CONTENTS

Glossary of terms ................................................................. 4
About this document .......................................................... 5

SECTION ONE: THE SCHOOL NURSING PROGRAM

About the School Nursing Program ........................................ 6
Strategic Context .................................................................... 6
Education State ...................................................................... 6
Public Sector Values .............................................................. 7
Framework for Improving Student Outcomes ......................... 7
Health, Wellbeing and Inclusion Workforces Practice Model ...... 7
About the Practice Model ...................................................... 8
Health, Wellbeing and Inclusion Workforces ......................... 9

Program Objectives ............................................................. 10
Governance and Organisational Structure ............................. 10
School Nursing Program ...................................................... 11
Nurse Manager ...................................................................... 11
School Health Programs and Services .................................... 11
Data collection ....................................................................... 11
Budget Paper 3 ...................................................................... 11

Scope of Work ................................................................. 12
School Nursing Program ...................................................... 12
Primary School Nursing Program .......................................... 12
Secondary School Nursing Program ....................................... 13

SECTION TWO: OPERATIONAL GUIDANCE

Operational guidance: Primary and Secondary School Nurses .... 14
Occupational Health and Safety .............................................. 14
Reporting incidents and hazards on eduSafe ............................ 15
Critical incident support ......................................................... 15
Managing Health Information of Students ........................... 16
Reporting and information sharing .......................................... 16

Student Health and Wellbeing Issues ................................. 19
Health care needs ............................................................... 19
Administration of medication ............................................... 19
First aid ................................................................................ 19
Anaphylaxis management .................................................... 19

Working with schools .............................................................. 19
Personal support for school staff ............................................ 19

Operational guidance: Primary School Nursing Program ......... 20
Managing Health Information of Students ........................... 20
School Entrant Health Questionnaire (SEHQ) ......................... 20
Referral by Primary School Nurses to other specialist services ... 22

Referrals to the Primary School Nurse .................................. 22
Consent and decision-making responsibilities for students ...... 23
Documenting information ................................................... 24

Student Health and Wellbeing Issues ................................. 25
Immunisation ...................................................................... 25

Working with families ............................................................ 26
Liassing with families ............................................................ 26
School transition ................................................................... 26
Transitioning from kinder to primary school .......................... 26
Transitioning from primary to secondary school ..................... 26

Working with schools .............................................................. 27
Principal or principal nominated delegate .............................. 27
School liaison ...................................................................... 27
School support and guidance ............................................... 27

Operational guidance: Secondary School Nursing Program .... 28
Managing Health Information of Students ........................... 28
Referrals to the Secondary School Nurse .............................. 28
Consent and decision-making responsibilities for students ...... 29
Referral by the Secondary School Nurse to other specialist services .................................................. 32
Documenting information ................................................... 32

Student Health and Wellbeing Issues ................................. 33
Immunisation ...................................................................... 33
Individual health consultations .............................................. 33
Minimising time away from class ......................................... 34

Working with families ............................................................ 35
Transportation of students .................................................... 35
Home visits ......................................................................... 35
Liassing with families ............................................................ 35
Transitioning from primary school to secondary school .......... 35

Working with schools .............................................................. 36
Health promotion ............................................................... 36
Whole-school approach to health and wellbeing ..................... 36
Principal ............................................................................ 38

Wellbeing lead .................................................................... 38
School wellbeing teams ......................................................... 39
Community partnerships and engagement ............................. 39
Collaborative teaching .......................................................... 40
Targeted or small group work ............................................... 40
Curriculum development ....................................................... 40
School camps ..................................................................... 41
School transition ................................................................... 41

Appendix ............................................................................. 42
## Glossary of Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>BSR</td>
<td>Batch Summary Report – summary report provided by print/scan service for a class or ‘batch’ of School Entrant Health Questionnaires.</td>
</tr>
<tr>
<td>Carer</td>
<td>Refers to guardian/s and informal carer/s of a student.</td>
</tr>
<tr>
<td>CRP</td>
<td>Clinical Response Protocols – used by Primary School Nurses when responding to the information provided by parents in the School Entrant Health Questionnaire.</td>
</tr>
<tr>
<td>DET</td>
<td>Department of Education and Training</td>
</tr>
<tr>
<td>EAP</td>
<td>Employee Assistance Program</td>
</tr>
<tr>
<td>HART</td>
<td>Health Activity Reporting Tool – the client management system used by the School Nursing Program to manage school nurse rosters, create reports and document students’ health records throughout their school life.</td>
</tr>
<tr>
<td>HEEADSSS</td>
<td>Home and Environment, Education and Employment, Activities, Drugs/Substances, Sexuality and Suicide/Depression, and Safety. This is a psychosocial health assessment undertaken by Secondary School Nurses.</td>
</tr>
<tr>
<td>HPP</td>
<td>The Health Promotion Plan (HPP) is a tool for Secondary School Nurses to plan health promotion initiatives in response to the identified needs of each individual school.</td>
</tr>
</tbody>
</table>
| HWIW | Health Wellbeing and Inclusion Workforces comprise several Area based workforces who work in multi-disciplinary teams to support schools and student outcomes:  
  • Student Support Services (psychologists, speech pathologists and social workers)  
  • Visiting teachers  
  • Primary and Secondary School Nurses. |
| OOHC | Out of Home Care |
| Parent | Refers to a parent or carer who has parental responsibility for a student. |
| Principal | Refers to the principal of the school, or a principal nominated delegate. |
| Priority Service (Primary School Nursing Program) | Under a Priority Service, Catholic and Independent schools with a high level of disadvantage will be prioritised to receive a SEHQ for every family. |
| PSN  | Primary School Nurse |
| PSNP | Primary School Nursing Program |
| School Nurse | Refers to primary and secondary School Nurses, unless otherwise specified. |
| SEHQ | School Entrant Health Questionnaire. This is the health survey offered to Foundation students in their first year of school. |
| SEHQ cube | The School Entrant Health Questionnaire (SEHQ) cube contains data from the SEHQ to assist in providing context within which data can be analysed. |
| SFOE | Student Family Occupation and Education is calculated based on parental occupation and education data collected at school level. |
| SNP  | School Nursing Program |
| SPAG | School Policy and Advisory Guide |
| SSN  | Secondary School Nurse |
| SSNP | Secondary School Nursing Program |
| SSR  | SEHQ Summary Report – summary report provided by print/scan service that provides a summary of key data from the attached SEHQ. |
| SSS  | Student Support Services - Psychologists, Speech Pathologists and Social Workers employed in Area based multidisciplinary teams. |
| Student | Refers to primary and secondary students, unless otherwise specified. |
| Student Referral Form | The Primary School Nursing Program accepts referrals via the Student Referral Form for children in grades 1 – 6, children attending English Language Centre Schools and primary school-aged children who have recently arrived in Australia from overseas. |
| Targeted Service (Primary School Nursing Program) | Under a Targeted Service, Catholic and Independent schools not provided a Priority Service are able to refer any Foundation students to the PSNP who are identified by staff or families as needing an assessment of their health or wellbeing. |
| VT   | Visiting Teacher |
ABOUT THIS DOCUMENT

The purpose of the School Nursing Program Guidelines (the guidelines) is to inform and support the professional practice of the Victorian School Nursing Program (SNP) to achieve successful health and educational outcomes for school students. The guidelines also aim to provide role clarity, supporting principals and schools to understand the program, and to provide links to current government policy and strategic direction. The guidelines can be used to inform the School Nursing workforce, other Department of Education and Training (the Department or DET) workforces, principals and other relevant school staff.

The guidelines only apply to nurses employed under Public Administration Act 2004 (PAA) who are covered by the Nurses (Department of Education and Training) Enterprise Agreement 2016 (Nurses Agreement) and not to any nurses a school may choose to employ as an Education Support employee under the Education and Training Reform Act 2006 and the Victorian Government Schools Agreement 2017.

School Health Programs and Services has consulted with the Regional Services Group, DET Legal Division and People Division in the development of the guidelines. For further legal advice or clarification regarding specific issues, please contact the Legal Division on 03 9637 3146 or email at legal.services@edumail.vic.gov.au. For further advice regarding Human Resources or clarification regarding specific issues, please contact the People Division on 03 7022 0013 or email employee.relations@edumail.vic.gov.au.

The guidelines are structured in two sections:

**About the School Nursing Program** (section 1) provides an overview of the framework in which the SNP functions, including program objectives, principles, scope of work, governance, organisational structure and reporting requirements.

**Operational Guidance** (section 2) includes guidance on a range of practice issues and responsibilities, to assist primary and secondary nurses to carry out their work.
The School Nursing Program is one of a number of Health, Wellbeing and Inclusion Workforces (HWIW) that operate in Area based multi-disciplinary teams to support schools and student outcomes.

