



Child Health Clinical Handover of Vulnerable Children Procedure

1. Guiding Principles

Effective: 28 October 2020

Clinical handover is the transfer of information, responsibility and accountability to another health care professional, service or professional group to enable continuity of care for a client.

Child health services in Western Australia are offered to all children and their families, from birth to school entry. Services focus on supporting families to optimise health, development and wellbeing of children, and enabling early identification and timely intervention for any concerns.

Child health services are based on a model of progressive universalism, providing more support for those who need it most. All children and their families are offered services. Of importance is identification and support for children at risk of poor health, development or wellbeing outcomes, or for whom there is a safety concern.

Clinical handover and transfer of care between child health services are initiated for defined groups of vulnerable clients to facilitate ongoing universal services and/or additional support for identified clients of concern. This procedure supports the commitment of WACHS child health services to ensuring continuity of care and safeguarding for vulnerable children.

The WA Health Clinical Handover Policy outlines the requirements to be followed by all Health Service Providers and contracted health entities (as relevant to their contract.) Requirements relevant to child health services include:

- Parents/caregivers are included in clinical handover, where appropriate.
- All clinical handovers to have a consistent structure and content, such as the iSoBAR format.
- Voice recorded handovers, answer machines, SMS and other social media platforms are not permissible.
- All handover of clients must be fully documented in the client record.
- Accountability for care of a client needs to be defined at clinical handover by members of the receiving clinical team.
- Clients of concern must be prioritised for clinical handover.

In WACHS child health services, clinical handover for vulnerable clients is to involve both written and verbal handover. A *WACHS Clinical Handover (Allied and Community Health) Form* is to be completed for each child.

Child health records, like other client records, are subject to a duty of confidentiality. However, consent is implied (not generally required) for sharing information between health professionals involved in a client's care within an organisation.

In this procedure, clinical handover encompasses **vulnerable** child health clients or those identified as **clients of concern** who are known to:

- Relocate to or from the Perth area, where child health services are provided by Child and Adolescent Health Service – Community Health (CAHS-CH).
- Access both CAHS and WACHS child health services.
- Move between WACHS and external Aboriginal Medical/Health Services (AMS/AHS).
- Commencing formal schooling within WACHS.
- Move within or across WACHS regions.

1.1 Consent to share information

- a) When clinical handover involves another health service provider (external to WACHS), consent from the parent or guardian is required to share information. This includes with health service providers contracted by WACHS to provide services.
- b) If consent cannot be obtained, the health service Chief Executive or delegated authority may authorise disclosure of confidential client information to another health service provider.
- c) Regional delegated authorities are to be identified, and may include Tier 6 staff or higher, such as Clinical Nurse Managers (CNM) and Clinical Nurse Specialists (CNS) in Population Health.

2. Procedure

2.1 Child health clients who are known to relocate between WACHS and CAHS

Family informs of relocation from WACHS to Perth

- a) Child health nurse (CHN) seeks consent to share information with CAHS. Use *WACHS Population Health Consent for Sharing of Information (Child 0-17 years) Form*.
- b) CHN completes *MR66 WACHS Clinical Handover (Allied and Community Health) Form*.
- c) CHN sends MR66 form to CAHS-CH email with contact details and request to conduct clinical handover.
LeadershipCorrespondence.CommunityHealth@health.wa.gov.au

- d) CHN arranges and conduct verbal component of clinical handover with designated CAHS-CH CHN.
- e) CHN documents communication, decisions, actions and outcomes in relation to clinical handover in client record.
- f) CHN cancels all manual recalls in CHIS.

Family informs of relocation from Perth to WACHS

- a) CHN seeks consent to request information with CAHS. Use *WACHS Population Health Consent for Sharing of Information (Child 0-17 years) Form*. If unable to obtain consent to share information, consult with CNM or CNS as per [section 1.1](#).
- b) CHN sends form to CAHS-CH email requesting clinical handover. LeadershipCorrespondence.CommunityHealth@health.wa.gov.au
- c) CHN arranges and conduct verbal component of clinical handover with designated CAHS-CH CHN.
- d) CHN documents communication, decisions, actions and outcomes in relation to clinical handover in client record.

