



School Entry Health Assessment Records Management Procedure

1. Purpose

The procedure outlines the minimum requirements for managing and retaining School Entry Health Assessment (SEHA) records. It ensures that all records are managed, stored and disposed of in accordance with relevant legislative and mandatory requirements, and best practice.

2. Procedure

The School Entry Health Assessment (SEHA) program is offered to families of all children starting school. It supports early identification of child health, development and wellbeing concerns in children of school age.

SEHA records originate as paper records. Information is collected from parents and is documented onto the paper record by health staff during assessment and care. Information is entered into the Community Health Information System (CHIS), but original paper records are retained and may be used for follow-ups.

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

2.1 Management and Retention of records

All records remain the property of the WA State Government, and WA Country Health Service (WACHS) sites are responsible for managing them. Staff must handle records in line with the WACHS [Health Record Management Policy](#) ensuring proper retention, archiving, and disposal. All staff are to complete Recordkeeping Awareness training (RAT) on WACHS [Learning Management System](#).

The School Health Nurse ensures day to day secure management and storage of SEHA records by ensuring secure transportation of records (see [section 2.2](#)), transferring records or information as required (see [section 2.3](#)) and following health record archiving and disposal guidelines (see [section 2.4](#)). Clinical Nurse Managers retain oversight over secure daily management and storage of records.

Archiving is carried out by School Health Nurses, Clinical Nurse Managers and Unit Managers and may be supported by administrative staff. Approval for the disposal of records is the responsibility of the operational Executive Director.

The table below outlines the management and retention of records related to the SEHA program.

School Entry Health Assessment Records Management Procedure

Record	Description	Management and Retention
CHS 142	<p>Referral to Community Health Nurse:</p> <ul style="list-style-type: none"> referral may be used for children in primary school. completed by parent/legal guardian and/or school staff member. 	<ul style="list-style-type: none"> to be stored with CHS 409-1 in an accessible and secure location until child has completed Year 6 to be archived in a secure location until 60 years after the last documentation. Some records are subject to indefinite retention*.
CHS 143	<p>Class list:</p> <ul style="list-style-type: none"> records SEHA activity to support service management. 	<ul style="list-style-type: none"> to be stored securely and accessible until the children have completed Year 6.
CHS 409-1	<p>SEHA Parent questionnaire:</p> <ul style="list-style-type: none"> contains information with child personal details, UMRN, health history and parental consent to conduct assessments and share information. 	<ul style="list-style-type: none"> to be stored in an accessible and secure location until child has completed Year 6 to be archived in a secure location until 60 years after the last documentation. Some records are subject to indefinite retention* to be stored in an individual folder/file if additional paper records are required, i.e. for client of concern and vulnerable clients.
CHS 409-2	<p>SEHA Results for staff</p> <ul style="list-style-type: none"> results for staff of health service 	<ul style="list-style-type: none"> to be stored and handled securely until results are entered onto CHIS to be entered into CHIS as soon as possible may be destroyed after activity is completed, (including rechecks and referral confirmation), and entered into CHIS.
CHS 409-5	<p>School Entry Health Consultation for Education Support Students</p>	<ul style="list-style-type: none"> to be stored in an accessible and secure location until the child has completed Year 6 to be archived in a secure location until 60 years after the last documentation. Some records are subject to indefinite retention* to be stored in an individual folder/file if additional paper records are required, i.e. for client of concern and vulnerable clients.
CHS 409 6A	<p>SEHA Results for parents (triplicate):</p> <ul style="list-style-type: none"> Top sheet – parent Middle sheet – school 	<ul style="list-style-type: none"> top sheet to be provided to parents in envelope middle sheet to be provided to school

	<ul style="list-style-type: none"> • Bottom sheet – health service 	<ul style="list-style-type: none"> • bottom sheet is to be stored with CHS409-1 in an accessible and secure location until child has completed Year 6 • to be archived in a secure location until 60 years after the last documentation. Some records are subject to indefinite retention*.
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Table 1: SEHA record description, retention and management. Information obtained from: [DA 2019-008 Patient Information Retention and Disposal Schedule for the WA health system \(PIRDS\)](#) and [CAHS Universal Contact School Entry Health Assessment Guideline](#).

