



Child Health Clinical Handover of Vulnerable Children Procedure

1. Purpose

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

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

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

2. Procedure

MP 0095/18 - [Clinical Handover Policy](#) outlines the requirements to be followed by all Health Service Providers and relevant contracted health entities. Requirements relevant to child health services include:

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

In WACHS child health services, clinical handover for vulnerable clients is to involve both written and, in addition will be supplemented by, a verbal handover where possible. A [MR66 WACHS Clinical Handover \(Allied and Community Health\) Form](#) (MR66 Handover Form) is to be completed for each child. Nurses are to activate a 'read-receipt' and save referral documentation (including details of 'read-receipt') to the client record.

Child health records, like other client records, are subject to a duty of confidentiality. However, consent for sharing information **within an organisation** between health professionals involved in a client's care is implied. In this procedure, clinical handover encompasses **vulnerable** child health clients or those identified as **clients of concern** who are known to be:

- relocating to or from the Perth area, where child health services are provided by the Child and Adolescent Health Service – Child and Adolescent Community Health (CAHS-CACH)

- accessing both CAHS and WACHS child health services
- moving between WACHS and an external Aboriginal Community Controlled Health Service (ACCHS)
- commencing formal schooling within a WACHS region
- moving within or across WACHS regions.

2.1 Consent to Share Information

Prior to sharing information, consider the following points:

- When clinical handover involves another health service provider (external to WACHS), consent from the parent or guardian is required to share information. This includes with health service providers contracted by WACHS to provide services.
- Written or verbal consent is recorded using the WACHS [Population Health Consent for Sharing of Information \(Child 0-17 years\) Form](#).
- If consent cannot be obtained, the health service Chief Executive or delegated authority may authorise disclosure of confidential client information to another health service provider.
- Regional delegated authorities are to be identified, and may include Tier 6 staff or higher, such as Clinical Nurse Managers (CNM) and Clinical Nurse Specialists (CNS) in Population Health.

2.2 Clinical Handover when Child's Address Unknown

When a child's address is unknown, additional efforts may be required to provide a clinical handover:

- A MR66 Handover Form without a metropolitan address will **not** be accepted by CAHS-CACH. WACHS Community Health will **not** accept a clinical handover without a regional address.
- In circumstances when the family have advised they are relocating between regions, or health service providers, and the new address is unknown, the following strategies may be implemented:
 - Obtain consent to share information and complete MR66 Handover Form.
 - Request family to contact CAHS-CACH when new address is confirmed or contact details change (see [Appendix A](#) for contact information):
 - follow-up actively as agreed with parents
 - conduct handover when new address is confirmed
 - discuss with family regarding if a temporary address can be used (such as a family member's or friend's address until the family secures stable housing).
- There are instances where the client's address is recorded as unknown in Community Health Information System (CHIS) and this is automatically populated to the MR66 Handover Form. In these instances, carer details should be provided.
- Children in care:
 - Liaise with case worker to ensure information is correct, including new residential address and school child will be attending.
 - Note that the child is in care and provide updated carer's address in the body of the MR66 Handover Form and email accompanying the form.
- Children residing in a refuge:
 - Note that the family is currently residing in a refuge and provide new address in the body of the MR66 Handover Form and email accompanying the form.

2.3 Child Health Clients who are Known to be Relocating Between WACHS and CAHS

When a family informs of relocation from WACHS to Perth, refer to the process in [Appendix A](#):

- Child health nurse (CHN) seeks consent to share information with CAHS-CACH. Use WACHS Population Health Consent for Sharing of Information (Child 0-17 years) Form.
- CHN completes MR66 Handover Form.
- CHN sends MR66 Handover Form to CAHS-CACH email with contact details and request to conduct clinical handover:
CACHExecutiveCorrespondence@health.wa.gov.au
- CHN arranges and conducts verbal component of clinical handover with designated CAHS-CACH CHN.
- CHN documents communication, decisions, actions and outcomes in relation to clinical handover in client record.
- CHN cancels all manual recalls in CHIS.
- WebPAS CAR alerts should remain in place until a child reaches 18 years of age.
- Additionally, CAHS-CACH require a clinical handover for **all** Aboriginal children who are referred from WACHS to CAHS-CACH services. The completed MR66 Handover Form should be sent to: CACHExecutiveCorrespondence@health.wa.gov.au

Requests for clinical handover and clinical handovers received from CAHS – CACH:

- Requests for clinical handover and written clinical handovers received from CAHS-CACH require a WACHS catchment area address and will be forwarded to WACHS central office Population Health. areaofficepopulationhealth.wachs@health.wa.gov.au
- Requests from CAHS-CACH will be forwarded from WACHS central office to generic regional emails for action, as per Special Child Health Referrals [postcode reference table](#) .

