

# Secondary school nursing professional practice standards





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Office for Children  
Juvenile Justice and Youth Services Branch  
Secondary School Nursing Program

2006

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These standards draw heavily on the work of the following standards:

- *ANCI national competency standards for the registered nurse and the enrolled nurse*. Canberra: 2000. Australian Nursing Council, Inc.
- *Competencies for the specialist paediatric and child health nurse*. Sydney: 2000. Australian Confederation of Paediatric and Child Health Nurses (ACPCHN).
- *Competency standards for the advanced nurse*. Melbourne: 1997. Australian Nursing Federation.

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## Foreword

The Secondary School Nursing Professional Practice Standards have been developed as a complement to the build on the Victorian Secondary School Nursing Program Guidelines and the Secondary School Nursing Program Standards and should be used in conjunction with these documents.

The Secondary School Nursing Professional Practice Standards acknowledge the additional expertise related to adolescent health and development required of a nurse practicing in a secondary school environment. The standards inform the practice of the nurse and guide the integration of health promotion and clinical practice.

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## Introduction

In 2003, a team from RMIT University received funding from the Victorian Government Department of Human Services to develop professional standards for the Secondary School Nursing Program. These standards are to be used in conjunction with the Secondary School Nursing Program standards and the following professional nursing standards:

- Australian Nursing Council national competency standards (2000)
- Code of ethics for nurses in Australia (2002)
- Code of professional conduct for nurses in Australia (2003)
- Competency standards for the advanced nurse (1997).

### Project overview

The purpose for developing professional standards for secondary school nurses is to ensure current professional standards are available for secondary school nurses to use in conjunction with the new *Secondary School Nursing Program standards* (Department of Human Services, 2006).

### Aim

The aim of the project was to:

- enable secondary school nurses to assist in the ongoing development of professional standards to guide their nursing practice
- further evolve the professional recognition of the secondary school nurse role.

### Objectives

The objectives of this project were to:

- link secondary school nursing standards to national and international nursing standards
- establish professional standards to be used as a base for future competency development for secondary school nurses (Department of Human Services, 2003a, pp. 1–3).

### Background

The School Nursing Program was introduced to Victoria in 1913 to support the School Medical Program. By the 1920s, the role had extended to include hygiene inspections of school children in inner Melbourne suburbs. Since this time, Victoria's public sector School Nursing Program has been through major change.

In the early 1970s there were between 20 and 30 nurses working in state secondary schools, employed by the Department of Education. In 1994 all but one had their funding withdrawn by the Department of Education. The last secondary school nursing position funded by the State Government was abolished in December 1998.

With a change of government in 1999, a decision was made to employ 100 secondary school nurses in 200 state secondary schools. The first 20 secondary school nurses were employed in 2000. Another 80 secondary school nurses were employed during 2001, totalling 100 positions in 199 schools.

The focus of the re-introduced Secondary School Nursing Program was based on evidence gathered through research specifically relating to adolescent health, for example:

- *Improving the lives of young Victorians in our community* (Department of Human Services, 2000a) found a strong link between young people's behaviour and risk factors in their relationships with their families, schools and peers.
- Resnick et al. (1993) found that factors such as a young person's school connectedness were important for reducing drug misuse, school absenteeism and other risk taking behaviour.
- Work by Developmental Research Programs Inc (1993) reported that having a positive relationship with an adult can assist young people to develop skills for life, including resiliency.
- The Department of Human Services (2000b, p. 6) reported in the *Victorian Secondary School Nursing Program: consultation paper* that:  
the research evidence points to the need for health interventions that:
  - are based on a comprehensive and holistic approach to health, linking the school to community agencies that are experienced in dealing with young people's health issues
  - provide significant and sustained intervention, possibly over several years

- are sensitive to changes in young people's social and cognitive development
- focus on known risk factors and enhance protective factors early, before problem behaviours become entrenched or lead to negative health outcomes.

The goals of the Secondary School Nursing Program are:

#### Goal 1

To play a key role in reducing negative health outcomes and risk-taking behaviours among young people, including drug and alcohol abuse, tobacco smoking, eating disorders, obesity, depression, suicide and injuries.

#### Goal 2

To focus on prevention of ill health and problem behaviours by ensuring coordination between the school and community-based health services.

