1.0 Purpose

The Department of Education, Training and Employment (DETE) aims to ensure that every young person, including those with disabilities and/or specialised health needs, will be well prepared for life success through learning and education. The department employs Registered Nurses (EQRNs) to work in state schools, and assist school personnel to safely administer and manage the health needs of students with a verified disability and/or specialised health need, enabling their participation in an educational program.

The Role of the Education Queensland Registered Nurse – A Practice Model provides guidelines and direction for EQRNs in the delivery of clinically focused nursing services in schools.

1.1 Education Queensland nurses – core purpose

The core purpose of the Education Queensland Registered Nurse is to assist state school personnel to safely and effectively manage the health requirements of students with a verified disability and/or a specialised health need.

EQ nursing services are:

- student-focused
- evidence-based
- provided to support health interventions for students with a verified disability and/or specialised health need
- flexible and adaptable
- accessible through a consistent referral process
- staffed by registered nurses who maintain the relevant competencies.

1.2 Nursing services – two models of service delivery

To meet the diverse health needs of young people, nursing services are available to Queensland state school students. They are the Education Queensland Nursing Service and the School Based Youth Health Nurse Program.

Education Queensland Nursing Service

The Education Queensland Nursing Service (EQNS) is managed by the Department of Education, Training and Employment, through Education Queensland. The service focuses on enabling students with a disability or health requirement to attend school.

Nursing services support students requiring specific health interventions, enabling them to access, and participate in, an educational program. Health support is provided through nursing assessment, care planning, implementation and evaluation. The EQNS develops individual and emergency health plans, and provides the required education, training and ongoing assistance to school personnel implementing the health plans.
This service:
- has a clinical advisory rather than a preventative health focus
- provides nursing services for students enrolled in state schools, who have a verified disability and/or specialised health need
- works collaboratively with students, parents, school personnel, medical specialists, general practitioners and other community health professionals to promote the safe management of students routine and emergency health needs at school
- provides health assessments, individual and emergency health plan development, training and ongoing supervision of health procedures
- provides nursing support and advice concerning long-term health conditions (e.g. diabetes, epilepsy, asthma, anaphylaxis) and for health procedures (e.g. gastrostomy feeding, catheterisation, oral suctioning, colostomy care).

School Based Youth Health Nurse Program
The School Based Youth Health Nurse (SBYHN) Program is delivered and managed by Queensland Health. This program focuses on promoting preventative health strategies and wellbeing for students in Years 8–12. Nurses participating in this program are employed by Queensland Health. The role of the SBYHN is outlined in School Based Youth Health Nurse Memorandum of Understanding and Program Management Guidelines 2012.

2.0 Definitions

2.1 Registered nurses
A registered nurse must have appropriate nursing educational preparation and be currently registered and licensed to practice by the Australian Health Practitioners Regulation Agency, under the Health Practitioners Regulation National Law (2009) in partnership with the Nursing and Midwifery Board of Australia.

Nursing is described by the International Council of Nursing (2002) as autonomous and collaborative care of all individuals, regardless of circumstances and characteristics, whether sick or well. Nursing includes health promotion, prevention of illness, and the care of the ill, disabled and dying. Roles include advocacy, promotion of safe lifestyle, research, policy involvement, systems management and education.

Nursing practice encompasses all procedures that nurses and midwives are educated, competent and authorised to perform. The actual scope of an individual nurse’s or midwife’s practice is influenced by the:
- context in which they practice
- client’s health needs/benefits
- level of competence, education and qualifications of the individual nurse or midwife
- legislation and service provider’s policies.

(The Australian Nursing and Midwifery Council 2007 – Nursing Practice Decision Summary Guide)
2.1.1 Licence to practice

To practice in Australia, registered nurses must hold a current licence from the Australian Health Practitioners Regulation Agency and meet the council’s competence and fitness to practise requirements.

Registered nurses must also maintain their competence to practise in relation to their context of practice and the Australian Nursing and Midwifery Council – *National Competency Standards for The Registered Nurses* (2006).

These competency standards are organised into four domains:
- professional practice
- critical thinking and analysis
- provision and coordination of care
- collaborative and therapeutic practice.

2.1.2 Nursing Practice Model

The practice of Education Queensland Registered Nurses is governed by:

- relevant workplace relations laws and industrial instruments
- the terms and conditions of their licence to practise (issued by the Nursing and Midwifery Board of Australia (Queensland branch))
- legislation relevant to health and related services and the policies, standards and codes of conduct of the Australian Health Practitioners Regulation Agency
- legislation, policies, guidelines and codes of conduct as they apply to EQRNs as employees of the Department of Education, Training and Employment. *(Refer to the end of this document for a full list of relevant documents that govern practice).*

2.2 Role of the EQ Registered Nurse

The department employs registered nurses at an advanced practice level to work in Queensland state schools. They are clinical nurses with a broad developing knowledge in professional nursing issues, and a sound specific knowledge base in relation to a field of practice. The registered nurse is responsible for a specific client population, and is able to function in more complex situations while providing support and direction to school personnel. The registered nurse demonstrates advanced nursing skills and evaluates nursing interventions that have less predictable outcomes.