***Note:** The State Records Office of WA (SRO) requires indefinite retention of certain Government records. As of 5 April 2018, the SRO issued a disposal freeze for all records and documents that may be relevant to actual or alleged incidents of child sexual abuse or records and documents related to care and support provided to a child where government employees are in contact with children. This disposal freeze is to remain in force until otherwise specified by the SRO. For more information, go to the [Disposal Freeze - Government records Relating to children](#) or refer to Department of Health [Patient Information Retention and Disposal Schedule for the WA health system](#).

Community Health Information System records

Within CHIS, staff must

- include information returned on CHS 409-1
- document results of the initial SEHA, any follow-up checks, targeted assessments and/or related activity. Refer to [Community Nursing CHIS resources](#) to access the CHIS data entry standards and [School Health Clinical User Guide](#)
- scan and attach source documents (if received in hard copy e.g. iSoBAR handover form or referral) received from external agencies to the CHIS client record.

Record maintenance and safety

Original paper documents should be retained in the patient's hard copy record or archived, following local procedures.

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

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

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

Refer to MP 0135/20 [Information Breach Policy](#) for more information.

2.2 Transportation and use of records off site

When records are required to be transported from the community health base office for use in schools or other settings, they must be always kept confidential and secure. This includes the following requirements:

- the community health nurse is to identify and collect records required for school-based activity for the following day or multiple-days as required
- records are to remain in the personal custody of designated nurse at all times
- records are to be handled and stored securely at all times, such as in a locked case or bag
- the designated nurse is to return all records to base. In exceptional circumstances, records may be stored at an off-base site with prior approval from line manager
- records are not to be stored in staff homes or in vehicles.

2.3 Transfer of records

SEHA records may be transferred across WACHS sites and/or services and be provided to external agencies upon request.

For internal transfer within WACHS:

- as all relevant clinical information is accessible via CHIS, transfer of paper records is not required
- ensure an iSoBAR clinical hand-over for clients of concern and vulnerable children. Refer to [Child Health Clinical Handover of Vulnerable Children Procedure](#) and Child and Adolescent Health Service (CAHS) [Clients of Concern Management Protocol](#).

For external transfer with other agencies:

- an iSoBAR clinical handover may be provided to another (external) health service e.g. CAHS on request and with consent from parent (or guardian). Record of consent must be recorded in CHIS
- an iSoBAR clinical hand-over is required for clients of concern and vulnerable children. Refer to [Child Health Clinical Handover of Vulnerable Children Procedure](#) and CAHS [Clients of Concern Management Protocol](#)
- hard copy records are not required to be transferred to external agencies. Relevant clinical information on CHIS is used to generate iSoBAR clinical handover for clients requiring follow-up
- in the case of children in care, consent is to be provided by Department of Communities authorised officer
- records or CHIS iSoBAR handover documents are to be marked 'confidential' and sent via registered post or scanned and emailed using encryption
- provision of records to an external agency must be recorded in CHIS
- records must not to be transported by the client and/or parents and guardians
- where a delegate from an authorised government agency, such as the WA Police, requests an original or copy of a record, they are to be referred to the local Health Information Manager.

2.4 Archiving and Disposal

Effective archiving and disposal of records are essential for maintaining record integrity and security.

Archiving:

- records may be archived prior to the end of completion of primary school. This decision is to be made locally and is dependent on the capacity of the health site.
- archived documents may be recalled back to site if required by health staff, however this is at a cost to the organisation so recalls should be limited by necessity

- staff must follow the archiving procedure and requirements set by their local Health Information Management (HIM) team as per WACHS Archiving process map - Patient information vs corporate records.

Disposal:

- the disposal of health records is governed by MP 0144/20 [Information Retention and Disposal Policy](#)
- disposal of records must be approved by the delegated authority as per the [WACHS Authorisation Schedule](#). Clinical staff are not to dispose of records intended for retention.

3. Roles and Responsibilities

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

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

All staff are required to comply with the directions in WACHS policies and procedures as per their roles and responsibilities. Guidelines are the recommended course of action for WACHS and staff are expected to use this information to guide practice. If staff are unsure which policies procedures and guidelines apply to their role or scope of practice, and/or are unsure of the application of directions they should consult their manager in the first instance.

4. Monitoring and Evaluation

Monitoring and evaluation of this procedure is to be carried out by local Health Information Manager and Tier 5 community health manager (or delegate), at least annually using the following means and methods:

- audit tools as per [Health Record Auditing Procedure](#)
- site reviews incorporating ad hoc and opportunistic feedback.