Requests for clinical handover and clinical handovers received from CAHS-CH

- a) Requests for clinical handover and written clinical handovers received from CAHS-CH may be forwarded to WACHS central office Population Health.
- b) Requests from CAHS-CH will be forwarded to generic regional email for acting as per Special Child Health Referrals.

2.2 Clients known to access both CAHS-CH and WACHS child health services

- a) When a shared client is identified, a CHIS pop up alert is used to indicate 'shared' services.
- e) Seek client/parent consent to share information with CAHS-CH. Use *WACHS Population Health Consent for Sharing of Information (Child 0-17 years) Form*. If unable to obtain consent, consult with CNM or CNS as per [section 1.1](#).
- b) Identify the CAHS-CH clinic involved. Establish and maintain communication to optimise continuity of care.
Note: Both CAHS-CH and WACHS are to schedule contacts.
- c) Plan and provide care as per family need and clinical judgement. Consult with CNM or CNS as required.

- d) Consider WebPAS CAR Alert to be activated or reviewed, as required.
- e) Communication, decisions, actions and outcomes are to be clearly documented in the client record.

2.3 Clients who move between WACHS and external AMS/AHS child health services

- a) When a family with a new baby informs they will access child health services from an external AMS/AHS, the birth notification is to be forwarded to the AMS/AHS.
- b) If a family moves between WACHS an external AMS/AHS child health service, a clinical handover is to be facilitated with consent and involvement of family where possible. Use *WACHS Population Health Consent for Sharing of Information (Child 0-17 years) Form*. If unable to obtain consent, consult with CNM or CNS as per [section 1.1](#).
- c) Conduct a clinical handover with written and verbal components.
- d) Communication, decisions, actions and outcomes are to be clearly documented in the client record.

Note: Designated WACHS staff are to engage in interagency meetings with local AMS/AHSs to discuss and monitor vulnerable children.

2.4 Vulnerable child health clients starting school within WACHS

- a) Vulnerable children requiring clinical handover from WACHS child health to school health include those identified as; Children registered for the Enhanced Child Health Schedule (ECHS), clients of concern, and children identified with significant health or developmental issues.
- b) Child health nurses are required to conduct end of year audits to identify children due to start school (Kindy) in the following year. Tasks required include;
 - Compiling a list of children and forwarding to CNM
 - Preparing *WACHS Clinical Handover (Allied and Community Health) Form* for each vulnerable child
- c) The CNM is responsible for working with the school health team to identify school enrolment for vulnerable children identified in child health, and distributing the clinical handovers to designated school community health nurses.
- d) Child health and school health staff are to conduct clinical handover.

Note: Clinical handover not required in locations where child and school health services are provided by the same CHN staff member(s).

- e) School community health nurses are required to prioritise School Entry Health Assessments for vulnerable children, including direct liaison with family.
- f) School community health nurses are required to provide school student service staff with relevant information about children of concern and advocate for the school to establish health care or risk management plans, as required.
- g) If a vulnerable child is not found enrolled in local school, liaise with the manager or CNS to consider service options for child and family as appropriate.
- h) Communication, decisions, actions and outcomes are to be clearly documented in the client record.

2.5 Child health clients of concern moving within or across WACHS regions

- a) If a family informs of an intended or recent move to a new location, contact between WACHS child health staff is to be completed.
- b) Conduct written and verbal clinical handover between child health staff.
- c) Communication, decisions, actions and outcomes in relation to clinical handover are to be clearly documented in the client record.

