

# Secondary school nursing program standards





## **Secondary school nursing program standards**

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

2006

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## Acknowledgments

A special thanks is extended to the students and parents who participated in the focus groups, the secondary school nurses who assisted us in organising the focus group and to the members of the Secondary School Nursing Program Standards Advisory Committee (see Appendix 1) for their support in undertaking this project.

Published by Victorian Government Department of Human Services Melbourne Victoria  
June 2006

Also published on:

[www.health.vic.gov.au/schoolnursing](http://www.health.vic.gov.au/schoolnursing)

[www.dhs.vic.gov.au/youthservices](http://www.dhs.vic.gov.au/youthservices)

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Authorised by the State Government of Victoria, 50 Lonsdale Street, Melbourne.

Printed by C&R Design + Print, 18-22 Hosken Street, Springvale South.

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## Foreword

The Victorian Secondary School Nursing Program Standards have been developed as a complementary document to the Victorian Secondary School Nursing Program Guidelines. The standards provide schools and the secondary school nursing program with benchmarks on which to monitor the ongoing quality of the program in a school environment.

The standards should be used as the minimum point at which the program operates, providing a basis on which to further enhance the program at the local level.

The standards can be used by school staff, school administrators, Department of Education and Training and Department of Human Service program staff, regional nurse managers and nurses to articulate the role of the program in the school environment.

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## Introduction

In 2003, a team from RMIT University received funding to develop Secondary School Nursing Program Standards.

The purpose of developing program standards for the secondary school nursing program is to:

facilitate a more consistent delivery of service statewide, resolve ambiguity around the function of the program in the school environment and provide a basis for ongoing quality improvement in the standard of practice (Department of Human Services, 2003a, pp. 1–3).

### Aim

The aim of the project was:

To enable the practice of the secondary school nurse to be articulated through standards that are linked to evidence based on indicators of adolescent health and wellbeing. To document a formal understanding between Department of Education and Training and Department of Human Services that articulates the implementation of program standards within the school environment. To enable the future development of professional standards and competencies to further evolve the quality and professional recognition of the secondary school nursing role (Department of Human Services, 2003a, pp. 1–3).

### Objectives

The objectives of this project were to:

- clearly articulate the service to be delivered by secondary school nurses in the form of standards
- link standards to national and international evidence of adolescent health and wellbeing
- establish a joint approach with the Department of Education and Training to the development of standards that will result in a partnering agreement to ensure consistent implementation of the standards within schools
- establish professional standards to be used as a base for future competency development

(Department of Human Services, 2003a, pp. 1–3).

### About the Secondary School Nursing Program

The Secondary School Nursing Program commenced in 2000 with the employment of 20 secondary school nurses. Another 80 secondary school nurses were employed during 2001.

The six 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, 2000a, p. 3).

### Governing principles

The program standards are in keeping with the Department of Human Services mission, values and objectives statements (See Appendix Two). These standards were developed with the following Department of Human Services projects in mind.

### Partnership in Practice flagship project

The Partnership in Practice flagship project focuses on developing more effective working relationships between the Department of Human Services and the health, housing and community sectors. Together with peak organisations, the Municipal Association of Victoria, regional, divisional and funded sector staff, this project intends to strengthen collaborative approaches that will provide high quality health, housing and community services for all Victorians. One of the areas identified for improvement is the quality and volume of performance standards. One of the ways identified to achieve these improvements is to establish base sets of standards, guidelines and data requirements (Department of Human Services, 2003b).

### Quality in Services (QiS) flagship project

In June 2001, the Department of Human Services Executive initiated the Quality in Services (QiS) flagship project. This project developed and published the Service Quality Framework (February, 2002) that established the dimensions of quality and building blocks to be built into program design and management (Department of Human Services, 2003c).

### Regional Services Excellence Framework

In August 2002, the QiS project was transferred to the Operations Division, which has developed the Regional Services Excellence (RSE) Framework to advance quality at the operational level of internally delivered services (Department of Human Services, 2003c).