The EQ Registered Nurse:

- aims to build the capacity of school personnel to safely and competently manage the health requirements of students with a verified disability and/or specialised health need
- assesses needs of students with a verified disability and/or specialised health need
- communicates and collaborates with the education team in developing health plans aligned with educational goals for students with a verified disability and/or a specialised health need
• develops and implements individualised student health and emergency health plans
• holds, or is prepared to undertake, a Certificate IV in Assessment and Workplace Training (or equivalent)
• provides training to relevant school personnel in routine, specialised and emergency health procedures
• provides ongoing supervision to school personnel in relation to the implementation of student individual and emergency health plans and the administration of specialised health procedures
• helps resolve problems with student’s specialised health needs
• interprets medical orders, medical reports and medical terminology for school personnel
• liaises with school personnel, students, parents, doctors, specialists, health agencies and hospitals
• acts as a resource for teachers by providing relevant up-to-date information and advice about complex health needs
• advises and provides information regarding communicable disease control for students with specialised health needs
• advocates to ensure inclusion of students with a verified disability and/or a specialised health need in the school and education planning process
• assists the education team to identify and reduce health related barriers to learning
• uses evidence-based practice to make clinical decisions in a school setting
• assists the parent and student to identify and access community resources if required
• contributes to operational planning activities and relevant school-based committees
• supervises practicum placements of undergraduate nursing students on clinical placement in the school environment
• supports professional development for teachers in a range of health issues.
2.2.1 Nursing – Professional Practice Model

Figure 1: The role and responsibilities of the EQ Registered Nurse are demonstrated in following model

2.3 Specialised health needs

Specialised health needs are defined as procedures/interventions that are essential to enable a student to access their educational program. They are requested, prescribed and/or established by an appropriately qualified health professional and incorporate routine and/or emergency procedures and interventions.

Specialised health procedures and interventions include, but are not limited to:

- enteral feeding (gastrostomy, nasogastric, jejunostomy)
- urinary management (catheterisation, urostomy care)
• airway management (tracheostomy care, oral suctioning, oxygen therapy)
• bowel management (colostomy/ileostomy care)
• diabetes management (insulin, blood sugar level testing, diabetic emergency)
• epilepsy management (rectal Valium, nasal/buccal Midazolam, vagus nerve stimulator support)
• anaphylaxis management (adrenaline auto injector use)
• asthma management (emergency medication).

3.0 Allocation and distribution of nursing services

The allocation of nursing positions is determined by the department’s Workforce Modelling Unit, after consultation with the Assistant Director-General, State Schooling Operations and Strategy Branch, state-wide reference group and the Senior Nurse Manager.

Distribution of EQ Registered Nurses will vary according to student need and is determined at a regional level.

Services will be provided through the established referral process and prioritised according to need.

The EQ Registered Nurse is responsible for providing nursing services where:
• a referral has been provided by a school and accepted by the registered nurse
• a student has a verified disability and/or specialised health need
• a specialised health procedure has been prescribed by an appropriately qualified health professional.

The approved referral and prioritisation processes apply across all state schools.

If a state school chooses to employ a registered nurse using school funds, the Regional Clinical Nurse Consultant must be involved in the recruitment, selection and professional supervision of the registered nurse.

4.0 Specialised health procedures – risk management

The department recognises that specialised health procedures must be performed by its employees in a competent and safe manner. To ensure that specialised health procedures are performed according to established better practice principles, the department has developed and implemented adequate systems and safeguards to minimise the risk of injury or harm to students, staff and others.

4.1 Related departmental policies and procedures

The department has developed policies and procedures, supported by Queensland Health, concerning the appropriate delegation of students’ health support needs or health procedure performance, the level of training required to be undertaken by such school personnel and the level of supervision (direct or indirect) that the registered nurse must provide for school personnel in the delivery of specialised health procedures.
The Australian Nursing and Midwifery Council regulates the decision-making process that registered nurses use when they delegate care activities to non-nursing personnel. Tasks that are routine, predictable and require a narrow range of skill and knowledge may be delegated to non-nursing personnel.

A suite of training tools has been developed by Education Queensland that assesses the competency standard of non-nursing staff, and their capability in performing various health procedures required by students.

EQ Registered Nurses delegate a student’s health management or procedure to school personnel only when the following criteria have been successfully completed to a competency standard:

- a prerequisite clinical procedure handout has been read and understood
- an instructive presentation has been attended that outlines the health condition and procedures required, and provides the opportunity for school personnel to ask questions
- a short answer test has been completed and any inaccuracies addressed by the EQ Registered Nurse
- the procedure/intervention has been demonstrated to the school personnel by the EQ Registered Nurse
- the school personnel have successfully performed the procedure (actual or simulated) under the direct supervision of the EQ Registered Nurse and achieved the required standard according to the approved checklist
- the school personnel have stated that after achieving the competency standard they feel confident and competent to perform the specialised health procedure.

An evidence-informed Clinical Procedure Handout (Manual) for each procedure is maintained electronically by EQ Registered Nurses. The manual will be tailored to individual students and provided to school personnel (only when a referral has been accepted).

Each school must have appropriate equipment and resources provided by parents to manage the necessary health procedures being undertaken in that environment, particularly if care involving the airway is required.

4.2 Risk management by the registered nurse

To ensure that specialised health procedures are performed safely, the registered nurse is responsible for:

- maintaining their proficiencies for registration with the Australian Health Practitioners Regulation Agency
- maintaining their skill and knowledge base through ongoing professional development as required by the Australian Nursing and Midwifery Council (Queensland Branch)
- performing their role with advanced nursing skills and knowledge
- holding, or working towards, a current Certificate IV in Assessment and Workplace Training (or equivalent)
- conducting training with school personnel using peer-reviewed training packages that are
consistent with current nursing knowledge and research

- providing evidence-based nursing services and ensuring a professional commitment to better practice principles
- assessing, planning, implementing and evaluating nursing services in collaboration with individuals and the multidisciplinary team
- determining the level of support needed for each student taking into consideration;
  - the times when a student’s responses are less predictable or changing and
  - the need for more frequent assessment, evaluation and plan adjustment
- strictly following the principles of delegation in *The Nursing Practice Decisions Summary Guide 2007* (Australian Nursing and Midwifery Council).