3. Definitions

Child	Anyone under the age of 18 years.
Client of concern	A child for whom there are identified health, development, wellbeing or safety concerns.
Vulnerable child	At higher risk of poor developmental, physical or mental health due to circumstances of child, parents, family and/or community
Universal child health services	Child health services offered for all children birth to 4 years and their families to promote child health and development. Services focus on the early identification of health and developmental concerns, enhancing parenting and children-parent relationships.

4. Roles and Responsibilities

Child health nurses are required to undertake actions described in this procedure to ensure that child health clients who move are identified and appropriate communications, including clinical handover are implemented to ensure continuity of child health services.

Clinical Nurse Specialists are required to undertake actions described in this procedure, and specifically, to support communications and clinical handover processes to ensure continuity of child health services for vulnerable clients.

Clinical Nurse Managers are required to facilitate communications and management of staff to support actions described in this procedure.

All Staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

5. Compliance

Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Records Management

The Clinical Handover form is to be added to the child's hard copy medical records. Community health staff are to ensure that the Clinical Handover form is attached to the electronic health record within the Community Health Information System (CHIS).

[Health Record Management Policy](#)

7. Evaluation

Monitoring of compliance with this document is to be carried out by Clinical Community Health Managers using the following means or tools:

- Regular review of requests for and completed clinical handovers for child health clients.
- Review of SAC events that involve child health client relocation.

8. Standards

[National Safety and Quality Health Service Standards](#)

Comprehensive Care Standard: 5.10 Screening of risk

Communicating for Safety Standard: 6.7 Clinical Handover

9. Legislation

[Health Service Act 2016](#) (WA)

10. Related Forms

[WACHS Population Health Consent for Sharing of Information \(Child 0-17 years\) Form MR66](#)
[WACHS Clinical Handover \(Allied and Community Health\) Form](#)

11. Related Policy Documents

CAHS [Clients of Concern Management Protocol](#)
CAHS [Clinical Handover - Nursing Procedure](#)
WACHS [Allied Health Clinical Handover Policy](#)
WACHS [Consent for sharing of information \(Child 0-17 years\) Population Health](#)
WACHS [WebPAS Child at Risk Alert Procedure](#)

12. Related WA Health System Policies

MP 0095 [WA Health Clinical Handover Policy](#)
MP 0010/16 [WA Health Patient Confidentiality Policy](#)

13. Policy Framework

[Clinical Governance, Safety and Quality](#)

