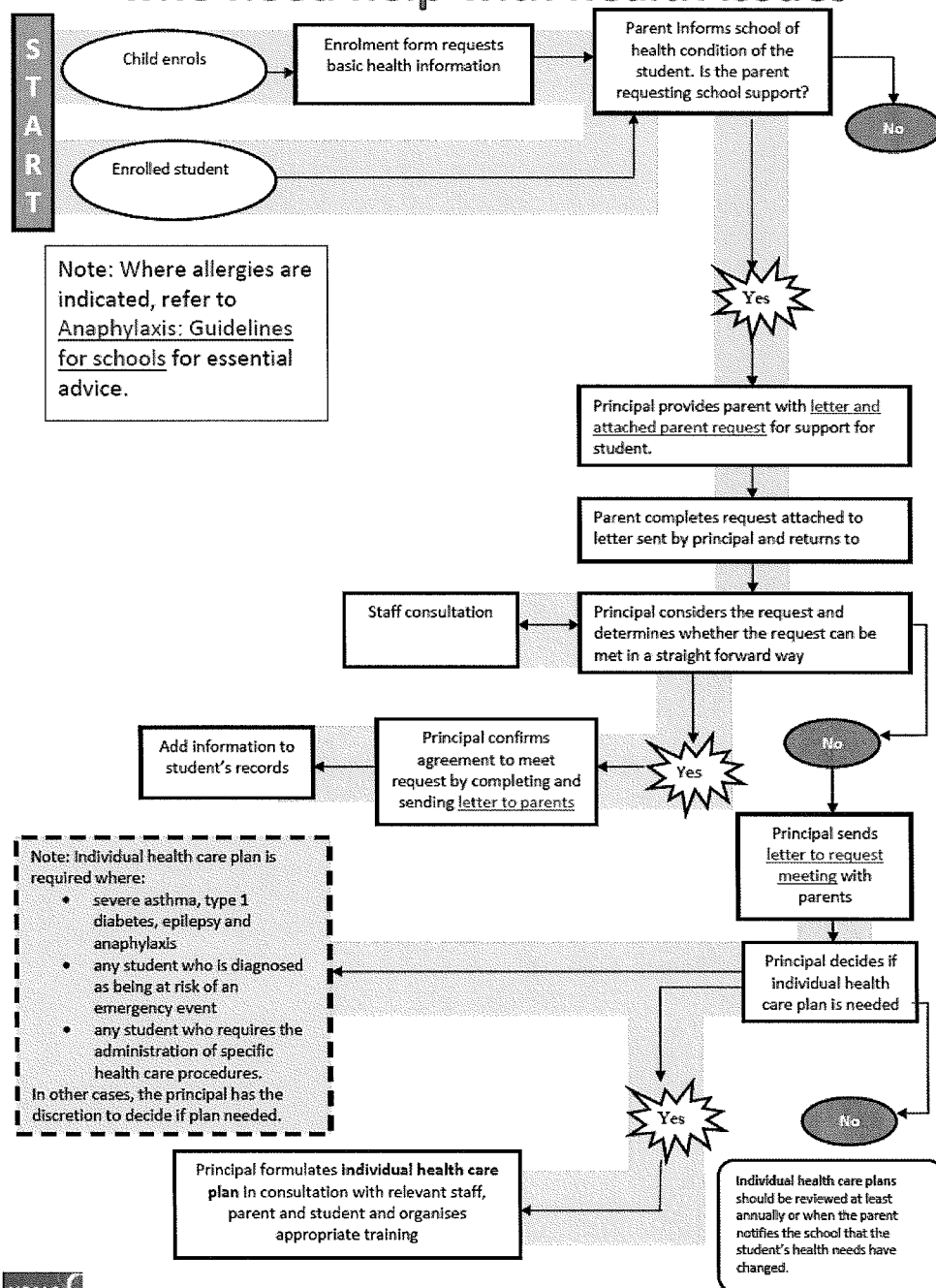


## 5. NSW Public Schools Supporting Students developing and implementing individual health care plans for student with more complex needs.

<http://www.schools.nsw.edu.au/studentsupport/studenthealth/individualstud/index.php>

This process appears to be an education only document with all steps the responsibility of the Principals who formulates an individual health care plan in consultation with relevant staff, parent and student and organises appropriate training. A partnership is mentioned with health in providing for the student's health and wellbeing; this is in the general terms of health promotional activities and public health issues.

### Steps in arranging support for students who need help with health issues



## 6. Student medical and health care. Administration of Medication. Training and Credentialling of staff

<http://www.education.tas.gov.au/school/health/students>

Tasmania's department of education has a first aid policy that is very comprehensive with a wealth of information, templates and training packages that included competency assessments.

### Form 7

## Credentialling, A Certificate of Competency

Name of Student: \_\_\_\_\_

School: \_\_\_\_\_

Name of Medical Procedure: \_\_\_\_\_

Brief Description of Procedure: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of staff member: \_\_\_\_\_

Name of Parent undertaking to train staff member: \_\_\_\_\_

Name of Medical Professional Present (Nurse/Doctor): \_\_\_\_\_

Brief Description of Training Program: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

This is to certify that \_\_\_\_\_ has demonstrated competency  
(Name of Staff Member)

in the above procedure for \_\_\_\_\_  
(Student's Name)

Date: \_\_\_\_\_

Acknowledge: Parent \_\_\_\_\_

Nurse/Doctor \_\_\_\_\_

Principal \_\_\_\_\_

Staff member \_\_\_\_\_

Date of required revision of training or retraining: \_\_\_\_\_

I have assisted in training \_\_\_\_\_ in this procedure.

(Name of Staff Member)

Yours sincerely \_\_\_\_\_

(Parent's signature)





## COMPETENCY FOR CARERS/TEACHER AIDES GASTROSTOMY TUBE FEEDING

STEPS FOR FEED VIA GASTROSTOMY TUBE	KEY POINTS	ACHIEVED	NEEDS REVIEW
1. Identify the person requiring the feed and check care plan for: <ul style="list-style-type: none"> <li>- Person's name.</li> <li>- Type and rate for feed to be delivered.</li> <li>- Any specific instructions</li> </ul>	Ensures the right person receives the feed. Ensures the right feed is delivered and all specific instructions are adhered to.		
2. Wash hands thoroughly with soap and towel dry.	Maintain standard precautions as per infection control recommendations.		
3. Prepare equipment and feed <ul style="list-style-type: none"> <li>- Check expiry date of feed</li> </ul> 50 ml catheter tip syringe/feeding system as specified in care plan.	Ensures feed is safe to use.  Different gastrostomy tubes and feeding systems are used.		
4. Prepare the person for feed <ul style="list-style-type: none"> <li>- Explain procedure</li> <li>- Respect privacy</li> <li>- Ensure the person receiving the feed is in a semi-reclined or upright position.</li> </ul>	Reduces the risk of reflux.		
5. Vent or decompress tube as per care plan.	Prevents abdominal bloating and discomfort by allowing air to escape prior to feed. Different gastrostomy tubes require a different method for venting/decompressing.		
6. Prime feeding line, prepare syringe, remove safety plug and connect adaptor or line, flush tube with water. <b>(Do not aspirate via anti-reflux valve).</b>	Line is primed and free from air.  Ensures anti-reflux valve is not damaged.		
7. Administer feed as per care plan.	Raising or lowering feeding container or syringe can alter rate of flow.		
8. Flush tube with water when feed complete.	Prevents tube blocking.		
9. Remove line and connectors and replace safety plug.			
10. Leave person clean and comfortable and in the upright position of 30 minutes following feed.	Reduces risk of reflux.		
11. Wash equipment in warm soapy water, rinse and allow to dry.			
12. Document on care plan.	Legal record of information.		



**COMPETENCY ASSESSMENT FOR CARER/TEACHER AIDE  
GASTROSTOMY FEEDING**

---

Name of Carer/Teacher Aide: \_\_\_\_\_

Workplace/Agency: \_\_\_\_\_

Name of Assessor: \_\_\_\_\_

Date of Assessment: \_\_\_\_\_

Competency Achieved:  Yes  No

Comments:

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Date of Reassessment: ...../...../.....

Signed:.....

#### **6. 4.5 Student Health. Planning for and supporting students' health care needs in schools**

<http://www.eduweb.vic.gov.au/edulibrary/public/schadmin/environment/4-5.pdf>

Victoria's Department of Education's policy on student support, acknowledges South Australia's departmental guidelines for informing their policy.

The policy provides comprehensive information on all health issues.

When a student requires complex medical care they are referred to the Schoolcare program. This service is a partnership between the Department of Education and Early Childhood Development (DEECD) and the Royal Children's Hospital (RCH).

The RCH @ Home provides Victoria's government school staff with the skills to support students who have complex medical needs. The training is provided by nursing staff in consultation with the students parents/carers and medical/health practitioner. The training is child specific and includes monitoring and support for the teachers and integration aides. The Schoolcare Program enables students who have ongoing complex medical needs to safely attend school and participate in school activities.

See Schoolcare Program 2012 Guidelines on

<http://www.education.vic.gov.au/healthwellbeing/wellbeing/disability/programsupp.htm>

The Victorian Departments web page is well set out and user friendly. Click on the link below and then Student Health for more information.

<http://www.education.vic.gov.au/management/governance/spag/default.htm>

#### **7. Protocol for Managing Children with Complex Health care needs in Community Settings (including schools, children's centres and other settings)**

[http://www.milton-keynes.gov.uk/inclusion/documents/Managing\\_Healthcare\\_Needs\\_-\\_June\\_11.pdf](http://www.milton-keynes.gov.uk/inclusion/documents/Managing_Healthcare_Needs_-_June_11.pdf)

This article comes from Milton Keynes Council in the UK it was put together for the guidance of multiagencies to work with each other to improve outcomes for children and families with complex health needs.

It provides a framework for consistent responses to the healthcare needs that is confidential, respectful and allows children/young people to participate in all aspects of community life. It provides a clear definition of roles and responsibilities, levels of care required and who can carry out the task.

#### **8. An Intersectoral Response to Children with Complex Health Care needs Canadian Journal of Educational Administration and Policy, Issue #29, March 5, 2004.**

<http://www.umanitoba.ca/publications/cjeap/articles/edhealth.html>

This paper was written to stimulate debate on public responsibility for children with complex healthcare needs in Canada. It is proposed that international and national policies define accountability at a macro level but the processes and programs are not developed at local levels to meet these needs.

A case study is used to demonstrate how an evidence based program has provided the link between policy and good practice.

The Canadian model has Community Care Access centres that provide the school health support services plans, coordination and delivery of professional services. The program provides health related education, teaching and consultation services to staff and families in a school setting.

The paper looks at the issues faced by all involved; the benefits, the weakness and recommendations.

The key messages:

- case management by the Community Care Access Centre was a pivotal role where a common assessment tool was used to determine eligibility and the support in developing an appropriate healthcare plan
- all partners treat the guidelines as policy with good communication and clear responsibilities to provide a consistent level of healthcare
- This intersectoral protocol delivered a well designed program that was properly implemented and resourced to have a positive impact on complex healthcare.

**9. Complex Needs. The Nursing Response to Children and Young people with Complex Physical Healthcare Needs. Health, Social Services and Public Safety. \university of Ulster June 2007.**

[http://www.dhsspsni.gov.uk/complex\\_needs\\_report.pdf](http://www.dhsspsni.gov.uk/complex_needs_report.pdf)

[http://www.dhsspsni.gov.uk/appendices\\_1-7\\_report\\_on\\_complex\\_phc\\_needs\\_3.pdf](http://www.dhsspsni.gov.uk/appendices_1-7_report_on_complex_phc_needs_3.pdf)

This project's aim was to ensure that nursing services are facilitated to fully support and respond to children with complex needs and their families in partnership with other professions and agencies.

The project was to identify:

- model/s of service delivery for Northern Ireland
- systems that are required to support the delivery of recommended models of service
- elements of systems that nursing will take the lead in, for effective development, delivery and review of services
- workforce requirements, training and development, funding and outcome measures.

The project undertook an extensive literature review, gathered information from parents, frontline professionals and service managers.

In summary:

- a definition is required, it needs to be child/young person centred and functional to meet the model of care. In our case it maybe 'Children (and young people) with complex healthcare needs are those who require a range of additional support services beyond the type and amount required by children/young people generally in a school environment'
- a eligibility criteria and assessment tool needs to be developed as part of a service framework. The assessment of the child's health needs should also include an assessment of capacity of parents to provide the care
- a information booklet for parents and professionals with details of services and their function
- parents want clear and realistic indications of support that is available
- the parent's challenge was to provide the specialist assistance to their child/young person while being a parent at the same time. They wanted support to maintain a balance

- the parents felt they had to fight, to have battles like being in the trenches, to get help and support for the child/young person
- one key worker as a trusted relationship with service providers was the best form of support
- a coordinator to be a professional who has the most ongoing contact with families
- A specific framework for the families and children with complex healthcare needs must be multiagency and multidisciplinary.
- there needs to be procedures and protocols relating to staffing and coordination of services with particular attention being given to the management of transitions between services as well as different stages of a child's life
- Joint planning with education is required for joint funding arrangements to allow the employment of healthcare assistants within a school setting.
- the roles of healthcare assistant and learning support assistant should be combined for certain children needs
- Nursing to play a key role in governance, training and support for staff in schools who providing the complex care.

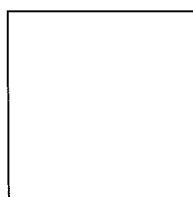
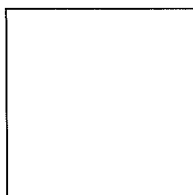
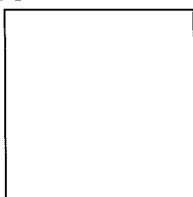
The take home message was the need for an action plan to take the work proposed by the project forward. The project had included in the Terms of Reference

- to advise on priorities for development of recommendations arising from the project
- to advise on and assist with the implementation of the recommendations

**10. Learning Disability Service framework Department of Health, Social Services and Public Safety. Northern Ireland updated 12 December 2011.**

[http://www.dhsspsni.gov.uk/learning\\_disability\\_service\\_framework.pdf](http://www.dhsspsni.gov.uk/learning_disability_service_framework.pdf)

This is a large document with a well set out framework with Standards, key performance indicators and anticipated performance levels. While the focus is on learning disability it will lend itself to complex healthcare needs. It utilises an integrated Care pathway that has a multidisciplinary outline of anticipated care, it identifies how a child/young person with specific conditions will be supported by a number of professional agencies. See Standard 8 and 9



**11. Honoring Do-Not Attempt –Resuscitation Request in Schools. Journal of The American Academy of Pediatrics. Pediatrics 2010:125; 1073**

<http://pediatrics.aappublications.org/content/125/5/1073.full.html>

This article provides evidence based information and the challenges this issue can bring to a school environment in the USA. The article recommends if the student and/or families wish to have a Do Not Attempt Resuscitation (DNAR) request it will be well documented in the health care plan

**12. The role of the school nurse in special school for pupils with severe learning difficulties. School of Nursing, University of Ulster N. Ireland June 2003.**

<http://www.sciencedirect.com/science/journal/00207489/40/7>

This article examined the role of two full time paediatric nurses in two special schools compared to two similar schools that did not have nurses for period of a year.