The School Nursing Program (SNP) includes the Primary School Nursing Program (PSNP) and the Secondary School Nursing Program (SSNP). The SNP contributes to supporting Victoria’s education system by reducing the impact of health and wellbeing challenges experienced by Victorian students that potentially impact on their learning outcomes.

**ABOUT THE SCHOOL NURSING PROGRAM**

**STRATEGIC CONTEXT**

**Education State**
Health, Wellbeing and Inclusion Workforces contribute to the Education state by collaboratively building and empowering inclusive, equitable support at all tiers of intervention. HWIW put children and young people at the centre while focused on positive outcomes for all.

The SNP supports the Victorian Government’s commitment to making Victoria the Education State. It does this by supporting high resilience amongst students and encouraging physical activity, consistent with the target for happy, healthy and resilient kids. The SNP also contributes to the Education State target for breaking the link between disadvantage and outcomes, by promoting health and wellbeing principles to improve student learning and engagement.
Public Sector Values
As employees of the public sector, all Department of Education and Training (DET) staff working in government schools and offices are required to demonstrate the Public Sector Values in accordance with the binding Code of Conduct for Victorian Public Sector Employees. The values are: Responsiveness, Integrity, Impartiality, Accountability, Respect, Leadership and Human Rights. DET’s Values underpin interactions with colleagues, learners and families, members of the community, suppliers and Government. DET employees are all required to uphold and demonstrate DET’s Values in their work.

Framework for Improving Student Outcomes
As part of the Department’s Framework for Improving Student Outcomes (FISO) (Appendix 1), an element of achieving the Priority of Positive Climate for Learning is the Health and Wellbeing Dimension, which involves a whole-school approach to health, wellbeing, inclusion and engagement. The FISO acknowledges the connection between health and wellbeing and improved learning outcomes.

Health, Wellbeing and Inclusion Workforces Practice Model
The Health, Wellbeing and Inclusion Workforces Practice Model is designed to inform consistent, high quality practice, enabling all Health, Wellbeing and Inclusion Workforces to enhance their impact on student achievement, engagement and wellbeing.
The Practice Model is based on contemporary evidence and developed in collaboration with over 270 SSS professionals, Visiting Teachers, School Nurses and their managers.
Both FISO and the Practice Model ensure a common language is used across the education workforce to ensure staff, students and parents can work together to deliver better outcomes for students.
A brief overview of some elements of the Practice Model is provided here. For a more detailed description, see the Health and Wellbeing Workforces Practice Model website (DET Staff only. https://edugate.eduweb.vic.gov.au/edrms/collaboration/hwip/pages/default.aspx).
The Practice Model, supported by structured professional learning, is being implemented from Term 3, 2019.
About the Practice Model

The HWIW Practice Model (figure 1) describes collaborative and holistic practice used by HWIW (which includes School Nurses), across all tiers of intervention, necessary to meet the needs of students, schools and communities. The Practice Model defines what high quality practice looks like whilst being flexible to suit local context and scope of practice. It describes how HWIW can engage effectively in collaborative, outcomes focused work by using the practices of consultation, assessment, intervention and leadership.

Service delivery aligned with the Practice Model enhances joint problem solving, improves collaborative planning and increases shared implementation of interventions. For schools, this results in support that is better suited to their individual contexts, with service from HWIW that is more efficient and effective at achieving outcomes for students.

To achieve the outcomes of achievement, engagement and wellbeing, HWIW (including School Nurses) need to plan and deliver all services in collaboration with schools in a layered and tiered system of support with layers that increase in intensity and are organised by student need (see figure 2).

**Figure 2: Multi-tiered system of support**

*Note: Even if students need tier 3 supports, they never stop needing tier 2 and tier 1 supports.*
The tiered framework approach is based on international best practice and consistent with:

- the continuum of intervention for health and wellbeing familiar to SSS
- response to intervention tiers familiar to Visiting Teachers
- the public health tiered response model, including health promotion, prevention and early intervention familiar to Primary and Secondary School Nurses.

These guidelines complement the Practice Model and define the scope of practice and operations specific to the nursing discipline and program.

**Health, Wellbeing and Inclusion Workforces**

School Nurses use the Practice Model to work collaboratively with DET health and wellbeing professionals to deliver prevention and primary intervention activities in schools, workforce capacity and capability building, the provision of specialised services, and to support students to receive specialised expertise and assessments in order to improve their health, wellbeing and learning outcomes.

This multidisciplinary team may include (but is not limited to) Visiting Teachers (VT), Student Support Services (SSS) comprising Psychologists, Speech Pathologists and Social Workers, Koorie Engagement Support Officers and Professional Practice Leaders.

For those Secondary School Nurses (SSN) working in a participating Doctors in Secondary Schools (DiSS) school, there are opportunities to work together with DiSS clinicians and support the work of both services. The DiSS program aims to make primary health care more accessible to students, to provide assistance to young people to identify and address any health problems early, and to reduce the pressure on working families.

School Nurses may also support and promote DET programs and initiatives such as Respectful Relationships and School-Wide Positive Behaviour Support.

---

**SERVICE DELIVERY ALIGNED WITH THE PRACTICE MODEL ENHANCES JOINT PROBLEM SOLVING, IMPROVES COLLABORATIVE PLANNING AND INCREASES SHARED IMPLEMENTATION OF INTERVENTIONS.**
PROGRAM OBJECTIVES

The objectives for the School Nursing Program are to:

- improve the health and wellbeing of Victorian students, with an added focus on students experiencing disadvantage.
- support health and wellbeing outcomes of students through referrals to appropriate services.

Specifically, program objectives are as follows:

- The PSNP aims to use the School Entrant Health Questionnaire (SEHQ) to promote child health and wellbeing, assist in the early identification of children with potential health-related learning difficulties, and respond to parent/carer concerns and observations about their child’s health and wellbeing.
- The SSNP aims to promote the health and wellbeing of young people and reduce negative health outcomes and risk taking behaviours. The SSNP supports the school community in addressing contemporary health and social issues facing young people and their families through health promotion, education, consultation and referral.

GOVERNANCE AND ORGANISATIONAL STRUCTURE

The SNP operates under the Department of Education and Training’s (the Department) regional model to deliver education services across the state. The regional model consists of four regions: North Eastern Victoria, North Western Victoria, South Eastern Victoria and South Western Victoria. Within the Department’s four regions, there are 17 local Area teams who operate out of their local regional Department office as part of an integrated and multidisciplinary place-based model. The SNP is delivered across each of the 17 regional Areas.

To ensure that children and young people in Victoria have access to the SNP, the program will provide a flexible approach, allowing for School Nurses to work in areas where there is a need.
School Nursing Program
The SNP operations is part of the Regional Services Group (RSG). School Nurses report directly to a Nurse Manager. Nurse Managers report to the Health, Wellbeing and Specialist Service Managers, who report to Area Executive Directors in each of the 17 Areas across the state.

Nurse Manager
The role of the Nurse Manager involves overseeing the delivery of health services to achieve program and regional objectives; coordinate professional development, supervision, workload management, conflict resolution, and ensure nurses are provided with relevant information and resources. Nurse Managers also oversee strategic planning, evaluation and regional liaison with key stakeholders.

School Health Programs and Services
The School Health Programs and Services team in the School Education Programs and Support Group oversees SNP policy. The School Health Programs and Services team provides leadership and program management to the Primary and Secondary School Nursing Programs, implementation of service improvements, monitoring service quality, data and budget management, and fulfils Departmental reporting requirements.

Data collection
At the end of each calendar year the scanned SEHQ data is collected by the Performance and Evaluation Division (PED) within Strategy and Performance Group of the Department. The aggregated data is uploaded into the SEHQ cube and used to support policy and program planning within Department areas.

Budget Paper 3
The School Nursing Program has targets within the Budget Paper 3 (BP3) that it must meet each calendar year. The PSNP BP3 performance measure relates to the number of Foundation-aged students that have completed the SEHQ. The SSNP BP3 measure relates to the number of schools allocated a nurse through the SSNP.
SCOPE OF WORK

All Registered Nurses are required to register with the Australian Health Practitioner Regulation Authority (AHPRA) (www.ahpra.gov.au). AHPRA support the Nursing and Midwifery Board of Australia (www.nursingmidwiferyboard.gov.au) whose primary role is to protect the public and they set standards and policies that all registered health nurses and midwives must meet in order to practise in Australia. These professional standards and policies for nurses include: codes of conduct, standards for practice, and codes of ethics (www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/professional-standards.aspx).

School Nursing Program

The PSNP and the SSNP share similar objectives but are fundamentally different in scope and operation.

Common elements of the PSNP and the SSNP are outlined here and include:

- Individual health assessments and health advice
- Managing health records of students
- Receiving referrals
- Making referrals and/or recommendations
- Follow up outcome of referrals and/or recommendations
- Health promotion and education.