#### Goal 3

To support the school community in addressing contemporary health and social issues facing young people and their families.

#### Goal 4

To place nurses in areas of greatest health needs and socio-economic disadvantage.

#### Goal 5

To provide appropriate primary health care through professional clinical nursing, including assessment, care, referral and support.

#### Goal 6

To establish collaborative working relationships between primary and secondary school nurses to assist young people deal with any difficulties in their transition to secondary school. (Department of Human Services, 2000b, p. 3)

#### Population health approach

School nursing was developed in state government public health and education departments around Australia and northern America in the 1890s and 1900s. The scope of practice for these public health nurses has followed the public health population approach. The early school nurses were involved in dealing with childhood infectious diseases, poor nutrition, mass immunisation and mass medical examinations of school children. However, even 100 years ago, the public health strategies had an emphasis on health promotion and prevention.

#### Standards

A standard can be defined as:

- a desired and achievable level of performance;
- a predetermined level of quality; and
- a specification by which the qualities of something may be tested (Mackey, 1995).

Standards and their criteria are essential for the quality improvement process of secondary school nursing practice. They provide a clear and measurable idea of the quality of work performance to be achieved; without them it is difficult to produce evidence that the desired level of performance has been reached.

#### Relationship between program guidelines and professional standards

The *Victorian Secondary School Nursing Program guidelines* (2002) were developed to provide secondary school nurses, school staff, students, parents, caregivers and other stakeholders with a clear understanding of key Department of Human Services and Department of Education and Training policy, processes and legislation related to the role of nurses employed in the Secondary School Nursing Program. The guidelines provide a basis for the development of local decisions that directly reflect the policies, procedures and needs of individual schools. Therefore, the guidelines are a useful document to read in conjunction with the professional standards.

## Development of the professional standards

Standards are necessary to demonstrate to the public, government and other stakeholders that a profession is dedicated to maintaining public trust. Standards have an important role in guiding nursing practice and are based on the values of the profession. These values are articulated in the *Code of ethics for nurses in Australia* (2002) and, together with the standards, provide the basis for nursing practice. Standards enable nurses to promote safe, competent and ethical practice (Canadian Nurses Association, 2003).

### Literature review

A literature review was undertaken to examine standards developed for nurses and, in particular, school nurses. The review identified a number of documents that provided ideas that were adapted in part for these standards. The key findings from this review related to:

- Standards that were adapted in-part for these standards:
  - Australian Confederation of Paediatric and Child Health Nurses, *Competencies for the specialist paediatric and child health nurse*, 2000
  - Health Department of Western Australia, *Competency standards for the community health nurse* 1998
  - Australian Nurses for Continence, *Competency standards for continence nurse advisors* 2000
  - Australian Nursing Federation (Victorian Branch) Community Health Nurse Special Interest Group, *Standards of community health nurse practice*, 1993
  - Queensland Government, *Program guidelines, School Based youth health nurse program*, 2002
  - Australian Nursing Council, *ANC national competency standards for the registered nurse and the enrolled nurse*, 2000
  - Australian Nursing Federation, *Competency standards for the advanced nurse*. 1997.
- Layout and design of professional standard:
  - American Nurses Association and Nation Association of School Nurses (2003), *Scope and standards of professional school nursing practice*;
  - Australian Confederation of Paediatric and Child Health Nurses (2000) *Competencies for the specialist paediatric and child health nurse*.

### Focus groups

Focus groups were held with secondary school nurses from each of the nine Department of Human Services regions. Data from these focus groups provided the first draft of the professional standards. These draft standards were forwarded to the Secondary School Nurses Sub Committee (see Appendix one) twice and supported by two meetings. Changes and additions were made during this process.

### Review date

Standards require regular review and revision to remain relevant to contemporary nursing practice.

### Summary of the 12 standards

Twelve standards have been developed, each addressing a major practice (functional) area of school nurses. However, in reality, secondary school nursing practice embraces most or all standards with each client/nurse interaction.

The *Secondary school nursing professional practice standards* (2006) were developed for secondary school nurses employed by the Department of Human Services working in Victoria. These standards are desired and achievable levels of performance, predetermined levels of quality, or specifications by which quality may be tested.