### Public health and population health

School nursing was developed in state government public health departments around Australia and North 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.

The Victorian Secondary School Nursing Program of today uses a public health approach that focuses on health promotion and prevention. The redefining of the program has been based on evidence gathered through research specifically relating to adolescent health:

- *Improving the lives of young Victorians in our community* (Department of Human Services, 2000b) 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 (2000a, 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.

This research underpins the role and scope of Victoria's Secondary School Nursing Program.

### Relationship between program guidelines and program 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

**Table 1: Links between the Secondary School Nursing Program standards and the Victorian Secondary School Nursing Program guidelines**

Secondary School Nursing Program standards (2004, pp. 8–45)	Victorian Secondary School Nursing Program guidelines (2002, pp. 1–69)
<b>Standard one:</b> The Secondary School Nursing Program supports the planning, implementation and evaluation of a whole school approach to health promotion in collaboration with students, the school community and key stakeholders.	pages 8, 32–34
<b>Standard two:</b> The Secondary School Nursing Program recognises the role of the principal and school community in providing the Secondary School Nursing Program.	pages 3–4, 12, 14–20, 22–23
<b>Standard three:</b> The Secondary School Nursing Program provides services that reflect evidence-based practice.	pages 5–6
<b>Standard four:</b> The Secondary School Nursing Program ensures a level of skill/competency through the employment of a registered nurse (division 1) with the Nurses Board of Victoria.	pages 7–12, 21–27, 29–59, 61–69
<b>Standard five:</b> The Secondary School Nursing Program provides health counselling to support the health and wellbeing of young people.	pages 8, 43
<b>Standard six:</b> The Secondary School Nursing Program collects and uses data related to needs and service provision.	pages 43, 45–48, 51–54
<b>Standard seven:</b> The Secondary School Nursing Program participates in, contributes to, and undertakes research related to school nursing and adolescent health and development.	pages 53–54, 68–69
<b>Standard eight:</b> The Secondary School Nursing Program promotes access to ongoing staff development for the Secondary School Nursing Program personnel relevant to role.	page 55
<b>Standard nine:</b> The Secondary School Nursing Program is administered and managed effectively and efficiently.	pages 12–20, 61–69

local decisions that directly reflect the policies, procedures and needs of individual schools.

The Secondary School Nursing Program standards are desired and achievable levels of performance, predetermined levels of quality, or specifications by which quality may be tested. Nine standards have been developed, each addressing a major functional area of the Secondary School Nursing Program. These standards describe the desired performance level in each functional area. It is expected that the program standards will be developed further as they are put into practice and data

becomes available from related research and internal monitoring.

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 are intended to describe the key elements of the standard in ways that are possible to measure.

It should be noted that the standards have been developed as program standards for the Secondary School Nursing Program, not as nursing practice standards. The *Secondary school nursing professional practice standards* need to

be read in conjunction with these program standards.

Some internal monitoring activities are suggested as ways in which secondary school staff in individual schools can focus on quality improvement opportunities. The monitoring activities suggested focus on the outcomes of service delivery and specific activities necessary to meet the requirements of each standard. Performance deficiencies identified through internal monitoring should be the subject of specific quality improvement projects undertaken by appropriate staff.

Staff may conduct monitoring on other aspects of the program when problems or opportunities for improvement are identified. In these cases, monitoring should be used to collect data that will contribute to informed decisions about change. It should not become an end in itself.

Table 1 illustrates the link between the Secondary School Nursing Program standards and the *Victorian Secondary School Nursing Program guidelines* (2002).

## Partnership between the Department of Human Services and Department of Education and Training

The partnership between the Department of Human Services and the Department of Education and Training has been integral to the success of the Secondary School Nursing Program. Staff from both organisations will use the standards to enable consistent implementation of the program within schools.