14. Appendices

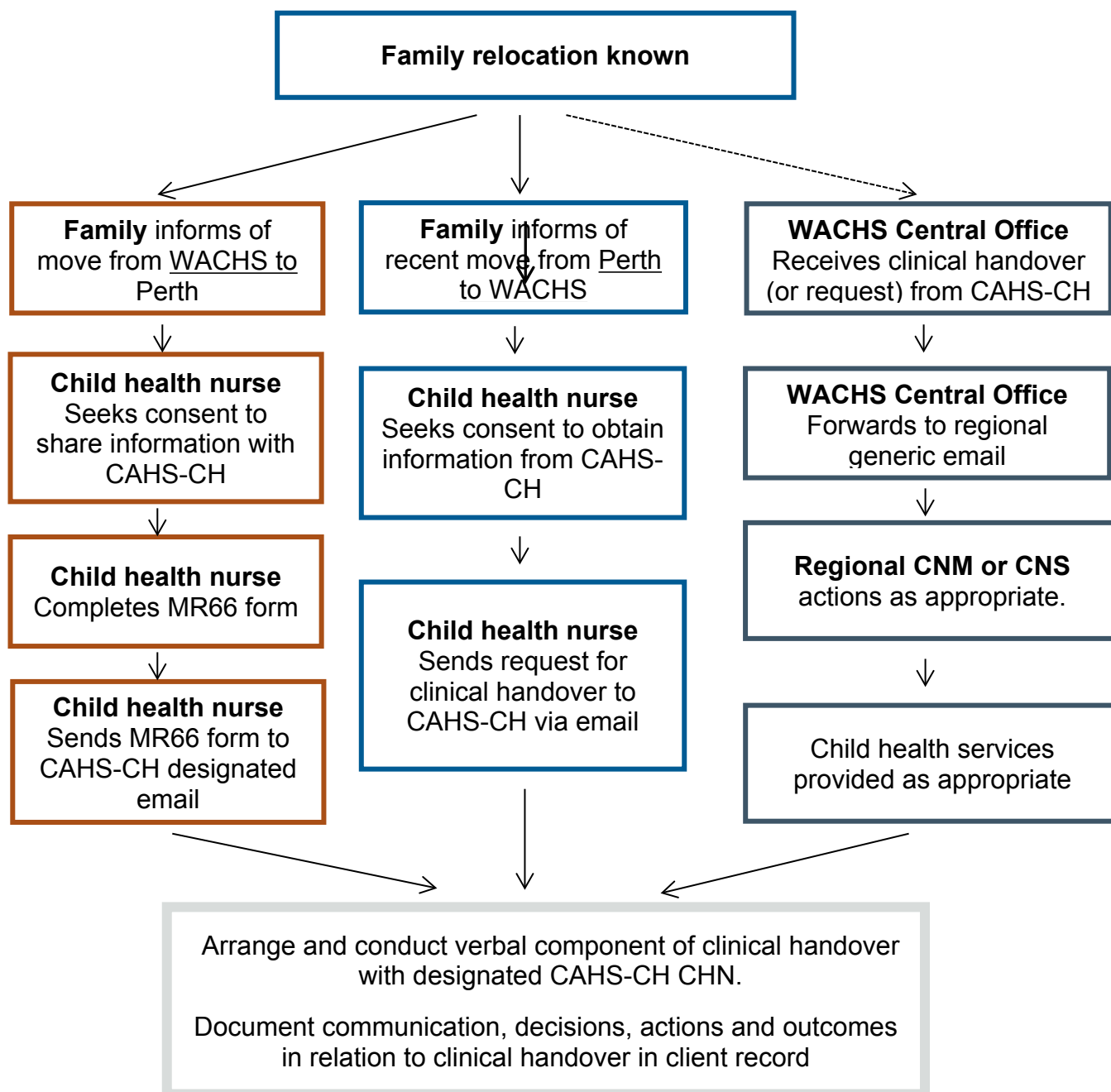
Appendix 1: [Child health clients known to relocate between WACHS and CAHS](#)
Appendix 2: [Clients known to access both CAHS and WACHS child health services](#)
