



# School Entry Health Assessment Records Management Procedure

## 1. Guiding Principles

Client health records are contemporaneous records of health status, health care, activities, communication, consents, decisions and/or outcomes. Client records are important for continuity of care and good management of clients. Client records may be used in legal proceedings or other investigations, therefore accuracy is critical.

The School Entry Health Assessment (SEHA) program is offered to families of all children starting school to enable assessment and early intervention of child health, development and wellbeing.

Most SEHA records are hard-copy, paper records. Information is collected from parents and documented by health service staff in the course of assessment and care. Much of the information collected is entered onto the Community Health Information System (CHIS). Paper records must be retained as per this procedure.

All records containing any personal or health information about individuals will be stored and handled to ensure confidentiality and security. Safe storage of records is specified in WACHS Health Record Management Policy (section 2.8).

Records remain the property of the Western Australian (WA) State Government. WA Country Health Service regions are custodians of records created in each region. Records associated with the SEHA program include the following:

- |            |  |
|------------|--|
| CHS 142    | Referral to Community Health Nurse, which may be used for children in primary school. It is completed by parents and/or school staff member. |
| CHS 143    | Class list records SEHA activity to support service management.  |
| CHS 409-1  | Parent questionnaire with child personal details, UMRN, health history and parental consent to conduct assessments and share information.    |
| CHS 409-2  | Results – staff of health service  |
| CHS 409-5  | School Entry Health Consultation for Education Support students  |
| CHS 409-6A | Results – parent (Triplicate: White – parent, Pink – School, Yellow – health service)  |

## 2. Procedure

Record	Management and retention
CHS 142 Referral to CHN	To be stored with CHS 409-1 To be stored in an accessible and secure location until child has completed Year 6. To be archived in a secure location until individual reaches the age of 25 years. Some records are subject to indefinite retention.*
CHS 143 Class list	To be stored securely and accessible until the children have completed Year 6.
CHS 409-1 Parent consent and child health history	To be stored in an accessible and secure location until child has completed Year 6. To be archived in a secure location until individual has reached the age of 25 years. Some records are subject to indefinite retention.* To be stored in an individual folder/file if additional paper records are required, i.e. for complex clients.
CHS 409-2 Results for staff	To be stored and handled securely until results are entered onto CHIS. To be entered into CHIS as soon as possible. May be destroyed after activity is completed, (including rechecks and referral confirmation), and entered into CHIS.
CHS 409-5 School Entry Health Consultation for Education Support students	To be stored in an accessible and secure location until the child has completed Year 6. To be archived in a secure location until individual reaches the age of 25 years. Some records are subject to indefinite retention.* To be stored in a folder if additional paper records are required, i.e. for complex clients.
CHS 409 6A Results for parents (triplicate)	White copy to be provided to parents in envelope. Pink copy to be provided to school. Yellow copy to be stored with CHS 409-1 <ul style="list-style-type: none"> <li>- To be stored in an accessible and secure location until child has completed Year 6.</li> <li>- To be archived in a secure location until individual reaches the age of 25 years.</li> <li>- Some records are subject to indefinite retention.*</li> </ul>

\* The State Records Office of WA requires indefinite retention of certain Government records, for example (but not limited to); records that document or that may be relevant to actual or alleged incidents of child sexual abuse. For more information, go to the State Records Office website or the Department of Health Patient Information Retention and Disposal Schedule.

### **In the event of loss, theft or unauthorised access to records:**

- notify manager
- secure other records
- report as a clinical incident.

For damage to records (i.e. fire, water, insects or vermin) refer to WACHS Health Record Management Policy.

### **Community Health Information System (CHIS) records:**

In CHIS, document the information returned on CHS 409-1.

In CHIS, document the results of the initial SEHA, any re-checks, targeted assessments or associated activity.

See the CHIS data entry standards and [School Health Clinical User Guide](#) for details.

Source documents from external agencies are required to be scanned and attached to the CHIS client record (e.g. iSoBAR handover form or referral). Scanned documents are also required to be kept in the patient's hard copy record.

### **Transportation and use of records off site:**

When SEHA records are required to be transported from the Population Health base office for use in schools or other settings:

1. Community health nurse to identify and collect records required for school-based activity for the next day or multi-days.
2. Records must remain in the personal custody of designated nurse at all times
3. Records to be handled and stored securely at all times, (i.e. locked case or bag).
4. The designated nurse is to return all records to base. In exceptional circumstances, records may be stored at an off-base site with approval from line manager.
5. Records are NOT to be stored in staff homes or in vehicles.