### 4.3 Delegation to unlicensed healthcare workers

#### 4.3.1 Voluntary undertaking

Where possible, health procedures are managed in the classroom by classroom personnel as part of the student’s routine at school. The EQRN provides information and training to school personnel and develops an individual or emergency health plan for students with specialised health needs for whom a referral has been accepted. The EQRN undertakes activities to support quality health and educational outcomes for students with a verified disability and/or a specialised health need.

EQ school personnel can volunteer to perform specialised health procedures, but cannot be directed to undertake specialised health procedures where this duty has not been written into their position description.

EQRNs will negotiate with the school to determine the appropriate number of personnel to be trained to perform the specialised health procedure. If school personnel are unwilling to perform routine health procedures, or appropriately trained school personnel are not available to support the student, a risk assessment should be undertaken by the principal of the school and a resolution sought.


Solutions may include the provision or purchase of carer services from community-based organisations or from private nursing agencies.

#### 4.3.2 Australian Nursing and Midwifery Council principles for delegation

The Australian Nursing and Midwifery Council standard – *The Nursing Practice Decisions Summary Guide (2007)* requires that:

1. Delegation of the activity is the responsibility of the registered nurse based on an assessment of the client’s needs.
2. The delegation by the registered nurse to non nurses:
   - will benefit the client
3. The role and responsibility of the registered nurse and non-nurse has been considered and
   • is lawful
   • is appropriate for the context
   • is consistent with the service provider’s policies.
4. There has been appropriate consultation and planning.
5. The personnel accepting the delegated activity:
   • agrees to accept the activity
   • has the knowledge, skill, authority and ability (capacity) to do so autonomously with the
     education, support and supervision provided by a registered nurse
   • is confident and understands their accountability and reporting responsibility.
6. A registered nurse has assessed the education and competence of the person who will
   perform the activity.
7. The service provider is aware of their responsibility for the policies and resources necessary
   to ensure:
   • ongoing education and competence assessment of the non-nurse
   • supervision of the non-nurse
   • evaluation of the outcomes of the delegation including the benefit to the client.


### 4.3.3 Responsibilities of school personnel (Non-nurse)

School personnel are responsible for:

- performing specialised health procedures required by students only after attending competency standard education, training and assessment by the EQRN and/or an appropriately qualified health professional
- performing healthcare activities that have been delegated by a registered nurse from a nursing care plan and continue to be supervised directly or indirectly by the EQ Registered Nurse
- remaining individually responsible for their own actions

### 4.3.4 Competency

Where training is provided by an EQRN, competence standard assessment in performing a
health procedure is assessed through structured educational programs.

Evidence of a person’s competence may include, but is not limited to:

- written assessment (course outlines of the skills obtained)
- education record of professional development
- checklist observation and assessment of the candidate performing the procedure competently
- records of ongoing supervision and evaluation.
4.4 External registered nurses or health professionals

State school principals are not obliged to use an EQRN to provide nursing services, and may consider engaging other registered nurses, or appropriately qualified health professionals, to provide the necessary training, assessment and ongoing supervision.

All registered nurses are bound by the Australian Nursing and Midwifery Council – The Nursing Practice Decisions Summary Guide (2007).

Other non-nursing health professionals providing services will be bound by professional standards of their individual profession.

When selecting other health professionals to provide training in specialised health procedures to departmental staff, schools should ensure that:

- those staff members undertaking training are adequately supervised in accordance with current nursing standards
- training provides the necessary skills to carry out such procedures and is therefore provided to a competency standard, including regard for refresher training.

5.0 The student

5.1 Access and referral

Access to nursing services for provision of specialised health planning and training may be essential to enable some students to participate in the curriculum.

The EQRN may identify a need for referral or further assessment, treatment or follow up by a medical officer, other service or agency or relevant school support personnel.

5.2 Identification of need and eligibility for services

At the time of enrolment, it is expected that the parent or school personnel will identify a need for a student to access an EQRN, and it is expected that this would be discussed with the school principal.

Students with a disability and/or specialised health need will be referred by the principal (or delegated officer) to the regioned-based EQRN. Students are referred to the EQRN using an established referral process. It is the role of the registered nurse to determine if a referral is appropriate and sits within her/his scope of nursing practice.

Departmental nursing services will not be provided to the student without written student consent (where it is appropriate and/or possible for the student to do so) or parent consent.

A medical practitioner’s letter is required prior to EQRN service provision where a student has a complicated health procedure or is prescribed a medication as part of the routine or emergency procedure. This will determine the current treatment parameters or accurate dose of medication. Where a student has a routine long-term well established health procedure, the EQRN will identify the level of written information required from the student’s general medical practitioner, medical specialist or supporting health professional.
It is the professional responsibility of the EQRN to plan appropriate healthcare provision for students. This may require the registered nurse to liaise directly with the relevant doctor or health professional in determining diagnosis, treatment parameters and risks. The student or parent must provide their written consent for the student’s healthcare provider to disclose relevant health information from the student’s health records to Education Queensland Nursing Services. This information assists in developing an individual or emergency health plan that describes the educational adjustments to be made by the school to enable the student to engage in a program of learning. Consent Form: Consent to Release Health Information from Health Records must be completed and returned to the EQRN for this purpose.

The EQRN will consult with parents and relevant school personnel when planning care for the student to ensure the most appropriate service is provided.

5.3 Home visiting
Visits to a student’s home by the EQRN to discuss health support needs with a parent is not general practice, but may be supported in some circumstances. This requires prior approval from the line manager and the principal of the referring school, who will consider the relevant departmental policies concerning workplace health and safety and transportation in relation to home visiting. It may be recommended as a safety measure that the nurse be accompanied by another school staff member.