The nurses spent most of their time on routine tasks for a small number of students; this included enteral feeding, suctioning and administering medications.

In the other schools these tasks were done by teachers, assistants and mothers with the support of a visiting community nurse. The healthcare needs in these four schools were varied and found to be common across all of Northern Ireland's schools. This was also demonstrated by a mark differences in the workloads of the nurses.

Medications administration accounted for the most contact with the students, while other care such as feeding was lower in the number of contacts but required more time. In the school where education staff provided the care only a small number said they had received any formal training.

The evaluation's focus was on the participant's reactions to having a school nursing service. This was done by telephone interviews with selected parents, self completed questionnaires by school staff and other health and social service professionals who had contact with the project schools.

The main findings were:

- the school nurse is an expert on children's needs and they can advise and support teaching staff and also provide home liaison
- students could return to school earlier when a nurse was able to meet their health care needs
- school staff were more unwilling to undertake tasks involving technology but willing to do routine care
- individual healthcare plans need to be drawn up in conjunction with a multidisciplinary team with the school nurse as a coordinator
- the role does not need to be based at the school full time but the nurse would maintain regular contact to provide support and make changes to care as required
- when a nurse is in a school they are expected to do the tasks instead of teachers and assistants
- a risk was identified with a school based nurse becoming professionally isolated and being deskilled and unable to keep up with nursing developments as most of their time was spent on routine tasks
- a classroom or personal assistant could carry out these routine tasks but to date few have received training or have these tasks in their job description

- legal issues in terms of liability need to be addressed
- all involved in the evaluation gave greater priority to having a nurse within a special school than more teachers, assistants and therapists.
- joint training of educational and health staff and exploring options to develop new forms of accredited training on a preservice as well as an inservice basis
- a common policy for employing nurses across all special schools was not recommended given the variation of student needs
- a local arrangement between education and health to facilitate flexible personnel either nurses and/or specially trained nursing assistants that can be deployed as pupil needs change across and within schools

The recommendations were:

- depending on the profile of the students in the school and the assessment of their needs, the service may be staffed by a full time nurse based in the school or by an appropriate qualified and skilled healthcare worker supervised by a nurse. The service must be flexible and responsive to needs
- training should be provided to education staff to raise their awareness of the healthcare needs of the student and to build their confidence in working alongside professional nursing staff and /or healthcare workers to provide holistically for the pupils
- development and implementation of individual student healthcare plans and protocols should be pursued to ensure that the health needs of students in school are met by the most appropriate agency
- healthcare plans for individual students should form part of the student's education plan and be reviewed regularly in conjunction with all professionals and the student's parents/carers

### **13. The Healthy Learner Model for Student Chronic Condition Management – Part 1. The Journal of School Nursing. 2006.22:310**

<http://jsn.sagepub.com/content/22/6/310>

This is a model developed in Minneapolis USA for children with chronic health conditions. The article acknowledges that these children have difficulties in participating in normal activities as part of their learning process. The article identifies that there is a lack of a comprehensive, integrated models that links schools, students, parents, healthcare and other community providers. This model identifies seven elements for creating, implementing and sustaining an efficient and effective, comprehensive community based system for improving the management of chronic conditions in school children. These are leaderships, evidence based practice, capacity building, resource nurse, healthy learner, a partnership with families and with health care providers.

This model evolved from the school and community initiative to manage asthma that has been extensively evaluated.

### **The Healthy Learner Model for Student Chronic Condition Management – Part II The Asthma Initiative. The Journal of School Nursing 2006. 22:319**

<http://jsn.sagepub.com/content/22/6/319>

Historically school nurses in the USA have monitored and treated students with chronic conditions. In recent times with the increasing numbers of students and the increase in complexity of their healthcare needs it has created challenges in providing the services needed. This has combined with expectations on schools to provide healthcare plans with

emergency actions and training for a number of these chronic conditions e.g. asthma and diabetes without any increase in resources to meet these requirements.

The outcome by introducing this model was that the families and students benefited when schools and healthcare providers are 'on the same page' by supporting and helping the student to manage their chronic condition. Care was standardised in policy and procedures with the nurse's expertise and their ability to remain up to date with advancing technology to practice safe and efficient delegation to unlicensed personnel. This provided the nurse with more opportunities for case management, care coordination and providing education.

**14. Teaching Teachers about School Health Emergencies. The Journal of School Nursing. 2001.172:316**

<http://jsn.sagepub.com/content/17/6/316>

This quasi experimental designed research was done to evaluate the effectiveness of nurse-led educational interventions for teachers on their knowledge of and anxiety about the management of students having health emergencies in a selected number of USA schools. The aim of the study was to demonstrate the feasibility and value of nurses educating teachers about school emergencies and placing individual healthcare plans into action. The study found teachers had increased anxiety levels about accepting liability for what is perceived to be a medical issue rather than educational. In most cases teachers had little or no education/training on the healthcare or emergencies.

The intervention that reduced the anxiety levels was a multidisciplinary collaboration that included teachers, student, parents and health professionals and in some cases the student's peers in the development of individualised education and healthcare plans. This process also included inservice prior to the student commencing school.

The conclusion showed a positive effect on decreasing teacher's anxiety in dealing with health emergencies when given nurse led education.

**15. Disabled Children's Access to Childcare (DCATCH) pilot activity. Information for local authorities. Department for children's schools and families. December 2009. UK.**

[http://www.inclusive-solutions.com/pdfs/Disabled\\_Childrens\\_Access\\_to\\_Childcare.pdf](http://www.inclusive-solutions.com/pdfs/Disabled_Childrens_Access_to_Childcare.pdf)

This United Kingdom report recommends a central 'inclusion fund' to pay for additional resources and a central equipment bank & loan service to provide childcare for children with disabilities. This fund is accessed by families to meet their childcare needs without departments fighting over funding.

This service was initially done as a pilot for a number of reasons to:

- develop guidance documents for other services as they implemented similar programs i.e. lessons learnt
- gain an understanding of the actual need and uptake of the service
- predict accurate funding needed
- predict grow in the service demand
- allow for funding increases with estimated growth as an ongoing budget commitment.

**16. Take home points from other readings:**

- the need to include childcare and preschool as education setting for the purpose of providing services to meet complex healthcare needs



- the staff that provide transport services for the children/young people with complex healthcare need to be included in education, training sessions and know what to do in emergencies
- to set targets for this group of young people that are short term as long term targets can be difficult to measure.

## Hagan, John (Health)

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**From:** Neverauskas, Daina  
**Sent:** Thursday, 19 April 2012 1:20 PM  
**To:** Gniel, Stephen  
**Cc:** Chatham, Elizabeth; Johnston, Jayne; Jackson, Helen; Thomas, Carolyn  
**Subject:** RE: Project Outline  
**Attachments:** Project outline - Provision of health services to children and young people in the education system (2).docx

Hi Stephen, Thanks for this. I have attached the project plan with our comments for consideration. Liz and Jayne, your input would be appreciated.

I need to make clear(clarify?) that we have ongoing concerns with some of the suggested changes, in particular the increase in scope to include all health issues instead of just the students complex health needs. In our opinion a project looking at health issues more broadly requires more resources than are available with this project, especially given the delays that have already occurred in progressing the model.

While fully supportive of the need to tackle the broader issues of health in special schools, what is needed most urgently for our Program at this stage is to focus on and resolve the issues of the complex health needs arising out of special schools and those individual students currently being supported in main stream schools. Considerable work has gone into supporting Woden School and considerably more is needed to progress the model. To extend the scope of the project at this stage will dilute resources and compromise a timely outcome.

We are looking forward to discussions on Friday to progress these matters.

**Daina**

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

Care ▲ Excellence ▲ Collaboration ▲ Integrity




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**From:** Gniel, Stephen  
**Sent:** Thursday, 5 April 2012 6:03 PM  
**To:** Neverauskas, Daina  
**Cc:** Johnston, Jayne  
**Subject:** Project Outline

Hi Daina

Sorry it has taken a while for me to get to this. See attached the updated project outline following our last meeting. I have attached the costs as agreed at the meeting and made some other minor tracked changes. I also put this on a template for us to sign (ETD and Health).

Sorry the date didn't work for today for the presentation, I believe we have scheduled another time.

I'm on leave next week and will touch base when I return.

Thanks

*Stephen Guiel*

Director

Aboriginal and Torres Strait Islander Education and Student Engagement

ACT Education and Training Directorate

Phone +61 2 62057029

Fax +61 2 62055447









**Stake holder Meeting:  
Children with complex health care needs in  
education settings  
Action Minutes  
T1**

**Meeting Date: 20 April 2012**

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**Subject:** Stake holder Meeting: Children with complex health care needs in Education settings Meeting of 20 April 2012

**Source:** Kim Townsend Personnel Assistant to the Director Women, Youth and Children Community Health Programs.

**Purpose/comments:**

**Stake holder Meeting:**

**Children with complex health care needs in education settings**

**16 May 2012**

**ACTION MINUTES**

**Attendance and Apologies**

In Attendance:

Elizabeth Chatham

Executive Director Health Directorate of Women, Youth and Children (WYC)

Dania Neverauskas

Director of Women Youth and Children Community Health Programs

Carolyn Thomas

Community Health Programs Central Team Manager

Helen Jackson

Community Health Programs Clinical Nurse Consultant and project officer

Fiona Cameron

Clinical Nurse Consultant WYC Community Health Programs, Caring for Kids Program

Kim Townsend

Personal Assistant to Dania Neverauskas Director of (WYCCHP)

Kelly Swan

Senior Disability Advisor, Human Rights Commission & Disability and Community Services

Stephen Gniel

Director, Education and Training Directorate School Improvement Aboriginal and Torres Strait Islander Education and Student Engagement.

Kerry Heath

Manager School Improvement Aboriginal and Torres Strait Education and student Engagement

Ros Donohoe

Assistant Manager Disability Education

Anne Siripol

Manager Education and Training Directorate

Jayne Johnson

Executive Director School Improvement

Apologies:

Deb Schaler

Policy officer, Health Directorate of Women, Youth and Children (WYC)

**Agenda Items:**

1. Welcome
2. Project outline
3. Needs Analysis
4. Research/ Literature review findings
5. Consumers Forums : Update
6. Schools / Principals Forums Update
7. Discussion

**Purpose/comments:****Needs Analysis – Education and Training Directorate (DET)**

An initial assessment has been conducted to quantify the number of students in ACT government schools who require additional support of complex health.

The aim is to ensure that children with complex health care requirements are able to attend school and have full inclusion in school activities.

This is a high growth area and need is currently being met in an ad hoc manner by a combination of Learning Support Assistants (LSA's), parents and health care support workers.

Early recognition of complex health needs and having appropriate plans in place is a high priority however DET are concerned that they do not have the expertise to meet these needs.

A Flow chart was presented– outlining Main stream Preschool, primary and Secondary Schools.  
There is Disability Funding.

**Research / Literature review findings – presentation by health project officer.**

A copy of the Power point presentation is attached

Issues arising in the discussion:

- There is a current inequality of services to families as there is no systematic assessment of children with complex health needs before they enter school. Some children receive an abundance of assistance others none.
- A number of models were reviewed and DET representatives requested time to consider the options and their implications such as;
  - the industrial implications of changing the role of LSA's to incorporate some health training and support (the preferred model identified by Health)
  - The new school management model provides greater individual school independence and decision making so the introduction of a consistent model may not be easy.
- The establishment of an entry assessment process was supported. The project team will investigate possible membership, terms of reference and structure of the panel and its work.
- The assessment and care plan would be child centred and move with them through the different school settings; however a regular review process would ensure relevance of the care plan.
- Policies, guidelines etc need to be developed.
- The project team will undertake further research in South Australia and Victoria to further inform our deliberations.

**Consumer Forums Schools/Principals Forums**

DET requested that consultation be delayed until a clearer model is formulated. Health would prefer to get consumer and principal engagement in defining aspects of the model. A meeting will be organized by Stephen Gniel (Acting ED School Improvement) of the executive planning group as soon as possible to plan for the progression of this project and in particular to develop plans for ongoing support at Woden special school and the other three schools where students are currently being supported by health care support workers (HCSW).

**Other Actions**

Health will continue with the project including developing an action plan, collating and reviewing policies, procedures, Duty statements, structures etc for future implementation.