The professional standards will be developed further as they are put into practice and data becomes available from related nursing practice research.

Each standard has a number of criteria, which are specific, measurable statements that reflect the intent of each standard in terms of performance, behaviour, circumstances and/or clinical status. They describe the key elements of the standard in ways that are possible to measure.

The secondary school nursing professional practice standards are to be read in conjunction with *Secondary School Nursing Program standards (2006)* because the program standards provide the Department of Human Services and Department of Education and Training direction and philosophy for the secondary school nursing role. The professional standards facilitate the delivery of the program.

Table 1 lists the 12 secondary school nursing professional practice standards.

## Key resource documents

The following documents have relevance to and implications for the secondary school nursing professional practice standards:

### Professional nursing documents

- *Australian Nursing Council national competency standards (2000)*
- Code of ethics for nurses in Australia (2002)
- Code of professional conduct for nurses in Australia (2003)
- Competency standards for the advanced nurse (1997).

**Table 1 List of the secondary school nursing professional practice standards (2004)**

<b>Standard one:</b>	A comprehensive knowledge of secondary school nursing and adolescent health and development.
<b>Standard two:</b>	Effectively addresses the health care of students and the school community.
<b>Standard three:</b>	Engages in collaborative practice.
<b>Standard four:</b>	Demonstrates an expertise in health promotion.
<b>Standard five:</b>	Advocates for and protects the rights of young people.
<b>Standard six:</b>	Applies effective interpersonal, verbal, non-verbal, written and electronic communication skills.
<b>Standard seven:</b>	Contributes to the maintenance of a safe and supportive environment for students and the school community.
<b>Standard eight:</b>	Fulfils ethical and professional conduct requirements.
<b>Standard nine:</b>	Functions in accordance with legislation and common law pertinent to secondary school nursing practice.
<b>Standard ten:</b>	Values research in contributing to developments in secondary school nursing and adolescent health and development.
<b>Standard eleven:</b>	Acts to enhance the professional development of self and others.
<b>Standard twelve:</b>	Effectively organises self and the use of available resources.

### Legislation

- *Children, Youth and Families Act 2005*  
Act No. 96/2005
- *Crimes Act 1958*
- *Drugs, Poisons and Controlled Substances Act 1981.*  
Act No. 9719/1981
- *Equal Opportunity Act 1995.*  
Act No. 42/1995
- *Health Records Act 2001*
- *Information Privacy Act 2000*
- *Occupational Health and Safety Act 2004*
- *Mental Health Act 1986.*  
Act No. 59/1986
- *Nurses Act 1993*

## The standards

### Standard one

Utilises a comprehensive knowledge of school nursing and adolescent health and development.

#### Criteria

Demonstrated by:

1. Using relevant theoretical/conceptual frameworks\* to inform school nursing practice.
2. Grounding school nursing service delivery in evidence-based principles of school nursing practice.
3. Maintaining knowledge and skills in cardio-pulmonary resuscitation and emergency management as well as an elementary knowledge, at least, of mental health risk assessment and management.
4. Understanding of adolescent cognitive, emotional and physical development.

\* See Appendix two

## Standard two

**Effectively addresses the health care of students and the school community.**

### Criteria

1. Uses a population public health approach in the process of assessing students and the school community, demonstrated by:
  - utilising highly developed assessment skills of physical, emotional, mental and social health that are specific to adolescent health and development
  - incorporating risk and resilience in the assessment of students and the school community
  - systematically assessing the health status of the school community.
2. Uses multiple approaches to gather data about students and the school community, demonstrated by:
  - evidence of systematic data gathering
  - collecting a comprehensive health history by observation, age and developmentally appropriate interview techniques, and from information obtained from electronic and written sources and from key stakeholders
  - obtaining information about the school community regarding the characteristics of the population, assets, social capital, health statistics, health-related learning needs, risk factors, protective factors.
3. Analyses, integrates, validates and interprets data accurately.
4. Uses interpretive skills and experience to make school nursing decisions in complex situations.
5. Formulates a plan to address student and school community needs/issues, demonstrated by:
  - promoting participation of the student and school community in the process of addressing needs
  - developing a plan that promotes health and reduces risk factors
  - establishing priorities for resolution of identified needs in consultation with the student and school community
  - documenting plans of care, findings and decisions accurately in a retrievable format
  - identifying expected outcomes, including a time frame for achieving collaboration with the student and school community.
6. Implements and documents planned interventions to achieve identified outcomes within scope of practice, demonstrated by:
  - referring students to appropriate agencies or school staff
  - promoting continuity of school nursing care.
7. Evaluates and documents progress towards expected outcomes, and reviews and revises plan in accordance with evaluation data.