The standards will be used by:

Staff from the Department of Human Services including:

- Secondary School Nursing Program staff
- secondary school nurses
- Secondary School Nursing Program managers
- regional staff.

Staff from the Department of Education and Training including:

- central and regional staff
- principals
- student welfare coordinators
- teachers.

Other people to use the standards include school council members, parents and students.

## Development of the program standards

### Literature review

A literature review revealed few examples of program standards. Two local examples were the *Maternal and Child Health Program Standards* (Department of Health and Community Services, 1995) and *Victorian Disability Service Standards* (Department of Human Services 2003d).

### Focus groups

#### 1) Advisory committee

Focus groups were held with the Secondary School Nursing Program Standards Advisory Committee, parents and students. Data from these focus groups provided input for the first draft of the program standards. The draft standards were forwarded to the advisory committee twice and examined at two meetings. Changes and additions were made during this process. Batik (1989, p. 12) lists the requirements for developing a standard as identifying the need, consulting with representative groups, circulating draft document for review, publication and distribution.

#### 2) Student and parent focus groups

Two focus groups were held with parents, one in a rural town and one in a Melbourne suburb. The findings from both groups were similar. Parents identified the need for well-qualified nurses who spent more time in their school. They were of the view that school nurses needed to be knowledgeable about: mental health, adolescent health and development (puberty and hygiene), substance use/abuse, sexual health and relationships, asthma, attention deficit hyperactivity disorder (ADHD), bullying, peer pressure and body image. Essential skills that all school nurses should have included: 'people skills', giving classes on personal health, human development, contraception, drug education, and asthma, initiating a parent support group, able to support students whose parent is ill or who are experiencing loss and grief, ability to support year seven students in their transition, ability to support students in stressful times, and educating teachers about chronic health conditions that some students have, such as asthma.

Two focus groups were held with students, one in a rural town and one in a Melbourne suburb. Students talked about access and service issues. For example, they would like nurses to be based in each school full-time, who are accessible and easy to contact. Students mentioned the following qualities as important in a school nurse: friendly, non-judgemental, maintaining confidentiality, caring, listener, understanding, respectful, cool, feel comfortable with, qualified, and trustworthy. Students listed the following as health concerns/issues in the school:

physical health (headache/migraine, colds/flu, asthma, injuries), sexual health (not sure if attracted to women, rape, taking advantage, pregnancy, contraception, sexually transmissible infections, periods), mental health (depression, emotional breakdowns, suicidal, stress), self-esteem, body image, relationships, bullying, violence, drug use/abuse and gambling. The students stated that it is important that the school nurse provides education to students in classes and in small groups about: what the nurse does, first aid, health, leadership and teamwork, bush survival, SunSmart and sexuality.

All four groups, unsolicited, thanked the project workers for asking their opinions and stated that they enjoyed the session.

### Review date

Standards will require regular review and revision to remain relevant over time in the rapidly changing health care environment.

### Resource documents

The following documents have relevance to and implications for the Secondary School Nursing program standards:

#### Professional nursing documents

- *Australian Nursing Council national competency standards for the registered nurse and the enrolled nurse* (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)

#### International

- *Convention on the rights of the child* (1989)
- *The Ottawa Charter* (1986)

#### Victoria

- *Code of conduct for the Victorian public sector* (2003)
- *Growing Victoria Together* (2001)
- *Nurses' duty of care* (2002)
- *Professional boundaries guidelines for registered nurses in Victoria* (2001)

#### Department of Human Services

- *Duty of care* (2000)
- *Human services policy standard preventing and eliminating bullying in the workplace* (2001)
- *Integrated health promotion a practice guide for service providers* (2003e)
- *Partnership in Practice flagship project 2002/2003* (2003b)
- *Protecting children—protocol between Child Protection, Department of Human Services and Victorian schools* (2001a)
- *Regional Service Excellence Framework* (2003c)
- *School focused youth service program guidelines* (2003f)
- *Victorian Disability Service standards* (2003d)
- *Victorian School Nursing Program guidelines* (2002)
- *Victorian Secondary School Nursing Program: consultation paper* (2000a)

#### Department of Education and Training

- *Schools reference guide* (2003)
- *Framework for student support services in Victorian government schools teacher resource* (1999)

#### Legislation

*Children, Youth and Families Act 2005*, Act No. 96/2005.