## AGENDA

<b>Subject</b>	Stake holder meeting: Children with complex health care needs in education settings	<b>Meeting No:</b>	1
<b>Date</b>	20 <sup>th</sup> April 2012		
<b>Time</b>	1430 – 1630hrs		
<b>Location</b>	Level 3 Conference room, 1 Moore Street CIVIC		
<b>Chair</b>	Daina Neverauskas		
<b>Secretariat</b>	Kim Townsend		

Attendees	Initials	Service/Title	Attendance	Apology
Liz Chatham		Executive Director, Health Directorate of Women Youth & Children (WYC)		
Daina Neverauskas		Director WYC Community Health Programs		
Carolyn Thomas		Manager WYC Community Health Programs		
Helen Jackson		Clinical Nurse Consultant WYC Community Health Programs		
Deb Schaler		Policy Officer, Health Directorate of Women Youth & Children (WYC)		
Fiona Cameron		Clinical Nurse Consultant WYC Community Health Programs, Caring for Kids Program		
Kelly Swan		Senior Disability Adviser, Human Rights Commission & Disability and Community Services		
Stephen Gniel		Director, Education and Training Directorate School Improvement Aboriginal and Torres Strait Islander Education and student engagement		
Kerry Heath		Manager School Improvement Aboriginal and Torres Strait Islander Education and Student Engagement		
Ros Donohoe		Assistant Manager Disability Education		
Anne Siripol		Manager Education and Training Directorate		
Jayne Johnson		Executive Director School Improvement		

**AGENDA ITEM 1:** Apologies**AGENDA ITEM 2:** Previous Minutes NIL**AGENDA ITEM 3:**

No.	Item	Responsibility	Time
1	Welcome	Daina Neverauskas	5 minutes

**AGENDA ITEM 4:**

No.	Item	Responsibility	Time
1	Project Outline	Daina Neverauskas	10 minutes

**AGENDA ITEM 5:**

No.	Item	Responsibility	Time
1	Needs analysis	Ros Donohue	10 minutes

**AGENDA ITEM 6:**

No.	Item	Responsibility	Time
1	Research/literature review findings	Helen Jackson	30 minutes

**AGENDA ITEM 7:**

No.	Item	Responsibility	Time
1	Consumer forums: Update	Stephen Gniel	10 minutes

**AGENDA ITEM 8:**

No.	Item	Responsibility	Time
1	Schools/principals forums: Update	Stephen Gniel	10 minutes

**AGENDA ITEM 9:**

No.	Item	Responsibility	Time
1	Discussion		30 minutes

**AGENDA ITEM 10:** Next meeting

Date:

Time:

Venue:

## Hagan, John (Health)

---

**From:** Jackson, Helen  
**Sent:** Thursday, 14 June 2012 12:25 PM  
**To:** Thomas, Carolyn; O'Connor, Narelle  
**Subject:** Project Report on Melbourne and Adelaide Trip 2012  
**Attachments:** Summary of Melbourne. Adelaide trip 2012.doc

Hi,

I have finally been able to finish the report on the trip.

Can you have a look to see I have covered everything and it is readable.

Thanks Helen

**Helen Jackson | Clinical Nurse Consultant**

Phone|Mobile 0478408858

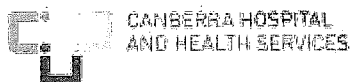
*Project Position: Children at School with Complex Healthcare Requirements*

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

Health Directorate| ACT Government

1 Moore St Canberra ACT| GPO Box 825 Canberra ACT 2601| [www.health.act.gov.au](http://www.health.act.gov.au)

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## Report on fact finding and observation trip to Melbourne and Adelaide for complex health care needs project 2012

### Melbourne sites:

**Belmore Special School, Stroud St., Balwyn, 3103. Phone: 03 98598762**

Talked with the Assistant Principal, [REDACTED] and we were able to get an educational perspective. The School nurse is employed by the school within a classroom structure of L4 Education Support. Relief is provided by a Teacher's Assistant who is also a Registered Nurse (RN). In cases of emergencies the Deputy Principal will give medications once she has checked it with another staff member. In the event that a trained carer was not able to provide care at school the parent would keep the child at home. The school had the flexibility to pay higher duties to Education support staff for any medical training that received @\$10,000 per year.

The assistant principal described the nurse's role as being:

- the team manager for attendant carers who provide personal care only
- the liaison link for the families
- trouble shooter for all care given in the school
- back up for high needs children

Prior to our site visit I spoke to [REDACTED] the permanent School Nurse and during our visit we spoke with the nurse who provides relief on higher duties from her normal position of teachers assistant. This is the information around her role:

- there are around 54 students at the school of these 2/3 have PEG feeds and 2/3 have epilepsy
- [REDACTED] trains the teachers and assistants in the classroom to do the PEG feeds
- she does do medication rounds X 2 a day mostly epileptic medications
- on our visit we observed the medication trolley to have a large supply of individual medications that would be the supply for the whole term
- there are a number of students with high medical needs e.g. O2, suction etc., the assistants are trained to do this care by the Schoolcare program and [REDACTED] is there only, as a backup and support
- a large part of her roll is Health Promotion for the students, families and school staff
- she is involved in a toileting program and works closely with the Continence Foundation
- Education is paying for her Professional Development (PD) in communication skills for dealing with families and staff
- she has a peer review with Education yearly to identify her learning needs/goals

### STRENGTHS

- multidisciplinary team approach – planning/goal setting/learning/therapy for the students
- inclusive strong team culture
- liaison with parents
- flexibility to change rolls (learning assistant/RN)
- comprehensive orientation process averts parental concerns:
  - ✓ by providing confidence that their student's care is being met
  - ✓ occurs months before the student commences at the school
  - ✓ a meeting is organised with all school staff and therapists to plan for both educational, therapy and care needs
  - ✓ flexibility in allowing parents to build trust in the people doing the care
- Nurse was the team manager for attendant carers and trains teachers and teacher assistants

## CONCERNS

- Clinical governance/quality i.e. medication management
- Professional isolation
- Unclear scope of role
- ? lack of formalised health assessment or health plans
- PD approved by school principal

**RCH @Home, Schoolcare Program**, RCH, 50 Flemington Rd. Parkville, 3052 Phone: 03 93455695

This program comes under the RCH @Home program and is for children and adolescents who have ongoing medical care needs. It enables them to be safely cared for whilst at school. It is one of a number of programs covered by RCH @ Home there is Family Choice, Homecare, Post Acute Care, Hospital in the Home and Victorian Paediatric Palliative Care. These programs provide child specific training, monitoring and support to staff selected by schools or various agencies to be the carers. The funding arrangements come with the referral in the form of brokerage. See brochures.

### Schoolcare Model of Care Document:

- Well presented with details of process, eligibility, training requirements, competency and follow up at certain periods for ongoing competency and a discharge process.
- There is a mix of care available according to the criteria and the service the young person can use. If having Family Choice due to complexity they are not eligible for Schoolcare and their care is provided by the same service as at home.
  - Note:** These complex clients don't have 24 hour backup from the service provider, a pathway for problem solving is included in the client specific manual and they are to ring the families.
- To monitor the training review and support they enter the dates into a diary then a spreadsheet to keep track of dates and organise visits.
- They have a Clinical Operations meeting at RCH@ Home to determine eligibility for Schoolcare and also in keeping with guidelines released annually by Education. The members are Schoolcare program coordinator, Medical Director and Business Manager.
- Their level 2 support has 2a, 2b, 2c or 2d this refers to the carer's status from new to established carers. Training and competency can consist of a conversation only with some experienced carers.
- Set referral dates prior to the commencement of the school year leading to a very busy January for the development of client manuals and training. Other referrals can come in throughout the year if there is a change of schools, care and/or carers.
- All manuals are available on the RCH website  
[http://www.rch.org.au/hacc/care\\_manuals.cfm?doc\\_id=12822](http://www.rch.org.au/hacc/care_manuals.cfm?doc_id=12822)
- The program can only provide training to school staff (teachers and assistants not RNs).  
I had a phone conversation with [REDACTED] prior to our site visit; these are some of the points discussed:
  - They have @100 children on the program.
  - The program has a contract with education to provide training to school staff (teachers, assistants).
  - The nurses train the carers for a specific child; the child is usually funded for 4 carers.
  - Education applies for the funding of which there are 5 levels.
  - The referral is sent to Schoolcare program, where a panel assesses the level of care required and if it meets the program's criteria.
  - They are only funded for @ 7 types of care, most common is PEG feeds.
  - The programs provide training in Special school to school staff, where there is already a nurse.

- I asked about other conditions like diabetes and they don't have anything to do with this type of training or care. It is provided by diabetic educators and people like epilepsy foundation etc to the school directly.

#### STRENGTHS

- Individualised child centred training
- Linked with paediatric department – good clinical governance/quality process
- School staff undertake healthcare needs – holistic i.e.1:1 care

#### CONCERNS

- Limited scope – training only and very specific care, not delegation model
- Minimal school involvement

#### Adelaide Sites:

██████████ Manager Disability Services. Disability, Rehabilitation and Allied Health Division, Women's and Children's Health Network (WCHN). 82 Henley Beach Rd, Mile End 5031  
Phone: 08 81599493, Mobile ██████████ Fax ██████████

The Access Assistant Program (AAP) came into being in 1993 when the care for people with disabilities was deinstitutionalised and all students with disabilities had attended Special Schools. These changes have meant that children and young people need to have their complex healthcare needs in a variety of different community settings.

Disability services are part of SA Health and the nurses are employed by the disability arm but have a health line manager at the hospital for professional support. This program has well developed and proven policies and procedures for this client group and care in school settings.

#### Two agencies

1. Access Assistant Program provides Health Support Offices, Enrolled Nurses (ENs) and RNs who provide direct care to students with complex health needs.
2. Community Health Support Program commenced in 2007 – RNs who provide a delegation of care service; they develop health plans, work with families and provide support to staff and families. They provide training and assessment of Health support workers according to each individual student's individual health care plan. This is for care that cannot be provided by school staff and can cover tracheotomy, gastrostomy feeding and medication, catheterisation and oxygen therapy.

**Note:** there is another program that is included called MyTime that is Federally funded for parents and Carers of Young People with a disability or chronic Medical Condition. It provides time out/groups sessions and Childcare.

#### Summary of these services

- The program receives funding from Education, Disability, Health and MyTime
- Delegation model for children with complex health needs in schools
- Referral is made by the school once a complex healthcare need is identified
- The families are contacted and an assessment is completed with the results taken to an in house clinical panel to decide the level of care and how it is to be delegated.
- If the child meets the criteria a Health Plan is developed with the nurse, family and Healthcare providers and signed off. This includes roles and responsibilities of all parties.
- 70 sites, 275 children

- 85% of children have an associated disability
- 20 children require 1:1 care
- 100 Health Support Officers (HSOs) employed by service, line managed in ASO stream and supported/trained by level 2 nurses.
- HSOs have 2 levels of experience/training/pay rates – OPS 1 & OPS2
- 4 x Clinical Practice Consultants (CPCs) similar to ACT Clinical Nurse Consultants (CNCs)
- 9 Level 2 RNs – provide comprehensive health assessment of child's needs and implement delegation model – provide training for HSOs
- Health Plans – level 1 & 2 responsibility of Education Dept. i.e. first aid plan, level 3 delegation model – healthcare support officer or nurse.

#### Documents given:

1. Women's and Children's Health Network Health Assessment – Disability Services (Draft)  
The procedure is to be used by all level 2 and 3 Registered Nurses to ensure a consistent practice when providing health assessments and that the appropriate processes and use of forms.
  - Very comprehensive assessment guide, protocols and tools. Includes risk assessment of environment. **Need to get paperwork.**
  - Care regimes signed by appropriate Health professionals
  - Have own Medical Officer for assistance with plans and negotiating with other Doctors. E.g. Intranasal Midazolam now accepted as first aid and taught by Red Cross (need to follow up in ACT).
  - Have a case review/complex case review process mostly in house but if required can access the Hospitals Clinical Committee, ? similar to ACT Clinical review Committee.
  - Great assessment table very clear of who provides care and how it is provided.
  - Client information and expectation clearly presented at time of assessment.
2. Women's and Children's Health Network Disability Services – Care of Gastrostomy Devices Learning Package For Health Support Workers.
3. A number of Draft documents around developing education material, session planning and assessment of staff that provide care.

#### Note: Prior to visit had received a copy of **Registered Nurses Delegation of Care Service Model**

- ✓ Very comprehensive document
- ✓ Cover legislation and ratification by nursing authorities that includes the framework for Delegation by a Registered Nurse to unlicensed Healthcare worker
- ✓ Process for multiagency involvement with 'portable health plan' and Lead (nurse) agency
- ✓ Clear referral and assessment process of client needs through school principals
- ✓ Clear links with other level care plans e.g. asthma etc in school domain
- ✓ Signed health plan by parents and nurse before implementation
- ✓ Health plans reviewed 12 monthly or with changes
- ✓ Training and assessment criteria
- ✓ Clear indirect communication pathway in working hour and another with RDNS for after hours if required
- ✓ Good template for health plan



### Service agreement between CY&WHS – Access Assistant Program and Department of Education and Children Services.

- ✓ Covers funding arrangements
- ✓ Comprehensive covers everyone's roles and responsibilities
- ✓ This is between departments in SA. The manager of Assess Assistant program also has an agreement with individual schools that includes cost for equipment and consumables as well as computer access to internet for staff to receive e-mails.

### STRENGTHS

- Clear definition of roles
- Strong clinical governance
- Strong support structure – operational and clinical management
- Strong medical support and advocacy
- Cost effectiveness (\$32/service), provides 80,000,000 services annually.
- Strong emphasis on safety and risk management
- Child has only one health plan across services i.e. school, respite etc.
- HSO's all have Cert 11 or Cert 111 and/or mandatory training e.g. first aid and BLS etc
- Flexibility of roles to meet needs. In some rural schools healthcare needs can be provided by a LSA with the Access Assistant program paying for an hour of the persons wage to provide the care the young person needs e.g. PEG feeds X 2. Another function is the 'Run' where the Healthcare worker will provide care at another nearby schools when a young person requires limited care.

### CONCERNS

- Training packages still being developed – ?process educationally sound
- Some discomfort with the role of the EN
- Staff report they need to "make a big effort" to be included in the school community

### DISCUSSION

The ACT is in a fortunate position to be able to use the lessons learned and the strengths from the various models in Australia and overseas to develop a framework and model of care to meet complex healthcare needs in ACT Public schools.

The standout model is South Australia; it has been used by other states as their foundations and has been tried and tested. The Department of Education and Child Development (DECD) and Child Health and Education Support Service (CHESS) support child and student health, care and learning through the CHESS framework of an interagency commitment to improve healthcare and learning of all children to support their families and communities. The funding arrangements are interdepartmental across education, health and disabilities from both State and Federal monies unlike Victoria where the families apply for funding or brokerage to get care.

SA's Education policies and processes are clear and easily accessible to families, schools and healthcare providers for a student with healthcare needs including GPs being able to accessing the health forms with Medical Director Software.

In SA once a health need has been identified there is a clear process to identify the level of care required and who provides the care. Should the care require training and/or be complex there is a referral process to the Access Assistant Program where a RN will carry out a client and environmental assessment with the level of care and training required being evaluated by the team. The families, healthcare provider and nurse will develop a health plan together, to move to a delegated care model. A number of HSO's will be trained to meet the student's specific need, followed by a competency assessment, ongoing support and assessment as required by a RN. The RN is responsible for providing direct or indirect support to the HSOs, liaising with the families, making changes to health plans and updating training and competencies as required. While in Victoria the RNs only provide training to school staff for a limited number of healthcare needs and mostly at the beginning of each school year. There is no ongoing support for the school staff by the Schoolcare program the carers follow a problem solving pathway as part of the client manual and call the families if they are unable to resolve an issue.