5.4 Transportation or accompaniment of students to off-site services or agencies
As a general practice, the program does not support the transportation or accompaniment of students by the EQRN to services outside the school.

Should exceptional circumstances arise, the nurse must:
• seek agreement of their line manager, Clinical Nurse Consultant and the principal to transport or accompany the student
• not transport or accompany students in a private vehicle.

5.5 Prioritisation of student needs
Individual schools have a role in the prioritisation of student health needs through consultative school-based structures. Priority setting is coordinated by the EQRN in conjunction with their line managers and the Clinical Nurse Consultant if required.

Individual EQRNs will prioritise student health needs after considering the following factors:
• health and safety of the student
• outcomes of the nursing assessment and need for specialised training and supervision
• presence of a verified disability
• educational implications of the student’s specialised health needs
• educational goals
• resources required (e.g. equipment, time available)
• involvement of other agencies in providing additional training or nursing support.
5.6 Variations to school attendance and routine

A school has a duty of care to ensure a safe and productive learning environment. In situations where the administration of a specialised health procedure will result in a variation in school attendance and routine, this is negotiated with the relevant school staff.

6.0 Legal matters

6.1 Consent to delivery of nursing services

The EQRN must obtain written informed consent of the student (if they have been deemed competent to consent) and the student’s parent, prior to performing health assessments, treatments or health procedures.

Generally the law recognises that young people (usually over the age of 12 years) have the right to self-determine access to a health service. Where Education Queensland assesses that the young person does not have a sufficient level of maturity and understanding to give consent to the treatment or service, the EQRN must obtain written consent from the student’s parents on behalf of the student.

For consent to be valid:

• the student must have legal capacity to consent. To decide that legal capacity exists in an individual student, Education Queensland must reasonably believe the student is of sufficient age and mental and emotional maturity to understand the nature and consequences of the proposed assessment, treatment or health procedure (Gillick Competence1)

• consent must be freely given — i.e. without coercion or threat

• consent must be informed — i.e. sufficient information is provided to allow a reasoned decision

• consent must specifically relate to the assessment, treatment or procedure proposed to be undertaken

• consent must be current.

If a student refuses to consent to a health assessment, treatment or health procedure, the person delegated to perform the procedure must consult with the parent as to whether the assessment, treatment or procedure is essential to the student’s safety and wellbeing and should be performed.

If a parent identifies that they do not want their child to access the services of the EQRN, but the student does wish to avail themselves of these services, the EQRN will consult with the

1 Gillick Competence: This term refers to a particular level of understanding and maturity on the part of a young person that is required for them to personally consent to medical treatment. It is not age specific and is based on the capacity of the young person to understand the nature and extent of treatment and side effects of treatment. While the application of this ability includes encouraging the young person to involve parents in knowledge of treatment, it places the ‘best interests’ of the young person above any parental right to be informed. (Queensland Health Protecting Queensland’s Children Policy Statement And Guidelines on the Management of Abuse and Neglect in Children and Young People (0–18 yrs), Sept 2005, Glossary)
school principal and/or Clinical Nurse Consultant to seek advice on how to proceed. In this situation, a case-by-case determination will be made as follows:

• the EQRN and principal will consider what is in the best interests of the student
• the principal will also consider the interests and safety of the EQRN by applying risk management principles
• if the student has capacity, the student’s wishes should be followed
• if it is determined that the student’s access is not in their best interest, the EQRN will advise the student they are not able to see the student and give reasons
• the decision-making process and the decision will be documented.

6.2 Health records

The health records of students remain the property of DETE and are stored and maintained in accordance with relevant legislation, DETE policies and guidelines to ensure that confidentiality of personal information is maintained.

Health records of students are:
• stored in a secure location
• stored separately from teaching records
• accessible only by the EQRN or principal (or delegate)
• maintained, stored, moved, retained, disposed of and otherwise managed in accordance with DETE records management policy and procedures.

6.2.1 Confidentiality of student’s personal information

While liaison and consultation with relevant staff, parents or external agencies is essential in the education planning process, it must occur with respect for the confidentiality of the student’s personal information.

DETE is committed to protecting the confidentiality of student information. Section 426 of the Education (General Provisions) Act 2006 contains a confidentiality provision that prohibits unauthorised recording, use and disclosure (including giving access to) of personal information about past, present and prospective students of state schools gained by DETE employees, and employees of state schools who have gained access to the information in an official capacity.

Being employees of DETE, registered nurses employed by Education Queensland must strictly follow this provision.

In s.426 of the Act, there are a number of exceptions to the prohibitions that are relevant to the role of the EQRN. Personal information can be recorded, used or disclosed:
• with the consent of the person to whom the information relates. For the purposes of EQ Nursing Services, as a general rule, it is prudent for consent to be obtained from both student and parent prior to the personal information being shared. It is a requirement that prior to the provision of the EQ Nursing Service, the student and parent must give written consent to DETE recording, using and disclosing their personal information for the
purposes of the provision of the nursing service using the *Student Referral – Request for Nursing Services*

- with the consent of a person’s parent if the person is a child unable to give consent
- with written consent of the chief executive, if reasonably satisfied the recording, use or disclosure is necessary to assist in averting a serious risk to the life, health or safety of a person, which includes the person to whom the information relates or another person
- with written consent of the chief executive if reasonably satisfied the recording, use or disclosure is in the public interest
- in compliance with lawful process requiring production of documents or the giving of evidence before a court or tribunal
- for a purpose of the *Education (General Provisions) Act 2006*
- where the disclosure of the information is permitted or required by another Act. This is relevant to the role of the EQRN in that the information sharing provision in the *Child Protection Act 1999* (s.159M) applies to allow an EQRN, as an authorised officer of the chief executive, to exchange relevant information with other prescribed entities (e.g. the Queensland Police Service, Child Safety and other authorised officers). (See below for further information on child protection and information sharing.)