## Standard three

**Engages in collaborative practice.**

### Criteria

1. Uses a range of collaborative approaches to continually build and maintain networks, demonstrated by:
  - establishing positive relationships with relevant personnel within and outside the school, including the public health team
  - participating in the student welfare system of the school
  - participating in the multidisciplinary decision-making process
  - understanding and respecting each school community in its uniqueness
  - adapting to the education culture and understanding how schools work
  - linking school community with local community
  - promoting the role of the school nurse within the school community and to relevant external networks
  - participating in local community organisations concerned with educational and health issues of young people
  - collaborating with school and community agencies to reduce duplication and expand resources
  - developing extensive knowledge of local community services, workers and service systems.
2. Involves the student and school community as active participants, demonstrated by:
  - enabling students and school community as consumers to participate in practice and service development
  - lobbying for the inclusion of students in school and relevant organisational decision making forums
  - encouraging and supporting students to participate in relevant organisational committees and groups
  - facilitating informed decisions by the student and school community through the provision of information, resources and support
  - respecting decisions made by the student and/or the family within an ethical framework.

## Standard four

**Demonstrates an expertise in health promotion.**

### Criteria

1. Demonstrates an understanding of and uses protective and risk factors that influence the health of the school community to develop health promotion plans, interventions and strategies.
2. Integrates health promotion into all aspects of school nursing practice.
3. Applies an evidence base to underpin health promotion, demonstrated by:
  - identifying, prioritising and documenting health issues within the school community
  - investigating relevant research relating to health promotion interventions and the issue being addressed.
4. A planned, whole school approach is used by the school nurse in collaboration with the school community to address identified issues.
5. A multifaceted approach is used in capacity building, demonstrated by:
  - participating in and contributing to school-based professional development
  - creating opportunities to disseminate information
  - providing information and advice regarding school nursing/adolescent health and development.
6. Supports school communities in accessing relevant and current health education to enhance health and wellbeing, demonstrated by:
  - working with school staff to identify complementary approaches that use the expertise of teachers and nurses in the delivery of health education
  - understanding the formal curriculum relating to health and wellbeing.
7. Resources for health promotion are identified and accessed.
8. Evaluates health promotion activities and provides recommendations.
9. Understands the benefits of an integrated approach to health promotion and engages with the school community to develop partnerships and share knowledge.

## Standard five

### Advocates for and protects the rights of young people.

#### Criteria

1. Understands and protects the rights of young people in accordance with the United Nations Convention on the Rights of the Child.
2. Acts to maintain the rights of young people, demonstrated by:
  - providing explanations about the rights of the student in the school nursing context
  - providing the student with relevant information about the identity and role of the school nurse
  - encouraging students to exercise their rights
  - actively supporting students when they are seeking to exercise their rights
  - operating in a non-judgemental, accepting manner when interacting with students
  - advising appropriate personnel of the student's expressed needs, preferences and decisions
  - assisting the student through advocacy, consultation, planned care and protection of rights.
3. Acts to ensure the confidentiality of information, demonstrated by:
  - conducting discussions with students in a location of the school where privacy can be maintained
  - advising the student of their right to confidentiality and under what conditions information will be disclosed without consent
  - ensuring that records and written information are located in a secure area
  - seeking student permission for the disclosure of any information unless the student is at risk of harming themselves or another member of the community
  - ensuring that discussions about students are restricted in location and to appropriate school personnel or health professional
  - avoiding use of any information that may identify the student unless consent is obtained or there is an identified risk to the student's wellbeing
  - adhering to legal and ethical guidelines when dealing with the release of information.
4. Advocates the rights of students, demonstrated by:
  - identifying and working with the school to rectify structures, policies or practices which inhibit students from exercising their rights
  - discussing alternative options with the appropriate school staff that facilitate students' exercising their rights
  - advocating on behalf of the student who is unable to exercise their own rights
  - initiating and/or participating in action at a local, state or national level to promote the health and welfare of young people.

