

State Schools Nursing Service

Practice guideline



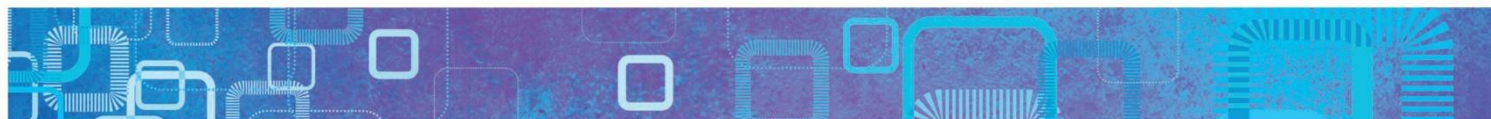
State Schools Nursing Service Practice Guidelines

Version 1.1 | January 2021



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State of Queensland (Department of Education) 2020.



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About this document

The purpose of the State Schools Nursing Service Practice Guideline is to inform and support the professional practice of State Schools Registered Nurses (SSRNs) to achieve successful outcomes for students with health support needs. The guideline also aims to provide role clarity of SSRNs and assist principals and school staff to understand the service parameters.

The Department of Education (the department) employs Clinical Nurses as SSRNs and Clinical Nurse Consultants (CNCs) to build and maintain the capability of school staff to safely support students' routine or emergency health needs at school. SSRNs work collaboratively with students, parents/carers, and the school in implementing reasonable adjustments that mitigate risk and ensure students safely access and participate in schooling.

This guideline applies to nurses who provide a regional specialist support service as an SSRN or CNC and the corporate roles of Clinical Nurse Consultant Advisor and Senior Nurse Manager.

Service overview

The State Schools Nursing Service (SSNS) supports state schools and builds their confidence to make reasonable adjustments and meet their non-delegable duty of care.

Scope of work

SSRNs support schools to enable students with health support needs to safely access and participate in education by:

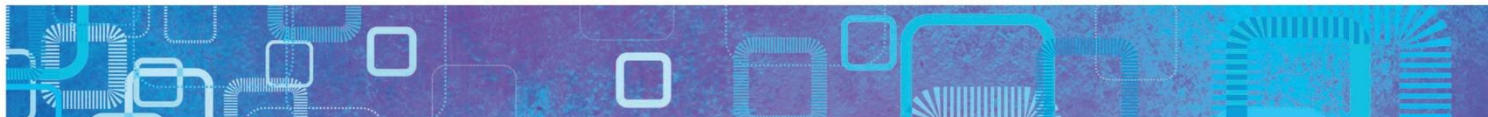
- assessing referred students' health conditions and support needs to determine the reasonable adjustments required to enable students to access and participate in education, including curriculum activities such as camps and excursions
- developing health support plans in collaboration with the student, their family, school staff and the treating healthcare team, where necessary
- determining and either providing or facilitating access to training for school staff to safely support the student's access and participation in all school activities.

The State Schools Nursing Service:

- works with schools and families to identify and implement reasonable adjustments for students with health needs
- trains school staff to safely and competently support student health needs and health procedures
- supports schools to meet their obligations to students with health conditions.

The State Schools Nursing Service does not:

- administer student health procedures directly
- manage, monitor or administer medications to students
- provide broad preventative health education or services including managing the School Based Youth Health Nurse program
- provide first aid as the school designated officer.



Departmental priorities

The department is committed to supporting all students to succeed. Schools achieve this goal by nurturing the wellbeing and safety of all children and young people to ensure they are safe, valued and respected, and by empowering every student to engage in learning and achieve growth every year.

The SSNS contributes to meeting these goals by collaborating with schools to reduce barriers for students with health conditions and advising on the reasonable adjustments required to ensure their safety at school and engagement in learning.

Public sector values

As public sector employees, SSRNs uphold and embed the Queensland Government Public Sector values into their work. These values underpin the interactions of SSRNs with school teams, students, families and other healthcare providers. All SSRNs uphold the Code of Conduct for the Queensland public service.