Primary School Nursing Program

Primary School Nurses (PSN) visit government and non-government (Catholic, Independent and English Language Schools) schools across all sectors throughout each year. These visits provide children and families with the opportunity to undertake a health assessment, provide information and advice about health concerns and health strategies, and link children and families to community-based health and wellbeing services.

The PSNP offers a health assessment via the SEHQ to all Foundation students in their first year of school. If, due to increased demand on capacity, there is a risk of not being able to provide a service to all Foundation students, Areas/Regions may choose to provide a flexible approach to the PSNP service delivery and utilise PSNs in Areas where there is greater need. In this context, they may offer a Priority Service or Targeted Service to non-government schools according to an assessment of relative disadvantage and need. Under a Priority Service, non-government schools with a high level of disadvantage will be prioritised to receive a SEHQ for every family. Non-government schools offered a Targeted Service will be encouraged to refer any students that school staff or families identify as in need of a health assessment to the PSNP to provide a SEHQ to these families.
In addition to the SEHQ health assessments, the PSNP offers the opportunity for teachers or parents to refer students from years 1 – 6 to the PSN, to undertake a health assessment of that child, where a concern is identified. Primary and secondary school-aged children attending English Language Centre Schools and children who have recently arrived in Australia from overseas can also be referred to the PSNP. Referrals should be made using a Student Referral Form.

Other activities offered by the program may include formal and informal health education and health promotion initiatives to the school community.

**Secondary School Nursing Program**

The SSNP aims to support the health and wellbeing of secondary school students in targeted secondary schools, with a focus on health promotion and primary prevention to improve student health, wellbeing and learning outcomes. Activities of the SSN may include health promotion, health education including classroom and small group sessions, and limited primary health care including student assessment, referral and support. The SSN works collaboratively with students, teachers, wellbeing staff, school leadership and school communities to build capability and improve health outcomes.

Approximately two thirds of government secondary schools participate in the SSNP, with the program historically targeted to Victoria’s most disadvantaged schools.

---

**THE PSNP AND THE SSNP SHARE SIMILAR OBJECTIVES BUT ARE FUNDAMENTALLY DIFFERENT IN SCOPE AND OPERATION.**
OPERATIONAL GUIDANCE: PRIMARY AND SECONDARY SCHOOL NURSES

OCCUPATIONAL HEALTH AND SAFETY
As the employer, the Department is responsible for the Occupational Health and Safety of School Nurses, however schools are responsible for ensuring that the health and safety of School Nurses visiting or working in their school is not at risk, as per the Department’s Health, Safety and Wellbeing Policy (www.education.vic.gov.au/hrweb/safetyhw/Pages/hswpolicy.aspx). This includes actions to prevent workplace injuries and illnesses, and allocation of adequate resources, so far as reasonably practicable.

School Nurses require a safe and private office space for consultation, assessment and general work practices. Schools need to consider the spaces that are provided for School Nurses when they are operating from the school, considering the following:

- privacy for consultation and assessment
- access to information technology, Departmental computer networks (eduStar), the internet and telephony
- lockable cabinet if hard copy files are being used
- furniture suitable for both adults and children (for PSNs)
- the access requirements of students, parents and staff, which may include disability access
- office equipment that is ergonomic and suitable to complete administrative tasks.
As DET employees, School Nurses are also required to take reasonable care for their own and others’ health and safety and to co-operate with DET in adhering to health and safety requirements including following DET policies, procedures or instructions and participating in consultation and training.

**Reporting incidents and hazards on eduSafe**

eduSafe ([www.eduweb.vic.gov.au/EduSafe](http://www.eduweb.vic.gov.au/EduSafe)) is the Department’s Incident Reporting & Hazard Management System. It allows all Departmental employees to report incidents, injuries and hazards themselves, or on behalf of other employees, if they are not able to. When lodged, the reports go to the employee’s line manager for appropriate action.


**Critical incident support**

Each local Area is responsible for managing critical incidents within their Area. The School Nurse may be required to support or be a part of a response team, depending on the nature of the incident, and with the support of the principal and the Nurse Manager. This may require the School Nurse to work with another area as part of a response. The School Nurse works within Department policy and can also seek support and advice from the Nurse Manager and/or principal.

The Department has established the Incident Support and Operations Centre (ISOC) which replaces Security Services Unit and amalgamates the Student Incident Recovery Unit.

Schools are able to call the ISOC on 1800 126 126 when school-related incidents occur that are of an aggressive or violent nature, impact on the health, safety and wellbeing of students and staff, disrupt the continuity of school operations, or require police notification or attendance of emergency services.

Within the ISOC, incident support officers provide emotional support and immediate advice and prioritisation and referral into regional areas. The ISOC also has security experts who, in liaison with Area-based staff, can visit schools to advise on physical and personal security.

The ISOC directly supports the Schools Incident Management System (SIMS) policy and guidelines. SIMS outlines the approach and key actions required by school, regional and central Department staff to manage school incidents. The SIMS introduces an incident severity rating to prioritise the management of incidents.

School Nurses can access the [Reporting Incidents in My School](https://edugate.eduweb.vic.gov.au/edrms/collaboration/SLA/AreaProfile/Managing%20Incidents%20in%20my%20school_Protective%20Schools_A3%20poster_School%20Update_28.08.2018.pdf) document which provides guidance on reporting incidents to ISOC.
MANAGING HEALTH INFORMATION OF STUDENTS

Reporting and information sharing

As part of their nursing registration, School Nurses are required to maintain accurate, comprehensive and timely documentation of assessments, planning, decision-making, actions and evaluations. School Nurses within the SNP are required to document all student health records in HART. There is no legal requirement for School Nurses to write in school record systems such as Compass, and School Nurses’ roles in assisting a school’s own record keeping practices should be determined at the school level by working with the principal. During the course of their work, School Nurses may be required to share information regarding a student’s health, wellbeing and safety with the student’s school, Department of Health and Human Services (DHHS) Child Protection or other agencies.

Information sharing is a crucial part of enabling school and Department staff to discharge their duty of care obligations owed to students. School Nurses should liaise closely with the principal, their Nurse Manager and other staff as appropriate, consistent with these obligations.

As per the Schools’ Privacy Policy (www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx), Department staff must share information with other staff on a ‘need to know’ basis in order to fulfil their duty of care obligations to reduce the risk of reasonably foreseeable harm, to make reasonable adjustments or to ensure a safe workplace consistent with Occupational Health and Safety obligations.

School Nurses are required to complete the Department’s ‘Protecting Children - Mandatory Reporting and other Obligations’ online learning module annually. (www.elearn.com.au/det/protectingchildren/schools)

**Duty of care/reporting child abuse**

School nurses should be directed to, and acquaint themselves with the following sections of the School Policy and Advisory Guide when dealing with issues of duty of care, including prevention and reporting of suspected child abuse and neglect, as well as responding to allegations of student sexual assault or problem sexual behaviour:


Schools and School Nurses must take all measures that are reasonable in the circumstances to protect a student under their care from risks of injury that the staff member should reasonably have foreseen. Schools must have in place systems to adequately supervise students in order to meet their duty of care obligations. According to the [*Children, Youth and Families Act 2005*](http://www.education.vic.gov.au/about/programs/health/protect/Pages/default.aspx), Registered Nurses are legally required to make a mandatory report to the Department of Health and Human Services (DHHS) Child Protection if they have formed a reasonable belief that a child is in need of protection.

Privacy legislation permits School Nurses to disclose personal information about a child to DHHS Child Protection if it is authorised or permitted by law, or if it is necessary to lessen or prevent a serious and imminent risk to health, safety or welfare of any person.

School Nurses must report any belief on reasonable grounds that a child has suffered, or is likely to suffer, significant harm as a result of physical injury or sexual abuse, and that the child’s parents have not protected, or are unlikely to protect, the child from harm of that type. This includes abuse that has, or is suspected to have, taken place within or outside of school grounds and hours.

When making a report, the School Nurses must follow the Department’s Four Critical Actions outlined on the Department’s PROTECT page ([www.education.vic.gov.au/school/teachers/health/childprotection/Pages/default.aspx](http://www.education.vic.gov.au/school/teachers/health/childprotection/Pages/default.aspx)). PROTECT is the Department’s primary response to the implementation of the [*Child Safe Standards*](http://www.education.vic.gov.au/school/teachers/health/childprotection/Pages/safeenviro.aspx). The Department has created the PROTECT portal as single point for Education and Training providers to access information and resources about child safety. This website provides templates to guide reporting and documentation of suspected sexual abuse or student sexual offending.