2.4 Clients Known to Access Both CAHS-CACH and WACHS Child Health Services

When clients who access both CAHS-CACH and WACHS child health services, it is important that the relevant nurses maintain communication. See [Appendix B](#).

- Seek client/parent consent to share information with CAHS-CACH. Use WACHS Population Health Consent for Sharing of Information (Child 0-17 years) Form. If unable to obtain consent, consult with CNM or CNS as per [section 2.1](#).
- Identify the CAHS-CACH clinic involved. Establish and maintain communication to optimise continuity of care.
Note: Both CAHS-CACH and WACHS are to schedule contacts.
- Plan and provide care as per family need and clinical judgement. Consult with CNM or CNS as required.
- Consider WebPAS CAR Alert to be activated or reviewed, as required.
- Communication, decisions, actions and outcomes are to be clearly documented in the client record.

2.5 Clients who Move Between WACHS and External ACCHS Child Health Services

When clients who access both ACCHS and WACHS child health services, it is important that the relevant nurses maintain communication (see [Appendix C](#)):

- When a family with a new baby **informs** they will access child health services from an external ACCHS, the birth notification and neonatal special referral to child health (if applicable), is to be forwarded to the ACCHS as soon as possible to expediate client engagement with the ACCHS.
- If a family moves between WACHS and an external ACCHS child health service, a clinical handover using a MR66 Handover Form is to be facilitated with consent and involvement of family where possible. Use WACHS Population Health Consent for Sharing of Information (Child 0-17 years) form for recording consent. If unable to obtain consent, consult with CNM or CNS as per [section 2.1](#).
- Ensure MR66 Handover Form is sent via encrypted email. If a verbal handover is required, this should be noted in the email with the phone numbers provided.
- Conduct a clinical handover with written and verbal components.
- In alignment with the Engagement Policy, it may be supportive to introduce the family to the new agency or service, in person or by joint phone or video call.
- Activate and record email read receipt and save referral documentation to CHIS.
- Communication, decisions, actions and outcomes are to be clearly documented in the client record.

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

2.6 Vulnerable Child Health Clients Starting School within WACHS

It is important that children experiencing vulnerability are formally handed over to nurses working in schools (see [Appendix D](#)):

- Vulnerable children requiring clinical handover from WACHS child health to school health include those identified as; children registered for the Enhanced Child Health Schedule (ECHS), clients of concern, and children identified with significant health or developmental issues.
- CHNs are required to conduct end of year audits to identify vulnerable children due to start school (Kindy) in the following year. Tasks required include:
 - compiling a list of children and forwarding to CNM
 - reviewing the child's clinical record and ensuring information is current and complete.
- The CNM is responsible for working with the school health team to identify school enrolment for vulnerable children identified in child health, and health and distributing the list of names and UMRNs for children requiring clinical handovers to designated school community health nurses.
- School health nurses must review the child's record and document that handover has occurred in the child's record.
- Child health and school health staff are to conduct verbal clinical handover at clients of concern meetings.

Note: Clinical handover is not required in locations where child and school health services are provided by the same CHN staff member(s).
- School community health nurses are required to prioritise School Entry Health Assessments for vulnerable children, including direct liaison with family/carers.
- School community health nurses are required to provide school student service staff with relevant information about children of concern and advocate for the school to establish health care or risk management plans, as required.
- If a vulnerable child is not found enrolled in local school, liaise with the manager or CNS to consider service options for child and family as appropriate.

- Communication, decisions, actions and outcomes are to be clearly documented in the client record.

2.7 Child Health Clients of Concern moving Within or Across WACHS Regions

The process of clinical handover between WACHS regions is simplified by accessing the existing clinical information in CHIS.

