



PROCEDURE

Drop-in session

Scope (Staff):	Community health
Scope (Area):	CACH, WACHS

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations.

Read the full statement here:

[CAHS Child Safe Organisation Commitment Statement](#)

This document should be read in conjunction with this [disclaimer](#)

Aim

To provide guidance on the operation of a child health drop-in session to ensure consistent service delivery for all families.

Risk

Non-adherence to this procedure could result in:

- inconsistent service delivery and access to services
- health and safety risks for clients and consumers and staff
- inefficient use of staff resources.

Background

A Drop-In Session (DIS) allows parents and carers the option of a brief face-to-face consultation with a Community Health Nurse (CHN) without the need for a scheduled appointment. The provision of flexible service delivery formats increases accessibility for a broader range of families who are raising children under a wide range of conditions and contexts.^{1,2}

A DIS provides an opportunity to address *non-complex needs and concerns* of children and is not intended for client issues of a sensitive nature or where a further level of support is required.

Key points

- A DIS is suitable for brief intervention for *non-complex concerns*, health education, parental reassurance, general advice, interpretation of infant growth/development.
- Informed consent for bare weight assessment is important if weight assessment is not performed in a private clinic room. Practise in a sensitive and respectful manner.
- Targeted assessments should be offered when concerns are raised by a parent, carer, teacher, or health professional, and only proceed once consent has been obtained in accordance with the [CACH Consent for Services Policy](#).
- Implied consent, which must be informed, should be obtained prior to proceeding with assessment in accordance with the CACH Consent for Services Policy.
- A DIS is *not suitable for monitoring issues of clinical concern* such as possible growth faltering. A formal appointment with a Child Health Nurse must be booked, or formal referrals made where clear issues of clinical concern requiring follow up are identified and documented.
- A DIS is not intended to facilitate CHN-led parent social networking.
- All nurses will refer to the [Nursing and Midwifery Board AHPRA Decision-making framework](#) in relation to scope of practice and delegation of care to ensure that decision-making is consistent, safe, person-centred and evidence-based.
- Nurses need to provide a culturally safe service delivery which demonstrates a welcoming environment that recognises the importance of cultural beliefs and practices of all clients.
- Staff provide care that is inclusive, and trauma informed to create a safe environment in partnership with children, and families.
- Nurses need to be aware of the availability of local resources to support the family.
- Nurses must follow the organisation's overarching Infection Control Policies and perform hand hygiene in accordance with WA Health guidelines at all appropriate stages of the procedure.
- **There are differences in DIS operating processes for CACH and WACHS staff.** Nurses should refer to processes relevant to their region of practice as detailed in the [procedure table](#).

Equipment

- Infant weighing scales
- Wipes, hand sanitiser, and bin for general waste
- Change mats
- Relevant, endorsed child health resources
- Access to relevant electronic data systems
- Drop-in session attendance form (CHS830)

Procedure

Steps	Additional Information
<p>1. Plan session</p> <ul style="list-style-type: none"> • DIS planning is led by the Clinical Nurse Manager (CNM) in consultation with CHN at a team or regional level • Planning will consider local needs, geographic coverage, staffing and relevant population and health data • DIS should be available on differing days of the week and at varying times throughout the region, providing clients with flexibility in accessing community health services • CNM to conduct a monthly review the effectiveness of service delivery and schedule using management reports. 	<p>CACH process – session timing</p> <ul style="list-style-type: none"> • A maximum timeframe of 120 minutes should be allocated for DIS, including: <ul style="list-style-type: none"> ○ 60-90 minutes client contact time ○ 15 minutes each for setup and pack down ○ 15 minutes to complete documentation. <p>WACHS process – session timing</p> <ul style="list-style-type: none"> • As per regional protocols.
<p>2. Identify venue</p> <p>The following criteria is <i>recommended but not essential</i>:</p> <ul style="list-style-type: none"> • Sufficient space for multiple families and their equipment • Accessible by public transport and sufficient parking. 	<ul style="list-style-type: none"> • CNM to determine suitability of venue as per operational needs including ensuring adequate occupational health and safety criteria is met e.g. no trip, child safety, hygiene or other hazards).