If a School Nurse receives a request from DHHS Child Protection or Victoria Police for information relating to a child who has been impacted (or is suspected to have been impacted) by child abuse, the School Nurse should work with the school principal to obtain the request for information in writing and ensure that the written request includes the following information:

- the name of the officer, the organisation in which they work, and their contact details
- description of the information and documents that are being sought
- the reasons why the information and documents are being sought
- what authority the person or their organisation believes that they have to access the requested information and documents.

In these cases, the School Nurse may be permitted to share the requested information, but they are not compelled to do so. School Nurses should bring any such requests to the attention of the Nurse Manager and/or principal in the first instance. The Department’s Legal Division and Privacy Unit can assist with advice on specific information sharing queries.

Information sharing within schools
Privacy laws allow school staff to share a child’s personal and health information to enable other school staff to:
- support the education of the student, plan for individual needs and address any barriers to learning
- support the social and emotional wellbeing and health of the student
- fulfil duty of care obligations to the student, other students, staff and visitors
- make reasonable adjustments if the student has a disability, including a medical condition or mental illness
- provide a safe and secure workplace.

School Nurses are permitted to share certain information about a child with other staff members, without the consent of a parent/carer and without breaching privacy laws.

The type of information that may be appropriate to share with other school staff about a child who is impacted, or suspected to be impacted by child abuse may include:
- that the child is in a difficult situation
- that the child should be monitored and may need support
- the content of any Student Support Plan, including any signs or symptoms that the child may display when they are in need of support, and any strategies or support services that have been put in place to support the child while they are at school.

School Nurses have a duty of care to verbally inform the principal of any student deemed to be at risk, and to share relevant information. It is the responsibility of the principal (or delegate) to share the relevant information with appropriate staff on a ‘need to know’ basis. The principal is responsible for documenting relevant information on to the school systems.

Collaboration and secondary consultation
A School Nurse can seek secondary consultation with DET Area multidisciplinary teams, general health, mental health or allied health professionals in their local area or within the school to inform their decisions about ongoing support or appropriate strategies for a student, in accordance with the Schools’ Privacy Policy (www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx).

When seeking advice from health and wellbeing services regarding a student, the School Nurse may provide de-identified information to the service to enable them to provide appropriate information and guidance, which will allow the school to support students in achieving positive health and wellbeing outcomes.

Student health record handling and storage
The Health Records Act 2001 (Vic) and the Information Privacy Act 2000 (Vic) govern when and how health information of students is collected and how this information is stored and used. School Nurses should be familiar with their responsibilities under law.

Detailed health information collected by School Nurses must be kept in HART, which is the designated records management system used by the SNP. This is to ensure the information is protected to the extent required by the Health Records Act 2001.
STUDENT HEALTH AND WELLBEING ISSUES

Health care needs
It is the primary responsibility of the principal and designated staff with responsibility for managing health care needs (refer Health Care Needs policy). As School Nurses are not at the school permanently, it is not appropriate for the nurse to assume a position of responsibility for managing individual student’s health needs. School Nurses may however provide supplementary advice to schools in establishing student health support plans. Further information relating to school health and wellbeing issues is available in the Department’s School Policy and Advisory Guide (www.education.vic.gov.au/school/principals/spag/Pages/spag.aspx), including guidance for schools on developing specific health action plans, for common chronic conditions including asthma, diabetes and other health issues. Specific issues and their interactions with the SNP are outlined in this section.

Administration of medication
The School Policy and Advisory Guide provides guidelines for the distribution of medication to students by a school staff member designated with first aid responsibilities.

All medications, whether prescribed or not, should only be given with the written consent of the responsible carers. Individual school policies will outline the processes that carers should take for this to occur.

The School Nurse is not responsible for the regular monitoring or administration of medication to students.


First aid
The School Nurse is not the school’s designated first aid officer. As outlined in the School Policy and Advisory Guide, all schools are required to have clearly defined procedures for managing first aid and emergency situations, which are independent of the School Nurse’ availability. The Department's School Policy and Advisory Guide offers guidelines for schools in first aid practice (www.education.vic.gov.au/school/principals/spag/health/pages/firstaid.aspx).

The School Nurse does not attend the school on a full-time basis and is therefore not always available or accessible to attend to first aid issues.

As part of their duty of care and within the scope of their skills, knowledge and availability, the School Nurse may be utilised as a secondary consultation where there is concern about the nature of the injury or where incidents are recurrent. School Nurses may also be asked to assist in a medical emergency at school if they are present at the time of an incident.

Although not responsible for development of first aid policy and procedures, the School Nurse can use their expertise and knowledge to provide guidance. All registered nurses should practice in accordance with the Standards for Practice (www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/registered-nurse-standards-for-practice.aspx) and Code of Conduct (www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WB17%2f23849&dbid=AP&chksum=ki92NMPa9thp9f92ZhTQNJg%3d%3d) for nurses as defined by the Nursing and Midwifery Board of Australia, and are encouraged to attain first aid training for the purpose of providing secondary consultation as needed.

Anaphylaxis management
Under Ministerial Order 706 any school that has enrolled a student/s at risk of anaphylaxis must by law have a School Anaphylaxis Management Policy in place. This Ministerial Order does not apply to PSNs.

In an emergency situation as part of their duty of care, the School Nurse may administer an EpiPen to a student with an anaphylactic reaction.


WORKING WITH SCHOOLS

Personal support for school staff
School staff may seek information for their own referral or health purposes from School Nurses. However, it is not the nurse’s role to provide direct health counselling or professional support to teachers. All schools have an established protocol and policy outlining support systems for teachers. Staff should be referred to Employee Assistance Program (www.education.vic.gov.au/hrweb/safetyhw/Pages/employeeservices.aspx#link74) or redirected to their own treating GP.
Primary School Nurses (PSN) visit government and non-government (Catholic, Independent and English Language Schools) schools across all sectors throughout each year. These visits provide children and families with the opportunity to undertake a health assessment, provide information and advice about health concerns and health strategies, and link children and families to community-based health and wellbeing services.

Other activities offered by the program may include formal and informal health education and health promotion initiatives to the school community.

MANAGING HEALTH INFORMATION OF STUDENTS

School Entrant Health Questionnaire (SEHQ)

The SEHQ is a confidential health and wellbeing questionnaire that underpins the work of the PSNP. The SEHQ is completed by parents/carers during their child’s first year of primary school (Foundation). It is used by the PSN as a clinical tool, as well as providing data to inform policy and practice.

The SEHQ allows parents/carers to document concerns regarding the health and wellbeing of their child, and contains questions on a range of health, development and family issues. It provides PSNs with a clinical tool to assess the health and wellbeing needs of each Foundation grade child, based on parent/carer responses.
Completed SEHqs are sent to a third-party service provider for scanning, data capture and provision of Student Summary Reports (SSR) and Batch Summary Reports (BSRs). PSNs receive these reports highlighting risk category ratings of the child, and health and wellbeing issues for follow up with Foundation students (parent/carer consent permitting) when visiting the primary school. In some circumstances the SEHQ will not be able to be scanned prior to the health assessment, for example, receiving late SEHqs from a school or other time constraints.

The SEHQ responses outlined in the SSRs are used by the PSN in conjunction with the Clinical Response Protocols (CRP) (https://edugate.eduweb.vic.gov.au/sc/sites/primarynursingprog/Shared%20Documents/2014%20PSN%20clinical%20response%20guidelines%20-%20SEHQ%20FINAL.pdf), which direct PSN health assessment and/or referral for the child. The CRP exist in a separate document to these guidelines and are updated annually by the School Health Programs and Services.

Guided by the SEHQ responses and CRP, PSNs work collaboratively with the school to respond to trends of health concerns, share information where appropriate, support and provide advice to the school and families to implement recommendations where required.

Schools have a key role in contributing to the completion rate of the SEHQ, and ensuring health concerns are identified early in students’ engagement with school. Schools, including principals, teachers and support staff, encourage the uptake and completion of the SEHQ within their Foundation classes. The response rate of the SEHQ is monitored by the Department.

Following the health assessment, the PSN may refer the child for further assessment by another health professional or agency. If this occurs, the PSN will attempt to discuss recommendations with the parents/carers and send a report outlining the outcome of the health assessment or intervention. The school may also receive a report to identify concerns that may impact on the child’s learning.
Principals are able to access de-identified aggregate data from the SEHQ at an individual school level via the School Information Portal (https://portal.eduweb.vic.gov.au/DataZone/Pages/School-Information-Portal-Home.aspx). This data indicates the number of Foundation students at risk of developing risk of social, emotional and behavioural problems.

**Distributing and collecting SEHQ from schools**

PSNs or administration staff in Regional Offices distribute SEHQs to participating government and non-government primary schools where they are issued to parents/carers of Foundation students. Teachers collect the completed SEHQs from parents/carers, which are then collected by PSNs or administration staff, or sent directly back to Regional Offices. Regional Offices are responsible for the process undertaken when handling SEHQs to maintain privacy in accordance with the DET Health Records policy (www.education.vic.gov.au/school/principals/spag/health/pages/healthrecords.aspx) and relevant legislation.