- If a family informs of an intended or recent move to a new location, contact between WACHS child health staff is to be completed.
- The Community Health Nurse handing over the client ensures that CHIS documentation is current and complete and emails the receiving region as per the [Special Child Referrals postcode reference table](#).
- The email subject should be **Region initiating handover-child UMRN-Region receiving handover**.
- The content of the email should be brief as all relevant information will be documented in CHIS and must include the correct phone number to use for the verbal component.
- Communication, decisions, actions and outcomes in relation to clinical handover are to be clearly documented in the client record.

3. Roles and Responsibilities

Clinical Nurse Managers are responsible for facilitating communications and management of staff to support actions described in this procedure

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

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

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

4. Monitoring and Evaluation

4.1 Monitoring

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

- regular review of requests for and completed clinical handovers for child health clients
- review of clinical handover documentation during client record auditing
- review of SAC events that involve child health client relocation
- reports of process errors by CAHS-CACH and WACHS staff.

4.2 Evaluation

The procedure will be reviewed as required to determine effectiveness, relevance and currency. At a minimum it will be reviewed every three years by WACHS Population Health

Community Nursing Leadership Group and the Senior Policy and Program Officer, Community Health. Formal feedback regarding effectiveness of the policy will be sought through the CAHS and WACHS Policy Governance Group.

5. Compliance

This policy is a mandatory requirement under the [Health Service Act 2016](#) (WA).

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

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

6. References

Nil

7. Definitions

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

8. Document Summary

Coverage	WACHS-wide
Audience	Community Health Nurses
Records Management	Non Clinical: Corporate Recordkeeping Compliance Policy Clinical: Health Record Management Policy
Related Legislation	Health Service Act 2016 (WA)
Related Mandatory Policies / Frameworks	<ul style="list-style-type: none"> • MP 0095/18 - Clinical Handover Policy • Clinical Governance, Safety and Quality Framework
Related WACHS Policy Documents	<ul style="list-style-type: none"> • Allied Health Clinical Handover Policy • Consent for Sharing of Information: Child 0-17 years Procedure - Population Health • Engagement Procedure • WebPAS Child at Risk Alert Procedure
Other Related Documents	<ul style="list-style-type: none"> • CAHS Clients of Concern Management Protocol • CAHS Clinical Handover - Nursing Procedure • DoH Patient Confidentiality Fact Sheet
Related Forms	<ul style="list-style-type: none"> • MR66 WACHS Clinical Handover (Allied and Community Health) Form • WACHS Population Health Consent for Sharing of Information (Child 0-17 years) Form
Related Training Packages	Nil
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 3139
National Safety and Quality Health Service (NSQHS) Standards	5.10, 6.7
Aged Care Quality Standards	Nil
Chief Psychiatrist's Standards for Clinical Care	Nil