Legislative and organisational requirements

The SSNS is required to comply with a range of national and state legislation including:

- *Education (General Provisions) Act 2006 (Qld)*
- *Child Protection Act 1999 (Qld)*
- *Anti-Discrimination Act 1991 (Qld)*
- *Disability Discrimination Act 1992 (Commonwealth)*
- *Disability Standards for Education 2005 (Commonwealth)*
- *Human Rights Act 2019 (Qld)*
- *Health Act 1937 (Qld)*
- *Health Regulation 1996 (Qld)*
- *Health (Drugs and Poisons) Regulation 1969 (Qld)*
- *Health Practitioners Regulation National Law 2014 (Qld)*

The department has its lowest risk appetite for student safety. SSRNs work with schools to manage health support risks and deliver quality outcomes for students. Departmental staff work within the department's Enterprise Risk Management Framework.

SSRN work within the context of an Inclusive Education policy and the Department's Student Learning and Wellbeing Framework. SSRNs assist schools to create inclusive environments by building the understanding and capability of staff and the school community to support students with a range of health needs.

A number of departmental procedures support schools and SSRNs to assist students with health support needs to attend school safely and fully participate in schooling. These include:

- Managing students' health support needs at school;
- Supporting students with asthma and/or at risk of anaphylaxis at school;
- Managing risks in school curriculum activities;
- Administration of medications in Schools;
- Infection control;
- Managing first aid in the workplace;
- Management of contagious conditions;
- Chemical management procedure;
- Student protection;
- Information sharing under the Child Protection Act 1999 (Qld);
- Restrictive practices;
- Public Service Act 2008; and
- Public Sector Ethics Act 1994.

Governance

Professional registration and employment

All SSRNs, CNCs and the Senior Nurse Manager must maintain registration with the Australian Health Practitioner Regulation Agency under the *Health Practitioner Regulation National Law 2014* (Qld). The national registration and accreditation scheme ensures all nurses are suitably qualified to practice in a competent and ethical manner in any context.

The Nursing and Midwifery Board of Australia (NMBA) sets the standards, guidelines, codes and policies that all nurses and midwives must follow in order to practice safely in Australia.

The primary terms and conditions of employment for the departments' registered nurses are prescribed by the Nurses and Midwives (Queensland Health and Department of Education) Certified Agreement (EB10) 2018.

Management and supervision

The SSNS is delivered by regions to schools. SSRNs provide services to an allocated number of schools within a region. SSRNs are generally based at a school, and the principal of the base school location is responsible for approving finances and managing human resource requirements.

Supervision and service coordination is provided by the regional CNC who collaborates with regional managers. Regional managers allocate resources to enable delivery of nursing services across their region and provide line management to CNCs.

State Schools Disability and Inclusion Branch (SSDI), provide systemic oversight and strategic policy direction for nursing services as well as developing and quality assuring training packages delivered by SSRNs.

Cultural safety

Students from a wide range of backgrounds attend Queensland state schools including Aboriginal and Torres Strait Islander students and students from culturally and linguistically diverse backgrounds.

To provide a culturally competent service, SSRNs acknowledge how their personal beliefs and cultural bias may impact on the decisions and support they provide, and how they support other people to make decisions. Their practice includes:

- understanding that only the person and/or their family can determine whether or not care is culturally safe and respectful
- respecting diverse cultures, beliefs, gender identities, sexualities and experiences of all people
- acknowledging the social, economic, cultural, historic and behavioural factors influencing health, both at the individual, community and population level
- adopting practices that respect diversity, avoid bias, discrimination and racism, and challenge belief based upon assumption
- supporting an inclusive environment for the safety and security of the individual person and their family and/or significant others.

Evidence-informed practice

Evidence-informed practice integrates evidence from different sources:

- Evidence-based interventions
- Evidence-based processes - the skills, techniques and strategies used by practitioners
- Client and professional values.

Evidence-informed decision-making is the process where the three sources of evidence are blended when making decisions about the goals and strategies to be used in practice.¹⁰

SSRNs use the principles of evidence-informed practice when working with schools to design health plans that reflect current best-practice evidence for health management, but also acknowledge and reflect the needs of the student, family and school.

Collaboration

SSRNs work collaboratively with schools, parents, students and other services that support students to ensure a high quality service.

Human rights

The department is required to promote and protect human rights under the *Human Rights Act 2019* (Qld) and to consider those rights when making a decision or implementing an action.