## Standard six

The school nurse applies effective interpersonal, verbal, non-verbal, written and electronic communication skills.

### Criteria

1. Applies effective communication skills to develop therapeutic and caring relationships with students, demonstrated by:
  - establishing a climate conducive to the development of a therapeutic relationship
  - effectively engaging young people
  - outlining confidentiality arrangements
  - offering the student health counselling and/or appropriate referral
  - encouraging resilience and facilitating informed decision making
  - ensuring that outcomes of the interaction are reviewed with the student or group and concluded appropriately
  - applying active and reflective listening skills
  - acknowledging positive behaviour/progress
  - incorporating documentation of health counselling into the nursing care plan.
2. Applies good group facilitation skills, demonstrated by:
  - defining, monitoring and documenting the nature, purpose and membership of each group
  - ensuring that information is provided
  - encouraging group participants to decide on content and group processes themselves
  - facilitating a systematic approach to decision making
  - discussing probable outcomes of decisions
  - valuing the unique contribution of each individual group member
  - using current technologies to communicate with groups.
3. Uses well developed verbal and non-verbal communication skills.
4. Uses well developed written communication skills.
5. Ensures that written documents and data entered electronically are accurate, concise, non-judgemental, and contemporaneous.
6. Uses information technologies appropriately.

## Standard seven

**Contributes to the maintenance of a safe and supportive environment for students and the school community.**

### Criteria

1. Collaborates with the school to maintain a specific age and developmentally appropriate environment that promotes safety, security and optimal health and wellbeing for students, demonstrated by:
  - identifying theoretical concepts and principles underlying adolescent growth and development
  - demonstrating knowledge and understanding of the physical, psychosocial and spiritual health and wellbeing of students
  - providing opportunities for families to participate
  - encouraging and supporting self-care and independence by the student as appropriate.
2. Acts in collaboration with the school to support students and the school community in stressful situations, demonstrated by:
  - recognising anxiety, fear or other forms of distress
  - providing an appropriate environment for the distressed individual/group
  - taking measures to reduce distress
  - exploring further strategies for coping with the cause of the distress
  - assisting students to reach acceptance in terms of distress or loss.
3. Acts as a positive role model for students and the school community, demonstrated by:
  - maintaining attributes of caring—empathy, trust, respect, dignity, compassion—and fosters the development of these in others
  - promoting positive attitudes towards young people and health
  - applying strategies to promote individual and school community self-esteem.
4. Understands the processes that contribute to organisational cultural change.
5. Acts to maintain the dignity and integrity of the student and the school community, including their values, demonstrated by:
  - a knowledge of diverse family structures and parenting practices relevant in a diverse society
  - supporting the family in their parenting role
  - integrating traditional and complementary therapies, which are supported by the student, family and/or school community and the policies and guidelines of the school/organisation within an ethical framework
  - supporting and facilitating the expression of spiritual and cultural practices within the school context.

## Standard eight

Fulfils ethical and professional conduct requirements.

### Criteria

1. Requires that conduct be in accordance with the expectations of the nursing profession, demonstrated by:
  - behaviour that is consistent with the *Code of professional conduct for nurses in Australia* and *National nursing competency standards for the registered nurse*
  - an awareness of position statements by professional nursing organisations regarding nursing practice
  - initiating strategies to minimise the potential for unprofessional conduct.
  - acting to address unprofessional conduct where it is identified.
2. Practises within the limits of own qualifications and competence, demonstrated by:
  - reviewing own abilities in relation to current work allocation
  - negotiating caseload in line with a realistic assessment of own abilities and the complexity of student and school community needs
  - reviewing of the ability to meet changing needs
  - consulting with an experienced school nurse when school nursing practice requires expertise beyond own scope of competence
  - consulting with other personnel when needs fall outside the scope of nursing practice.
3. Contributes to the development and/or review of philosophies, policies, procedures and protocols, demonstrated by:
  - consulting protocols and policies of the Department of Human Services and/or Department of Education and Training as required
  - identifying situations requiring policy guidance for self and others
  - informing the development and review of policies, procedures, and protocols with research-based changes and contemporary school nursing literature
  - identifying gaps between current school nursing practice and existing protocols.
  - critically evaluating policies that influence school nursing practice
  - advocating for students and school communities at various levels of policy development, implementation and evaluation
  - playing a role in developing and supporting the strategic direction of the organisation (school and/or central employer), that is, contributing to the school charter, student welfare framework.
4. Engages in ethically justifiable school nursing practice, demonstrated by:
  - compliance with the *Code of ethics for nurses in Australia*.