**Referral by Primary School Nurses to other specialist services**

Following a review of the SEHQ and guided by the CRP assessment of the child, the PSN may facilitate access to school SSS, other DET services, or external services for further or ongoing support. The PSN may provide a written or electronic referral for the student if required. When a referral is made, the PSN may obtain the parent/carer’s consent to follow up with the relevant agency to check their progress. It is also advisable for the PSN to follow up with the parent/carer to ensure that the referral was appropriate to meet their needs.

**Referrals to the Primary School Nurse**

**Receiving referrals from school staff, parents/carers or external agencies**

Those in regular contact with students may observe changes in behaviour or may know of issues experienced by individual students that could affect their general health, wellbeing, or capacity to learn. The PSN may receive referrals from school staff via the Student Referral Form, a ‘teacher concern’ form, or verbally. PSNs may also receive referrals from carers or external agencies, or verbal requests for secondary consultation relating to health and wellbeing concerns of students.
Consent and decision-making responsibilities for students

Consent
Written consent from the parent/carer on the SEHQ or the Student Referral Form is required before the PSN can provide a health assessment for a child. If written consent is unable to be obtained, the PSN should obtain verbal consent and document this in HART. The PSN must consider the needs of the parent/carer when obtaining consent e.g. an interpreter for those with English as an Additional Language.

When a parent/carer gives consent for a PSN to carry out an assessment, prior to the assessment the PSN should also inform the child of the steps involved in any assessment in age-appropriate language.

Parents who are separated
The law states that a child’s parents will have parental responsibility for them, unless a court order altering this position is made. Schools must obtain copies of all court orders, including parenting orders, child protection orders and intervention orders that may impact on parental responsibility or care arrangements for the child.

On rare occasions, there may be a dispute between parents as to whether a student can participate in an assessment or consultation. From a legal perspective, the consent of only one person with parental responsibility for the student is required for an assessment or consultation to occur. If the PSN becomes aware that the other parent with parental responsibility objects to the provision of services, they can speak with the Nurse Manager and/or ask the school principal to contact the Department’s Legal Division for guidance.

Duplicate SEHQ
There may be occasions where multiple SEHQs are completed for one child. Where there are no Family Court orders to the contrary, the law presumes that both parents have parental responsibility for the child. This entails that both of them are able to make major long term decisions as well as day-to-day decisions pertaining to the child jointly and severally. Both parents have the right to complete a SEHQ for the child.

If one parent consents to the SEHQ or assessment by the PSN and the other does not, nursing staff will need to decide whether to provide the service or not. In these circumstances, the PSN should consult with their Nurse Manager and/or the school principal, try to make further enquiries with each parent to gather further information to inform their decision, and can also contact the Legal Division and seek specific advice.
Informal carers
If the child is in the care of somebody who does not have parental responsibility for them and there are no court orders in place pertaining to that arrangement, schools can arrange for the informal carer to complete an informal carer statutory declaration.

An informal carer who has signed a statutory declaration may provide consent and make decisions for the student as required by the school, e.g. for excursions, enrolment, SEHQ assessments. An informal carer statutory declaration will only apply for 12 months. If the living situation continues, a further statutory declaration will need to be completed in 12 months’ time.

Department policy says that where there is a dispute between an informal carer and someone with parental responsibility for a child, the wishes of the person with parental responsibility prevail.


Students in Out-of-Home Care
Out-of-home care is a temporary, medium or long-term living arrangement for children and young people who cannot live in their family home. This may include informal care arrangements, foster care, kinship care or a residential care unit.

A number of legal orders can be granted by the Children’s Court in relation to a child in out-of-home care. Depending on the arrangements that are in place, a child protection practitioner or case worker may need to be consulted in order to obtain relevant consent.

PSNs should liaise with their principal to determine who can provide appropriate consent for children in out-of-home care. The principal will have determined who has appropriate authority for excursion forms and other consents that the school may require.

Documenting information
Student health record handling and storage
The Health Records Act 2001 (Vic) and the Information Privacy Act 2000 (Vic) govern when and how health information of students is collected and how this information is stored and used. School nurses should be familiar with their responsibilities under law.

Detailed health information collected by PSNs must be kept in HART, which is the designated records management system used by the SNP. This is to ensure the information is protected to the extent required by the Health Records Act 2001.

For more information, see the Department’s Archives and Records Management policy (www.education.vic.gov.au/school/principals/spag/governance/pages/archives.aspx).
Documenting Occasions of Service in HART

HART is the client management system used by the SNP to document students’ health records throughout their school life, create reports and manage School Nurse rosters.

An Occasion of Service is a file in HART, which PSNs use to document clinical notes relating to a student. An Occasion of Service is consistent with the Australian Institute of Health and Welfare definition to reflect the number of occasions of assessment, consultation, treatment or other service provided by a school nurse to a student. Each consultation with the student consists of one Occasion of Service.

PSNs must create an Occasion of Service file in HART to document Foundation students’ individual results from SEHQ or the Student Referral Form. Within the Occasions of Service file PSNs include presenting issues raised within the SEHQ or Student Referral Form, assessments and follow up discussions or meetings with students and/or their parent/carer.

Once the SEHQ referrals have been made and any required follow up with the child has concluded, the Occasion of Service file is closed by the PSN.

2. Adapted from the Australian Institute of Health and Welfare, Metadata Online Registry, Occasion of Service definition, http://meteor.aihw.gov.au/content/index.phtml/itemId/270511

STUDENT HEALTH AND WELLBEING ISSUES

Immunisation

The PSN’s role does not extend to the coordination of immunisation sessions. Prior to commencing primary school, children should have received their childhood vaccinations as per the National Immunisation Program Schedule (https://beta.health.gov.au/health-topics/immunisation/immunisation-throughout-life/national-immunisation-program-schedule).
WORKING WITH FAMILIES

Liaising with families
Following or prior to an assessment of the student, it may be necessary for the PSN to discuss specific health issues with the student’s parents/carers. A letter is provided to the parent/carer advising of the SEHQ assessment (primary assessment), and a health assessment (secondary assessment) if conducted. The PSN may provide written information relating to a specific health concern, and information on support services with the letter to the parent/carer. Health and wellbeing advice, education and support may also be provided via a face-to-face meeting or phone call.

As the SNP is a school-based health program for students attending school, it is not within the remit of the PSN to meet with the student or parents/carers outside of school. It is recommended that all meetings are held at the school.

School transition
Schools have recognised that transition from junior to middle and senior years can be a difficult time for students and have factored in transition programs and activities that attempt to manage the change. The PSN may be involved in the development and delivery of programs that focus on the wellbeing of students during this time.

PSNs may be involved in providing information to students and their parents/carers as they transition from early childhood services to primary school; or primary to secondary school, to inform them about the SSN’s role and how they can be accessed. This may involve a presentation to students during formal transition programs, providing printed information or information packs, or attending parent information evenings.

Transitioning from kinder to primary school
With consent, PSNs may support the transition of a child from early childhood services to primary school. PSNs may liaise with the family, early childhood service, other health and wellbeing services and the school to provide information, advice and referral.

Transitioning from primary to secondary school
With parental consent, PSNs may refer a student transitioning to secondary school to the SSN if additional support may be required. Where relevant and with consent, PSNs and SSNs may work in partnership where there are siblings across both primary and secondary schools requiring support or intervention.
WORKING WITH SCHOOLS

Principal or principal nominated delegate

The principal is responsible for the day-to-day operation of the school. The principal also has management and leadership functions that require the development of integrated strategies to maximise opportunities for all students within the school to receive a quality education.

The principal is fundamental to the success of the SNP within each school and has a role in overseeing the integration of the SNP into the school community.

Principals contribute by:

- supporting the aims and objectives of the SNP by ensuring that the PSN has the capacity to implement the program guidelines
- providing support to the School Nurse that will ensure that programs and services to students can occur with maximum efficiency and effectiveness
- ensuring that the school as a whole is aware of and supports the School Nurse and the SNP
- ensuring that the School Nurse is aware of the school’s protocols, policies, processes and management structures
- supporting appropriate referrals to SSS and VT
- provision of an appropriate and safe office space for health assessments.

School liaison

Each school will nominate a staff member as a liaison for the PSN to work with regarding the health assessments for the students the school. This may be the school’s wellbeing lead, assistant principal or leading teacher or other appropriate staff member.