SSRNs take human rights into account when providing services to schools, including ensuring informed consent is obtained for health procedures at schools.

Roles and responsibilities

SSRNs

- Work collaboratively with the student, parent/carer, and relevant stakeholders to assist schools to identify and implement reasonable adjustments that meet student health support needs.
- Support the development, implementation and update of student health support plans.
- Build the capacity of school staff to safely and competently support the needs of students with health conditions, including providing training.
- Work within nursing codes, standards, guidelines and departmental policies/procedures.
- Apply evidence-informed practice principles.
- Contribute to school risk assessments and processes.
- Promote student and parent/carer inclusion as key decision makers.
- Deliver services in a culturally competent way, respecting peoples' cultural values and preferences.
- Practice ethically, efficiently, and using resources appropriately.
- Contribute to projects, research, and resource development that improve quality services.
- Supervise university placements for general and enrolled nursing students when appropriate.

Line managers (including school principals and regional staff)

- Ensure administrative support is allocated to enable operational effectiveness.
- Support local/base recruitment, induction and appropriate IT system access.
- Manage leave approvals and other human resource functions.
- Collaborate with the regional CNC to coordinate service management, funding expenditure/claims, and professional development opportunities.
- Provide advice as required on school practices.
- Provide access to appropriate office space and resources.

Regional directors / regional managers

- Support CNCs inclusion and contribution to regional objectives.
- Collaborate with the CNCs to coordinate service delivery in the region.
- Support professional development opportunities for SSRNs and CNCs.
- Provide leadership and strategic advice to regional SSRNs and CNCs.
- Provide access to appropriate office space and resources for regional CNCs.

Regional CNCs

- Lead recruitment, selection, induction and performance management of SSRNs (including school-purchased nursing positions where appropriate).
- Provide nursing-specific supervision and practice support.

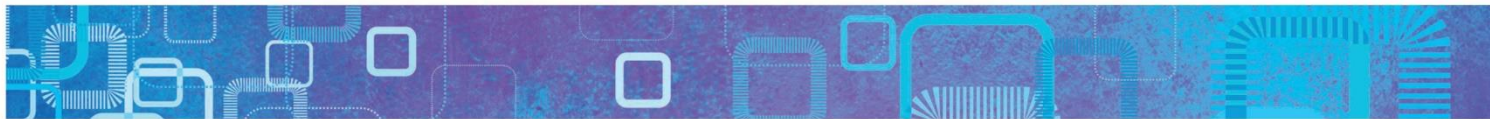
- Coordinate efficient and effective delivery of nursing services to regional schools.
- Provide expert advice to SSRNs, school principals, and regional personnel.
- Facilitate regional SSRNs network meetings to align or improve practice and share innovation.
- Undertake reviews, audits and evaluations to ensure quality service delivery.
- Nurture partnerships that ensure continuous improvement for student outcomes.
- Represent the region/department on external forums.
- Support workload management for equity and efficiency.
- Manage change to service delivery that meets departmental/regional business objectives.
- Contribute to relevant policy and procedure review, and regional initiatives.

Clinical Nurse Consultant (Advisors)

- Provide evidence-informed best-practice advice to the regional SSRNs, CNCs and the Senior Nurse Manager.
- Develop and review nursing resources, documents, templates/forms and training packages.
- Engage with lead health agencies to secure contemporary practice information and guidelines.
- Promote continuous service improvement using a variety of approaches and platforms.
- Coordinate communications updates, alerts, and key messaging that promotes safe practices in schools.
- Contribute to policies, procedures and guidelines as determined by the Senior Nurse Manager.
- Provide professional development opportunities for SSRNs and CNCs using varied delivery platforms.
- Lead project activities that improve nursing practice and health support in schools.

SSDI Branch

- Provides system oversight and management of nursing services, including statewide allocation of nursing services to regions.
- Provides strategic leadership to align practice with departmental objectives for service.
- Provides strategic advice on student health support data and trends to senior officers.
- Conducts nursing data audits and evaluates service quality and resource allocation.
- Establishes performance and practice frameworks to ensure role clarity, accountability and quality decision making.
- Develops or contributes to a range of departmental policies, procedures, guidelines and documents that ensure student health support and wellbeing.
- Represents the department in relevant forums, committees, reference groups and workgroups.
- Pursues high standards and professional governance of nursing practice.