SA has a clinical governance process when the level of care assessment is questioned it can be taken to a Clinical Review Committee based at the hospital. Victoria has a process to assess the care prior to any training taking place and that there is associated funding available.

The SA program is large enough to utilise the HSOs in other areas when a student was unwell and didn't attend school, whereas this will cause problems in the ACT due to our size and number of clients. This could be overcome if the recommendation from Ireland was utilised and the schools developed a hybrid role of a LSA/HSO so their primary role is to meet the young person's healthcare need but they could be utilised as a learning support at other times especially when the student didn't attend school. This would provide a career pathway for LSA's a more rewarding role for HSOs and improve staff retention rates and therefore lead to better continuity of care for the student and less anxiety for the families

When a RN is required to give care because the care cannot meet the requirement of the delegated care model, the nurses were able to maintain their skills and registration by working in other health sectors during school holidays.

In a nutshell to provide complex healthcare for students in ACT schools we could use the SA model of delegated care with staffing that was then in the form of the hybrid role. This would provide care that is safe, effective, evidenced based and nurse led and supported. The families and schools and service providers would have clear guidance of what is available and how it is implemented through a fair and equitable process with funding that is interdepartmental or a separate funding similar to Ireland's 'inclusion fund'.

## Hagan, John (Health)

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**From:** Jackson, Helen  
**Sent:** Friday, 15 June 2012 3:25 PM  
**To:** O'Connor, Narelle  
**Cc:** Thomas, Carolyn  
**Subject:** Table with compareing various models  
**Attachments:** COMPARISON OF VARIOUS MODELS TO MEET COMPLEX HEALTHCARE IN SCHOOLS.doc

**Importance:** High

Hi Narelle and Carolyn,  
I have attached the information for the poster and sticker part of the session.  
This is what I have done today, probably need to sleep on it over the weekend.  
Any thoughts would be great,  
Thanks Helen

Helen Jackson | Clinical Nurse Consultant

Phone| Mobile 0478408858

*Project Position: Children at School with Complex Healthcare Requirements*

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

Health Directorate| ACT Government

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## SPECIAL SCHOOL NURSES

### MOC CONSULTATION PROCESS 3.30pm – 5pm, 20/6/2012

#### NOTES

Information discussed was established as confidential within the team.

- Need for change discussed, most nurses felt change was necessary, most importantly due to a lack of equity
- Overview of international literature and overseas models
- Reviewed Irish, Victorian and South Australian models, SA and Vic models discussed in depth. Nurse's comments included "we need good processes", what if a student's condition deteriorates beyond the scope of HCW.
- Possible ACT model based on SA model with "hybrid" role of LSA/HCW reviewed and discussed
- Nurses asked to put strengths, weaknesses, questions, comments on sticky notes on models on wall.

Comments included:

- Role as "almost" case manager would be great
- What happens if HCW sick, does RN slot in?
- Great to implement a clear structure/organisation for every school, at the moment every school is different
- Health care plan folders with every child – great idea. Template linked to GP software ✓
- How many RN's will there be?
- ? PRN medication/assessment by HCW
- If condition changes from level 2 – 3 is there a review process available on an urgent basis or will the school be required to cope till then
- Review of health plans- children's condition can change frequently
- Special schools have high number of occasions of service – how to employ HCSW. To each class student or per school? 2 nurses at BMS = 2 HCW BMS
- ? Quantity of HSW/client –does school have input into staff required
- Referrals – how they work to provide continued schooling
- ? Safety and security for HCW/LSA if situation escalates beyond their training
- ? medication orders ? webster packs.

- Each of above was read out and discussed as necessary. There was general consensus that the process should be thorough and that the necessary time should be taken to implement effectively and smoothly.
- By way of closing a round table of final comments were taken most of which were positive whilst acknowledging the amount of work that needs to be done.

Comments included:

- Good career path opportunity for Sp School nurses
- increasing job satisfaction in new MOC,
- opportunities for training for SP School nurses
- that the service would be equitable,
- Consultation with ACT Education and Parents was important,
- The consultation process with nurses was valuable and that communication needs to be continued with updates in the process.

**Hagan, John (Health)**

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**From:** Thomas, Carolyn  
**Sent:** Tuesday, 17 July 2012 8:55 AM  
**To:** Neverauskas, Daina; Byrnes, Sue; O'Connor, Narelle; Jackson, Helen; Mitchell, Beth; Heath, Kerrie; Donohoe, Ros  
**Subject:** Complex health care: working group agenda  
**Attachments:** WYCCHP Agenda Template.docx

Good morning,

Please find attached the agenda for our meeting tomorrow.

Please forward to anyone coming to the meeting who may have been unintentionally left of the invitation list.

Kind regards

**Carolyn Thomas**

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

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# AGENDA

<b>Subject</b>	Working Group: complex health care in schools	<b>Meeting No:</b>	1
<b>Date</b>	18/7/2012		
<b>Time</b>	15.30 – 1700hrs		
<b>Location</b>	1 Moore Street, level 3 conference room		
<b>Chair</b>	Daina Neverauskas		
<b>Secretariat</b>	Kim Townsend		

Attendees	Initials	Service/Title	Attendance	Apology

**AGENDA ITEM 1:** Apologies: Beth Mitchell, Helen Jackson

**AGENDA ITEM 2:** Previous Minutes: NIL

**AGENDA ITEM 3:** TOR

No.	Item	Responsibility	Time
1	Terms of reference for the working group to be discussed		

**AGENDA ITEM 4:** Meetings

No.	Item	Responsibility	Time
1	Meeting frequency and dates to be discussed and decided		

**AGENDA ITEM 5:** Working group communication

No.	Item	Responsibility	Time
1	Working method for the group via an 'action items' plan to be discussed.		
2	Ministerial: Health /Education regarding new model proposal		

**AGENDA ITEM 6: Community Consultation**

No.	Item	Responsibility	Time
1	Disability Education Reference group		
2	School Network Reference group		
3	Special Schools Principal Meeting		
4	Staff and parents of schools where services are currently being delivered		
5	Staff, parents and interested community members from schools with no nursing service		

**AGENDA ITEM 7: Publicity**

No.	Item	Responsibility	Time
1	Publicity for community consultation		
2	Publicity for new model of care		

**AGENDA ITEM 8:**

No.	Item	Responsibility	Time
1			

**AGENDA ITEM 9:**

No.	Item	Responsibility	Time
1			

**AGENDA ITEM 10: Next meeting**

Date:

Time:

Venue:

## ACTION STATEMENT

<b>Title</b>	Working Group: Complex health care needs in schools		
<b>Location</b>	1 Moore street , Room 10 level 2	<b>Meeting No</b>	3
<b>Date/Time</b>	1/8/2012 10.00-11.00hrs	<b>Chair</b>	Daina Neverauskas
		<b>Secretariat</b>	Carolyn Thomas
<b>Attendees</b>	<b>Initials</b>	<b>Division / Service / Title</b>	<b>Present</b> <b>Apologies</b>
Daina Neverauskas		Health WYCCHP Director	✓
Sue Byrnes		Health WYCCHP Manager of Nursing Services	✓
Helen Jackson		Health WYCCHP Project CNC	✓
Narelle O'Connor		Health WYCCHP Schools CNC	✓
Carolyn Thomas		Health WYCCHP Central Manager	✓
Beth Mitchell		DET Director Aboriginal & Torres Strait Islander and student engagement.	✓
Kerrie Heath		DET Manager of disability education	✓
		DET Project officer (TBC)	✓

## ACTIONS ARISING

Completed		Underway			Overdue	
No	Recommendation	Action	Action Officer	Date Action Due	Outcome / Decision / New Action	Status
1	It was recommended that the working group develop a more detailed overview/time line of the project	Health representatives will put a draft together for circulation and discussion at the next meeting.	Narelle/ Helen	ongoing	Draft time line completed. Some changes and additions recommended. For further discussion at next meeting	Underway



2	Preliminary work needed to investigate LSA pay scales and adaptability of these positions to the proposed new model.	Kerrie will speak to DET HR to find out more information.	Kerrie	Ongoing	DET to scope role and decide what level position fits best	Underway
3	Develop a presentation regarding proposed model changes for public consultation and meetings	Adapt current presentation or develop new one that can be shown to different levels of audience	All	completed	Power point presentation completed and presentation to DERG meeting completed. Awaiting any feedback from this meeting.	Underway
4	Community Consultation	Kerry will book venues for the community consultation the 3 <sup>rd</sup> and 4 <sup>th</sup> weeks of September (17 <sup>th</sup> – 24 <sup>th</sup> September) Daina will D/W Alastair Roy regarding his involvement in this consultation once we know the dates.	Kerry/Daina	ASAP		Underway
5	Brief relevant ministers	Kerrie and Daina will work on ministerial briefs with the aim of a collaborative approach.	Daina / Kerrie	ongoing		Underway
6	It was recommended that the working group prepare a key message media release/positive news stories etc that are ready to go at a moment's notice.	Involve media & marketing from both directorates in planning a communication strategy. Invite media representatives <u>Health</u> - Alexander Kellar <u>DET</u> - Stephen Guilford/Sean Benet To the next meeting (date TBC)	Daina/ Kerry	ongoing	Daina and Kerry will remind their relevant directorate media people regarding a communication strategy. ? Invite to our next meeting	Underway
7	It was recommended that we aim to begin 2013 with a pilot of the new model	No action as yet	NA	ongoing		

8 <sup>104</sup>	Budget brief 'concept'	It was discussed to submit a budget brief around the 'concept' of the new model proposition. More detailed information can be given at a later date.	Daina/Sue/ Carolyn	Not started yet		
9	Draft discussion paper	Send draft discussion paper to stakeholders, working group and media reps for comment.	?	ongoing	More discussion required before it is sent out.	Underway
10	community consultation : <ul style="list-style-type: none"> <li>• Media</li> <li>• Fact sheet</li> </ul>	Helen working on a draft letter for inclusion in school news letters Working on fact sheet	Helen	ongoing	Date for this will firm once we have the dates for the community consultations	Underway

## Hagan, John (Health)

---

**From:** Jackson, Helen  
**Sent:** Monday, 6 August 2012 8:21 AM  
**To:** Neverauskas, Daina; Byrnes, Sue  
**Cc:** Thomas, Carolyn; O'Connor, Narelle  
**Subject:** DERG power point presentation 7 August 2012  
**Attachments:** Notes for Presentation to DERG meeting August 2012.doc; Presentation for DERG August 2012.ppt

**Importance:** High

Good Morning Daina and Sue,

This is the power point and notes for the presentation tomorrow.

I haven't sent it to Education.

When you are happy with the content, can you send it on or will we bring it to the meeting and have a run through this morning?

Thanks Helen

Helen Jackson | Clinical Nurse Consultant

*Project Position: Children at School with Complex Healthcare Requirements*

Please use e-mail: [helen.jackson@act.gov.au](mailto:helen.jackson@act.gov.au)

otherwise phone contact is via the ASO Central on 6205 5052

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

Health Directorate | ACT Government

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**Slide 1: Welcome****Slide 2: Background**

- ***Increasing demand for healthcare in all schools (heading only)***  
The research is indicating that one third of students have at any one time a health condition or healthcare need that is either short or long term. This data is dependent on the definition and criteria used but it suggests that the need is increasing in number and complexity. In many cases there isn't a comprehensive, integrated model that links schools, students, parents, healthcare and other community providers.
- ***Care needs to evidence based, equitable and sustainable (heading only)***  
There needs to be an eligibility criterion, an assessment of healthcare needs and environments using standardised processes and tools. The training and competencies assessments of care providers will be evidenced based and by following these processes care can be equitable and sustainable.
- ***access to nurse led care available to all students (heading only)***  
We need to allow access to nurse led care for all students in ACT schools.

**Slide 3: Work to date**

- A partnership with Education and Health was established at the end of 2011
- A health project officer appointed in February 2012
- There has been an analysis and collation of the research from overseas and national information
- A Steering Committee was established in April 2012
- Site visits to South Australia and Victoria where undertaken in May 2012 to establish networks and to observe their models in practice.
- A Working group established in July 2012
- This is the first phase of the consultation process with further consultation sessions to include all interested members of the community.

**Slide 4: 4 Key Messages**

The key messages we want to highlight are to:

- ensure best practice when providing healthcare to all students in the ACT
- enhance healthcare services
- provide equitable services so that all children with health needs have access to support across the ACT
- be able to build capacity and sustainability for these services

**Slide 5: What does the Research say?**

- **Families** want clear communication and realistic indications of support that is available without having to have to fight for their child/young person's healthcare needs.
- **Children/young people** want to do the same as their peers in school and community settings. They want to receive quality healthcare and learn how to manage and understand their healthcare needs as part of their individual education plan.
- **Education staff** felt that they experienced less anxiety when they received comprehensive training for student's healthcare needs prior to them starting school. Their job descriptions need to reflect the healthcare they provide in schools.

- **Nurses** want a contemporary role in providing complex care in schools that includes<sup>107</sup> ongoing support in partnership with the schools and families.

#### **Slide 6: What is happening elsewhere**

- The UK initiated major changes for the inclusion of students in education settings and developed guidance policies that have been widely used in the UK and Australia. The key to the success of these programs is a well established partnership with Education and Health whether they are Government or Non Government agencies.
- South Australia was the first to develop their model for complex healthcare in childcare, preschool, schools and community settings. Victoria followed using the work done by South Australia to develop their model. Both have a well established partnership between Health and Education.

#### **Slide 7: Victoria - School Care Program**

- This program comes under the RCH @Home program and is for children and adolescents who have ongoing medical care needs. The registered nurses provide child and task specific training with competency assessment for staff selected by the school.
- Follow up visits to the school are at various intervals and limited depending on need.
- There is minimal ongoing monitoring/support for school staff if they have concerns or questions.

#### **Slide 8: South Australia**

- The framework of *Child Health Education Support Service (CHESS)* involves an interagency commitment with funding that is interdepartmental from both State and Federal monies. This framework has set a standard that has been used by other states as their foundations.
- When a student is identified as requiring complex and/or invasive care they are referred to the *Access Assistance Program*. The RN will carry out a comprehensive assessment. The families, healthcare provider and nurse will develop a health plan together, to move to a delegated care model.