## Standard nine

Functions in accordance with legislation and common law pertinent to secondary school nursing practice.

### Criteria

1. Functions in accordance with legislation affecting school nursing practice, demonstrated by:
  - complying with legislation relevant to nursing practice, for example *Nurses Act 1993*
  - maintaining a current authority to practise through annual renewal of division one registration with the Nurses Board of Victoria
  - complying with the *Occupational Health and Safety Act 2004*
  - complying with legislation designed to protect the rights of individuals and groups, such as Health Records Act, Children, Youth and Families Act, Information Privacy Act and complaints processes (see also Standard five: advocates rights)
  - completing and maintaining appropriate and accurate records in accordance with Health Records Act and Information Privacy Act
  - complying with processes of consent and confidentiality according to the Information Privacy Act and Health Records Act
  - providing alternatives to interventions that appear inappropriate.
2. Functions in accordance with common law affecting school nursing practice, demonstrated by:
  - maintaining safety and wellbeing through consistent and independent attention to duty of care
  - ensuring that appropriate and accurate entries in student health records demonstrate individual accountability for nursing actions, outcomes and ongoing care (see Standard six, Criteria five).
3. Relates legislative and common law concepts to policies and procedures, demonstrated by:
  - ensuring that involvement in policy development considers principles of law, health and education department guidelines and recommendations, school nursing program guidelines and standards, and school policies and practices
  - referring identified inconsistencies between legal principles and local policies and practices to appropriate administrative unit for clarification and review
  - working with school staff to clarify and review local policies and practices
  - working with school staff to ensure that changes in legislation and government policy are incorporated into local policies, practices and procedures.

## Standard ten

**Values research in contributing to developments in secondary school nursing and adolescent health and development.**

### Criteria

1. Ensures that a contribution is made to school nursing knowledge through reflection on practice.
2. Uses research to inform and improve school nursing practice.
3. Identifies issues in school nursing practice as the basis for possible research or quality activities and contributes to identification of priorities.
4. Contributes to the development of research and grant proposals in collaboration with multidisciplinary teams.
5. Protects the rights of students and school communities involved in research.
6. Engages in quality improvement processes.

## Standard eleven

Acts to enhance the professional development of self and others.

### Criteria

1. Regularly engages in the process of self-assessment, demonstrated by:
  - defining practice in accordance with the current role statement and current professional standards
  - eliciting feedback from peers
  - obtaining feedback by participation in performance planning and review activities
  - accessing formal clinical supervision, as required
  - recognising the need for care of self.
2. Initiating an ongoing professional development program.
3. Maintaining knowledge of assessment and response to current health issues associated with students in the local community, for example, mental health.
4. Participating in professional development activities to enhance school nursing practice and current health issues related to adolescents, demonstrated by:
  - reading relevant literature, including professional journals, literature reviews
  - engaging in activities in a professional organisation relevant to nursing and/or adolescent health
  - establishing peer contacts in the specialty area of school nursing
  - attending and/or participating in relevant conferences and seminars.
5. Contributing to the learning experiences and professional development of others, demonstrated by:
  - accepting responsibility for preceptorship, mentoring and orientation as part of the professional role for colleagues and undergraduate/graduated students
  - educating other professionals and the public about the role of school nurses.
6. Develops, maintains and shares specialist knowledge and skills with colleagues.

## Standard twelve

Effectively organises self and the use of available resources.

### Criteria

1. Organises own workload, demonstrated by:
  - implementing time management strategies to achieve optimum outcomes
  - re-ordering priorities to manage crisis or emergency
  - responding effectively in unexpected or rapidly changing situations
  - adapting practice in different environments
  - working autonomously and prioritising workloads
  - negotiating for optimum resources to provide safe and effective service to students and school community.