Currently, a fine of up to $5000 can be imposed on an employee who breaches this provision, with the employee being *personally liable* for payment of the fine.

A student or parent giving consent by signing the consent section of *Student Referral – Request for Nursing Services*, is consenting to the department’s recording, use or disclosure of the student/parent personal information to other people internal and external to the department, for the purpose of the school and the EQ Nursing Service providing a health assessment, treatment or health procedure, and for the general purpose of assisting the student to access the curriculum. This may include the disclosure of the student’s personal information to external health services or practitioners, for the purpose of discussing and consulting regarding the student’s health needs and treatment plan.

The student referral form must be stored by the EQRN with the individual student’s health record.

### 6.3 Child protection and information sharing

#### 6.3.1 DET Student Protection Policy

In keeping with the principles set out in the *Child Protection Act 1999*, Education Queensland asserts that the welfare and best interests of children are paramount and all children have a right to protection from harm.

EQRNs should familiarise themselves with and undertake training regarding the DETE Student Protection Policy, as it applies to all EQ employees, including EQRNs.

It is available at:

www.ppr.det.qld.gov.au/Pages/default.aspx
6.3.2  Information sharing – Child Protection Act 1999

Timely and confidential sharing of relevant information by service providers about a child’s protection or care is essential to ensuring a child’s safety and a coordinated and responsive service delivery that meets the needs of the child and his or her family.

The Child Protection Act 1999 enables DETE, as a prescribed entity, to give information to, and receive information from, other prescribed entities and all other service providers. Only relevant information can be shared. This can be facts or an opinion in verbal or written format.

The Director-General of Education, Training and Employment authorises specific departmental officers within DETE to give or receive relevant information relating to child protection to, or from, service providers to contribute individually and collectively to a whole-of-government response to child protection issues. Service providers are prescribed entities or another person providing a service to children.

EQRNs are authorised to give to or receive relevant information to, or from, other service providers.

Authorised officers will share identifying information with service providers about children who have been harmed or neglected, or are at risk of harm. S.159M of the Child Protection Act 1999 allows authorised officers of DETE to share relevant information with other service providers, S.159N allows Child Safety Services to request information from authorised officers of DETE and S.159H allows Child Safety Services to request services from DETE.


6.3.3  Mandatory reporting – Public Health Act 2005

As ‘professionals’ under the Public Health Act 2005, EQRNs have an additional statutory duty, and are required to comply with s.191 of that Act. The Act is available at:


This section is a mandatory reporting provision that applies if a professional becomes aware, or reasonably suspects, during the practice of his or her profession, that a child has been, is being, or is likely to be harmed, and as far as the professional is aware, no other professional has notified the chief executive, Department of Communities (Child Safety Services) under this section about the harm or likely harm.

The professional must immediately give notice to the chief executive, Department of Communities (Child Safety Services). A professional who fails to give a notice under this section commits an offence.

S.195 of the Public Health Act 2005 gives protection from liability in certain circumstances for EQRNs giving information to a professional, and the confidentiality of notifiers in cases of child protection is protected in certain circumstances (s.196 Public Health Act 2005).
7.0 Workforce management

7.1 Determination of workload

Workload refers to the number of students seen in any week or year, and all other activities required to provide effective nursing services. Determination of an appropriate workload should acknowledge the variety of tasks required within the service provision process and the conditions of employment.

The workload of an individual EQRN is dependent on factors such as:

- numbers of students with a verified disability and/or a specialised health need referred to the nursing service
- nature of the educational needs arising from the verified disability and/or specialised health need
- the complexity of each student's health needs
- skill levels of supporting teachers and/or teacher aides and the currency of their training and competencies
- the number of educational teams across facilities, of which the EQRN is required to be a member
- distance and travel time between facilities
- frequency of service delivery requested, required or provided
- teacher and teacher aide personnel changes and deployment within the school
- input provided by other nursing service providers (e.g. Queensland Health).

Negotiation regarding workload is the responsibility of the EQRN line manager, in conjunction with the relevant regional personnel, Clinical Nurse Consultant and Senior Nurse Manager.

There is no ideal number of students or procedures for any one EQRN, and it is recognised that determination of workload is a complex process dependent on issues identified above. Provision of an efficient and effective nursing service is dependent on prioritising students’ needs, matching these needs to available resources, and determining an appropriate model of service provision.

7.2 Workplace relations

Registered nurses may be employed as part-time or full-time employees, and may be employed on a permanent or fixed term basis. The Public Service Act 2008 and relevant Public Sector Directives provide for other terms and conditions of employment.

7.3 Blue Card

It is no longer a requirement under the Commission for Children and Young People and Child Guardian Act 2000 that registered nurses hold a current ‘working with children check’ Suitability Card (Blue Card). Since 2010, registered health practitioners who are providing services that relate to their professional duties will no longer require a blue card, regardless of where this service is provided. If they wish to provide services which do not relate to their professional duties (for example, volunteering with a youth group) they will still be required to hold a blue card.
7.4 Grievance resolution

EQRNs have access to a grievance process in accordance with the *Grievance Resolution Policy* once the matter has been raised with the immediate supervisor and the Senior Nurse Manager. The EQRN should provide documentation and any supporting material to support a claim.

All EQRNs should be advised that, if a licensed nurse carries out an action that is contrary to their professional judgment, they risk disciplinary action by the Australian Nursing and Midwifery Council (Queensland Branch). Employers and management involved in coercing a nurse to engage in unprofessional conduct risk being prosecuted under section 121A of the *Nursing Act 1992*.

7.5 Ensuring quality

The quality of nursing services is maintained through:

- the appointment of suitably qualified registered nurses who meet the selection criteria of the position
- the provision of induction, ongoing professional development, training and professional supervision.