9. Document Control

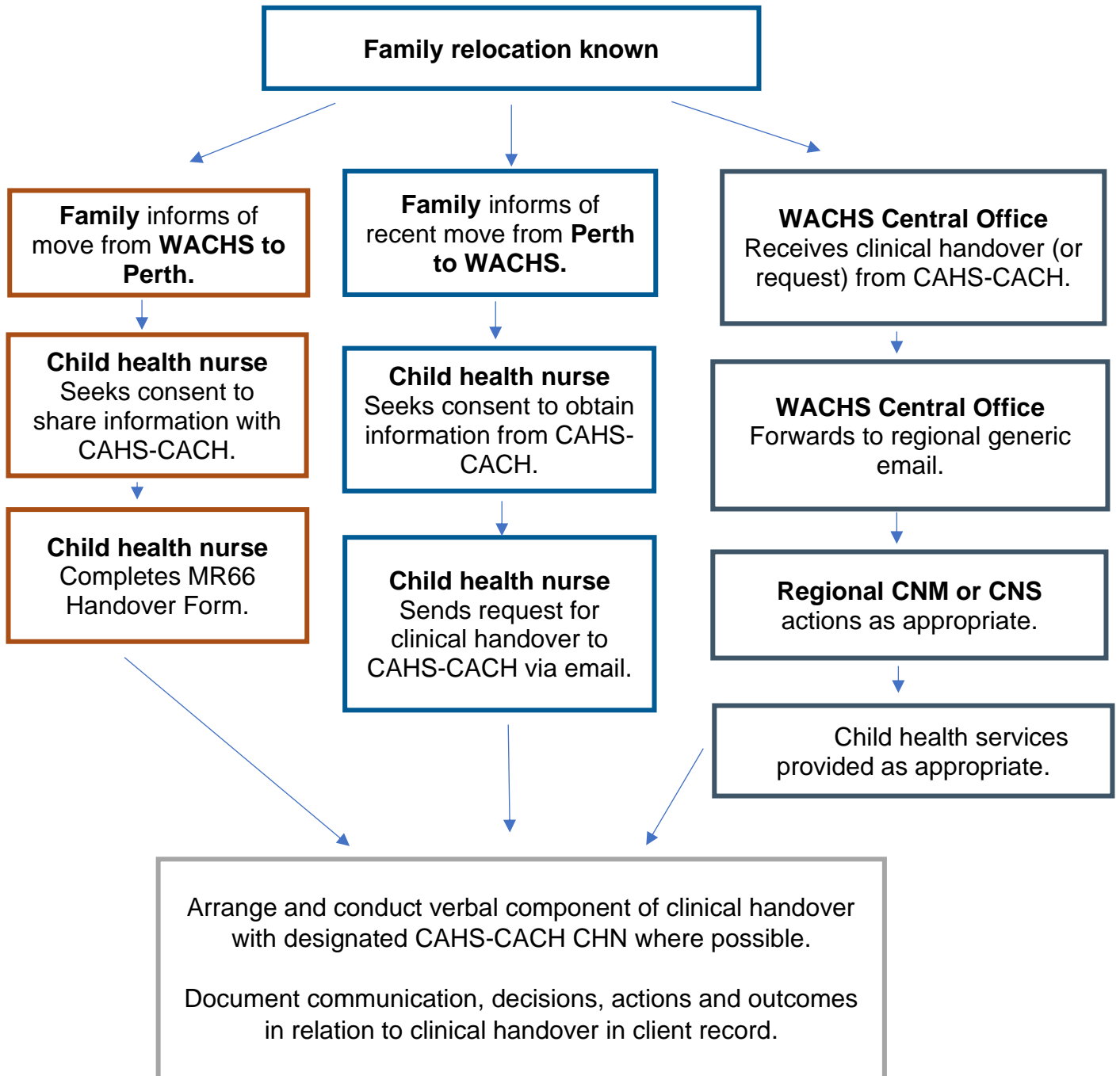
Version	Published date	Current from	Summary of changes
2.00	7 May 2024	7 May 2024	<ul style="list-style-type: none"> clarification around written and verbal handover, address catchment area and no permanent address directions regarding transfer of information to ACCHS has been strengthened.

10. Approval

Policy Owner	Executive Director Clinical Services
Co-approver	Executive Director Nursing and Midwifery
Contact	Senior Program and Policy Officer
Business Unit	Population Health
EDRMS #	ED-CO-20-76682
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This document can be made available in alternative formats on request.

