GUIDELINE

EACHS 5 year contact

<table>
<thead>
<tr>
<th>Scope (Staff):</th>
<th>School Health</th>
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<tr>
<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 five year contact, and assists them in meeting the service requirements of the contact.

Background

The school entry health assessment forms the basis of the 5 year contact. In the interest of maintaining consistency with screening procedures, it is desirable that the assessment is undertaken by the school health nurse. Ideally, the child will be enrolled in school and it can be offered by the school health nurse at the scheduled screening time. However, some children may not yet be enrolled in school, and community health staff will need to offer the assessment.

The meeting involves an assessment of the child’s physical, general health and development, and vision and hearing screening. Health, development, wellbeing and positive educational outcomes in school are intertwined, and if a child is experiencing problems, intervention should be early and appropriate.

There is a medical checklist available for use in community health centres that have access to visiting or permanently employed medical officers.

Accessing the child at this key developmental stage enables the health staff to:

- Update the child’s history
- Perform a physical and developmental assessment
- Undertake vision and hearing screening
- Provide prompt referral and intervention for identified issues
- Encourage appropriate pre-school attendance
- Promote engagement with the school and school health services
- Identify those families at increased risk who may require additional services or supports
- Ensure continuity of care by discharging the child to school health services.
Role of the Community Health staff

Health and lifestyle education

If community health staff have contact with caregiver at this age, 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 sports drinks
- The importance of breakfast for optimal learning
- Lunch box ideas

Prevention

Caregiver support and child development:

- Sensitive parenting
- Carer-child relationship – social emotional needs
- The benefits of kindy and pre-school attendance
- Sleeping – the importance of bedtime routines
- Development strategies – language, motor skill development and active play
- Limit screen time to less than two hours per day
- Expected behaviour and needs – limit setting

Safety and Injury Prevention

Strategies for safety:

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

Infection and other

- Immunisation schedule- ensure immunisation status is current
- Dental health – will be eligible for school dental services this year
- Breathe, blow, cough


**Carer Health**

- Mental health
- Social support

**Family Health**

- Parents/carers – emotional and behavioural wellbeing
- Family functioning and wellbeing
- Family health and wellbeing including a varied and nutritious diet
- Smoking, 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.

Between the ages of four and five, children begin to develop a stronger sense of their own identity, are more able to express their own feelings and show empathy towards others. They need the companionship of other children and they are usually able to separate from their carers for longer periods of time without distress. Carers can be encouraged to provide opportunities for their child to socialise, especially if the child has not yet commenced kindy. School attendance should be strongly encouraged, and any issues relating to school attendance can be explored sensitively with the parents/carers.

Children at this age usually enjoy jokes, and verbal incongruities, and are able to understand more complex concepts e.g. they can compare two weights and work out which is heavier, understand qualitative concept e.g. empty, some, all. Parents/carers can use everyday household objects to help explore these concepts.

**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**

The 5 year contact includes a physical assessment of the child, and will include:

<table>
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<tr>
<th>Physical Domain</th>
<th>Tasks</th>
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<tr>
<td>Vision</td>
<td>• Observation of eye movements</td>
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<td></td>
<td>• Vision behaviours</td>
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<td></td>
<td>• Corneal Light Reflex Test</td>
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<td></td>
<td>• Distance vision testing using the Lea Chart (if not previously done)</td>
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<tr>
<td>Hearing</td>
<td>• Otoscopy, tympanometry and play audiometry</td>
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| Growth             | • Measure weight and chart  
|                   | • Measure height and chart  
| Oral health       | • Children are now eligible for school dental services  
| Skin              | • Inspect and manage as indicated  
| 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.

A medical officer checklist is provided for use in community health services where medical officers complete annual assessment.

**Discharge to the School Health Services**

Complete the discharge planning process by continuing the discussion with parents/carers about the School Health Service and the role of the school health nurse. Where possible, seek permission from the parent/carer to consult with the school health nurse on any relevant health or developmental issues which may impact on the child’s learning ability.

**Useful resources**

- Child and Antenatal Nutrition Manual
- Child health universal services policy
- Child health universal services policy rationale
- Immunisation schedule
- Positive Parenting Program
This document can be made available in alternative formats on request for a person with a disability.

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<td>Senior Portfolio Policy Officer</td>
</tr>
<tr>
<td>Reviewer / Team:</td>
<td>Statewide Policy</td>
</tr>
<tr>
<td>Date First Issued:</td>
<td>2012</td>
</tr>
<tr>
<td>Review Date:</td>
<td>Extended Dec 2018</td>
</tr>
<tr>
<td>Last Reviewed:</td>
<td>n/a (amendment/s May 2017)</td>
</tr>
<tr>
<td>Approved by:</td>
<td>CACH/WACHS Community Health Clinical Nursing Policy Governance Group</td>
</tr>
<tr>
<td>Endorsed by:</td>
<td>Executive Director CACH</td>
</tr>
<tr>
<td>Date:</td>
<td>8 June 2017</td>
</tr>
<tr>
<td>Standards Applicable:</td>
<td>NSQHS Standards: 1.7, 1.8</td>
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