SSNS in schools

Service requests

Principals may request a SSNS for their school when:

- they determine the need for staff training in asthma and anaphylaxis as required in the Supporting Students at risk of asthma and/or anaphylaxis at school procedure;
- an enrolled student has or develops a health condition, that requires a health plan as required in the Managing students' health support needs at school procedure;
- their staff require training to implement a health procedure identified in the health plan; and
- the school staff require ongoing support to evaluate care, to troubleshoot health support concerns and achieve refresher training to maintain their competence.

When making a request for service to support a student's health needs, the principal (or their nominated delegate) completes the State Schools Nursing Service Student Referral, and ensures appropriate parental consent is recorded in the consent section of the form. The principal authorises the referral on the form.

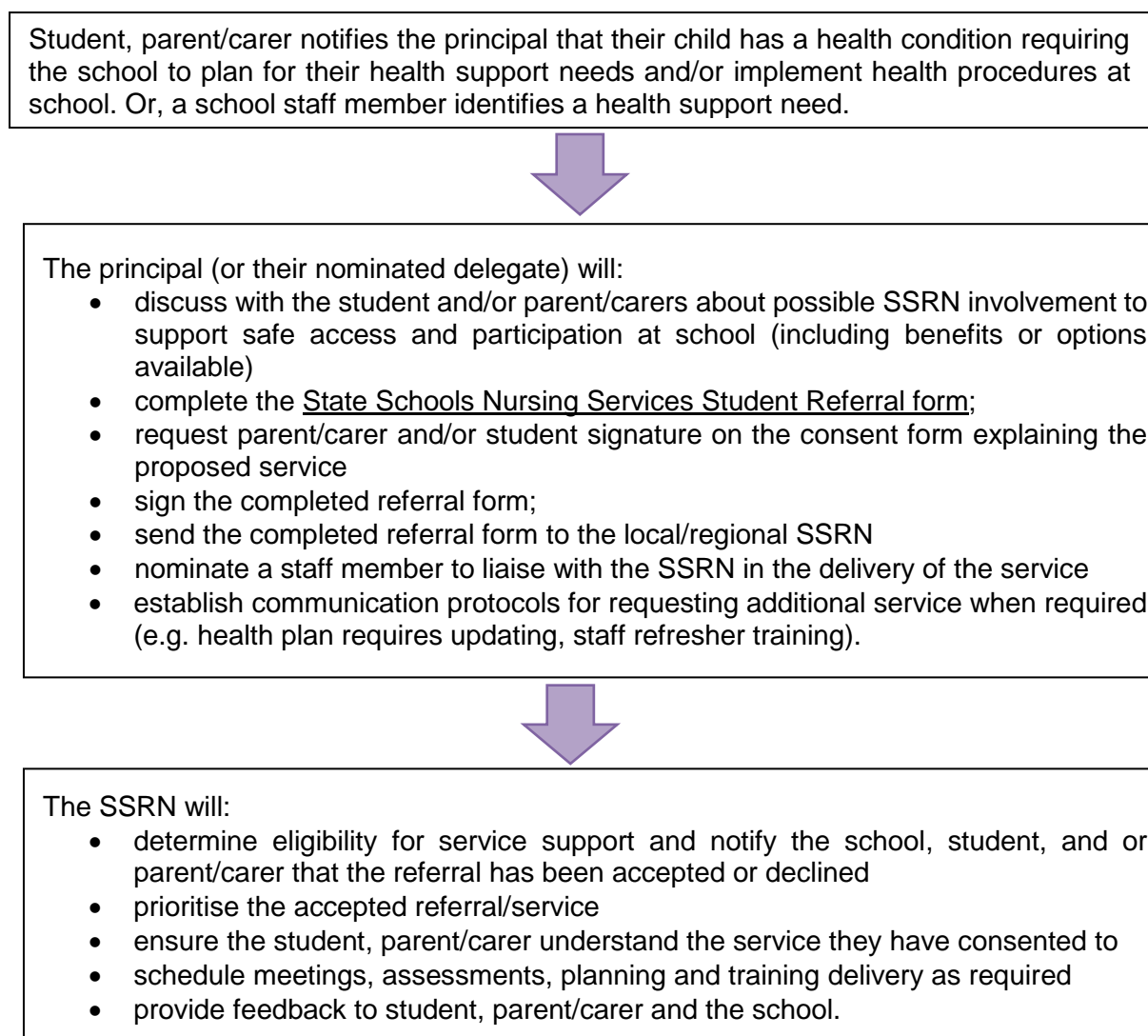
A referral form is not required for requests for the SSRN to provide general health information to ensure staff awareness and understanding of health issues and first aid responses required (e.g. epilepsy, diabetes).