#### **Slide 9: ACT Opportunity**

The ACT is in a fortunate position. This is our opportunity to cherry pick the best of the research and this leads us to

##### **A partnership approach with two interlinking frameworks**

1. EDUCATION: manage every day health care needs in schools
2. HEALTH: manage complex/invasive care

#### **Slide 10: Education Framework Flow chart**

#### **Slide 11: Health Framework Flow chart**

#### **Slide 12: Questions**


Email address for ideas, comments and useful information. Closing date

#### **Slide 13: Useful websites**

#### **Slide 14: References**

ACT GOVERNMENT Health | CANBERRA HOSPITAL AND HEALTH SERVICES | ACT GOVERNMENT Education and Training

## Meeting Health Care Needs in ACT Schools



## Background

- increasing demand for health care in all schools
- care needs to be evidence based, equitable and sustainable
- access to nurse led care available to all students

ACT GOVERNMENT Health | ACT GOVERNMENT Education and Training | CANBERRA HOSPITAL AND HEALTH SERVICES

## Work to date

- A partnership with Education and Health established
- A health project officer appointed
- Research incorporating overseas and national information
- Steering Committee established
- Site visits to South Australia and Victoria undertaken
- Working group established
- Consultation process

ACT GOVERNMENT Health | ACT GOVERNMENT Education and Training | CANBERRA HOSPITAL AND HEALTH SERVICES

## 4 Key Messages

- ensure best practice in the ACT
- enhance services
- provide equitable services – all children with health needs access support across the ACT
- build capacity and sustainability

ACT GOVERNMENT Health | ACT GOVERNMENT Education and Training | CANBERRA HOSPITAL AND HEALTH SERVICES

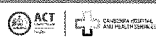
### What does the Research say?

**Families** - clear communication and realistic indications of support available

**Children/young people** - to do the same as their peers

**Education staff** - job descriptions that reflect the health care support they provide

**Nurses** - a contemporary role in providing complex care in schools



### What is happening elsewhere

- UK has taken the lead with a partnership model between Education and Health
- Two successful Australian models stem from the UK model: Victoria and South Australia



### Victoria – School Care Program

- Training and competency assessment for Education staff is provided by Registered Nurses
- Follow up at various intervals depending on need
- Minimal ongoing monitoring/support for school staff



### South Australia

- Well established *Child Health Education Support Service* (CHESS)
- Complex/invasive care is referred to the *Access Assistance Program* – Registered Nurse provides training and competency assessment to Health Care Workers under a delegation model
- Ongoing support, supervision and parent liaison provided by Registered Nurse



## ACT Opportunity

A partnership approach with two interlinking frameworks

1. EDUCATION: manage every day health care needs in schools
2. HEALTH: manage complex/invasive care

## Education Framework

```

    graph TD
      A[Enrolment/review meeting with family  
Does the child have any known routine health support needs?] --> B[Yes - additional support likely]
      B --> C[Parents provide a health care plan from treating health professional  
School conducts risk assessment  
Consult with Health as necessary]
      C --> D{Is the routine and/or first aid health care complex or invasive. Includes:  
•Care of tracheostomy  
•Nutrition/medication via gastrostomy  
•Regular catheterisation  
•Oxygen therapy}
      D -- NO --> E[Develop health care support plan]
      D -- YES --> F[Refer to Health Directorate program]
      E --> G[Attend school]
  
```

## Health Framework

```

    graph TD
      A[Referral received from school - care is complex or invasive] --> B[Registered Nurse contacts parents to discuss health care needs and develop support plan]
      B --> C[Referral tabled at team intake meeting. Health support plan ratified or if discrepancies between support plan and parent request, elevated for higher level review]
      C --> D[Registered Nurse contacts school:  
•Environmental assessment conducted  
•School Staff requirements identified - training/competency undertaken  
•Communication pathway established - linking home/school/nurse/other health professionals  
Ongoing monitoring and review strategies established]
      D --> E[Student attends school]
  
```

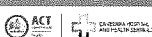
## Questions and where to from here?

Add generic e-mail address for comments, ideas and any useful information



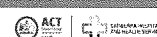
## Useful websites

- <http://www.chess.sa.edu.au/index.htm>
- <http://www.education.vic.gov.au/management/governance/spag/default.htm>
- <http://www.education.vic.gov.au/healthwellbeing/wellbeing/disability/programsupp.htm>
- [http://www.det.act.gov.au/publications and policies/policy\\_a-z](http://www.det.act.gov.au/publications_and_policies/policy_a-z)



## List of References

- Include me. Managing complex health needs in school and early years settings Jeanne Carlin. Council for Disabled Children, London 2005
- [www.chess.sa.edu.au](http://www.chess.sa.edu.au) Health Support Planning for Children and Students with Complex and/or Invasive Health Care Needs:
- Student medical and health care. Administration of Medication. Training and Credentialing of staff <http://www.education.tas.gov.au/school/health/students>
- Protocol for Managing Children with Complex Health Care needs in Community Settings (including schools, children's centres and other settings) [http://www.milton-kevin.gov.uk/inclusion/documents/Managing\\_Healthcare\\_Needs\\_-\\_June\\_11.pdf](http://www.milton-kevin.gov.uk/inclusion/documents/Managing_Healthcare_Needs_-_June_11.pdf)
- An Intersectoral Response to Children with Complex Health Care needs Canadian Journal of Educational Administration and Policy, Issue #29, March 5, 2004. <http://www.umanitoba.ca/publications/cjea/articles/edhealth.html>
- Complex Needs. The Nursing Response to Children and Young people with Complex Physical Healthcare Needs. Health, Social Services and Public Safety/University of Ulster June 2007. [http://www.dhsspsni.gov.uk/complex\\_needs\\_report.pdf](http://www.dhsspsni.gov.uk/complex_needs_report.pdf)
- [http://www.dhsspsni.gov.uk/appendices\\_1-7\\_report\\_on\\_complex\\_phc\\_needs\\_3.pdf](http://www.dhsspsni.gov.uk/appendices_1-7_report_on_complex_phc_needs_3.pdf)
- The role of the school nurse in special school for pupils with severe learning difficulties. School of Nursing, University of Ulster N. Ireland June 2003. <http://www.sciencedirect.com/science/journal/00207489/40/7>
- The Healthy Learner Model for Student Chronic Condition Management – Part 1. The Journal of School Nursing. 2006.22:310 <http://jns.sagepub.com/content/22/6/310>
- Teaching Teachers About School Health Emergencies. The Journal of School Nursing. 2001.17:2316 <http://jns.sagepub.com/content/17/6/316>



## Hagan, John (Health)

---

**From:** Jackson, Helen  
**Sent:** Tuesday, 14 August 2012 4:24 PM  
**To:** Byrnes, Sue; Thomas, Carolyn; O'Connor, Narelle  
**Subject:** Draft Discussion paper for Complex care  
**Attachments:** Draft 2 Discussion Paper MEETING HEALTH CARE NEEDS IN ACT SCHOOLS 2012.doc; Draft 1 Table Comparison table for community Consultation.doc

**Importance:** High

Hi all,

I have updated this version of the Discussion Paper thank you Sue for your comments.

I have also included the table, I am undecided whether this should be included.

If you are happy with this draft do you want to send it to Beth and Kerrie for the meeting on Thursday?

Thanks Helen

Helen Jackson | Clinical Nurse Consultant

*Project Position: Children at School with Complex Healthcare Requirements*

Please use e-mail: [helen.jackson@act.gov.au](mailto:helen.jackson@act.gov.au)

otherwise phone contact is via the ASO Central on 6205 5052

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**Hagan, John (Health)**

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**From:** [REDACTED]  
**Sent:** Wednesday, 15 August 2012 5:36 PM  
**To:** Jackson, Helen  
**Cc:** Thomas, Carolyn; O'Connor, Narelle  
**Subject:** RE: Request for Canberra please

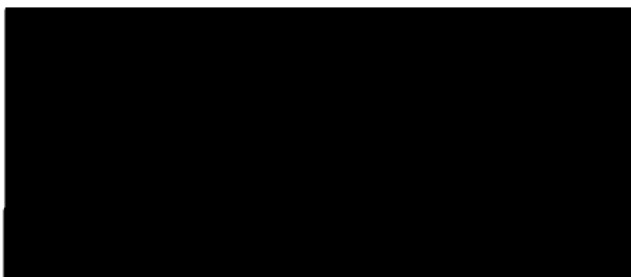
Hi Helen

Sorry I haven't responded sooner to your queries. re:

1. Yes you do have permission to use our paperwork as it isn't copy righted
2. I'll ask Leanne to send you the electronic version of the health assessment folder and procedure
3. Yes the RDNS folder is being replaced by the work that Kerrin is providing so no longer required.
4. For the "delegation " model the RN needs to be competent in doing the tasks that she "delegates" to the care worker. This isn't an RTO requirement however I encourage and support my "Delegation of care" nurses to do a Certificate in "training and assessment".

happy to help and thanks for your info attached

regards



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**From:** Jackson, Helen [<mailto:Helen.Jackson@act.gov.au>]  
**Sent:** Monday, 13 August 2012 10:40 AM  
**To:** [REDACTED]  
**Cc:** Thomas, Carolyn; O'Connor, Narelle  
**Subject:** Request for Canberra please

Hi Rosemary,

I hope all is well in Adelaide with you and your team?

The project is progressing well and I would like to request your help with some more information please.

1. Can you send an e-mail giving the Division of Women, Youth & Children Community Programs permission to adapt your paperwork for the ACT that you have kindly shared with us please? The program will acknowledge South Australia's contribution to ACT's model.
2. Robyn kindly took us through the Health Assessment Procedure Folder while we were in Adelaide, it was in Draft are you happy to send an electronic copy? On page 2 it mentions SA Health Risk Management Policy 2010 – 08507/1 are we able to get a copy?

3. In Register Nurse Delegation of Care Service Model on page 7, it mentions the RDNS Health Support Manual (A Training & Competency Assessment Package for Health Worker). Is this being replaced by the work Kerrin is doing, if not are you able to point me in the right direction to get a copy?
4. Can you help please? I have been asked how you can get around providing training and assessments without being a Registered Training Organisation. Is this negated with a Delegation Model of care where the training is client and task specific?

I have attached a summary of the literature review I did for Robyn SA features strongly and some competency workbooks I came across for Kerrin, sorry it has taken a while to send I wasn't able to access the main computers until this month. I hope they are useful to the nurses.

We really appreciate your help and support with our model.

Thanks Helen

Helen Jackson | Clinical Nurse Consultant

*Project Position: Children at School with Complex Healthcare Requirements*

Please use e-mail: [helen.jackson@act.gov.au](mailto:helen.jackson@act.gov.au)

otherwise phone contact is via the ASO Central on 6205 5052

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**Hagan, John (Health)**

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**From:** Jackson, Helen  
**Sent:** Wednesday, 22 August 2012 12:03 PM  
**To:** O'Connor, Narelle; Thomas, Carolyn  
**Subject:** FW: Request for Canberra please  
**Attachments:** Canberra\_health\_assess\_disability\_proc260712 (2).doc; Health Assessment\_ASSESSMENT GUIDE\_Post Feedback\_July 2012.doc; Health Assessment\_LETTER TO PARENTS\_LEVEL 2 PLANS.doc; Health Assessment\_CLIENT HEALTH SUMMARY LETTER.doc; Health Assessment\_CHECKLIST FOR REGISTERED NURSES.doc

Hi all,  
 This is the documentation from SA.  
 I have copied it to the Complex healthcare model folder see pathway below.

G:\CY&W\CY&W\_General\RegionalTeams\Central\Complex health care model\Health assessments  
 Cheers HJ

---

**From:** [REDACTED]  
**Sent:** Tuesday, 21 August 2012 7:01 PM  
**To:** Jackson, Helen  
**Cc:** [REDACTED]  
**Subject:** FW: Request for Canberra please

Hi Helen,

Apologies in delay in sending you the Health Assessment Paper work. It has almost completed the approval process and I thought I could wait for that. I have sent to you in draft form and will inform you of any changes.

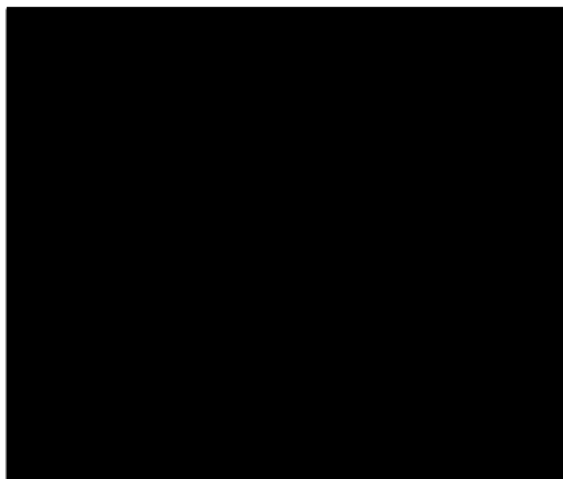
We have just commenced a similar project on Health Plan development to expand and improve our current practice.

Out of interest to you have access to examples of Health Plan deveopment ( for use by Care Workers or Nurses) in your field within the ACT

[REDACTED] would you mind forwarding helen the **SA Health Risk Management Policy 2010 – 08507/1** available on the intranet as I won't have access for a few days

Hope this is useful

Kind regards



[REDACTED]

Email: [REDACTED]  
 Web: [www.cywhs.sa.gov.au](http://www.cywhs.sa.gov.au)

From: [REDACTED]  
 Sent: Wednesday, 15 August 2012 5:08 PM  
 To: [REDACTED]  
 Subject: RE: Request for Canberra please

Hi [REDACTED]

Can you pls send Helen an electronic copy of the Health Assessment Folder plus the risk management procedure as mentioned below

thanks

[REDACTED]

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From: Jackson, Helen [<mailto:Helen.Jackson@act.gov.au>]  
 Sent: Monday, 13 August 2012 10:40 AM  
 To: [REDACTED]  
 Cc: Thomas, Carolyn; O'Connor, Narelle  
 Subject: Request for Canberra please

Hi [REDACTED]

I hope all is well in Adelaide with you and your team?

The project is progressing well and I would like to request your help with some more information please.