Steps	Additional Information
<p>3. Ensure confidentiality/child safety</p> <ul style="list-style-type: none"> Parents are to be advised that drop-in sessions may not be held in confidential spaces If parents wish a confidential space or have concerns a Universal Plus appointment should be considered. For bare weight, nurses to ensure that they advise parents that babies are usually weighed naked and seek consent to proceed. If a parent's preference is to weigh the baby with a nappy or clothing, the nurse needs to note this weight is not accurate and explain this to the parent 	<p><u>Resources</u></p> <ul style="list-style-type: none"> DIS poster (includes translated version for 11 languages) Interpreter poster Chart of healthcare rights (includes translated version for 11 languages) Consumer feedback poster with multiple translations
<p>4. Review staffing</p> <p>CNM to review staffing in consultation with teams and with consideration of DIS attendance data and attending client profiles.</p>	<p>CACH Staff process</p> <ul style="list-style-type: none"> Where feasible, two staff should operate the DIS at one time (where possible). This ensures clients are seen in a timely manner, confidentiality is maintained, and occupational health and safety issues are minimised. <p>WACHS Staff process as per regional protocols.</p>
<p>5. Book CHN calendars</p> <p>Note: Calendar allocation for WACHS is not applicable.</p>	<p>CACH process</p> <ul style="list-style-type: none"> CNM to ensure that Child Health and Immunisation Booking System (CHIB) have an up-to-date listing of DIS in their area Each nurse to schedule DIS availability in their calendar in CDIS using 'Group/multi session' (in notes section write 'DIS')

Steps	Additional Information
	<ul style="list-style-type: none"> • Schedule into CDIS to avoid CHIB or CHN making formal appointments • Schedule in CDIS to allow the occasions of service to be accurately reported.
<p>6. Consent</p> <p>Explain the nature of the drop-in session.</p> <ul style="list-style-type: none"> • See the Child Health Nurse for a quick question • Get parenting information and support • Weight, length and head circumference assessments can be conducted – private rooms may not be available • Prior to proceeding with the assessment, consent to be obtained from the parent in accordance with the CAHS Consent to Treatment policy. 	<p>For more information see relevant policies:</p> <ul style="list-style-type: none"> • Head Circumference Assessment • Length Assessment 0-2 years • Weight Assessment 0-2 years • Consent for Services <p>Important note: Obtaining informed consent for bare weight assessment is important</p> <ul style="list-style-type: none"> • If a parent declines a bare weight assessment, consider offering one of the following: <ul style="list-style-type: none"> ○ Weight with nappy and/or clothing insitu, noting this weight will not be accurate ensuring the parent understands this ○ If concerns offer a Universal Plus appointment.
<p>7. Record drop-in session attendance</p> <ul style="list-style-type: none"> • Client details will be entered onto the Drop-in session attendance form (CHS830) by the CHN and kept confidential during DIS • The CHN will enter client details and content of the contact from these forms 	<p>CACH process</p> <ul style="list-style-type: none"> • The CHN should also notify the original CHC that CDIS notes are available • Follow the appropriate handover procedure – see Clinical handover - nursing.

