

School-Based Consultation Guidelines for VCH Public Health Nursing Services

Site Applicability

All VCH Public Health sites

Practice Level

RN (Public Health Nurses): Basic Skill

Need to Know

This document describes the assessment, intervention and follow-up related to services for school-aged children and youth (5-19 years) by Public Health Nurses (PHN) when health concerns are identified.

These guidelines aim to support Universal Service Statement 1.3 from the [VCH PHN Nursing Standards](#): “PHNs with assigned schools will engage in ongoing dialogue and consultation support to their schools in order to establish and maintain relationships, support health services delivery, ongoing identification of health issues and respond to health related concerns.”

PHNs may be the first point of contact for many children and youth and their families who might not engage with the public health system otherwise. This nurse-client relationship is an opportunity to not only increase individual health but also create connections that build healthy communities with the goal of optimal health for all.

Public health nursing assessment and intervention services for school-aged clients are provided in the context of the delivery of services to the larger population of children, youth and families. PHNs use assessment, planning, implementation and evaluation/follow-up in provision of service to individuals, communities and systems to benefit the health and wellness of the population as a whole.

Consultations provided by PHNs to school aged children and youth (grade 8-12) clients may be identified for PHN services through:

- Concerns identified by the PHN
- Self-referral
- Referral to public health by other health care provider, school staff/teachers, parent or other involved person (with parent consent*).

*While the Infants Act does not specify an age for “mature minor consent”, VCH practice is to acquire parental consent for elementary school students only. For youth clients (grade 8-12) parental consent is not required but the youth needs to be capable of giving consent and aware of the referral (see [Infants Act](#)).

Practice Guideline

Initial Contact

Key Principles

- [Client-driven, client-centered](#)
- In the context of family
- Culturally safe and responsive
- Strengths-based approach
- [Trauma informed practice](#)
- Youth friendly
- Inclusive
- Confidential (Unless there is [duty to report](#))

Note: This is a **controlled** document for VCH internal use. Any documents appearing in paper form should always be checked against the electronic version prior to use. The electronic version is always the current version.

Using a [motivational interviewing](#) approach the PHN:

- Determines the concerns of the client and/or family from their perspective (PHN should be aware that the presenting issue may or may not be a concern of the client).
- Assesses the client's readiness for PHN involvement.
- Plans next steps with the client.

Following consultation and with the consent of the client or parents/guardian, if appropriate, consider connecting back with referral source to establish follow-up plan.

Examples of PHN Interventions:

The interventions below are taken from the [VCH Public Health Nursing Model](#); they include examples which best exemplify the role that a PHN may have in consultation with school clients.

- **Consultation:** PHNs can meet with students and families to discuss concerns (often these are pre-identified by school staff). School staff may also become/remain more actively involved in circumstances where there are impacts on the broader student population.
 - **Example:** Bullying is occurring in the school. The PHN meets with school staff to assess the prevalence/scope of bullying and collaborates to develop a plan of action.
- **Capacity Building:** The goal of the PHN is to build relationships with parents, families and communities (the client) and enhance capacity for self-care and coping with illness, health conditions, and/or physical and social determinants of health.
 - **Example:** School staff notifies the PHN of a student who could benefit from sleep hygiene resources, the PHN consults with the student (e.g. using a motivational interviewing approach) and PHN shares resources that can support the client with their sleep.
- **Health Education:** PHNs provide health education to parents, children, school staff and community members. Health education includes technical information such as the use of an auto-injector, administration of glucagon, etc. as well as broader knowledge exchange that aims to increase awareness on specific health topics.
 - **Example:** Concussions have been identified as an issue in a school. The PHN leads or co-leads a Concussion Awareness Training Tool (CATT) session with parents at a PAC meeting to build greater awareness/understanding of the issue.
- **Care Coordination:** PHNs help parents and school staff to coordinate care and care planning for children with complex health or social concerns who may be receiving services from a variety of independent providers and are not being followed by Nursing Support Services.
 - **Example:** The PHN is notified of a diabetic student in the school who is independent with their care. The PHN meets with student, family, and/or school staff to ensure their self-care is being safely managed and that optimal participation in school activity is achieved.
- **Disease and other Health Event Investigation:** Connection with local communicable disease and/or regional teams around outbreak response and management.
 - **Example:** There are multiple confirmed cases of Varicella at a school. The PHN acts as a liaison with the VCH Communicable Disease team, school, and parents to create an action plan as required.
- **Referral and Follow Up:** The PHN assists individuals, families, and schools to access resources to prevent or resolve health related problems or concerns. The PHN checks in with clients at a later date to ensure needs are being met.*
 - **Example:** School staff notifies the PHN of a child struggling with high anxiety. The PHN may refer the child and/or family to existing internal or external mental health services. The