Appendix A: Child Health Clients Known to Relocate Between WACHS and CAHS



CAHS-CACH central email address - CACHExecutiveCorrespondence@health.wa.gov.au

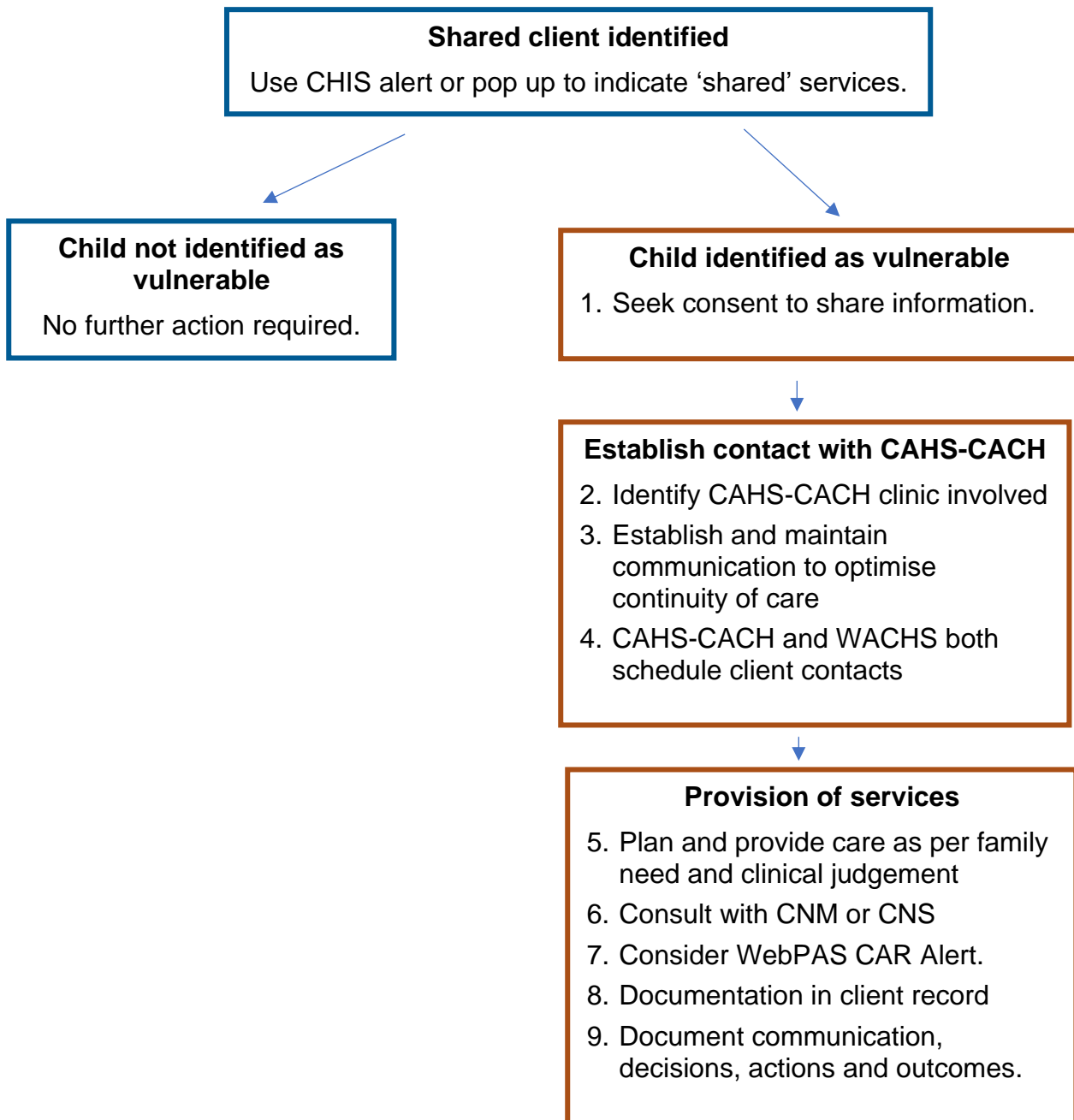
WACHS central email communication – AreaOfficePopulationHealth.WACHS@health.wa.gov.au

Families who move to Perth can contact CAHS-CACH to update their contact details.