1. Can you send an e-mail giving the Division of Women, Youth & Children Community Programs permission to adapt your paperwork for the ACT that you have kindly shared with us please? The program will acknowledge South Australia's contribution to ACT's model.
2. Robyn kindly took us through the Health Assessment Procedure Folder while we were in Adelaide, it was in Draft are you happy to send an electronic copy? On page 2 it mentions SA Health Risk Management Policy 2010 – 08507/1 are we able to get a copy?
3. In Register Nurse Delegation of Care Service Model on page 7, it mentions the RDNS Health Support Manual (A Training & Competency Assessment Package for Health Worker). Is this being replaced by the work Kerrin is doing, if not are you able to point me in the right direction to get a copy?
4. Can you help please? I have been asked how you can get around providing training and assessments without being a Registered Training Organisation. Is this negated with a Delegation Model of care where the training is client and task specific?



I have attached a summary of the literature review I did for Robyn SA features strongly and some competency workbooks I came across for Kerrin, sorry it has taken a while to send I wasn't able to access the main computers until this month. I hope they are useful to the nurses.  
We really appreciate your help and support with our model.  
Thanks Helen

**Helen Jackson | Clinical Nurse Consultant**  
**Project Position: Children at School with Complex Healthcare Requirements**  
Please use e-mail: [helen.jackson@act.gov.au](mailto:helen.jackson@act.gov.au)  
otherwise phone contact is via the ASO Central on 6205 5052  
Central Team| **Division of Women, Youth & Children Community Health Programs**  
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CRN:
Surname:
Given name:
DOB: Sex:

Health Assessment
Disability Services

ASSESSMENT DETAILS

INITIAL ASSESSMENT [ ]

REASSESSMENT [ ]

DATE :

TIME:

PERSONS PRESENT:

RELEASE OF INFORMATION RESTRICTIONS

Yes [ ]

No [ ]

Details:

CONTACT DETAILS

SERVICE COORDINATOR AGENCY

Novita [ ]

Disability Services [ ]

Families SA [ ]

Service Coordinator:

Phone:

Service Coordinator:

Phone:

OTHER SERVICES ACCESSED

Service:
Contact:

Service:
Contact:

Service:
Contact:

Service:
Contact:

HEALTH PROFESSIONALS

Table with 3 columns: PROFESSION, NAME, CONTACT DETAILS. Rows include General Practitioner, Paediatrician, Neurologist, Cardiologist, Respiratory Specialist, ENT Specialist, Gastroenterologist, HENS CPC, Palliative Care, ENT CPC, Respiratory CPC.

ALLIED HEALTH

Table with 3 columns: PROFESSION, NAME, CONTACT DETAILS. Rows include Dietician, Speech Pathologist, Physiotherapist, Occupational Therapist.



CRN:  
Surname:  
Given name:  
DOB:                      Sex:

# Health Assessment

## Disability Services

<b>FAMILY/ PSYCHOSOCIAL FACTORS</b>
<b>CULTURAL FACTORS</b>
<b>DIAGNOSIS / FAMILY HISTORY</b>
<b>BIRTH / DEVELOPMENT HISTORY</b>
<b>LIKES / DISLIKES</b>
<b>WEIGHT</b>
<b>ALLERGIES / SENSITIVITIES</b>
<b>NEUROLOGICAL</b>
<b>Seizures / Convulsions</b>
<b>Hydrocephalus / Shunt</b>



CRN:  
Surname:  
Given name:  
DOB: Sex:

# Health Assessment

## Disability Services

<b>Level of Consciousness</b>
<b>Mental Health / Behaviour</b>
<b>Communication / Cognition</b>
<b>Pain Management</b>
<b>Vision / Hearing</b>
<b>CARDIOVASCULAR</b>
<b>Cardiac Condition</b>
<b>IMMUNE / LYMPHATIC SYSTEM</b>
<b>CIRCULATORY</b>
<b>Intravenous / Central Venous Devices</b>
<b>RESPIRATORY</b>
<b>Asthma</b>
<b>Recurring Chest Infections / Pneumonia</b>



CRN:  
Surname:  
Given name:  
DOB:                      Sex:

# Health Assessment

## Disability Services

<b>Oxygen Requirements</b>
<b>Suction Requirements</b>
<b>Airway</b>
<b>Tracheostomy</b>
<b>Non Invasive Positive Pressure Ventilation / Intermittent or continuous ventilation via tracheostomy</b>
<b>METABOLIC - Diabetes / thyroid function</b>
<b>GASTROINTESTINAL</b>



CRN:  
Surname:  
Given name:  
DOB:                      Sex:

# Health Assessment

## Disability Services

<b>NUTRITION</b>
<b>Oral</b>
<b>Enteral Nutrition</b>
<b>ORAL / DENTAL HEALTH</b>
<b>BOWEL MANAGEMENT</b>
<b>RENAL / URINARY</b>
<b>REPRODUCTIVE HEALTH</b>
<b>MUSCULO-SKELETAL</b>



CRN:  
Surname:  
Given name:  
DOB:                      Sex:

# Health Assessment

## Disability Services

**SKIN CARE**

**PALLIATIVE CARE**

**EQUIPMENT REQUIRED**

**ITEM**

**MAINTENANCE**

**MEDICATIONS**

**MEDICATION AUTHORITY :**

SINGLE     MULTIPLE DAILY     MULTIPLE PRN

COMPLETED Yes  No

GIVEN TO PARENT TO BE COMPLETED Yes  No  By When





CRN:

Surname:

Given name:

DOB:

Sex:

# Health Assessment

## Disability Services

### HEALTH ISSUES IDENTIFIED

LEVEL 3 :

LEVEL 2 :

### PLAN

Develop Level 3 Health Plan by:

Parent to have Level 2 Health Support Plans completed by:

RN Name:

RN Signature:

RN Stamp:

Date for Review

# HEALTH ASSESSMENT GUIDE



## GENERAL INFORMATION

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

- "No such thing as a silly question" book
- "Your Rights & Responsibilities" pamphlet
- CHSP /AAP / My time / Transport assistance pamphlets
- CHERS website cards
- DECD Medication FAQ's / information pamphlets for parents / practitioners and pharmacists
- Explain access to relevant Level 2 health support plan documents
- Business Cards - RN and Team Leader (if AAP)

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

- Inform parent / carer that RNs and health support workers in the service are mandatory notifiers
- How delegation of care process works
- Process for training and competency assessment
- Process of developing Level 3 Health Plan
- Parent / carer responsibility re signing Health Plan and related documents / posting copy back
- Process of reassessment - Annually unless any changes to health needs
- Who to inform when child is sick or away
- Who to ring if there are changes to the child's health and equipment
- Communication between parent / carer and health support workers (i.e. in person, communication book, diary)

## FAMILY/ PSYCHOSOCIAL

CONTACT DETAILS OF PARENTS - FOR ECHIMS PAGE/ CONTACT DETAILS OF SERVICE COORDINATOR - NOVITA / DISABILITY SA

Identify Immediate Family/Identify social support network / Levels of adversity / respite options  
There may be need for referral to, and liaison with, other community professionals if support deficits are evident  
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

CONTACT DETAILS OF INTERPRETER - DOCUMENT IN PROGRESS NOTES

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

## DIAGNOSIS / FAMILY HISTORY

CONTACT DETAILS OF PAEDIATRICIAN AND GP

Document disability and health related diagnoses / effects of diagnosis on client's daily living  
Any new diagnoses since initial assessment  
**FAMILY HISTORY** - Significant medical conditions

RELATED DECD HEALTH SUPPORT PLANS

- General Health information (if no specific care plan for clients condition this can be used)

## BIRTH / DEVELOPMENT HISTORY

History of the birth noting any complications, gestation, prolonged admission  
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

<b>ALLERGIES / DRUG SENSITIVITIES</b>	
CONTACT DETAILS OF IMMUNOLOGIST OR MEDICAL PROFESSIONAL	
Known allergies/sensitivities and reaction / Outline management of symptoms	
RELATED DECD HEALTH SUPPORT PLANS	
<ul style="list-style-type: none"> <li>• Action plan for Anaphylaxis</li> <li>• Anaphylaxis and Severe Allergy Care plan</li> <li>• Individual First Aid Plan</li> </ul>	
<b>NEUROLOGICAL</b>	
<b>Seizures / Convulsions</b>	CONTACT DETAILS OF NEUROLOGIST OR MEDICAL PROFESSIONAL  Febrile convulsions or epilepsy /Seizure type/description Relevant medications DECD policy - Ambulance called if Midazolam/other emergency medication given  RELATED DECD HEALTH SUPPORT PLANS <ul style="list-style-type: none"> <li>• Seizure Care Plan</li> <li>• Intranasal Midazolam Authority</li> <li>• Location of / Record of Intranasal Midazolam administration</li> <li>• Seizure observation log</li> </ul>
<b>Hydrocephalus/ Shunt</b>	CONTACT DETAILS OF NEUROLOGIST OR MEDICAL PROFESSIONAL  Type of shunt - VP/ VA /Date of last shunt review Signs & Symptoms of blockage / Emergency treatment  RELATED DECD HEALTH SUPPORT PLANS <ul style="list-style-type: none"> <li>• Spina Bifida &amp; Hydrocephalus care plan</li> <li>• Individual First Aid Plan</li> </ul>
<b>Level of consciousness</b>	Does the client have an altered state of consciousness Establish base line Neurological status Identify sleep patterns during time of service - is client easy to rouse / able to protect airway etc. <b>NOTE:</b> Any concerns related to this must immediately be identified to CPC and risk assessment must take place
<b>Mental health</b>	CONTACT DETAILS OF PSYCHOLOGIST OR MEDICAL PROFESSIONAL Diagnosis of depression or anxiety/ other Medications required /desired effects / Presenting behaviours / risk to self or others
<b>Behavioural Disorder</b>	<b>AUTISM,ASPERGERS,ADHD</b> Is there a behavioral management plan in place? Does the client need referral for same? Any soothing/calming techniques
<b>Communication/Cognition</b>	CONTACT DETAILS OF SPEECH THERAPIST 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 for the client /Management of symptoms Date of last review /Does the client experience any sensory impairment If DDA's required in DECD sites - Discuss with CPC for escalation  RELATED DECD HEALTH SUPPORT PLANS <ul style="list-style-type: none"> <li>• Medication Authority</li> </ul>
<b>Vision / Hearing</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</b> CONTACT DETAILS OF <b>CARDIOLOGIST</b> OR <b>MEDICAL PROFESSIONAL</b>	
<b>Cardiac Conditions</b>	Diagnosis /Signs & Symptoms of potential emergency situations  <b>RELATED DECD HEALTH SUPPORT PLANS</b> • <b>Individual First Aid Plan</b>
<b>IMMUNE / LYMPHATIC</b> CONTACT DETAILS OF <b>MEDICAL PROFESSIONAL</b>	
<b>History of disorders</b>	Lowered immunity / preceding factors Lymphatic disorders / Cancer / treatment prescribed  <b>RELATED DECD HEALTH SUPPORT PLANS</b> • <b>Oncology Care Plan</b>
<b>CIRCULATORY</b> CONTACT DETAILS OF <b>MEDICAL PROFESSIONAL</b>	
<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?  <b>RELATED DECD HEALTH SUPPORT PLANS</b> • <b>Intravenous (IV) Care -Fact Sheet</b> • <b>Individual First Aid Plan</b>
<b>RESPIRATORY</b> CONTACT DETAILS OF <b>RESPIRATORY SPECIALIST</b> OR <b>MEDICAL PROFESSIONAL</b>	
<b>Asthma</b>	Signs, symptoms, known triggers / treatment history History of significant episodes / hospitalisation /Puffer/spacer or nebuliser  <b>RELATED DECD HEALTH SUPPORT PLANS</b> • <b>Asthma Care Plan</b> • <b>Medication authority</b>
<b>Recurrent Chest Infection Pneumonia</b>	History of chest infections/ Contributing factors & management of same Does the client require chest physiotherapy  <b>RELATED DECD HEALTH SUPPORT PLANS</b> • <b>Individual First Aid Plan</b> • <b>Oral Eating &amp; Drinking Care Plan</b>  <b>Chest physio care plan – written by/trained for 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 / Who is provider of oxygen  <b>RELATED DECD HEALTH SUPPORT PLANS</b> • <b>Medication Authority</b>  <b>RELATED DISABILITY SERVICES DOCUMENTS</b> <b>Guideline : Safe use of oxygen within disability services</b>  <b>LEVEL 3 TRAINING NEEDS IDENTIFIED</b> • <b>Oxygen – via concentrator</b> • <b>Oxygen - Via Cylinder</b> • <b>Oxygen - changing a cylinder</b> • <b>Oximetry monitoring</b>

<p><b>Suction</b></p>	<p>Type of suction &amp; indicators / How immediate is response required  Equipment used - catheter size, Yankuer, unit etc  Maintenance of equipment – testing/servicing dates  Plan for equipment failure / Equipment manuals</p> <p><b>LEVEL 3 TRAINING IDENTIFIED</b></p> <ul style="list-style-type: none"> <li>• Suction – oral</li> <li>• Suction - nasopharyngeal</li> <li>• Suction - oropharyngeal</li> </ul>
<p><b>Airway- Upper</b></p>	<p><b>CONTACT DETAILS FOR ENT SPECIALIST OR MEDICAL PROFESSIONAL</b></p> <p>Any structural airway abnormalities e.g. laryngomalacia, tracheomalacia, vocal chord palsy, tracheoesophageal fistula, trauma  Management of airway / safe swallow? / management of secretions</p>
<p><b>Tracheostomy</b></p>	<p><b>CONTACT DETAILS FOR ENT SPECIALIST OR MEDICAL PROFESSIONAL</b></p> <p>Relevance of diagnosis, date of initial cannulation, Type of tracheostomy tube  General stoma condition (history of infection, granulation etc)  Management of tube &amp; 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 emerg equipment presented - easy to find , easy to see equipment etc / note full list of equipment</p> <p><b>RELATED DECD HEALTH SUPPORT PLANS</b></p> <ul style="list-style-type: none"> <li>• Individual First Aid Plan</li> </ul> <p><b>RELATED DISABILITY NURSING DOCUMENTS</b></p> <ul style="list-style-type: none"> <li>• Red Card</li> <li>• Emergency equipment checklist</li> <li>• Support Model - Assessment table / Risk Assessment form</li> </ul> <p><b>LEVEL 3 TRAINING IDENTIFIED</b></p> <ul style="list-style-type: none"> <li>• Tracheostomy management</li> <li>• Suction – tracheostomy</li> </ul>
<p><b>Non Invasive Positive Pressure Ventilation</b></p>	<p><b>CONTACT DETAILS FOR RESPIRATORY SPECIALIST</b></p> <p>Diagnosis &amp; history  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 &amp; 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</p> <p><b>RELATED DECD HEALTH SUPPORT PLANS</b></p> <ul style="list-style-type: none"> <li>• Individual First Aid Plan</li> </ul> <p><b>RELATED DISABILITY NURSING DOCUMENTS</b></p> <ul style="list-style-type: none"> <li>• Red Card</li> <li>• Emergency equipment checklist</li> <li>• Support Model - Assessment table / Risk Assessment form</li> </ul> <p><b>LEVEL 3 TRAINING IDENTIFIED</b></p> <ul style="list-style-type: none"> <li>• NIPPV</li> <li>• Oximetry monitoring</li> </ul>