*Crimes Act 1958*, Victoria.

*Drugs, Poisons and Controlled Substances Act 1981*, Act No. 9719/1981, Victoria.

*Equal Opportunity Act 1995*, Act No. 42/1995, Victoria.

*Health Records Act 2001*, Act No. 2/2001, Victoria

*Information Privacy Act 2000*, Act No. 98/2000, Victoria

*Mental Health Act 1986*, Act No. 59/1986, Victoria.

*Nurses Act 1993*, Version No. 045, Act No. 111/1993, Victoria

*Occupational Health and Safety Act 2004*, Version 003, Act No. 107/2004, Victoria.

## The standards

### Standard one

The Secondary School Nursing Program supports the planning, implementation and evaluation of a whole school approach to health promotion in collaboration with students, the school community particularly the Student Welfare Team and key stakeholders.

**Functional area:** Integral to all aspects of the Secondary School Nursing Program.

**Preamble:** This standard is based on the ‘core values for integrated health promotion’ (Department of Human Services, 2003e, p. 5) and on recognised international health promotion models, for example, the Ottawa Charter (First International Conference on Health Promotion, 1986) and Health Promoting Schools (NH&MRC, 1996). Also see Glossary.

Criteria	Interpretation	Suggested internal monitoring
1. The Secondary School Nursing Program uses health promotion knowledge and expertise to ensure effective health promotion practice.	1.1 The Secondary School Nursing Program undertakes to employ nurses with experience and/or an understanding of health promotion practice.	1.1 A Secondary School Nursing Program generic job description includes experience and/or understanding of health promotion practice as a key capability.  Regional recruitment of nurses includes the use of the key capability when interviewing and selecting staff.
	1.2 The Secondary School Nursing Program at a regional level establishes links with health promotion practitioners in regions or local areas, for example, regional health promotion officers or mental health promotion officers.	1.2 Regional orientation includes an introduction to local health promotion practitioners and an understanding of their role.  Knowledge and understanding of health promotion principles and practice is facilitated through education, supervision and work plans (see standard 8 Staff Development).
	1.3 The Secondary School Nurse Program encourages and supports collaborative health promotion practice.	1.3 Collaborative health promotion practice is encouraged at a regional and local level between school, school nurses and local and regional health promotion practitioners.

Criteria	Interpretation	Suggested internal monitoring
<p>2. The Secondary School Nursing Program plans health promotion activity using consultation and current evidence-based data and research.</p>	<p>2.1 Evidence-based practice is used in program planning for health promotion activities initiated by the Secondary School Nurse Program within schools.</p>	<p>2.1 Health promotion planning includes consultation with the <i>Secondary School Nursing Program guidelines</i> (2002) and the <i>Integrated health promotion resource kit</i> (2003e).</p>
<p>EVIDENCE BASED PRACTICE</p>	<p>2.2 Evidence-based health promotion practice is used in preparing the Annual School Action Plan and is integrated into the school's policy, teaching curriculum and school community activities as appropriate and in line with current DE&amp;T policy and program undertakings.</p> <p>2.3 The Secondary School Nursing Program recognises and accesses the skills and expertise of school staff in planning and implementing health promotion.</p> <p>The Secondary School Nursing Program recognises the value of student knowledge in planning health promotion initiatives.</p> <p>2.4 The Secondary School Nursing Program identifies priority issues, with school staff, related to a student and school community population, including culture, age, gender and sexuality.</p> <p>2.5 The Secondary School Nursing Program takes into account and contributes to curriculum development within the schools.</p>	<p>2.2 The Secondary School Nursing Program uses current evidence and local information when developing a health promotion activity plan for the school. Local information includes local research, local government municipal health plans, community health plans, local agency plans, PCP plans.</p> <p>2.3 School staff are involved in every level of the planning process and the schools action plan is supported by the principal and student wellbeing staff.</p> <p>Students participate in planning health promotion initiatives.</p> <p>2.4 Developmental stage, gender, sexuality and cultural diversity of students are taken into account in planning and implementing health promotion activities.</p> <p>2.5 School health promotion planning includes the health and physical education key learning area priorities identified by the school.</p>