Prioritisation

SSRN prioritise service requests based on an assessment of the risk and severity of adverse health events arising from student health needs, the impact of that need at school, and the staff's capability and confidence in meeting the student's health support needs.

The Nurses' Workload Management Guide includes a *Workload prioritisation* tool to assist SSRNs in their assessment and prioritisation of risk for students requiring their support. The guide also supports SSRNs in safely managing caseload and in escalating concerns about timely support to the region for consideration.

Figure 1: Nursing service request process



Student health plans

The health plan is a record of the agreed actions that school staff will take to ensure the students' health needs are met and the school understands its duty of care and reasonable adjustment obligations. The SSRN is responsible for developing the student health plan(s) (health plans) where the student is receiving a service from the SSNS and a plan is required to direct specific care.

When developing the health plan(s) the SSRN seeks information and collaborates with the student, parent/carer, school team and treating team, as required, to inform their clinical decision making.

Students are encouraged and supported to build their capability in managing their own health condition. Where students are capable of managing their condition, the principal approves that self-care occurs. However, staff support/supervision will still be required as the student develops this capability, and during an emergency when the students' ability to self-manage may be impaired by their health state.

Health plans must be reviewed at least once a year. A review may consist of the school team and SSRN reviewing whether the students' plan continues to meet the students' and school

needs in the current context, and the SSRN updating the plans as required. Some students may require plans updated more frequently than once a year, for example in the early diagnosis stage of diabetes when frequent changes to support are usual. At each review, the principal considers the training needs of staff working with the student in collaboration with the SSRN.

When written, the health plan is endorsed by:

- student (where appropriate), and or the parent/carer
- school principal
- SSRN.

In situations where the parent/carer has requested the student's health plan reflect practice not common in managing a health condition, the school and SSRN may request that the treating doctor/specialist, or authorised health professional also endorse the health plan.

Other plans that parents/carers provide to schools may include action plans, which are nationally approved plans for the management of asthma and allergy. The student's doctor will complete and sign these plans for use at school.

Service locations and delivery

The SSNS is delivered in state schools. In exceptional circumstances when the SSRN cannot meet a family at school, the SSRN explores other options to meet with families such as in safe public places. In the rare circumstance that the SSRN considers a home visit is necessary, the SSRN collaborates with their regional CNC, and the principal of the school the student is enrolled at, to seek approval for a home visit following a risk assessment process.

Tracking health support training

The nursing education reporting and data system (NERDS) allows SSRNs to document training content, participant names, and participants' successful completion of training in an online database. The data can be used by the regional CNC or the principal to determine staffing across the school, the training needs of staff, and as a reminder when refresher training is due. The principal can access the data through SharePoint if SSRN training has occurred at their school.

Data collection

Twice yearly, SSRNs provide data to their regional CNC counting the number of referrals received, the outcome of the referral, those that received a service and the type of medical condition the referral was addressing. SSRNs also log the number and type of general and/or practical school training sessions onto the NERDS centralised database.

This data is used to support resource allocation, policy and program planning and to predict growth, gaps in service delivery, and inform support and supervision at a regional level.

Responding to concerns and complaints

Students, parents/carers, or school staff may provide feedback or make complaints about the SSRN service. This feedback provides an opportunity to reflect on practice and improve SSRN performance, service delivery and the customer experience. The departments' Customer complaints management framework outlines the process for monitoring, reviewing and resolving complaints about the service. The regional CNC or Senior Nurse Manager can assist in resolving complaints about the professional conduct of an SSRN.