## Glossary

### Adolescent health and development

Adolescence is a period of intense physical and psychosocial changes usually beginning and ending in the second decade of life. Changes vary widely in both amount and duration from individual to individual. It is essential for the health-care provider to understand these changes and to be able to appreciate differences between normal variations and abnormalities in growth and pubertal development.

(Adapted from Neinstein & Kaufman, 1991, p. 3)

Adolescents are not a homogenous group, but display wide variability in biological and emotional growth. Each adolescent responds to life's demands and opportunities in a unique and personal way (Neinstein & Kaufman, 1991, p. 39).

Phases of adolescence:

- Early adolescence approximate ages 12–14 years
- Middle adolescence approximate ages 15–17 years
- Late adolescence approximate ages 18–21 years

Neinstein & Kaufman, 1991, p. 40.

### Advocacy

Involves a combination of individual, peer and social actions designed to gain political commitment, policy support, structural change, social acceptance and system support for a particular goal. It includes direct political lobbying (Department of Human Services, 2003b, p. 52).

### Assessment

The first step of the nursing process, assessment is the collection and documentation of data/information about or from individuals, students, families, health care providers, organisations or communities in a systematic, continuous manner, using appropriate techniques (American Nurses Association and National Association of School Nurses, 2003, p. 27).

### Care plan

A comprehensive outline of care to be delivered to attain expected outcomes (American Nurses Association and National Association of School Nurses, 2003, p. 27).

### Curriculum

The formal teaching and learning program in a school (National Health and Medical Research Council, 1996, p. 85).

### Counselling

A helping process, the aim of which is not to change the person but to enable them to use the resources they have for coping with life (Tyler, quoted in Maternal & Child Health Special Interest Group, 1999).

### Criteria

Specific, descriptive statements that can be measured and which reflect the intent of a standard in terms of performance, behaviour, circumstances or clinical status. Means by which we measure achievement of a standard (Mackey & Edgecombe, 2001, p. 57).

### Development

Development is increase in complexity. It involves both structure and function. Its numerous simultaneous progressions are closely related but manifest many individual variations (Department of Human Services, 2003c, p. 28). See also 'adolescent health and development' above.

### Evaluation

The final step of the nursing process, evaluation is a systematic and ongoing appraisal of responses to interventions and to the effectiveness of the intervention in relation to outcomes. Evaluation data are documented and used to revise plans, interventions and outcomes (American Nurses Association and National Association of School Nurses, 2003, p. 27).

### Evidence-based health care

Evidence-based health care is a discipline centred upon evidence-based decision making about groups or populations, which may be manifest as evidence-based policy-making, purchasing or management (Gray, 2001, p. 9).

### Guidelines

Systematically developed statements to support health care professionals while making decisions about the appropriate health care in particular circumstances (Gray, 2001, p. 24).

## Health

Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity (World Health Organization, 1948).

## Health education

Any combination of formal learning experiences that are designed to encourage healthier lifestyles and environment, at an individual or group level (National Health and Medical Research Council, 1996, p. 85).

## Health literacy

The knowledge, attitudes and skills that enable people to care for their own health and make effective use of health services (National Health and Medical Research Council, 1996, p. 85).

## Health Promotion

Health Promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realise aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasising social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to well-being. (First International Conference on Health Promotion, 1986)

## Health promoting schools

A comprehensive framework in which health promotion operates consistently across the curriculum, the school environment, and school partnerships and services. Health promotion is integrated with appropriate structures, policies and programs within the school (National Health and Medical Research Council, 1996, p. 37).

## Implementation

The third step of the nursing process, implementation is the execution of the interventions planned, in a safe, appropriate manner. Interventions are always documented (American Nurses Association and National Association of School Nurses, 2003, p. 27).

## Intervention

An action that intends to change the course of events (to achieve a desired, or to avoid an undesirable, outcome) (Ibrahim et al. 1998, p. 79).

## Mental health

The capacity of individuals within groups and the environment to interact with one another in ways that promote subjective wellbeing, optimal development and use of mental abilities (cognitive, affective and relational) and achievement of individual and collective goals consistent with justice. (Australian Health Ministers, 1991).