The role of the nominated liaison may include:

- supporting the PSN in the development and implementation of initiatives to improve the health and wellbeing of the school community
- providing orientation for new PSNs in understanding the systems of the school and the structure of the school wellbeing team
- providing the PSN with information about established networks and contacts in the local area
- informing the PSN of the school’s referral protocols with relevant internal and external services, including Child Protection Service protocols
- ensuring the PSN has access to an appropriate room for conducting health assessments during their time at the school.

School support and guidance

Schools have access to a range of curriculum programs that focus on resilience, promoting health, reduction of risk behaviours and promotion of help seeking skills, as well as addressing prevention of and response to risk factors, particularly within the health and physical education key learning areas.

Schools may utilise PSNs’ knowledge and experience to link the school with DET policies, programs, resources and education initiatives to a range of curriculum areas. Although the PSN can provide guidance on various health aspects of the curriculum and relevant programs, the school is ultimately responsible for the content and delivery of the curriculum.

THE PRINCIPAL IS FUNDAMENTAL TO THE SUCCESS OF THE SNP WITHIN EACH SCHOOL AND HAS A ROLE IN OVERSEEING THE INTEGRATION OF THE SNP INTO THE SCHOOL COMMUNITY.
The Secondary School Nursing Program aims to support the health and wellbeing of secondary school students in targeted secondary schools, with a focus on health promotion and primary prevention to improve student health, wellbeing and learning outcomes. The SSN works collaboratively with students, teachers, wellbeing staff, school leadership and school communities to build capability and improve health outcomes.

MANAGING HEALTH INFORMATION OF STUDENTS

Referrals to the Secondary School Nurse

Receiving referrals from school staff, carers, students, student peers or external agencies

Those in regular contact with students may observe changes in behaviour or may know of issues experienced by individual students that could affect their general health, wellbeing, or capability to learn. The SSN may receive referrals for advice or support from school staff, parents/carers, students (by self-referral) and student peers, or external agencies. It is up to the principal or delegate within the school to collaborate with the SSN on an appropriate referral method.
**Consent and decision-making responsibilities for students**

**Consent**

Students may either self-refer or be referred to the SSN by the student welfare team, caregivers, teachers, or external agencies. Regardless of the referral, it is important that students present without coercion. If a student presents to the SSN without coercion, the SSN will be able to interpret this as an implied consent to see them.

When receiving incoming referrals, the SSN should obtain appropriate consent from the student prior to any formal assessment procedures. Ideally consent should be obtained in writing. If written consent is unable to be obtained, the SSN should obtain verbal consent and document this in HART.

Informed consent is a person’s voluntary agreement to healthcare, which is made with knowledge and understanding of the potential benefits and risks involved. In supporting the right to informed consent, nurses must: ³

- act according to the person’s capacity for decision-making and consent, including when caring for children and young people, based on their maturity and capacity to understand, and the nature of the proposed care
- obtain informed consent or other valid authority before carrying out an examination or investigation, provide treatment (this may not be possible in an emergency), or involving people in teaching or research.

When a student gives consent for an SSN to carry out a consultation, the student should be informed of confidentiality, including documentation requirements, and the potential for the SSN to discuss further with other school staff, parents/carers, and other agencies or treating practitioners if a risk to the student or other person is identified. To enhance a therapeutic trusted relationship discussions with the student will occur prior to any disclosure of student information to others.

---

Where the student is an adult or mature minor (see further information below), and they have agreed for the SSN to disclose information to their parent/carer and continue to receive ongoing support for the same issue, communication processes with parents/carers must be agreed and documented regarding the student’s progress. If an additional issue is raised by the student, further consent from the student must be sought before information can be provided to parents/carers.

**Decision making by adult students and mature minors**

**Adult students**

The Department, including the SNP, recognises that parents/carers play an invaluable role in boosting a child’s learning and wellbeing through being actively informed and involved from the early years through to adolescence. As such, schools continue to engage parents/carers in schooling matters even after a student has turned 18 and is legally recognised as an adult. However, these students are adults and may make decisions on their own behalf, without involvement of parents/carers.

**Mature minors**

For a variety of reasons, students under the age of 18 sometimes ask to make decisions on their own behalf, without involvement of their parents/carers, including on matters relating to their health and wellbeing.

The SSN should encourage the student to involve their parents/carers in their health and wellbeing where appropriate.

The law recognises that as children become older and more mature, they are more capable of making their own decisions about a wide range of issues including decisions about their education, healthcare and wellbeing. The law recognises that a young person may reach this stage before they are 18 years old. These young people are referred to as ‘mature minors’. This means that there is no fixed age at which an SSN can clearly say that a student can or cannot make their own decision/s about receiving or sharing information, seeking advice, treatment or care. Therefore, each situation should be assessed individually. The decision will depend on the maturity and capacity of the student to understand the nature and seriousness of the treatment. If a student under 18 years of age is assessed by the SSN as not able to provide informed consent, the student’s parent or carer must be asked to provide the required consent.

Ensuring young people are central to the consent and decision making process about their health care is valuable in educating them to take responsibility for their health. This is consistent with the Department’s Decision Making by Mature Minors (www.education.vic.gov.au/school/principals/spag/safety/Pages/matureminor.aspx) policy of involving young people in decision making in regard to their wellbeing and educational needs.

Records of these discussions and agreed arrangements with the principal should be documented in HART.
Parents who are separated

In some situations, a student may not be able to provide consent for themselves, and therefore parent or carer consent is required. The law states that a child’s parents will have parental responsibility for them, unless a court order altering this position is made. Schools must obtain copies of all court orders, including parenting orders, child protection orders and intervention orders that may impact on parental responsibility or care arrangements for the child.

On rare occasions, there may be a dispute between parents as to whether a student can participate in an assessment or consultation.

From a legal perspective, the consent of only one person with parental responsibility for the student is required for an assessment or consultation to occur. If you become aware that the other parent with parental responsibility objects to the provision of services, you can ask the school principal to contact the Department’s Legal Division for guidance.

More information in relation to decision making for students is available at the School Policy and Advisory Guide.

Informal carers

If the student is in the care of somebody who does not have parental responsibility for them and there are no court orders in place pertaining to that arrangement, schools can arrange for the informal carer to complete an informal carer statutory declaration.

An informal carer who has signed a statutory declaration may provide consents and make decisions for the student as required by the school, e.g. for excursions or enrolment. An informal carer statutory declaration will only apply for 12 months. If the living situation continues, a further statutory declaration will need to be completed in 12 months’ time.

Department policy says that where there is a dispute between an informal carer and someone with parental responsibility for a child, the wishes of the person with parental responsibility prevail.

More information in relation to decision making for students is available at the School Policy and Advisory Guide.

Students in Out-of-Home Care

Out-of-home care is a temporary, medium or long-term living arrangement for children and young people who cannot live in their family home. This may include informal care arrangements, foster care, kinship care or a residential care unit.

A number of legal orders can be granted by the Children’s Court in relation to a child in out-of-home care. Depending on the arrangements that are in place, a child protection practitioner or case worker may need to be consulted in order to obtain relevant consent. SSNs should liaise with their Nurse Manager and principal to determine who can provide appropriate consent for children in out-of-home care. The principal will have determined who has appropriate authority for excursion forms and other consents that the school may require.

SSNs may work with services such as LOOKOUT Education Support Centres (www.education.vic.gov.au/about/programs/Pages/lookout.aspx?Redirect=2) to improve educational outcomes for children and young people living in out-of-home care.
Referral by the Secondary School Nurse to other specialist services

With the consent of the student’s parents/carers (or the student if they are an adult or mature minor), the SSN may facilitate access to a wider range of specialist support services within the local community. The SSN may provide a written or electronic referral for the student if required. When a referral is made, the nurse may obtain the student’s consent to follow up with the relevant agency to check their progress. It is also advisable for the nurse to follow up with the student or their parent/carer to ensure that the referral was appropriate to meet their needs. The SSN should encourage the student to discuss any health concerns or referrals with their treating GP, and seek ongoing support through a family member or trusted adult.

Documenting information

Student health record handling and storage

The Health Records Act 2001 (Vic) and the Information Privacy Act 2000 (Vic) govern when and how health information of students is collected and how this information is stored and used. School nurses should be familiar with their responsibilities under law.

Detailed health information collected by SSNs must be kept in HART, which is the designated records management system used by the SNP. This is to ensure the information is protected to the extent required by the Health Records Act 2001. Some health information can be stored and used in other ways depending on the consideration of whether it is necessary for a function of the school.

Student attendance with nurse during class time

Recording of attendance during class time is required, but not during recess and lunch. The school will require the student attendance to be monitored and accounted for in the Student Management System. The SSN and school should decide on an appropriate method for recording a student’s attendance with the SSN during class time in order to respect student/nurse confidentiality.

If a student has been considered a mature minor, attendance and/or health information should not be shared with parents/carers for the purpose of confidentiality.