<p><b>Intermittent or continuous ventilation via tracheostomy.</b></p>	<p><b>CONTACT DETAILS FOR RESPIRATORY / INTENSIVE CARE UNIT SPECIALIST</b></p> <p>Diagnosis &amp; history          Make and model of unit - best contact for troubleshooting machine          Mode of ventilation &amp; settings / Alarm parameters          Power supply – length of battery life, ETSA critical customer, battery backup          Routine equipment /Emergency equipment /Troubleshooting          Circuit changes (who, when) / type -single/ double / adult / paediatric          Circuit Filters - Heat moisture exchange / bacterial viral / changed how often          Ventilator filters - how many / change / maintenance          Daily maintenance/care of equipment / service schedule          Emergency plan for unit malfunction          Oxygen requirements          Tracheostomy management</p> <p><b>RELATED DECD HEALTH SUPPORT PLANS</b></p> <ul style="list-style-type: none"> <li>• Individual First Aid Plan</li> <li>• Medication authority</li> </ul> <p><b>RELATED DISABILITY NURSING DOCUMENTS</b></p> <ul style="list-style-type: none"> <li>• Red Card</li> <li>• Emergency equipment checklist</li> <li>• Support Model - Assessment table / Risk Assessment form</li> </ul> <p><b>LEVEL 3 TRAINING NEEDS IDENTIFIED</b></p> <ul style="list-style-type: none"> <li>• Mechanical Ventilation (RN's only)</li> <li>• Tracheostomy Management</li> <li>• Suction – tracheostomy</li> </ul> <p>may also need to consider need for training SSO staff to assist with hand ventilation for routine procedures</p>
<p><b>METABOLIC</b></p>	
<p><b>Diabetes</b></p>	<p><b>CONTACT DETAILS OF MEDICAL PROFESSIONAL, DIABETIC NURSE SPECIALIST</b></p> <p>Diagnosis, type &amp; history          Normal BGL ranges for client          Medication and dietary regime          Monitoring regime          Equipment for monitoring/ administering insulin</p> <p><b>RELATED DECD HEALTH SUPPORT PLANS</b></p> <ul style="list-style-type: none"> <li>• Individual First Aid Plan</li> <li>• Diabetes Care Plan</li> <li>• First Aid Flow charts: Diabetes- Low blood glucose</li> <li>• First Aid Flow charts: Diabetes- High blood glucose</li> </ul> <p><b>LEVEL 3 TRAINING NEEDS IDENTIFIED</b></p> <ul style="list-style-type: none"> <li>• Blood Glucose Monitoring</li> </ul>
<p><b>Thyroid/ Pancreas/ Adrenal/ Electrolyte balance</b></p>	<p><b>CONTACT DETAILS OF MEDICAL PROFESSIONAL</b></p> <p>Diagnosis &amp; history          How does this affect the client and do we need to intervene?</p> <p><b>RELATED DECD HEALTH SUPPORT PLANS</b></p> <ul style="list-style-type: none"> <li>• Individual First Aid Plan</li> </ul>

<b>GASTROINTESTINAL</b>	
<p>CONTACT DETAILS FOR MEDICAL PROFESSIONAL CONTACT DETAILS FOR HENS NURSES, DIETICIAN</p> <p>Surgical history /relevant medical history- GORD, oesophagitis, thrush, medication management</p> <p><b>RELATED DECD HEALTH SUPPORT PLANS</b></p> <ul style="list-style-type: none"> <li>• Individual First Aid Plan</li> </ul>	
<b>NUTRITION</b>	
<b>Oral</b>	<p>CONTACT DETAILS FOR SPEECH THERAPIST</p> <p>Document if client has impairment to chewing and swallowing and if modified food consistency is required.</p> <p><b>RELATED DECD HEALTH SUPPORT PLANS</b></p> <ul style="list-style-type: none"> <li>• Individual First Aid Plan</li> <li>• Oral Eating &amp; Drinking Care Plan</li> </ul>
<b>Nasogastric/ Transpyloric</b>	<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>RELATED DECD HEALTH SUPPORT PLANS</b></p> <ul style="list-style-type: none"> <li>• Individual First Aid Plan</li> <li>• Oral Eating &amp; Drinking Care Plan</li> <li>• Medication Authority</li> </ul> <p><b>RELATED DISABILITY NURSING DOCUMENTS</b></p> <ul style="list-style-type: none"> <li>• Enteral Nutrition Regime</li> </ul> <p><b>LEVEL 3 TRAINING NEEDS IDENTIFIED</b></p> <ul style="list-style-type: none"> <li>• Nutrition via Nasogastric or Transpyloric – bolus</li> <li>• Nutrition via Nasogastric or Transpyloric – continuous</li> <li>• Water via Nasogastric or Transpyloric</li> <li>• Medication via Nasogastric or Transpyloric</li> </ul>
<p><b>PEG</b></p> <p><b>Low Profile Gastrostomy Device</b></p> <p><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 eg syringe, flask or pump Equipment supplied /Degassing/decompression required?</p> <p><b>RELATED DECD HEALTH SUPPORT PLANS</b></p> <ul style="list-style-type: none"> <li>• Individual First Aid Plan</li> <li>• Oral Eating &amp; Drinking Care Plan</li> <li>• Medication Authority</li> </ul> <p><b>RELATED DISABILITY NURSING DOCUMENTS</b></p> <ul style="list-style-type: none"> <li>• Enteral Nutrition Regime</li> </ul> <p><b>LEVEL 3 TRAINING NEEDS IDENTIFIED</b></p> <ul style="list-style-type: none"> <li>• Nutrition via PEG / Gastrostomy / Jejunostomy – bolus</li> <li>• Nutrition via PEG / Gastrostomy / Jejunostomy– continuous</li> <li>• Water via PEG / Gastrostomy / Jejunostomy</li> <li>• Medication via PEG / Gastrostomy / Jejunostomy</li> </ul>

<b>ORAL/ DENTAL HEALTH</b>	
Dental health issues /Oral health issues /Mouth care requirements	
<b>RELATED DECD HEALTH SUPPORT PLANS</b>	
<ul style="list-style-type: none"> <li>• <b>Medication Authority</b></li> </ul>	
<b>TRAINING NEEDS IDENTIFIED</b>	
<ul style="list-style-type: none"> <li>• Oral hygiene (please note only relevant if in conjunction with level 3 care i.e. Gastrostomy / Nasogastric)</li> </ul>	
<b>BOWEL MANAGEMENT</b>	
Normal bowel pattern / regime / frequency / Management of constipation	
Continence aids used /Level of independence	
Colostomy or Ileostomy – type, normal routine & frequency of change, equipment required, level of independence	
<b>RELATED DECD HEALTH SUPPORT PLANS</b>	
<ul style="list-style-type: none"> <li>• <b>Medication Authority</b></li> <li>• <b>Continence Care plan</b></li> <li>• <b>Ileostomy , Colostomy , Urostomy care and learning plan</b></li> </ul>	
<b>TRAINING NEEDS IDENTIFIED</b>	
<ul style="list-style-type: none"> <li>• <b>Colostomy management</b> (please note this is often managed by school SSO's)</li> <li>• <b>Ileostomy management</b></li> </ul>	
<b>RENAL/ URINARY</b>	
<b>CONTACT DETAILS FOR MEDICAL PROFESSIONAL</b>	
Diagnosis & relevant medical history	
Dialysis - type and details of management	
Any surgical procedures e.g. ureteric implants, bladder augmentation, urostomy, urinary stoma	
Continence status and continence aids used – discuss funding schemes available	
Clean Intermittent Catheterisation – details of regime, equipment required, level of independence, long term aims	
<b>RELATED DECD HEALTH SUPPORT PLANS</b>	
<ul style="list-style-type: none"> <li>• <b>Continence Care Plan</b></li> <li>• <b>Ileostomy , Colostomy , Urostomy care and learning plan</b></li> <li>• <b>Intermittent catheterisation care and learning plan</b></li> </ul>	
<b>LEVEL 3 TRAINING NEEDS IDENTIFIED</b>	
<ul style="list-style-type: none"> <li>• <b>CIC – stomal</b></li> <li>• <b>CIC - urethral</b></li> </ul>	
<b>REPRODUCTIVE HEALTH</b>	
<b>Female</b>	Detail menstrual cycle including pain management and use of hormones to regulate cycle. History of any anaemia, complications, trigger for seizures / contraception
<b>Male</b>	Any issues which will impact on health.
<b>MUSCULO- SKELETAL</b>	
<b>CONTACT DETAILS FOR PHYSIOTHERAPIST</b>	
Diagnosis & Relevant medical history (e.g. 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	
<b>RELATED DECD HEALTH SUPPORT PLANS</b>	
<ul style="list-style-type: none"> <li>• <b>Medication Authority</b></li> <li>• <b>Osteogenesis Imperfecta Care Plan</b></li> <li>• <b>Transfer &amp; Positioning Care Plan</b></li> </ul>	



**SKIN CARE**

History of skin care concerns  
 Identified risk factors (e.g. low body weight, bony prominences, wheelchair straps)  
 Any RDNS involvement for existing wound care management  
 Any creams used (DECD require authority for creams, lip balm etc)

**RELATED DECD HEALTH SUPPORT PLANS**

- **Medication Authority**

**PALLIATIVE CARE**

**CONTACT DETAILS OF MEDICAL PROFESSIONAL**  
**CONTACT DETAILS OF PALLIATIVE CARE NURSE**

Is there a current palliative care order *-(refer to CPC and Disability Services Medical Officer)*  
 Refer to palliative care services as required.  
 Explain to parent / carer that they will need to discuss plan with each service provider  
 DECD Policy – rescue breaths (Palliative Care Orders not kept in health care plan folder)  
 Case conference may be required with Multidisciplinary team

**RELATED DECD HEALTH SUPPORT PLANS**

- **Individual First Aid Plan**

**EQUIPMENT**

Ensure parent / carer has provided adequate information on care and maintenance of all equipment required (ask for manuals). 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

**MEDICATIONS**

Regular & PRN Medications - Medication, form, strength, dose, route, time and any other instructions  
 Medications not suitable for administration via Gastrostomy, alternative to be sought.

**Discuss**

- DECD Policy - Original container, WCHN to dispense x 2 original containers ( 1 x home, 1 x school), month supply in school container, school will store for the week and return to client at the end of the week.
- Parent awareness -has parent received explanation letter re medication with admission pack.
- Providing appropriate equipment
- Documentation- How administration is recorded
- importance of Doctor's written authority matching pharmacy label
- providing a cooler pack for excursions
- Indications for PRN medications

Offer assistance to help the family comply with procedures, Liaise with GP or Pharmacist as required.

**RELATED DECD HEALTH SUPPORT PLANS**

- **Medication Authority**
- **Medication Log**

**RELATED DISABILITY SERVICES DOCUMENTS**

**Procedure : Medication Management**

**LEVEL 3 TRAINING NEEDS IDENTIFIED**

- **Medication Via Nasogastric or Transpyloric**
- **Medication via Gastrostomy or Jejunostomy**
- **Medication via PEG**

<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 , this should be followed up using the <b>Support Model - Assessment table / Risk Assessment form followed by escalation procedure -CPC , case review , complex review as required</b></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 service provider agency. refer to <b>Environmental Assessment Procedure-Disability Services</b></p>	
<b>PROXIMITY TO EMERGENCY SERVICES</b>	
<p>Assessment of prolonged ambulance response time such as in rural and remote settings will need to be considered. For clients in remote areas including camps and other trips out of the metropolitan area, it will often be necessary to liaise with local ambulance services to establish likely response times in the event of an emergency. Sometimes it will also be necessary to liaise with local hospital and provide a Health summary in advance. It may be necessary to have a contingency plan for a remote setting that is different to that of a metropolitan setting.</p>	
<b>EMERGENCY CONTACT AVAILABILITY</b>	
<p>Establish if the parent/ carer is able and prepared to immediately take over from a care worker in an emergency situation, such as where a care worker is supporting a client in the family home. 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 Health Assessment, the Registered Nurse will make and document recommendations to the service provider agency regarding support model and resources required to support a client.</p>	
<b>Level of support</b>	Health support may require 24 hr care necessitating active overnight care worker support. The Registered Nurse will make recommendations to the service provider on whether the individual requires 'active nights' or where possible response to equipment or alarms (i.e. oximetry monitor) will be required.
<b>Support Model</b>	Many factors may affect the support model required to provide safe care for the client. This decision making process can be assisted by using the <b>Support Model - Assessment table / Risk Assessment form</b> . If unsure, a case review should be scheduled to discuss further within disability services. Escalation to the Disability Services Medical Officer may be required to assist assessment.
<b>Transport</b>	<p>Determine whether the client requires support during transport.</p> <p>Inform Access Assistant Program Regional Manager. .</p> <p>Inform the parent that the school will be required to organise transport</p> <p>Discuss <b>Access Assistant Program 1:1 Client Transport -Guideline</b> and determine distance and time between home and facility. Determine possibility and amount of procedures likely to be required during transport.</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</p>	



[Date]

"[Add Name & Address]"

**Disability, Rehabilitation and Allied Health.  
Disability Services.  
Women's & Children's Health Network.**  
P.O Box 2068  
Hilton Plaza, HILTON  
S.A 5033  
  
Phone: 08 8159 9400  
Fax 08 8159 9450  
[www.cywhs.sa.gov.au](http://www.cywhs.sa.gov.au)

Dear "[Parent Name]" ,

Following **Health Assessment** of your child and for your information, the **Level 2 Health Support Plans** listed below will be required before I am able to complete and implement the Level 3 Health Plan.