5. References

Child and Adolescent Health Service, Community Health Manual, [Universal School Entry Health Assessment](#) [Accessed: 21 May 2025]

WA Health [DA2019-008 Patient Information Retention and Disposal Schedule for the WA Health system](#) 2022 [Accessed: 21 May 2025]

WA Country Health Service [CHIS Data Entry Standards, Clinical Items and Document Naming Conventions](#) [Intranet] [Accessed: 07 May 2025]

Government of Western Australia, State Records Office. [Disposal Freeze - Government records Relating to children](#). 2018. [Accessed: 21 May 2025]

6. Definitions

Term	Definition
Disposal	Disposal is the removal of records from the organisation and subsequent destruction, or transfer to the State Records Office for permanent retention as State Archives
Client of concern	A client of concern is a child for whom a deterioration of health, wellbeing or safety is identified, or a risk of deterioration is identified. (CAHS CH Clients of Concern Management Protocol)
Community Health Information System	The Community Health Information System (CHIS) is an electronic client record system designed for population and community health services.
Health Record	A health record is the compilation of information for a client's health history, past and present. Information received or created in the management of clients as part of health service provision.
iSoBAR	iSoBAR is the standardised structure for all clinical handovers within WA Health Service Providers to support effective handover of patient care.
Offsite storage	Offsite storage is a process whereby health records are kept in a dedicated and authorised repository location outside the health service.
Primary storage	Primary storage is a secure and accessible location, only accessible to WACHS staff, where active SEHA health records of current clients are stored. Records are generally those of primary school children up until year 6, though this may vary dependent on the amount of storage available.
Records management	Records management is a systematic approach to the creation, maintenance, use and disposition of records.
Secondary storage	Secondary storage is the location, usually a school site, where active SEHA records may be stored to facilitate access to records at point of care. Secondary storage must be secure, i.e. lockable filing cabinet in school administration office.
Unit medical record number	A unit medical record number (UMRN) is a unique number used of identifying each patient that is retained from first attendance to after death.
Vulnerable child	A vulnerable child is a child that is at higher risk of poor developmental, physical or mental health due to circumstances of child, parents, family and/or community.

7. Document Summary

Coverage	WACHS-wide
Audience	Community Health Nurses
Records Management	Clinical: Health Record Management Policy
Related Legislation	State Records Act 2000 (WA) Health Services Act 2016 (WA) Public Sector Management Act 1994 (WA)
Related Mandatory Policies / Frameworks	<ul style="list-style-type: none"> • MP 0095/18 Clinical Handover Policy • MP 0124/19 Code of Conduct Policy • MP 0135/20 Information Breach Policy • MP 0144/20 Information Retention and Disposal Policy • Information Management Policy Framework
Related WACHS Policy Documents	<ul style="list-style-type: none"> • Child Health Clinical Handover of Vulnerable Children Procedure • Health Record Auditing Procedure • Information Classification and Handling Policy • Universal contact School Entry Health Assessment guideline
Other Related Documents	<ul style="list-style-type: none"> • CAHS Clients of Concern Management Protocol • DoH Information Access, Use and Disclosure Policy - Resource Compendium • DoH Patient Information Retention and Disposal Requirements • DoH DA2019008 Patient Information Retention and Disposal Schedule for the WA Health System • WACHS Client of Concern Management Protocol • WACHS Authorisation Schedule
Related Forms	<ul style="list-style-type: none"> • SEHA records suite
Related Training	Available from MyLearning : <ul style="list-style-type: none"> • Recordkeeping Awareness Training
Aboriginal Health Impact Statement Declaration (ISD)	4401
National Safety and Quality Health Service (NSQHS) Standards	1.16
Aged Care Quality Standards	Nil
Chief Psychiatrist's Standards for Clinical Care	Nil
Other Standards	Nil

8. Document Control

Version	Published date	Current from	Summary of changes
2.00	23 September 2025	23 September 2025	<ul style="list-style-type: none"> changes to records management procedure for SEHA records to cater for the use of online Community Health Information System updated policy in line with overarching records management policy added information to outline staff responsibility.

9. Approval

Policy Owner	Executive Director Clinical Excellence
Co-approver	Nil
Contact	Director Population Health (Child Youth and Family)
Business Unit	Child Youth and Family
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