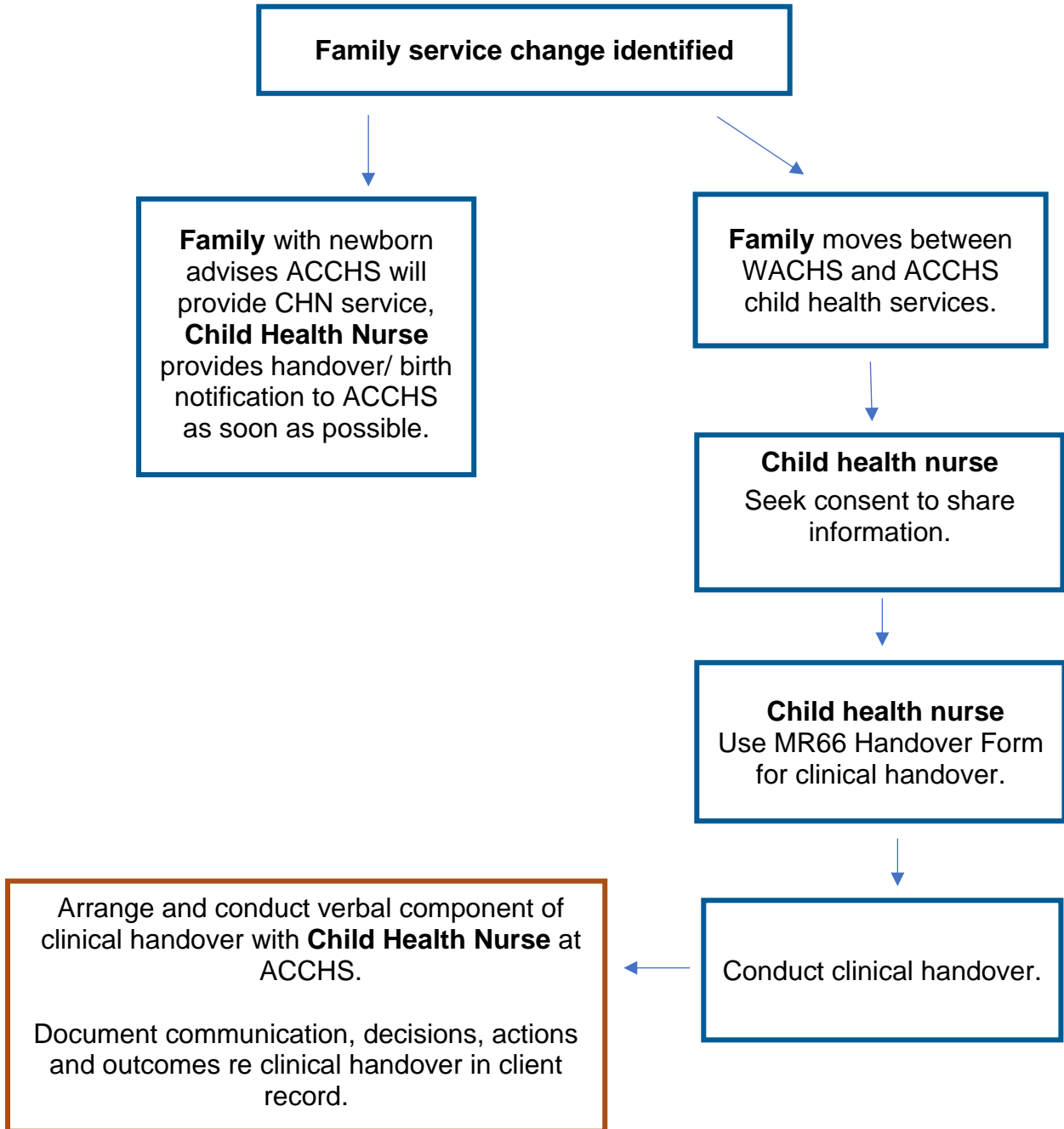
Nursing – Child Health Booking System: 1300 749 869

Child Development Service - Centralised Intake Team: 1300 551 827

Appendix B: Clients Known to Access Both CAHS and WACHS Child Health Services



Appendix C: Child Health Clients who Move Between WACHS and External ACCHS



Note: Designated WACHS staff are to engage in interagency meetings with local ACCHS to discuss and monitor vulnerable children

Appendix D: Vulnerable Child Health Clients Starting School within WACHS

Vulnerable children may include:

- Clients of concern
- Children experiencing significant health or developmental issues
- Children registered on ECHS
- Contact lost with family

Child health nurse

1. Conducts end of year audit to identify children due to start school (Kindy)
2. Compile list of **vulnerable** children
3. Forwards list to CNM
4. Ensures information in clinical record is current and complete



Manager and school health team

1. Identify school enrolment for vulnerable children
2. Distribute clinical handover to designated CHN.
3. Ensure child & school health nurse to handover during client of concern meetings



School community health nurse

- Prioritise School Entry Health Assessment
- Liaise with family
- Provide school student service staff with relevant information
- Advocate for school health care or risk management plan, if required

Child not enrolled in local school



Manager or CNS

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

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