Steps	Additional Information
<p>onto the relevant electronic data information system at the conclusion of the DIS</p> <ul style="list-style-type: none"> The CHS830 is an operational tool, not a client record, and therefore should not be retained. The CHS830 will be securely destroyed according to local processes as soon as possible after the relevant client records are updated All clients attending a DIS must be recorded on an appropriate electronic data information system. 	<p>WACHS process</p> <ul style="list-style-type: none"> Document contact on CHIS as appropriate Follow the appropriate handover procedure – see WACHS Child Health Clinical Handover of Vulnerable Children Procedure.
<p>8. Consider clients presenting with complex issues and/or needs</p> <ul style="list-style-type: none"> Clients with urgent clinical issues can be addressed one-to-one during a DIS, however nurses should exercise clinical judgement and schedule a Universal Plus appointment outside of DIS, where possible CHN need to ensure timely follow up and/or referral for clients with complex needs, or if a clinical concern is identified All clients with complex needs should have identification of planned follow up activities in the client record including suggestion that an appointment may be required to address the client's needs If a client originates from another Child Health Centre (CHC), the CHN must notify and inform the original CHC that the client has attended. 	<p>Clinical handover of clients will be undertaken and documented according to local processes. See Clinical handover - nursing.</p> <ul style="list-style-type: none"> All notifications should be time appropriate. <p>CACH process</p> <ul style="list-style-type: none"> CHN should also notify the original CHC that CDIS notes are available Follow the appropriate handover procedure – see <p>WACHS process</p> <ul style="list-style-type: none"> Document contact on CHIS Follow the appropriate handover procedure – see WACHS Child Health Clinical Handover of Vulnerable Children Procedure.
<p>9. Complete documentation</p> <ul style="list-style-type: none"> Nurses maintain accurate, comprehensive and contemporaneous documentation of assessments, 	<p>CACH process</p> <ul style="list-style-type: none"> CHN to allocate 15 minutes during session conclusion to complete documentation in a timely manner.

Steps	Additional Information
planning, decision making and evaluations <ul style="list-style-type: none"> The CHN must accurately record the topics discussed with each client in the relevant electronic information system. 	

References
<ol style="list-style-type: none"> Edmond K. The Western Australian Metropolitan Birth to School Entry Universal Health Service Delivery Model. Review of evidence with recommendations for an improved service delivery model. Department of Health Western Australia. 2015. Australian Health Ministers' Advisory Council. National Framework for Child Health and Family Services - secondary and tertiary services. Australia; 2015.

Related internal policies, procedures and guidelines
The following documents can be accessed in the Community Health Manual: HealthPoint link or Internet link or for WACHS staff in the WACHS Policy link
Body Mass Index assessment – child health
Breastfeeding and lactation concerns - assessment
Breastfeeding support service
Clients of concern management
Clinical handover - nursing
Consent to Treatment
Growth – birth to 18 years
Growth – static or downward trajectory
Length assessment 0-2 years
Nutrition for children-Birth to 12 months
Physical assessment 0-4 years
Sleep

Weight assessment 0-2 years
The following documents can be accessed in the CACH Operational Manual
Patient/Client Identification
Client Record Transfer
Consent for Release of Client Information
Recognising and Responding to Acute Deterioration
The following documents can be accessed in the CAHS Infection Control manual
Hand hygiene
The following documents can be accessed in WACHS Policy
WACHS Child Health Clinical Handover of Vulnerable Children Procedure
Infection prevention and control
The following documents can be accessed in the Department of Health Policy Frameworks
Clinical Handover Policy
Guidelines for Protecting Children 2020
Information management
WA Health Consent to Treatment Policy
WA Health COVID-19 Framework for System Alert and Response
WA Health System Language Services Policy


Useful internal resources (including related forms)
Clinical handover/referral form (CHS663)
Consent for release of information (CHS725)
Consent for release of information supplement– Client information sheet (to use with CHS725)
Drop-in session attendance form (CHS830)
Drop-in sessions – metro full week poster (in Posters -Templates)

Drop-in sessions – metro single session poster (in Posters -Templates)
Drop-in sessions - WACHS poster (in Posters -Templates)
Family and Domestic Violence Referral (FDV952)
How children develop 0-12 years
PHR insert – drop-in (in Posters -Templates)
Translated drop in session clinic posters

Useful external resources (including related forms)

Occupational Safety and Health Act 1984
Nursing and Midwifery Board of Australia. Code of conduct for nurses and Code of conduct for midwives . 2018
Nursing and Midwifery Board of Australia. Registered Nurses Standards for Practice . 2016.

This document can be made available in alternative formats on request.

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Standards Applicable:	NSQHS Standards:  Child Safe Standards: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10		

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Excellence
Collaboration
Accountability
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Respect

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