Informed consent

Informed consent is a person's (or their parent/carer or other legal representative) voluntary decision about healthcare that is made with knowledge and understanding of the benefits and risks involved. Informed consent means that the student, or parent/carer is aware of, and has consented to, the service to be provided. To be valid, consent needs to be voluntary, informed, specific and current.

There are three junctures where parents/carers and/or the student (where appropriate) specifically are asked for consent:

1. When a principal requests SSNS involvement with a student.
2. Agreeing to the student's health plan.
3. For the exchange of student personal information (including health information) with other agencies and providers.

Consent for SSNS

Schools are responsible for obtaining a signed consent form for SSNS for students. It is expected that schools inform the student, or parent/carer of the nature of the services requested.

When the SSRN has received the signed consent form, SSRNs contact the parent/carer to provide further service information and ensure the consent is voluntary and informed.

Consent for student health plan

The SSRN is responsible for obtaining informed consent for a student health plan from the parent/carer and/or student (where appropriate).

Consent to collaborate with external health professionals

If the SSRN requires additional medical information, they will seek consent from the student and/or parent/carer to liaise directly with the treating health professional, using the *Consent to the sharing of personal information with external health providers and other support agencies form*, ensuring that the consent provided is valid and for a set purpose clearly identified on the consent form.

Informed consent is:

- voluntary - i.e. given freely, without coercion or threat
- informed - i.e. sufficient information provided to allow a reasoned decision
- specifically related to the service proposed to be undertaken;
- current
- updated frequently – i.e. continued checks of understanding of service.

Informed consent is not:

- limited to a signed consent form
- the sole responsibility of the school
- given once for all nursing supports
- assumed for every matter that an SSRN may be involved with.

Separated parents or informal carers

Schools are responsible for seeking parent/carer consent for students to access SSRN services. The principal is best placed to determine who can provide that consent, given the current circumstances for the student. If SSRNs have concerns about who provided consent for the service to occur, they need to talk with the school principal before commencing the service or contacting the parent/carer.

Student consent

Students can provide consent for services, which may include certain health procedures, when they are able to:

- understand what is proposed
- understand the short and long-term consequences of their decisions
- express their own wishes.

This includes withholding consent or refusing services.

While the application of this ability includes encouraging the young person to involve parents/carers in knowing what services are being provided, it places the best interests of the young person above any parent/carer right to be informed.

Deciding if a student has the capacity and understanding to consent to services at school requires consideration on a case-by-case basis. The SSRN will consult with the student's school principal and may be supported by the supervising regional CNC in determining maturity to consent. The SSRN will record the decision on the student's OneSchool record.

Gillick Competence is a term used in medical law to decide whether a child or young person under the age of 18 years has sufficient understanding and capacity to make some of the decisions about certain proposed medical treatment.

Student, parent/carer right to withdraw consent

Consent is not a static concept/process; it involves ongoing communication with the student, parent/carer and school team.

The consent form is not an enduring consent. Where the service differs from that explained when the form was signed, or where time has elapsed since the original service was provided (generally 12 months after consent was first provided - taking into consideration the advice given at the time of consent, and parental expectations e.g. a new school year), a new consent form is required. If a student changes school, a new consent form is required.

A student, or parent/carer can withdraw consent at any time by notifying the SSRN, the class teacher, the school administration, or principal (or delegate) verbally or in writing.

If at any time a parent/carer or student revokes consent, the SSRN documents this in the student's record, advises the student's principal and suspends service provision pending further advice.

If there is a significant risk to the student associated with withdrawal of consent to service, the SSRN will immediately notify the regional CNC and the student's principal.

Consent to share information electronically

The student and/or parent/carer may prefer to communicate with the SSRN via email or SMS. SSRNs need to seek informed consent to share information electronically. Advice and a template for sharing information electronically is available on OnePortal: [Electronic endorsement of health plans form](#).



Managing student information

Documents held in a student record have an information security classification of 'sensitive' or 'protected'. These classifications refer to the confidentiality, integrity and availability of information that is created or received within the department. Access must be restricted to authorised persons on a 'need to know' basis. Reasonable precautions should be taken to protect information against unauthorised access, amendment or disclosure. Employees apply protection to the personal information they control, and check the accuracy, completeness and currency of personal information before use.