## Planning

Outlining necessary requirements beforehand for the accomplishment of goals. Part of the preventive approach (Bone & Griggs 1989 p. 86).

## Population health

Measuring the health of populations, which can be used in some practical way to assist in improving population health outcomes (Ackland & Catford in Keleher & Murphy 2004, p. 70).

## Primary health care

The principles of:

- equity, consumer and community participation in decision-making
- the use of socially acceptable and affordable technology
- the provision of services on the basis of the needs of the population
- the provision of health education
- work to improve the root causes of ill health

reflect the primary health care philosophy or approach. A balanced system of illness treatment, disease prevention and health promotion are developed with the entire system built to meet the goals of primary health care (Wass, 1994, p. 9).

## Profession

A discipline which requires an extensive educational practice period; has a unique body of knowledge; is autonomous in its decision-making and practice; provides a service; has its own code of ethics; and whose membership carries a degree of status (Nursing Services Unit, 1995, p. 10).

## Public health

The science and art of promoting health, preventing disease, and prolonging life through the organised efforts of society. A social and political concept aimed at improving health, prolonging life and improving the quality of life among whole populations through health promotion, disease prevention, and other forms of health intervention (WHO, 1998, p. 3).

## Reflection

The process of looking for common themes or examining one's own thought processes and emotional reactions, with a view to increasing one's insight (Berglund and Saltman, 2002, p. 231).

## School community

All those in the local area with a significant link with the school. This includes the students and their families, the teachers and ancillary staff, volunteers and others who contribute to the life of the school (National Health and Medical Research Council, 1996, p. 85).

## School health

All activities and resources in a school directed at improving the health of the school community. The focus is normally on the students, but often also includes teacher and students' families (National Health and Medical Research Council, 1996, p. 85).

## School Nursing

School nursing is a specialised practice of professional nursing that advances the health, well being, academic success, and life-long achievement of students. To that end, school nurses promote health and safety; intervene with actual and potential health problems; and actively collaborate with others to build student and family capacity for adaptation, self management, self advocacy, and learning.

Adopted at the National Association of School Nurses, Board of Directors meeting in Providence, Rhode Island in June 1999.

## Standard

A desirable and achievable level of performance, a predetermined level of quality and a specification by which the qualities of something may be tested (Mackey & Edgecombe, 2001, p. 55).

## Student

A young person enrolled in a secondary school in Victoria.

## Young person

Describes young women and young men moving between childhood and adulthood, 12 to 25 years. See also 'student' above (Ministry of Youth Affairs, NZ, 2002, p. 11; Office of Youth Affairs, 2002, p. iv).

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## Appendix one

### Secondary School Nursing Professional Standards Sub-Committee

<b>Name</b>	<b>Department of Human Services regional office</b>
Sue Ferguson	Northern Region
Brenda Fletcher	Barwon South West Region
Kevin Gregg-Rowan	Eastern Region
Julie Grinlington	Southern Region
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Kerry Morrell	Gippsland Region
Michelle Orr	Western Region
Fiona Russell	Southern Region
Kate Strauss	Southern Region.
Tamsin Symes	Southern Region.
Nikki Turner	Grampians Region

## Appendix two

### Theoretical/conceptual frameworks

#### Social model of health

*Victorian Secondary School Nursing Program guidelines*, 2002, p. 5

#### Health promotion

*Victorian Secondary School Nursing Program guidelines*, Department of Human Services, 2002, pp. 5–6

*Integrated health promotion resource kit* (Department of Human Services, 2003b)

Ottawa Charter (First International Conference on Health Promotion, 1986)

#### Health promoting schools

Website [www.sofweb.edu.au/hps](http://www.sofweb.edu.au/hps) or [www.hlth.qut.edu.au/ph/ahpsa](http://www.hlth.qut.edu.au/ph/ahpsa)

A comprehensive framework in which health promotion operates consistently across the curriculum, the school environment and school partnerships and services. Health promotion is integrated with appropriate structures, policies and programs within the school (National Health and Medical Research Council, 1996, p. 37).

*Interrelated conceptual domains of risk factors and protective factors*—see Jessor, R. 1991. Risk behaviors in adolescence: a psychological framework for understanding and action. *Journal of Adolescent Health*, 12 597–605.