Criteria	Interpretation	Suggested internal monitoring
<p>3. The Secondary School Nursing Program builds the school's capacity to implement health promotion programs within the school community.</p> <p>CAPACITY BUILDING</p>	<p>3.1 The Secondary School Nursing Program promotes a whole school approach to health promotion activity including advocacy, supportive environments, policy development and support in curriculum development.</p> <p>The Secondary School Nursing Program facilitates, with school staff, a whole school approach to improving the health and wellbeing of the school community by participating in statewide health promotion programs.</p> <p>3.2 The Secondary School Nursing Program engages in social marketing programs that advocate for change and influence voluntary behaviour of students and school communities.</p> <p>3.3 The Secondary School Nursing Program engages in health education and skill development with students.</p> <p>3.4 The Secondary School Nursing Program is committed to workforce development promoting integrated health promotion skills and knowledge.</p>	<p>3.1 Support and participate in policy development within the school community, engendering health promotion capacity building.</p> <p>Involve key stakeholders within the school community and consult broadly in the development of policy for the school community.</p> <p>The Secondary School Nursing Program works with the student welfare team at the school to actively promote the health and wellbeing of the school community.</p> <p>3.2 The School Nursing Program engages in community action to encourage and empower students and school communities to improve their social and physical environment. Evident through the School Nurse Information System (SNIS), referral and group work data.</p> <p>3.3 Innovative practice with young people that engenders ownership by the students and encourages their leadership skills through health promoting activities. Student participation is evident in practice and reported in SNIS.</p> <p>3.4 Recruitment of Secondary School Nurse Program staff who have a knowledge or skill in health promotion practice. Provide capacity for new staff to be trained in integrated health promotion practice.</p>

Criteria	Interpretation	Suggested internal monitoring
4. The Secondary School Nursing Program supports the use and creation of health promotion support materials.	4.1 The Secondary School Nursing Program disseminates health information that reflects the diversity of young people and assists the understanding of health, illness and available support services.	4.1 The provision of pamphlet and other resource information on illness and health are available to the school community.  Liaising and networking with local government, community health centres, and non-government agencies that support and benefit the school community.
5. The Secondary School Nursing Program evaluates health promotion activities and strategies.	5.1 The Secondary School Nursing Program uses appropriate evaluation techniques as recommended in the <i>Integrated health promotion resource kit</i> (2003e section 6).	5.1 Health promotion activities initiated within the school by the program are evidence-based and evaluated.  Health promotion activities developed for the specific use of the school community have an evaluation process included.
6. The Secondary School Nursing Program provides data to inform health promotion initiatives to schools and appropriate agencies.	6.1 At a program level, data that identifies the issues presented to the secondary school nurses by students is collected and disseminated to inform health promotion approaches.	6.1 Information about health promotion activities within the school community are recorded in the SNIS.

## Standard two

The Secondary School Nursing Program recognises the role of the principal and school community.

**Functional area:** The Secondary School Nursing Program, Department of Human Services, works in partnership with principals and the Department of Education and Training to ensure effective implementation of the Secondary School Nursing Program.