7.6 Recruitment and selection

Regional Human Resources personnel are responsible for the coordination of recruitment and selection processes for registered nurses. The line manager and Clinical Nurse Consultant should be involved in recruitment and selection of registered nurses to ensure that personnel with appropriate registration, expertise and competencies are selected. The regional line manager is responsible for initiating the recruitment processes in consultation with the region and the Clinical Nurse Consultant.

Registered nurses must hold a current annual licence certificate (ALC) from the Australian Health Practitioners Regulation Agency to practise in Australia. The Clinical Nurse Consultant is responsible for confirming the currency of registration and ALC. The Senior Nurse Manager is responsible for confirming the currency of registration and ALC for Clinical Nurse Consultants. The registered nurse practising within DETE facilities is professionally accountable and responsible for ensuring they hold a current ALC at all times.

8.0 Workforce development

8.1 Induction

Induction should occur in accordance with DETE’s staff induction policy. Induction of EQRNs should occur as soon as possible after appointment and is the responsibility of the line manager in conjunction with the Clinical Nurse Consultant.

Formalised, regional or school-based induction is the responsibility of the line manager. Formalised, profession-specific induction is the responsibility of the Clinical Nurse Consultant or Senior Nurse Manager.
8.2 Professional training and development

All registered nurses are required to participate in ongoing appropriate professional training and development activities to maintain an acceptable level of professional competence and to ensure the quality and integrity of nursing services in line with departmental policy Employee Professional Development Including Study and Research Assistance Scheme. These activities may be formal (e.g. participation in workshops and seminars) or less formal (e.g. seeking access to peer support for exchange of information on-site, work-shadowing and literature review).

It is the responsibility of the Senior Nurse Manager to identify the need for, advocate for, and assist in developing strategies for accessing relevant profession-specific training, development and support for EQRNs and Clinical Nurse Consultants.

It is the responsibility of the line manager to support the participation of EQRNs in appropriate and ongoing professional training and development. While every attempt will be made to attend professional development and training sessions outside of school hours or during school holidays, there will be circumstances where this may not be possible, and the EQRN may be absent from the region or school for this purpose. The Senior Nurse Manager may also assist in providing profession-specific training and development activities across regions, or on a statewide basis, since EQRNs constitute a small professional group within the department.

8.3 Networks

Departmental nurses often work in isolation from their professional peers. Schools, regions and statewide structures should foster and maintain appropriate networks. Nursing networks are essential to:
- enhance quality service through better practice principles
- develop and maintain a professional knowledge base
- provide professional support
- provide opportunities for professional discussion, training and skill development.

8.4 Undergraduate nursing students

DETE contributes to the undergraduate education of registered nurses to foster the development of the additional skills required to transfer the nursing process into an educational setting. This contribution may include the supervision of undergraduate registered nursing students within educational settings, involvement in the undergraduate course and participation in research projects.

9.0 Service delivery

9.1 Management of the nursing service

The EQRN reports to the school principal for operational issues and to the Clinical Nurse Consultant for clinical practice and professional issues. Regions should ensure the management of nursing services by nominating line managers and establishing a process for the coordination of services across the region. The process used to nominate line managers should include consultation with relevant stakeholders.
9.2 Line management

The line manager is responsible for the local/operational organisation and supervision of nursing services and ensuring access to appropriate resources. EQRNs work across a number of facilities within a region, the base location line manager acts as a network manager, collaborating with the Clinical Nurse Consultant and personnel in all facilities serviced to determine appropriate referral and workload.

Regular communication, in general terms, should occur between the school principal and the EQRN, as needed, to promote effective nursing service provision in schools. EQRNs report to the Clinical Nurse Consultant for all matters related to professional practice and to the line manager for operational matters. The line manager works collaboratively with the Clinical Nurse Consultant and contact should occur regularly and when profession-specific issues arise.

9.3 Professional supervision

To ensure appropriate quality of nursing services, profession-specific supervision and monitoring must be provided. The Clinical Nurse Consultant is responsible for providing ongoing professional supervision of the EQRN. The Senior Nurse Manager is responsible for providing ongoing professional supervision of the Clinical Nurse Consultants.

Professional supervision includes profession-specific support and may include quality assurance activities, identification of and assistance with training and development needs, and contribution to performance appraisal and the performance development planning and review process.

As part of the professional supervision process, the Clinical Nurse Consultant and Senior Nurse Manager will use the Developing Performance Framework and work collaboratively with the line manager and other regional personnel to identify performance and developmental goals for the individual registered nurse.

9.4 Resources, accommodation and administrative support

Nursing services should be identified within the appropriate resourcing processes at central, regional and school levels which should identify and provide:

- travel (provision of government vehicles or remuneration according to departmental policy)
- operating costs (telephone, computer access, printing, photocopying)
- participation in training and development.

A specific purpose grant is provided each year to support the provision of nursing services in specific locations serviced. This grant is calculated on the basis of resource costs additional to those outlined above, including the purchase of role- or profession-specific resources such as assessment materials, training equipment and requisites.

To facilitate an effective and appropriate service, the line manager, in collaboration with the Clinical Nurse Consultant and EQRN, should provide access to funding for nursing services. The principal is responsible for providing the EQRN with appropriate accommodation and
relevant resources within the school. EQRNs require appropriate facilities in all locations serviced, including access to office space, secure storage, filing, telephone, computer (with internet access), photocopier, fax and consumable materials for the production of plans and administration. These should be negotiated with the principal in each location and consider aspects of the role particular to that location.

The school requesting the service will be responsible for providing materials and resources necessary for the preparation and delivery of training and services at that location. The EQRN will discuss with school staff the resources that are required and in a timely manner.