Appendix 3: [Child health clients who move between WACHS and external AMS/AHS](#)
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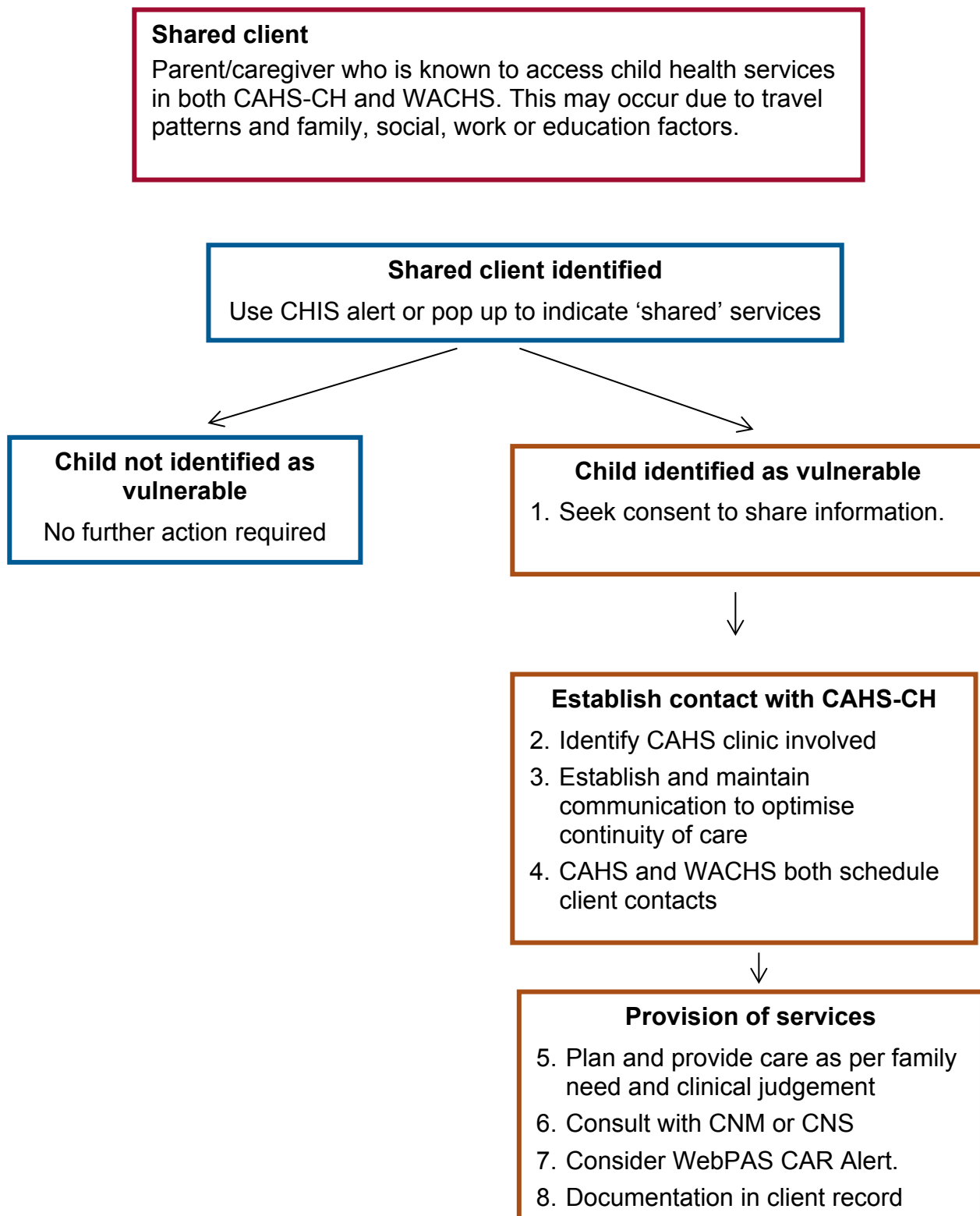
Appendix 1: Child health clients known to relocate between WACHS and CAHS