### **Transfer of records:**

Internal transfer:

Copy of records may be transferred to other regions in WACHS, on request.

Hand-over required for vulnerable clients.

External agencies:

A copy of records or summary may be provided to another (external) health service (e.g. Child and Adolescent Health Service – Community Health) on request and with consent from parent (or guardian).

- In the case of children in care, consent is to be provided by Department of Communities authorised officer.

- Provision of records is to be facilitated by generating a copy of relevant records or summary of electronic record.
- Records are to be marked 'confidential' and sent via registered post or scanned and email using encryption.
- Provision of records to an external agency must be recorded (in CHIS).

Records are NEVER to be transported by client or parents (guardian).

Where a delegate from an authorised government agency, such as the WA Police, requests an original or copy of a record, they are to be referred to the Regional Health Information Manager.

### Disposal:

The disposal of health records is governed by the Information Management Policy Framework – Patient Information Retention and Disposal Schedule (MP0002/16).

A register of all records destroyed is to be maintained.

The destruction register must consistently and accurately record whenever a client record is destroyed.

Individual records are to be noted on the register, and NOT groups of records.

A Regional Director or above must authorise the destruction of any record.

### 3. Definitions

<b>Disposal</b>	The removal of records from the organisation and subsequent destruction, or transfer to the State Records Office for permanent retention as State Archives
<b>Community Health Information System (CHIS)</b>	This is an electronic client record system designed for Population and Community Health services.
<b>Health Record</b>	A health record is the compilation of information for a client's health history, past and present. Information received or created in the management of clients as part of health service provision.
<b>Offsite storage</b>	Process whereby health records are kept in a dedicated and authorised repository location outside the health service.
<b>Primary storage</b>	Area where the active SEHA health records of current clients are stored. Records are generally those of primary school children up until year 6.
<b>Records management</b>	A systematic approach to the creation, maintenance, use and disposition of records.
<b>Secondary storage</b>	The location, usually a school site, where active SEHA records may be stored to facilitate access to records at point of care. Secondary storage must be

	secure, i.e. lockable filing cabinet in school administration office.
<b>Unit medical record number (UMRN)</b>	Unique number used of identifying each patient that is retained from first attendance to after death.

#### 4. Roles and Responsibilities

**All WACHS Population Health staff delivering the School Entry Health Assessment** program are to securely maintain records as described in this guideline.

**All line managers** of the above are to ensure that staff receive adequate orientation and ongoing communications so they are well aware of their SEHA record keeping responsibilities.

**All staff** are to complete record keeping training on WACHS Learning Management System.

#### 5. Compliance

This procedure is a mandatory requirement under the Public Health Management Act 1994 (WA) and the State Records Act 2000 (WA). 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

All WACHS corporate records must be stored in the approved Electronic Documents and Records Management System.

[Records Management Policy](#)  
[Health Record Management Policy](#)

#### 7. Evaluation

Monitoring of compliance with this document is to be carried out by regional Health Information Manager and Tier 5 Population Health Manager (or delegate), at least annually using the following means and methods:

- Audit Tools as specified on the WACHS Health Record Auditing Procedure
- Site reviews incorporating ad hoc and opportunistic feedback.

## 8. Standards

[National Safety and Quality Health Service Standards](#) – 1.16

## 9. Legislation

[State Records Act 2000](#) (WA)

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

[Public Sector Management Act 1994](#) (WA)

## 10. References

1. Child and Adolescent Community Health, Community Health Manual, Records Management – Client, April 2017.
2. WA Health [Patient Information Retention and Disposal Schedule](#), Version 4, 2014 [Accessed: 30 March 2020]
3. WACHS [CHIS Data Entry Standards, Clinical Item Guides and Document Naming Conventions](#) [Intranet] [Accessed: 30 March 2020]

## 11. Related Forms

SEHA records suite.

## 12. Related Policy Documents

WACHS [Records Management Policy](#)

WACHS [Health Record Management Policy](#)

CAHS [Universal contact School Entry Health Assessment guideline](#)

## 13. Related WA Health System Policies

MP0124/19 [Code of Conduct Policy](#)

MP0002/16 [Patient Information Retention and Disposal Schedule Policy](#)

## 14. Policy Framework

[Information Management](#)

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