### 10.0 Responsibilities

The delivery of a quality nursing service responsive to student and school needs involves the participation of the Senior Nurse Manager, Clinical Nurse Consultant, EQRN, school, parents, school community, regional office and central office.

#### 10.1 Education Queensland Registered Nurse

*The Education Queensland Registered Nurse is responsible for:*

- providing a process for identification and facilitation of specialised health needs to assist students to participate in the curriculum
- providing educationally relevant nursing services that enable access and participation for students with a verified disability and/or specialised health need
- developing and implementing individual and emergency health plans for the safe management of students with specialised health needs in a school setting
- evaluating and updating individual and emergency health plans as necessary
- providing a system for dealing with emergency medical situations
- consulting regularly with the principal and teaching personnel concerning students with specialised health needs
- providing in-service training to nominated school personnel on key health subjects as appropriate
- maintaining a current licence certificate as a registered nurse
- maintaining best practice research informed nursing knowledge and skills
- participating in relevant professional development activities
- undertaking relevant annual competencies
- working within a responsive and proactive model (Figure 1)
- consulting with the Clinical Nurse Consultant in matters concerning professional nursing practice
- functioning as part of a multidisciplinary team
- documenting and securing records of all nursing practices as per *Managing the Departments Records.aspx*
- evaluating the efficiency and effectiveness of nursing services within the region, and adjusting the service as required
• advocating for student health plans to be incorporated in school planning processes where appropriate
• abiding by legislation, policy, protocols and codes of conduct relevant to DETE and to professional practice
• taking recreational leave during school holidays unless otherwise approved for exceptional circumstances.

The EQRN workload does not include:
• intensive nursing care (e.g. wound care and the administration of prescribed routine medications)
• delivery or training in first aid and training for cardiopulmonary resuscitation;
• services provided by other health services such as Queensland Health (e.g. routine health screening and vaccinations)
• supervisory duties for students, such as monitoring an individual in sick bay, classroom, playground, sport, camp or excursion
• organisation or management of programs, such as staff or student vaccinations, dental services, head lice management or occupational health and safety issues
• direct responsibility of sick or unwell students or staff members, such as those with fever or illness
• ordering first aid and hygiene supplies and maintaining first aid kits.

10.2 Line manager

The line manager/principal is responsible for:
• providing administration and support to the nursing position
• ensuring nursing services are consistent with these guidelines
• providing the nurse with appropriate accommodation and resources
• providing local induction for newly appointed EQRNs
• liaising with the Clinical Nurse Consultant regarding nursing service issues
• providing approval for access to school, region and system information
• facilitating access to network events and training opportunities necessary for nursing practice and professional development
• providing access to funding and resources for the EQRN using school-based budget processes
• including the EQRN in school and student planning processes where appropriate
• collaborating with the Clinical Nurse Consultant in the recruitment and selection of EQRNs
• promoting a safe working environment supporting the integration of the nurse into the school community
• supporting the EQRN to attend relevant school learning and developmental activities
• informing the EQRN of their confidentiality and privacy obligations pertaining to student personal information
• raising concerns regarding nursing practice with the EQRN in the first instance, and if unresolved, with the Clinical Nurse Consultant.
10.3 Clinical Nurse Consultant

The Clinical Nurse Consultant is responsible for:

- contributing to the recruitment, selection and induction of EQRNs
- providing ongoing support, leadership and advocacy for EQRNs with particular emphasis on safe management of students specialised health needs
- participating directly and/or indirectly in supporting the delivery of clinical services
- development and implementation of evidence based practice in an educational setting
- providing professional supervision to nurses in collaboration with regional and school personnel
- supporting performance development planning and facilitating professional development for EQRNs
- leading and participating in the activities of project teams and workgroups in nursing issues
- development, maintenance, review and implementation of operational standards, policy, procedures and programs to support nursing services
- represents the nursing team on committees, workgroups and interdisciplinary teams
- supports the nurses to maintain currency of professional knowledge and skills relevant to the context.

10.4 Shared responsibilities

Shared responsibilities of the line manager/principal and the registered nurse include:

- ensuring regular communication and individual time for effective management of nursing services
- ensuring that each is aware of the relevant legislation, standards and policies that govern DETE employees and nursing practice and service delivery
- ensuring that schools seeking nursing services are aware of, and adhere to, the referral process.

10.5 School personnel

School personnel who have volunteered to deliver specialised health procedures are responsible for:

- adhering to the individual and emergency health plans developed by the EQRN
- participating in the training provided by the EQRN
- completing records as required by the individual and emergency health plans
- communicating changes or concerns in the health status of students to the EQRN
- working collaboratively with the EQRN
- contacting the EQRN if student individual and emergency health plans need updating
- contacting the EQRN if refresher training is required.
10.6 Regions

*Regional offices are responsible for:*

- monitoring enrolments of students with a verified disability and/or a specialised health need and students whose health conditions have become more complex due to deteriorating health
- representing the need for nursing services in the statewide allocation process
- determining the appropriate base location and line manager for the EQRN
- providing human resource advice for EQRNs
- supporting the Clinical Nurse Consultant to fulfil their role within the region/s
- collaborating with other schools and the Clinical Nurse Consultant to facilitate effective, efficient and equitable service provision of nursing services across the region
- supporting strategies that enhance efficient and effective nursing services across schools
- supporting and monitoring strategies that promote quality nursing services (e.g. induction programs and support for professional training and development)
- providing travel funds and allowances for EQRNs delivering services within the region.

10.7 Central Office

*Central Office is responsible for:*

- developing and applying an equitable allocative model for nursing services
- coordinating and developing departmental procedures that support the establishment and ongoing development of nursing services in an educational setting
- distributing budget and grant allocations for nursing services to base schools
- collaborating with regions in providing human resource advice for the management of nursing services
- consulting with government and non-government agencies in the provision of quality nursing services.