Section 426 of the *Education (General Provisions) Act 2006* (Qld) allows for the collection and sharing of student information with other departmental employees for the provision of an appropriate educational program for a student; and fulfilling duty of care obligations to the student, other students, staff and visitors.

The department's software suite (OneSchool) includes secure student profiles, where individual student information is used by schools to meet its duty of care to all students, and to administer and plan for providing appropriate education and support services.

SSRNs use OneSchool to store and to share student information with relevant staff and to upload health plans. The specialist support records tab in OneSchool is a secure area where SSRNs record progress notes, records of contact and can upload relevant health documents which can be viewed by a school's executive principal. Using OneSchool enables efficient and effective information management. Guidance on the use of OneSchool specialist support records can be found in the [Specialist Support Records Guidelines](#).

When sharing information outside of OneSchool the following protocols are followed:

- Use departmental email accounts for work related correspondence, including the sharing of reports between departmental email addresses only. Other email systems are not used for the distribution of work related information as privacy, confidentiality and security can be breached.
- Include a signature block in emails that contains the sender's name, position, business unit/school and contact details.
- Ensure emails are sent by the email account holder, not a delegate.
- Ensure email attachments are scanned copies of signed originals or original PDF documents.
- Ensure emails and attachments are marked as 'in-confidence'. Email privacy settings may be used as appropriate.

Records that are received digitally should remain digital and transferred directly to OneSchool. Hard copy records should be managed in accordance with the department's record keeping policies and procedures, including the [record disposal](#) procedure. An original document is scanned and a copy placed in OneSchool for reference and to ensure the digital file is the full student record. The original record can then be filed away in the student's hard copy file.

When transferring hard copy student files between SSRNs, the document must be secured and confidentiality maintained. If sent by mail, the package is sent via registered mail and signed for at delivery.

Student protection

Under the *Child Protection Act 1999* (Qld), SSRNs are legislated as mandatory reporters if they form a suspicion of harm for children and unborn children.

The process for reporting suspected harm is outlined in the Student Protection procedure.

SSRNs submit reports of suspected harm to the school principal through the OneSchool Student Protection Reporting module. The Student protection guideline supports the department's student protection procedure, and provides detailed guidance on legislation, reporting processes, confidentiality and information sharing, and records management.

SSRNs participate in annual student protection training through eLearning, or as arranged by their base school principal.

Registered nurses are exempt from and do not require a Blue Card when providing services to children or young people that relate to their role as a registered nurse. SSRNs will need a Blue Card if they do other work with children. For example, a nurse who charges money for coaching or tutoring students would require a Blue Card.



Confident and capable workforce

Human resource management

The department employs advanced practice registered nurses (Grade 6), with post graduate experience (e.g. paediatric or disability nursing) in clinical nurse positions, to ensure they have established skills and abilities that translate into the school practice setting.

The ongoing quality of the nursing service is maintained through:

- providing an induction when a SSRN is newly appointed
- ongoing professional supervision
- ongoing professional learning through the performance development planning process.

Induction

It is the department's expectation that all newly-appointed employees are equipped with the knowledge they require to do their job effectively, as well as an understanding of their specific workplace context and how their role aligns with the priorities of the whole organisation.

Induction is a key activity undertaken locally. It is designed to welcome and upskill the new employee to the department, and to the State School Nursing Service. Induction will ensure the clinical nurse meets all mandatory training requirements.

Continuing professional learning

Registered nurses are required to participate regularly in continuous professional development that is relevant to their scope of practice, as per the Nurses and Midwifery Board of Australia Registration Standards. The department's performance development planning process provides opportunity for staff to reflect, identify professional development needs and opportunities to meet registration requirements.

All staff must complete the Mandatory All-Staff Training program upon commencement of employment, and annually for the duration of their employment.

The performance and development process is an annual process.

All permanently employed registered nurses are entitled to three days (24 hours) per annum (pro rata for part-time) paid professional development leave, to attend approved professional development activities relevant to nursing practice including. These activities include study support, short courses, and professional association events. Professional development leave may be accumulated for two years.