- |  |  |
|--|--|
| <input type="checkbox"/> Anaphylaxis Action Plan                               | <input type="checkbox"/> Diabetes Care Plan                |
| <input type="checkbox"/> Anaphylaxis and severe Allergy Care Plan              | <input type="checkbox"/> Oral Eating & Drinking Care Plan  |
| <input type="checkbox"/> Seizure Care Plan                                     | <input type="checkbox"/> Continence Care Plan              |
| <input type="checkbox"/> Intranasal Midazolam Authority                        | <input type="checkbox"/> Cystic Fibrosis Care Plan         |
| <input type="checkbox"/> Spina Bifida & Hydrocephalus Care Plan                | <input type="checkbox"/> Oncology Care Plan                |
| <input type="checkbox"/> Asthma Care Plan                                      | <input type="checkbox"/> Transfer & Positioning Care Plan  |
| <input type="checkbox"/> Ileostomy, Colostomy, Urostomy care and learning plan | <input type="checkbox"/> Individual First Aid Plan         |
| <input type="checkbox"/> Intermittent catheterisation care & learning plan     | <input type="checkbox"/> Osteogenesis Imperfecta Care Plan |
| <input type="checkbox"/> General Health Information                            | <input type="checkbox"/> Medication Authority              |

Level 2 Health Support Plans are the responsibility of the School / Child care facility and the parent / carer  
**These forms are in addition to the Level 3 Health Plan that is written by myself.**

**Level 2 Health Support Plans are:**

- Used by all staff caring for your child and will be kept in the **Health Plan folder**
- To be completed by your child's Doctor or Health Professional with your input.
- To be signed by **you** and the **Doctor / Health Professional**
- Generally **Valid for 12 months (Longer if condition is very stable over a long period of time)**. Forms will need to be updated earlier if there are any significant changes in your child's health needs.

**The Level 2 Health Support plans can be accessed in the following ways:**

**Your Doctor/ Health Professional** can access the forms on the Child Health and Education Support Service (CHESS) website [www.chess.sa.edu.au](http://www.chess.sa.edu.au) under the heading 'A-Z Health Support Index'

**School staff** can print them for you to take to your next appointment

**You** can print them from the website and take them with you to your next appointment

**If you have any further queries, please do not hesitate to contact me on:**

Phone:..... Mobile: ..... Email: .....

Kind Regards.....

Registered Nurse Disability Services

CC Client File



[Date]

"[Add Name &amp; Address]"

**Disability, Rehabilitation  
and Allied Health.  
Disability Services.  
Women's & Children's  
Health Network.**

P.O Box 2068  
Hilton Plaza  
HILTON  
S.A 5033

Phone: 08 8159 9400  
Fax 08 8159 9450

[www.cywhs.sa.gov.au](http://www.cywhs.sa.gov.au)

Dear [Service\_Provider] ,

I have completed the **Health Assessment** of [Clients\_Name] and have assessed that he / she will require the following support model:

**DAY** Health Support Worker  Health Support Worker 1:1  Enrolled Nurse 1:1  Registered Nurse 1:1   
**NIGHT** Health Support Worker  Health Support Worker 1:1  Enrolled Nurse 1:1  Registered Nurse 1:1

I plan to have [Clients\_Name] **Level 3 Health Plan** ready for implementation by [Date] .

I will need to undertake **Training and Individual Competency Assessment** of your staff in order for implementation to occur.

Attached is a list of the **Level 3 Procedures** that will require training and individual competency assessment.

Please complete and forward **Training request form** and we can then plan the training and assessment schedule for intended staff.

(OPTIONAL) Please also provide me with the dates that **pre requisite training** in the following has occurred for these staff.

<input type="checkbox"/> Current First Aid Certificate	<input type="checkbox"/> Anaphylaxis/ Epipen	<input type="checkbox"/> Seizure Management	<input type="checkbox"/> IN Midazolam
<input type="checkbox"/> Asthma Management	<input type="checkbox"/> Medication Management	<input type="checkbox"/> Infection Control	<input type="checkbox"/> Other:

This information can be forwarded to me as per contact details below

Kind Regards

.....  
**Registered Nurse Disability Services**

**Phone:**

**Fax:**

**Email:**

Cc Client file / Service folder

## LEVEL 3 PROCEDURES - TRAINING AND COMPETENCY ASSESSMENT

- Orientation to level 3 Health Plan
- Nutrition via Nasogastric - bolus
- Nutrition via Nasogastric - continuous
- Water via Nasogastric
- Nutrition via PEG - bolus
- Nutrition via PEG - continuous
- Water via PEG
- Nutrition via Gastrostomy - bolus
- Nutrition via Gastrostomy - continuous
- Water via Gastrostomy
- Venting/decompression of Gastrostomy
- Nutrition via Jejunostomy – bolus
- Nutrition via Jejunostomy - continuous
- Water via Jejunostomy
- Nutrition via Transpyloric Tube - bolus
- Nutrition via Transpyloric Tube - continuous
- Water via Transpyloric Tube
- Medication via Nasogastric
- Medication via PEG
- Medication via Gastrostomy
- Medication via Jejunostomy
- Medication via Transpyloric Tube
- Clean Intermittent Catheterisation - stomal
- Clean Intermittent Catheterisation – urethral
- Colostomy management
- Ileostomy management
- Blood Glucose Monitoring
- Oral hygiene
- Suction – oral
- Suction – nasopharyngeal
- Suction – oropharyngeal
- Tracheostomy management
- Tracheostomy suction
- Non Invasive Positive Pressure Ventilation
- Hand ventilation
- Mechanical Ventilation
- Oxygen via concentrator
- Oxygen via cylinder
- Oxygen – changing a cylinder
- Oximetry monitoring

# Health Assessment- Checklist for Registered Nurses

Clients Name: ..... Registered Nurse.....

## Before Home Visit

- Referral received from Disability Services Manager ...../...../.....
- Case notes requested, received and assembled by administration staff
- Check Alerts page for risks/issues
- Contact parent / carer to arrange home visit
- Print off eCHIMS contacts page for checking and updating
- Organise additional supports if required for communication (e.g. interpreter) as per referral form
- Organise support from WCHN Aboriginal Cultural Consultant if required as per referral form
- Check/restock Health Assessment Folder
- Create folder on Y-drive under health plans for new client
- Refer to WCHN Procedure Home Visiting Safety PR2006\_030 Activate Buddy System for home visiting

## Home Visit ...../...../.....

- Health Assessment completed with Health Assessment guide
- Check details of eCHIMS page are correct
- Checklist for parents/ carers completed and handed to parents
- Enteral Nutrition Regime covering 24 hour period

## Office

- Complete electronic Health Assessment form and store in client folder on Y drive
- Print copy of Health Assessment, place client stickers on each page /file chronologically in client record (Assessment)
- Assess model of care using Support model- Assessment table if health is unstable or unpredictable or if unsure
- Contact any medical professionals/ allied health staff for further information as required
- If the client has a resuscitation plan and is accessing a DECS service, notify the Disability Services Medical Officer
- Complete Support model - Risk assessment form (if required), store in client folder (Y drive) & client record (Assessment)
- Letter to Parent / Doctor & Pharmacist regarding medications if required - Complete risk assessment as required
- Check OACIS – for additional information as required
- Add delegation of care service to eCHIMS
- Complete electronic Enteral Nutrition Regime form – in conjunction with Dietician (should reflect 24 period)
- Complete electronic level 3 Health Plan and store in client's folder on Y-drive - Mark as draft
- Compile Health Plan Folder and complete page 1
- Complete NMDS – service user form and give to Admin
- Make red card if required include client home address
- Update Alerts page as necessary

## 2nd Home Visit

- Take Health Plan for checking and signing plus additional back page
- Take 2 copies of Enteral Nutrition Regime for checking and signing
- Place all forms (including level 2 Health Support Plans) into Health Plan Folder

## Office - NOTE: mark all client care forms to be filed as "COPY"

- file signed copies of Health plan and Enteral Nutrition regime in client records.(client care forms)
- File copies of level 2 Health Support plans in client records (client care forms)
- Complete progress notes alerting to Health Assessment date.
- Electronic copy of all relevant forms on y drive
- Add client name to Fastrak
- Complete Client Health Summary and forward to service providers (file copy in service folder)
- Copy of Client Health Summary should also be filed in client record. RN to file chronologically directly behind the Assessment form (Assessment / Progress)

## Service Provider

- Training Request received from Service Provider
- Undertake Environmental assessment of service
- Complete Training and Assessment of Health Support worker
- Complete Training request form and return to manager ..... / ..... /.....
- Update Fastrak with training information and enter eCHIMS data

- SERVICE COMMENCED ...../ ...../.....



# ***Canberra Hospital and Health Services***

## **Standard Operating Procedure**

### **Clinical Record Documentation**

#### **Purpose**

This standard operating procedure (SOP) provides information for staff to ensure clinical record documentation complies with Health Directorate policy; legislative requirements and best practice standards.

#### **Scope**

This SOP pertains to all staff involved in creation and maintenance of Health Directorate clinical records and those required to document evidence of care and/or service delivery within Health Directorate clinical records.

#### **Procedure**

The following documentation rules are displayed alphabetically and not by order of priority or importance.

#### **Abbreviations**

Only approved abbreviations, symbols and acronyms may be used in the clinical record. Refer to the [Approved Abbreviations List](#) on the Clinical Record Forms Register.

#### **Advance Charting of Clinical Care**

Clinical care must not be documented in the clinical record prior to the care being given.

#### **Adverse Drug Reactions and Allergies**

Known drug reactions and allergies must be clearly annotated and prominently displayed on the appropriate clinical record forms (e.g. Medication Charts, Patient Assessment Forms, Request for Admission forms, Report of Suspected Adverse Substance Reaction Forms etc) and captured in any relevant Clinical Information Systems.

#### **Allied Health Professional Entries**

Clinical record entries made by allied health professionals should include:

- Reason for the referral (when relevant)
- Assessment detail and treatment plan
- Regular notation of patient's progress against the treatment plan recorded sequentially and in date/time chronological order
- Entries made as close to real time as possible and entries not charted in advance
- Date and time the entry was made and signature, printed name and designation of author

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- A final notation indicating patient's current status
- Identification of any unresolved problems
- Follow-up arrangements.

### Babies for Adoption

For record management purposes and because of the complex and specific regulations under the *Adoption Act 1993* surrounding eligibility for access to identifying data by an adoptee, adoptive parents and birth parents, standard practice at TCH in adoption cases is not to have the birth mother's identifying details (e.g. name, address, DOB) visible on the baby's record and not to use the linked baby registration facility in ACTPAS.

### Centralised Clinical Records (See Integrated Clinical Records)

#### Clinical Record Forms

For inclusion in the clinical record, forms must be approved by the Clinical Record Forms Committee

- Use only approved (bar-coded) clinical record forms
- Use only original forms, not photocopies of approved forms, as photocopying compromises the barcode and hinders the scanning process
- Write within the borders and do not encroach on the margins as the edges of the forms may be cropped during scanning.
- Unapproved forms will not be retained in the clinical record but will be returned to the ward or originating area.
- Draft forms being trialled, should be approved by the Clinical Record Forms Committee prior to commencement of the trial.

For more information refer to [Clinical Record Forms Design and Approval Policy](#).

#### Coloured Pens

Black ballpoint pens should be used for clinical record entries in paper-based or hard copy records. Fountain pens, or other coloured pens are not to be used in the clinical notes and the use of highlighter pens, felt tipped pens, whiteout and pencils is prohibited.

#### Consent

Consent should be documented in the clinical record as per the [Consent to Treatment Policy](#).

#### Correction of Documentation Errors – See Errors

#### Creation of Clinical Records

Creation of the clinical record commences on registration of a patient in the ACT Health Directorate Patient Administration System (ACTPAS). A clinical record must be created and maintained for every patient accessing a Health Directorate service, with evidence of service delivery recorded for every patient attendance/event.

#### CRIS – Clinical Record Information System

The Clinical Record Information System is the official centralised Health Directorate Clinical Record. All hard copy clinical record forms relating to active patients should be sent to the Clinical Record Service for digitisation (scanning) into the CRIS system as soon as practical after creation.

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### Date and Time of Entries

All entries in the clinical record must include date and time to avoid confusion if documents become separated and to allow the chronological order of events to be maintained. All entries should be documented within the sequential multidisciplinary progress notes. The date/time format should be dd/mm/yy and 24 hour clock (hh:mm) or 12 hour clock hh:mm with am or pm specified.

### Decentralised Records

Where centralised storage or digitisation of some parts of the hard copy record is not yet feasible due to clinical or resourcing requirements, these volumes may be managed as decentralised records, if approved by the Director-General. All clinical records, including decentralised records, must be identified and tracked within the Patient Administration System (ACTPAS). Approved decentralised records are currently maintained for the following patient groups/clinical areas:

- Canberra Sexual Health Centre
- Child at Risk Health Unit
- Chronic Care Program
- Clinical Genetics
- Clinical Forensic Medicine Services
- Day-patient Chemotherapy Patients
- Radiation Oncology
- Some Community-Based services (those previously under the Community Health Division)
- Women's Health Service (some records are exempt from scanning due to Protected Confidence legislation)
- Records created under historical Private Practice Agreements

### Digitisation of Clinical Records

Hard copy clinical record documents should be sent to the Clinical Record Service for scanning/digitisation into the Clinical Record Information System (CRIS) on discharge or as soon as practicable after the attendance/event.

### Discharge Medications

The Discharge Prescription must be completed by the Medical Officer with reference to the current medication chart and Medication Reconciliation Form. The discharge medications section of the Electronic Discharge Summary (EDS) should be used for this process with the prescription being printed and then forwarded to the Canberra Hospital Pharmacy. The EDS Discharge Prescription, or the Discharge Medication form, must be forwarded to the Canberra Hospital Pharmacy at least **1 hour (or 3 hours for complicated discharges)** prior to the intended discharge time.

If amendments or corrections are required after sending the EDS Discharge Prescription to the Canberra Hospital Pharmacy, the Medical Officer who completed the EDS Discharge Prescription should make the amendments as soon as possible to ensure the GP receives accurate information regarding their patient's medications at discharge.

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