10.8 Senior Nurse Manager

*The Senior Nurse Manager is responsible for:*

- providing statewide professional support to EQRNs
- providing professional leadership for EQRNs in an educational setting
- promoting the role of the EQRN in supporting access to quality education for students with a verified disability and/or specialised health need
- participating in the recruitment, selection and departmental induction of Clinical Nurse Consultants
- liaising with regional Statewide Reference Group members regarding nursing services
- supporting, facilitating and advocating for access to relevant professional development, training and networking
- providing high level advice and strategic recommendations to senior officers on policies, systems and practices related to nursing services in education
• providing high level advice and strategic recommendations to senior officers on the routine and emergency management of students with a verified disability and/or specialised health need
• liaising with interdepartmental committees, other service providers, health professional associations, educational and tertiary institutions and community representatives
• contributing to research, development, maintenance, review and implementation of operational standards, policy, procedures and programs to support nursing services across the department.

10.9 Assistant Director General, State Schooling and Operations

The Assistant Director General, is responsible for:
• coordinating the identification of issues in the provision of nursing services within the department
• supervising the professional activities of the Senior Nurse Manager.

Contacts

Legislation, standards, policies and guidelines

Legislation

Education (General Provisions) Act 2006
Education (General Provisions) Regulation 2006
Nursing Act 1992
Nursing Regulation 2005
Public Health Act 2005
Public Health Regulation 2005
Health Act 1937
Health Practitioners Regulation (National Law) 2012
Health Services Act 1991
Health Regulation 1996
Health (Drugs and Poisons) Regulation 1996
Anti-Discrimination Act 1991
Anti-Discrimination Regulation 2005
Disability Discrimination Act 1992
Disability Discrimination Regulations 1996
Child Protection Act 1999
Child Protection Regulation 2000
Commission for Children and Young People and Child Guardian Act 2001
Commission for Children and Young People and Child Guardian Regulation 2001
Crime and Misconduct Act 2001
Crime and Misconduct Regulation 2005
Information Privacy Act 2009
Public Service Act 2008
Public Service Regulation 2008
Public Records Act 2002
Right to Information Act 2009

Relevant DETE policies and guidelines

The Policy and Procedures Register (PPR) is the centralised location for all departmental policies and guidelines. The register can be accessed at: www.ppr.det.qld.gov.au/Pages/default.aspx

In particular, EQ Registered Nurses may need to consult the following policies and guidelines to assist them in performing their roles:

• First Aid: http://ppr.det.qld.gov.au/corp/hr/workplace/Pages/First-Aid.aspx
• Management and Supervision of School Based Itinerant Staff: http://ppr.det.qld.gov.au/corp/hr/hr/Pages/Management-and-Supervision-of-School-Based-Itinerant-Staff.aspx
• Employee Professional Development Including Study and Research Assistance Scheme (SARAS): http://ppr.det.qld.gov.au/corp/hr/development/Pages/Employee-Professional-Development-Including-Study-and-Research-Assistance-Scheme-(SARAS).aspx
• Employee Induction: http://ppr.det.qld.gov.au/corp/hr/development/Pages/Employee-Induction.aspx
• Student Protection: http://ppr.det.qld.gov.au/education/community/Pages/Student-Protection.aspx

Standards

Nurses in Australia must practise in accordance with the Australian Nursing and Midwifery Council (ANMC):

• Code of Ethics for Nurses in Australia 2008
• Code of Professional Conduct for Nurses in Australia 2008
• National Competency Standards for the Registered Nurse 2006

Other relevant documents

• School Based Youth Health Nurse Program: Memorandum of Understanding and Program Management Guidelines 2012
• State Government Department Certified Agreement 2013
Glossary

Accountability
Being answerable (to employer or ANMAC) for the decisions, actions and responsibilities inherent in one's position. It cannot be delegated.

Direct supervision
When the EQRN is actually present and observes, works with, and directs the person who is being supervised.

Ethics
The moral practices, beliefs and standards of an individual or group.

Indirect supervision
The EQRN is in the same organisation as the supervised person, but does not constantly observe their activities. The EQRN is available via reasonable access (phone, fax or email).

Parent
The Education (General Provisions) Act 2006 define a parent of a child as one of the following:

• the child's mother
• the child's father
• a person who exercises parental responsibility for the child. However, a person standing in the place of a parent of a child on a temporary basis is not a parent of the child
• a person who, under Aboriginal tradition, is regarded as a parent of the child
• a person who, under Torres Strait Island custom, is regarded as a parent of the child
• a person granted guardianship of a child under the Child Protection Act 1999
• a person who exercises parental responsibility for a child under a decision or order of a federal court or a court of a state.

Personal information
Section 426(4) of the Education (General Provisions) Act 2006 defines personal information in the context of the confidentiality requirements surrounding student personal information as:

Information or an opinion, whether true or not, about an individual whose identity is apparent, or can reasonably be ascertained, from the information or opinion.

Personal information about students may be included in written records, photographs, images and information that is not in writing, but which is in the possession or control of the department.
Responsibility
The obligation that the individual assumes when undertaking to carry out planned or delegated functions. The person who authorises the delegated function retains accountability (ANRAC 1990).

Verified disability
Verification evaluates the quality of evidence according to departmental criteria for disability in each category – autistic spectrum disorders (ASD), hearing impairment (HI), intellectual impairment (II), physical impairment (PI), speech–language impairment (SLI) and vision impairment (VI). A student may have educational needs arising from impairments in more than one category. A verification decision is required for each category. Verification is carried out by a team of statewide verifiers with training and expertise in the relevant disability category.