Documenting Occasions of Service in HART

HART is the client management system used by the SNP to manage school nurse rosters, create reports and document students’ health records throughout their school life.

An Occasion of Service is a file in HART, which SSNs use to document clinical notes relating to a student. Nurses use the Occasions of Services file to document consultations with students and to provide clinical notes of observations relating to the student’s health or wellbeing.

An Occasion of Service is consistent with the Australian Institute of Health and Welfare definition to reflect the number of occasions of assessment, consultation, treatment or other service provided by a school nurse to a student. SSNs create an Occasion of Service file for student which includes clinical notes and observations relating to health or wellbeing issues raised. The student may visit the SSN to discuss recurrent issues or different issues. Each interaction or issue documented in HART and enables the SSN to reflect the work undertaken.

STUDENT HEALTH AND WELLBEING ISSUES

Immunisation
Secondary schools play an important role in supporting immunisation by forming an effective relationship with their local council and ensuring effective facilitation of their school’s vaccine program. Secondary schools are encouraged to appoint a school immunisation coordinator to manage the school’s vaccine program. The SSN’s role does not extend to the coordination of immunisation sessions. The SSN’s skills may be utilised for health education prior to immunisation sessions. For more information and guidance regarding the school’s responsibility with immunisations, see Immune Hero (http://immunehero.health.vic.gov.au).

Individual health consultations
While school level health promotion is the key function of the SSNP, the SSN also provides individual health consultation, which may include assessment, brief intervention, provision of information and referral. The SSN’s health consultation role utilises their broad skill-set: to offer advice on health-related issues, provide a point of first contact for students to discuss physical, emotional or mental health concerns, and offer appropriate referrals. Long term or therapeutic counselling is not within the scope of the SSNP, instead the SSN may consider referral to appropriate external services.

HEEADSSS psychosocial assessment
As part of the individual health consultation, the SSN may conduct a HEEADSSS psychosocial assessment. This assessment is used to create a comprehensive picture of a young person to identify areas of strength and concern. The acronym HEEADSSS includes, but is not limited to, the following topics for discussion:
- Home and Environment, Education and Employment, Activities, Drugs/Substances, Sexuality, Suicide/Depression and Safety.

The HEEADSSS assessment may be adapted to include more areas for discussion dependent on the issue raised by the student and the level of concern noted by the SSN.

Emergency contraception
SSN who are approached by a student requesting emergency contraception will support the student to source details and an appointment with an appropriate community health service and/or provider. The SSN will assess for any risk factors and discuss relevant health strategies to support the student to make informed decisions about safe sexual and contraceptive practices. The SSN should arrange to follow up the student to ensure an appointment with appropriate health services has been attended and to offer any further support.

Distribution of condoms
The distribution of condoms is a school council decision. Individual school councils may develop a policy that provides guidance on how or if condoms will be distributed. The SSN may use their knowledge to inform the school policy. The SSN will only distribute condoms within the parameters of the school policy, but may support students to access appropriate health services.

Pregnancy testing
Pregnancy testing should not be conducted by the SSN. SSNs who are approached by a student requesting a pregnancy test will support the student to access appropriate health services to have a pregnancy test conducted and receive ongoing medical advice for contraceptive and/or pregnancy related decisions.

The SSN should provide health information and guidance in regard to the services available for the potential outcome of the pregnancy test, and take reasonable steps to follow up with the student. The SSN will also encourage and support the student to discuss the pregnancy test with a treating GP, and seek ongoing support from a family member or trusted adult.

Minimising time away from class
A student who makes an appointment to see the SSN during class time will be required to use whatever processes the school has developed to inform the teacher or year level coordinator of their absence. The student does not need to disclose details but can inform the appropriate staff member that they have an appointment with the SSN. The SSN is not required to disclose the details of a student’s visit during class times to any staff member without the consent of the student (unless the student is deemed to be at risk or on a need to know basis).

SSNs may need to assess the effects of time spent out of class if a student is initiating a significant amount of regular contact with the SSN during class time. The SSN may need to develop strategies that will support the student to discuss issues during lunch breaks or after school.
WORKING WITH FAMILIES

Transportation of students
Following consultation with the SSN, students may be referred to external services and agencies for further advice or support. Where appropriate, the SSN may advise the student on how to source and navigate public transport systems to enable them to access essential health services or appointments. The SSN’s role within the SNP does not extend to transporting students.

If a student is assessed by the SSN as requiring an urgent referral within school hours, the SSN has a duty of care to inform the principal who will determine the most suitable course of action. If, in exceptional circumstances, the SSN is required to transport a student, permission must be obtained from the principal and Nurse Manager and if transportation is to occur, the appropriate consent must be obtained from parents/carers (or the student if they are an adult or mature minor).


Home visits
SSNs are not expected to provide home visits for students. The SSN is strongly encouraged to work with the Nurse Manager and principal to consider other reasonable alternatives such as communication via phone or meeting in a public place. Occupational Health and Safety obligations and relevant risk assessments should be applied, and the SSN should be accompanied by another staff member if a home visit is to occur. Consent for a home visit must be given by the student and the parent/carer.

Liaising with families
Following an assessment of the student, it may be necessary for the SSN to meet with both the student and their parents/carers to discuss specific health issues.

As the SNP is a school-based health program for students attending school, it is not within the remit of the SSN to meet with the student or parents/carers outside of school. It is recommended that all meetings are held at the school and the parents/carer should be encouraged to attend.

Transitioning from primary school to secondary school
With parental consent, PSNs may refer a student transitioning to secondary school to the SSN if additional support may be required. Where relevant and with consent, primary and SSNs may work in partnership where there are siblings across both primary and secondary schools requiring support or intervention.
WORKING WITH SCHOOLS

Health promotion

The key role of the SSN is to support health promotion and primary prevention in secondary schools. Through identifying and building on existing school initiatives, and providing appropriate preventative health care education and support, SSNs assist schools to promote the health and wellbeing needs of their student population.

SSNs promote the health and wellbeing needs of students by developing tailored Health Promotion Plans (HPP) for each school they work with (https://edugate.eduweb.vic.gov.au/edrms/collaboration/PHPB/SN/Unsorted/SSN%20HPP%20manual%202016.pdf). The HPP supports the SSN to utilise evidence-based health promotion activities in response to identified needs of individual schools.

The HPP should align with schools’ strategic plans and are written in two-year cycles in collaboration with school representatives. School staff are well placed to support the SSNP to identify and raise issues that would benefit from focused health promotion activities or targeted support for groups of students.

Whole-school approach to health and wellbeing

The Department adopts a whole-school approach to promoting health and wellbeing as part of many school policies and programs. A whole-school approach is an internationally recognised, best practice approach for enhancing education and health outcomes within school communities.

A whole-school approach brings together school leaders, students, staff, families and the broader community to work in partnership to support and promote the health and wellbeing of the school community. It integrates what is taught in the classroom with the school’s physical environment, culture, policies and procedures, and with partner organisations and the services they and others may offer.

Research has shown that for a whole-school approach to be effective it must:
• be driven by the school
• become part of the organisation and structure of the school
• reflect the needs and wants of the whole-school community
• be embedded in the school ethos, culture and curriculum.

Within a whole-school approach to promoting health and wellbeing, the SSN may work with the school staff and wellbeing team to facilitate health promotion events or activities that involve the whole school community.
The events or activities should take into consideration the cultures and diversities of students and be in-line with priority health needs identified for the school. The events or activities can be linked directly to broader state-wide or national health priorities.

Schools also provide structured health education programs for which the Department has developed teacher resources and guidelines for use within the curriculum. The SSN may advise the school on the release of new Departmental resources and work collaboratively to implement evidence-based programs.

Supporting a whole-school approach to health and wellbeing

The Healthy Schools Achievement Program (www.achievementprogram.health.vic.gov.au) provides a framework for implementing a whole-school approach to health and wellbeing (see figure 3). SSNs may utilise this framework to guide Health Promotion Planning with their school/s.

The SSN will build on networks that have been developed by school staff and further facilitate links between the students, the school community and community-based agencies. The SSN should establish a relationship with local youth friendly services within the community so that they are assured that all services to which they refer a student are appropriate for young people.

The SSN will foster relationships with a range of services, specifically those working with diverse and vulnerable cohorts.

As part of their role, SSN will:

- act as a resource and referral person in linking the school and students to a range of appropriate community services and supports
- facilitate joint Health Promotion Planning and strategic planning and/or annual implementation planning to prioritise and set goals against identified school needs
- facilitate joint policy and program implementation to meet the health promotion priorities of the school and improve student outcomes
- jointly monitor and evaluate expected school and student outcomes against plans
- develop service and referral protocols with other services
- promote the SSN’s role at both the school and at community level.