PHN follows up in a timely fashion with the child and family to ensure counselling services are meeting their needs and if any further supports are required.

*PHNs continue to follow clients who are on referral waiting lists until they are seen by the appropriate health professional.

Plan for follow up

- Determine on a case by case basis the need and timing for follow-up.
- The plan for follow up should be specific and clear in documentation, be developed in collaboration and be reviewed with all parties.
 - Ensure to complete any required PARIS documentation and consider initiating a Clinical Care Plan.
- Be as confidential, transparent, consistent and predictable as possible with the client.

Duration of service

Continue by mutual agreement until:

- Client indicates a desire to conclude or discontinue service.
- Client transitions or is referred to other programs and/or service provider who assumes care for the identified issues.
- Client becomes ineligible.
- Concern is resolved.
- Client lost to contact.

Equipment & Supplies

Various, based on consultation needs.

Expected Client Outcomes

- Clients and families will receive key public health information to promote optimal health and education.
- Clients and families who would benefit from additional services from public health or community partners will be identified and referred for services.

Evaluation

Feedback from PHN leads and review practice as needed.

Site Specific Practice

Consult your local Educator or Team leader for site specific practices.

Documentation

- Documentation in: single contact casenote V2, school age PARIS assessment and progress note, and linked to a Clinical Care Plan if needed.
- Documentation for parents/guardians if receiving interventions in the adult assessment and casenote.

Related Documents

- [Healthy Minds. Healthy People](#) (2010-2020)
- [BC's Guiding Framework for Public Health](#) (2013)
- [Infants Act](#)
- [CRNBC Standards of Practice](#)
- [VCH School Health Manuals](#) (various, by Community of Care)

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References

- [VCH Public Health Nursing Intervention Model](#)
- [Trauma Informed Practice Guide](#) (May 2013)
- [VCH Early Childhood Care Pathway](#)
- [VCH Healthy Schools PHN Standards](#) (2016)
- [VCH Health Promotion in Schools Core Competencies](#) (2014)

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Endorsed by

VCH: (*Regional SharePoint 2nd Reading*)

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Appendix A: Definitions Resources

Client Centred: Listening to and respecting a client's "values, beliefs, preferences, and expressed needs." (MacKean, 2001)

Client Driven: Where the client sets the agenda, making the decisions and taking responsibility for living with the consequences (Smith, Edwards, Varcoe, Martens, Davies 2006)

Cultural Safety: Cultural safety addresses power relationships between the service provider and the people who use the service. A manner that affirms, respects and fosters the cultural expression of clients. This usually requires registered nurses to have undertaken a process of reflection on their own cultural identity and to have learned to practise in a way that affirms the culture of clients and registered nurses. Unsafe cultural practice is any action which demeans, diminishes or disempowers the cultural identity and well being of people (IPAC-AFMC, 2008; Smye & Browne, 2002).

<https://www.crnbc.ca/Registration/Lists/RegistrationResources/375CompetenciesEntrylevelRN.pdf>

Motivational Interviewing: A client-centred, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence. (<http://www.motivationalinterviewing.org/>)

Strengths-Based: An approach that identifies the positive resources, capacities and abilities (strengths) that families and children have rather than focusing on 'what is wrong'.