SSRNs are able to access Queensland Health professional development events on the same basis as Queensland Health registered nurses.

All SSRNs maintain a record of the professional development they attend as part of their registration requirement. SSRNs can also record the training and professional learning attended in the nurses education record data system (NERDS), which can be used by CNCs to determine regional and individual nurses' training needs as relates to the SSRN role.

Resourcing

SSRN (0.4 full time equivalent (FTE) hours and above) are provided with a laptop computer and mobile phone for work use. SSRNS working 0.3 FTE or less are provided access to the necessary tools through their region.

At their base location, SSRNs require a desk, chair, secure storage - including a place for secure storage of files, internet access and access to a photocopier and printer.

When a SSRN is delivering a service within a school, they negotiate access to materials for preparation and delivery of the service (including training) at that school, which includes access to the internet.

Parents and carers are responsible for providing specific medical equipment and supplies for their child's health support needs.

Two resource grants are provided to support the implementation of a quality nursing service:

1. The Regionally Allocated Specialist Support Staff Resource to assist schools provide annual stock and requisites, equipment and materials.
2. The School Based Itinerant Staff Operational Appropriation to assist schools to meet the annual operational costs associated with school-based itinerant staff.

Glossary

Accountability	Holding responsibility for actions and able to provide reasonable rationale for those actions. SSRNs are accountable for their decisions, actions, behaviours and the responsibilities that are inherent in their nursing roles including documentation. Accountability cannot be delegated. ¹⁴
Assessment	An evaluation of a person's health status for the purpose of planning, providing or monitoring the effectiveness of care. Generally this will include the collection and clinical interpretation of data from a range of sources.
Carer	Carer refers to guardian/s and/or a person who regularly looks after a student. May or may not have powers of consent for all the student's health care.
Collaboration	A process where two or more parties work together towards a common goal by sharing responsibility and knowledge.
Competence/competent	The ability to do something safely and successfully, or effectively.
Consultation	Seeking professional advice from a qualified, competent source.
Consent	A person's voluntary and informed agreement to health/nursing support, which is made with the knowledge and understanding of the potential benefits and risks involved. Consent requires clear and easy to understand information, so that the person is able to make an informed decision. ¹⁷
Cultural safety	The effective nursing practice of a person or family from another culture that is determined by that person or family. An environment that is spiritually, socially and emotionally safe, as well as physically safe, where there is no assault, challenge or denial of identity, of why they are, and what they need.
Evaluation	A systematic collection of evidence, measurement against standards or goals, and judgement to determine merit, worth or significance.
Evidence-informed practice	The use of high-quality research together with clinical judgment and client and contextual information to determine the best intervention or strategy ⁶ .
Health support need	A student requires routine/daily health procedures, infrequent emergency procedures, or has a medical condition which may require an emergency response to a potentially life-threatening crisis. The health conditions associated with a health support need may include asthma, diabetes, anaphylaxis, epilepsy, cystic fibrosis, dysphagia (swallowing difficulties), incontinence (bladder or bowel), adrenal disorders, rare genetic disorders or other health needs requiring health plans.

Mandatory reporting	A legislated state and territory reporting requirement on a teacher, registered nurse or early childhood education and care professional to give a written report when they reasonably suspect a child has suffered, is suffering or is at risk of suffering significant harm caused by physical or sexual abuse and may not have a parent able and willing to protect the child from harm.
Parent	Refers to a parent or carer who has parental responsibility for a student
Principal	Refers to the principal of a school.
Reasonable adjustment	An adjustment is a measure or action taken to assist a student with disability to participate in education on the same basis as other students. An adjustment is reasonable if it achieves this purpose while taking into account the student's health and learning needs and balancing the interests of all parties affected, including those of the student with disability, staff and other students.
Registered Nurse	A registered nurse is a person who has completed the prescribed education preparation, demonstrates competence to practice and is registered under the Health Practitioner Regulation National Law as a registered nurse in Australia.
Risk management	Identifying, analysing, evaluating and treating risks to mitigate or eliminate risks.
SSRN	State Schools Registered Nurse
Student	A child enrolled in a school.
Supervision	A formal professional relationship between two or more people in designated roles which facilitates reflective practice, explores ethical issues and develops skills.

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