GUIDELINE

EACHS 4 year contact

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<tr>
<th>Scope (Staff):</th>
<th>Child Health, School Health</th>
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<td>Scope (Area):</td>
<td>CACH, WACHS</td>
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This document should be read in conjunction with this DISCLAIMER

Aim

This document is a guide for all staff who undertake the EACHS four year contact, and assists staff in meeting the service requirements of the contact.

Background

The 4 year contact can be undertaken by the Aboriginal Health Worker. However, if the Aboriginal Health Worker is unavailable, it can be offered by the child health nurse, school health nurse, community nurse generalist, enrolled nurse and remote area nurse.

The contact involves an assessment of the child’s physical, emotional and social development, risk factors for hearing loss and vision problems, include carer/parent mental health problems. The contact provides an opportunity for ongoing engagement with the family, as well as ongoing assessment of the family’s risk and protective factors.

Accessing parents and caregivers at this key developmental stage enables the health staff to:

- Continue the helping relationship with the family
- Provide information about nutrition
- Perform a physical and developmental assessment
- Check the list of risk factors for hearing loss and vision problems
- Promote positive carer/child interaction
- Deliver key messages about parenting and health promotion
- Identify parent/carer mental health needs
- Encourage appropriate pre-school attendance
- Identify those families at risk and who may require extra types of services or supports.

The 4 year contact should be conducted as a home visit face to face, in the child health centre or at another community location.
Role of the Community Health Staff

Health and lifestyle education

The following provides cues for providing health information which can be addressed as appropriate (via verbal, audio-visual, electronic or written material).

Nutrition

Maintaining a healthy, nutritious and varied diet:

- Types and amounts of foods – 3 meals and 2 snacks per day
- Water as the main drink, avoid cordial, soft drink, tea, juice, flavoured water and milk, and sports drinks
- Usual patterns of growth
- Lunch box ideas – snacks for kindy

Prevention

Parent support and child development:

- Sensitive parenting
- Carer-child relationship – social emotional needs
- Sleeping – the importance of appropriate sleep environments and bedtime routines
- Development strategies – language, motor skill development and active play
- Limit screen TV/ computer time to less than one hour per day
- Expected behaviour and needs – limit setting

Safety and Injury Prevention

- In the home
- Community – dogs, environmental hazards
- Water safety – dams, swimming pools, water holes
- Need for supervision
- Road and driveway safety
- Knowledge and use of vehicle child restraints

Infection and other

- Immunisation schedule
- Dental health - ‘Lift the Lip’
- Breathe, blow, cough

Carer Health

- Social and emotional wellbeing (Offer EPDS if concerned)
- Social support – playgroup is not just for children
**Family Health**

- Parents/carers – emotional and behavioural wellbeing
- Family functioning and wellbeing
- Family health and wellbeing including a varied and nutritious diet
- Tobacco, drugs, alcohol use and family domestic violence.

**Parenting**

Accessing parents and caregivers at this key developmental stage enables community health staff to deliver key messages about parenting and health promotion, identify mental health needs, and conduct a physical examination. The visit provides an opportunity for ongoing engagement with the family, as well as ongoing assessment of the family’s risk and protective factors.

Four year olds are increasingly independent, and are usually able to complete most self-care activities with minimal assistance. Four year olds can be strong-willed, but they understand the need to argue with words rather than physical means. They understand turn-taking as well as sharing, and can show empathy for other children in distress.

Imaginative play can become very elaborate. Building things, drawing and dressing up are favourite activities. Parents/carers can be encouraged to practice skills needed for kindy through play. This can include sitting and listening to a story, cutting with scissors, drawing, painting and packing away when the activities are finished. Outdoor play can include running, jumping, skipping, throwing and catching a ball and using a bat.

The four year contact is an ideal opportunity to continue the discussion about kindy enrolment and preparation for school attendance. School attendance should be strongly encouraged, and any issues relating to school attendance can be explored sensitively with the carers.

Commence the discharge planning process by opening a discussion with parents/carers about the School Health Service and the role of the School Health Nurse; this will enable them to consider engaging with the school health service during the time of transition from child health to school health services. Where possible, seek permission from the parent/caregiver to consult with the school health nurse on any relevant health or developmental issues which may impact on the child’s learning ability.

**Family History**

Continue the collection of demographic data, including a Genogram and Assessment of protective and risk factors: Using the indicators of need or an approved client need classification tool, if not already completed.

Ask if there have been any changes in the family since the last contact.

**Child Assessment**

Parents/carers should be encouraged to take their child to a doctor for the annual health check.

Physical Assessment (see Physical Assessment 0-4 years in resource section).

The 4 year contact includes a physical assessment of the child, and will include:
### Physical Domain | Tasks
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**Vision** | • Observation of eye movements  
• Vision behaviours  
• Corneal Light Reflex Test  
• Distance vision testing using the Lea Chart

**Hearing** | • Otoscopy, tympanometry, and play audiometry

**Growth** | • Measure weight and chart  
• Measure height and chart  
• Measure BMI for age percentile and chart

**Skin** | • Inspect and manage as indicated

**Anaemia** | • Haemacue “as per local protocol”

**Oral assessment** | • “Lift the Lip” and refer if necessary

**Development** | • Observational age appropriate assessment for physical, social and emotional development

### Questions for parents/carers
In addition, the health staff will check the risk factors for hearing loss and vision problems on the checklist, and parental responses to the developmental prompts. The Ages and Stages (ASQ3) and Ages and Stages Social Emotional (ASQSE2) questionnaires can be used if indicated.

### Documentation
Community health staff will document relevant findings according to local processes. There is an additional medical examination form for Medical Officers who are working within or for the community health service. This form is used in conjunction with the 4 year assessment and examination form. Where the community health service does not have a medical officer available, parents/carers should be encouraged to attend local medical services for the child’s annual Medicare funded assessment and examination.

### Follow up and Service Planning
Once an assessment is made, the health professional, together with the parent/carer, will continue to develop a plan outlining frequency of visits, venue, and referral needs. Include other family members in developing the plan where necessary.

For those families currently considered at higher risk, either additional contacts or a more intensive home visiting program should be offered as appropriate and where resources are available.
### Useful resources

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<tr>
<th>Resource</th>
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<td>Child and Antenatal Nutrition Manual</td>
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<td>Child health universal services policy</td>
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<tr>
<td>Child health universal services policy rationale</td>
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<tr>
<td>Physical Assessment 0-4 years</td>
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<tr>
<td>Guidelines for Protecting Children (2015)</td>
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<tr>
<td>Immunisation schedule</td>
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<td>Positive Parenting Program</td>
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<td>Guidelines for Responding to Family and Domestic Violence (2014)</td>
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