Figure 3: Whole-school approach framework

---

**Principal**
The principal is responsible for the day-to-day operation of the school. The principal also has management and leadership functions that require the development of integrated strategies to maximise opportunities for all students within the school to receive a quality education. The principal is fundamental to the success of the SNP within each school.

The principal has a role in overseeing the integration of the SSN into the school community.

Principals contribute by:
- supporting the aims and objectives of the SNP by ensuring that the SSN has the capacity to implement the program guidelines
- ensuring students have access to the school nurse
- supporting agreed health activities undertaken by the SNP in their school
- providing support to the SSN that will ensure that programs and services to students can occur with maximum efficiency and effectiveness
- ensuring that the school as a whole is aware of and supports the SSN and the SNP
- ensuring that the SSN is well-orientated to the school’s protocols, policies, processes and management structures
- including the SSN in relevant school meetings
- supporting appropriate referrals to SSS and VT
- provision of an appropriate and safe office space for private consultation and assessment.

It is expected that the principal or delegate will meet with the SSN each school semester, to review and evaluate the progress of the Health Promotion Plan. These meetings are informal and keep the principal up to date with the programs that the SSN is involved in and any consistent issues or trends being raised by students.

**Wellbeing lead**
Each school has provision for a staff member to be responsible for the wellbeing of students.

The nominated staff member who fulfils the wellbeing role provides a central coordination point, initiating and strengthening the full range of services to support the wellbeing of all students. The wellbeing lead and the school nurse will work together as team colleagues.

The role of the nominated wellbeing lead may include:
- supporting the SSN in the development and implementation of initiatives to improve the health and wellbeing of the school community
- providing orientation for new SSNs in understanding the systems of the school and the structure of the school wellbeing team
• providing the SSN with information about established networks and contacts in the local area
• informing the SSN of the school’s referral protocols with relevant internal and external services, including Child Protection Service protocols
• providing input to the Health Promotion Plan and evaluation processes associated with the work of the SSN
• potential professional development opportunities for school staff that will impact upon the health and wellbeing of students.

School wellbeing teams
School wellbeing teams assist young people to achieve their educational and developmental potential, by providing strategies and specialised support at individual, group, school and network levels. They work in collaboration with a variety of services to identify and intervene early with children and young people who have additional needs or are at risk of disengagement. The structure of the wellbeing team is determined by each individual school and will differ within each school setting.

As a member of the school wellbeing team, the SSN will work to complement and strengthen the team’s health activities and can play a key role in facilitating health programs that are supportive of the SSN’s knowledge and skills. The SSN and school wellbeing staff will work together to identify consistent issues for students across the school and develop whole of school strategies or selectively target programs towards individual or specific groups of students.

Community partnerships and engagement
The SSN will work with the school wellbeing team and school staff to facilitate health promotion events and activities, which involve the whole school community, including local and relevant community health services as required.

In addition, SSNs will work with the school and wellbeing staff to keep an up to date knowledge of the location of health and wellbeing services available, to support students through referrals.

The events or activities organised by the SSN should take into consideration the diversity of the school community and be linked to priority health needs identified for the school.

The SSN will also work in partnership with the local area-based multidisciplinary team to ensure a consistent approach to achieving positive health outcomes for students and their families.
Communication with school staff and the school community

Collaboration with school staff is vital to the ongoing success of the SNP and its integration into the school community. The SSN will work with school staff to identify appropriate forums that convene regularly and would be appropriate for:

- discussion about the involvement of the SSN or school staff in planned activities
- the SSN to advise on health-related issues in the school
- discussion around the development of new initiatives
- the SSN to provide regular feedback on activities implemented
- Information sharing regarding students at risk.

Students’ health and wellbeing is influenced by external factors such as their parents/carers, family, friends, community and the wider environment in which they live. When delivering health information, these factors should be considered.

The SSN with the support of school staff will ensure that the school community is aware of the role of the nurse by providing information in regular communications with teachers, student wellbeing teams, students and parents/carers. The SSN will also liaise with community agencies to raise the profile of the SNP and clarify the role of the SSN.

Collaborative teaching

A team approach by the SSN and classroom teacher is encouraged in the delivery of health education sessions. The classroom teacher and the SSN can work together to identify which components of the health curriculum can be delivered by the SSN and/or the teacher, or whether the nurse attends the class simply to answer specific questions from the students. SSNs will only be involved in the delivery of health-related curriculum. This approach will also facilitate and encourage capability building for both the nurse and the teacher.

It is a legal requirement that a teacher with Victorian Institute of Teaching (ViT) registration is always present for the delivery of education in the classroom. The Department recommends a partnership approach is taken to providing health education to large class groups and if the SSN is to deliver health education to a class, the registered teacher must always be in attendance. This collaborative multidisciplinary approach provides the best quality approach to the delivery of health education.

A collaborative approach to teaching may also occur, with SSN sharing expertise that reflects their nursing education and experience. SSNs in the program may be invited by a colleague to support the delivery of education or to provide additional benefit for students.

Collaborative work across local area-based nursing teams may also occur, which will support the delivery of health programs across a wider range of schools. This model of working may involve a team of SSNs delivering health programs together across a number of schools to ensure consistent health messages are delivered.

Targeted or small group work

In some instances, the most effective approach to delivering health education or providing selective support is through targeted small groups, for example on sensitive health topics.

It may not always be appropriate for a teacher to be present in some small targeted group activities. The decision about whether a small group can be facilitated solely by the SSN can be made in consultation with the principal and the SSN.

Curriculum development

The curriculum incorporates specific learning areas to provide a single, coherent and comprehensive set of prescribed content and common achievement standards for students from Foundation through to Year 10 and senior secondary (VCE, VCAL and VET). Schools have access to a range of curriculum programs that focus on promoting health and resilience, reduction of risk behaviours and promotion of help seeking skills that aim to promote health and wellbeing.

Schools can utilise the SSN’s knowledge to link health promotion initiatives to a range of curriculum areas as part of a whole school approach. Although the SSN can advise on various health aspects of the curriculum and relevant programs, the school is ultimately responsible for the content and delivery of the curriculum.
School camps

Camps are considered a valuable way for the SSN to make contact and begin to build relationships with students and staff, as well as provide health information to either individual students or groups. School camps also provide an opportunity for the nurse to be involved in transition activities, especially with students who are experiencing difficulties.

SSN will not attend a camp for the purpose of first aid support or a supervisory role, for example, as a replacement for a teacher. However, as a member of the student wellbeing team, SSNs may be involved in small group activities or delivery of health and wellbeing programs.

Prior to attending camp, approval must be sought, discussed and agreed with the Nurse Manager. Attendance at school camp also requires regional approval in line with the Department’s Travel policy (www.education.vic.gov.au/school/principals/spag/management/Pages/travelforstaff.aspx). Time in lieu and overtime consideration needs to occur in line with the Department’s Time in Lieu policy (www.education.vic.gov.au/hrweb/employcond/Pages/tiPSS.aspx) and Overtime policy (www.education.vic.gov.au/hrweb/employcond/Pages/otimePSS.aspx).

Where attendance at a school camp extends beyond two days and interferes with time allocated to other schools, prior approval must be sought from the Nurse Manager.

It is not mandatory for the SSN to attend school camps which extend beyond the SSN’s normal working hours. Attendance at overnight camps is dependent on the nurse’s availability and on prior discussion and approval by the Nurse Manager.

School transition

SSNs may be involved in providing information to students and their parents/carers as they transition from primary school to secondary school, to inform them about the SSN’s role and how they can be accessed. This may involve a presentation to students during formal transition programs, providing printed information or information packs, or attending parent information evenings and/or school camps.

Schools have recognised that transition from junior to middle and senior years can be a difficult time for students and have factored in transition programs and activities that attempt to manage the change. Where possible and relevant, the SSN will be involved in the development and delivery of programs that focus on the wellbeing of students during this time and promote the role of the SSN.
Appendix 1: Framework for Improving Student Outcomes

**IMPROVEMENT CYCLE**

Evaluate and diagnose
- Assess performance and progress in student achievement, engagement, wellbeing, and productivity
  - Evaluate the impact of prior effort
  - Diagnose areas requiring attention
  - Record and report current status, resources, and baseline
  - Share successes and lessons with other schools

Prioritise and set goals
- Prioritise key focus areas for improvement
  - Be clear about what success or impact looks like
  - Set goals and targets
  - Establish indicators to measure improvement

Develop and plan
- Plan and develop improvement initiatives with evidence base
  - Develop whole-school teaching and learning program
  - Determine specific actions and method
  - Determine roles, responsibilities, and timelines
  - Agree and communicate

Implement and monitor
- Implement, gather data and monitor
  - Professional learning
  - Collaboration and consistency
  - Resourcing
  - Community leverage
  - Curriculum and assessment
  - Programs
  - Student outcomes