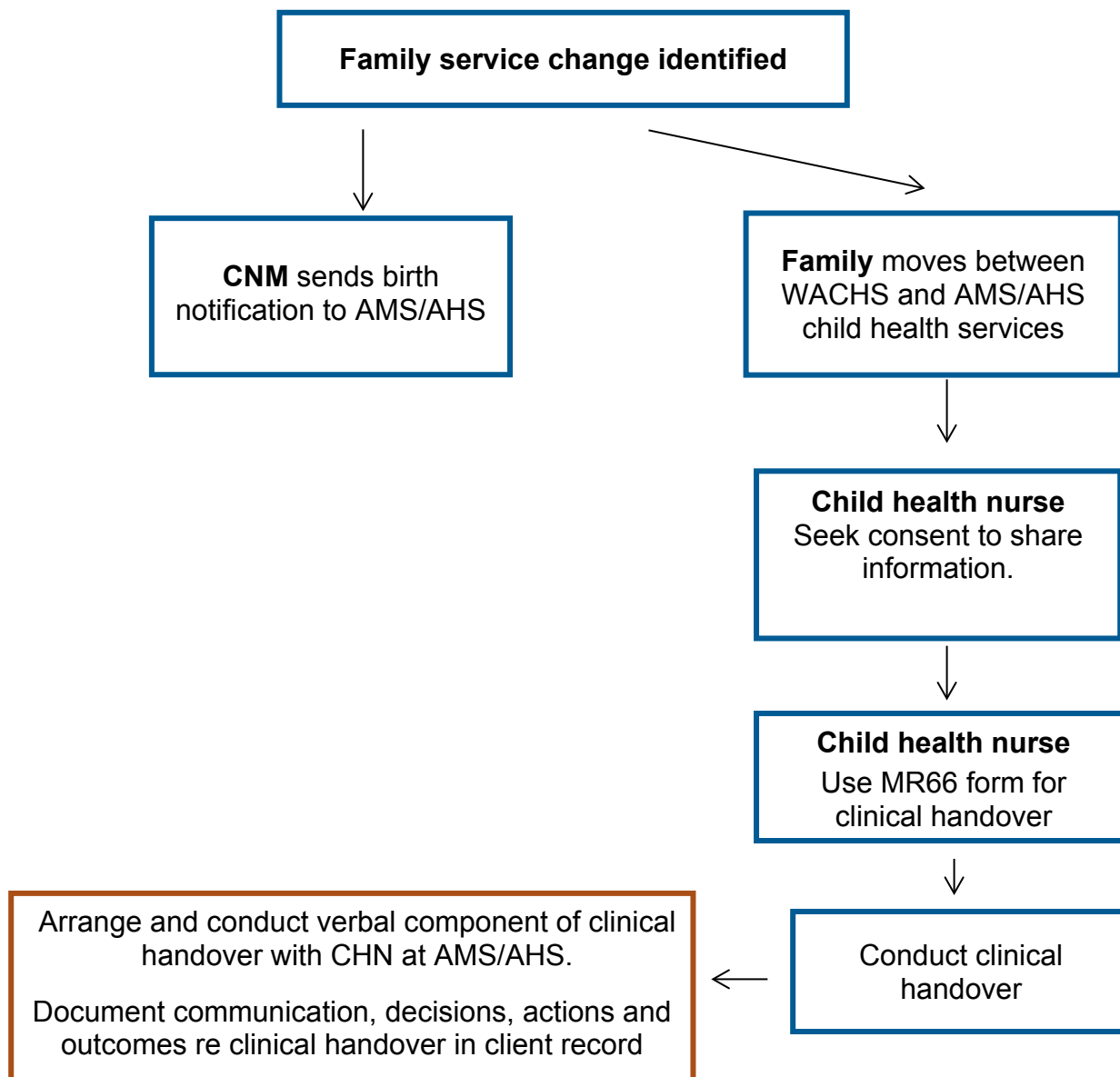
CAHS-CH central email address - LeadershipCorrespondence.CommunityHealth@health.wa.gov.au

WACHS central email communication – AreaOfficePopulationHealth.WACHS@health.wa.gov.au

Appendix 2: Clients known to access both CAHS and WACHS child health services



Appendix 3: Child health clients who move between WACHS and external AMS/AHS



Appendix 4: Vulnerable child health clients starting school within WACHS

Vulnerable children may include:

- Clients of concern
- Children experiencing significant health or developmental issues
- Children registered on ECHS

Child health nurse

1. Conducts end of year audit to identify children due to start school (Kindy)
2. Compile list of vulnerable children
3. Forwards list to CNM
4. Prepares MR66 form for each



Manager and school health team

1. Identify school enrolment for vulnerable children
2. Distribute clinical handover to designated CHN.
3. Ensure child & school health nurse phone meeting for handover



School community health nurse

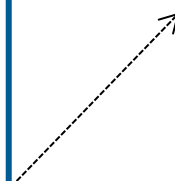
1. Prioritise SEHA
2. Liaise with family
3. Provide school student service staff with relevant information
4. Advocate for school health care or risk management plan, if required

Child not enrolled in local school



Manager or CNS

Consider options for ongoing service provision for child and family as appropriate.



Note: Clinical handover not required in locations where child and school health services are provided by the same staff member(s).