Criteria	Interpretation	Suggested internal monitoring
1. The Secondary School Nursing Program works in partnership with principals and staff from the Department of Education and Training.	<p>1.1 The Secondary School Nursing Program collaborates with the school system at the central office level of the Department of Human Services and the Department of Education and Training.</p> <p>1.2 Secondary School Nursing Program involves principals (or their delegate) and Department of Education and Training staff at regional level in appropriate committees, reference groups, taskforces.</p> <p>1.3 Early identification of barriers/issues in the Secondary School Nursing Program and/or the schools.</p> <p>1.4 Regional nurse managers facilitate a process of resolution in collaboration with the school principal and/or delegate for issues involving the Secondary School Nursing Program in the school environment.</p> <p>1.5 Regional nurse managers support the updating of information involving the Secondary School Nursing Program to principals.</p>	<p>1.1 Regular meetings with central student wellbeing staff at Department of Education and Training.</p> <p>Joint endorsement gained for program resources and information.</p> <p>Participation in Department of Education and Training reference groups.</p> <p>Involve Department of Education and Training in resource and program development.</p> <p>1.2 Regular reviews and contact between the Secondary School Nursing Program managers and principals and regional Department of Education and Training office staff.</p> <p>1.3 Regional nurse managers support the orientation of new principals to the role of the program in the school environment.</p> <p>1.4 Commitment to finding workable solutions with schools that forward the goals of the Secondary School Nurse Program.</p> <p>1.5 Communicate with schools on a regular basis and be of service to school principals in reporting Secondary School Nurse Program findings.</p>

Criteria	Interpretation	Suggested internal monitoring
2. The Secondary School Nursing Program is fully integrated into the school community.	<p>2.1 The principal (or delegate) has responsibility to orientate the secondary school nurse to the protocols, policies, procedures and management structures within the school setting. This includes OH&amp;S standards (<i>Victorian Secondary School Nursing Program guidelines, 2002, pp. 14–15, 18–19</i>).</p> <p>2.2 Principals (or delegate) ensure the provision of adequate facilities within the school for the secondary school nurse, in accordance with the Annual School Action Plan (<i>Victorian Secondary School Nursing Program guidelines, 2002, p.15</i>).</p> <p>2.3 The principal is responsible for the integration of the Secondary School Nursing Program into the school community.</p> <p>2.4 The principal (or delegate) ensures a whole school approach to student welfare including the secondary school nurse as an integral member of the team (<i>Student Support framework, 1999, Victorian Secondary School Nursing Program guidelines, 2002, pp. 15–16</i>).</p>	<p>2.1 Orientation process for nurses commencing at a school to be completed by Secondary School Nurse Program management and school principal. OH&amp;S standards checklist is met.</p> <p>2.2 The nurse has access to private space, desk, chair, telephone, lockable filing cabinet and materials for the preparation and delivery of programs.</p> <p>2.3 The nurse has a copy of the school charter, has knowledge of the schools policies, committees and meetings.</p> <p>2.4 The secondary school nurse participates in the school’s welfare structure and attends student welfare meetings.</p>

Criteria	Interpretation	Suggested internal monitoring
3. The principal communicates with the Secondary School Nursing Program through the secondary school nurse and the regional nurse manager.	<p>3.1 Effective operation of the Secondary School Nursing Program is facilitated by regular communication between the principal (or delegate) and the secondary school nurse.</p> <p>3.2 The principal (or delegate) and the student welfare team participate in developing the Secondary School Nursing Program annual action plan (<i>Victorian Secondary School Nursing Program Victorian Secondary School Nursing Program guidelines 2002 p. 19</i>).</p> <p>3.3 The secondary school nurse provides reports on a regular basis to the principal and school council. (<i>Victorian Secondary School Nursing Program guidelines, 2002 p. 19</i>); (<i>Student Support Framework, 1999</i>).</p>	<p>3.1 Regular meetings with the nurse and school principal (or delegate) are scheduled.</p> <p>3.2 The school's annual action plan is completed in a timely manner and endorsed by the principal prior to submission to the regional program manager.</p> <p>3.3 The secondary school nurse records and reports data on activities within the school on a regular basis.</p>

## Standard three

The Secondary School Nursing Program provides services that reflect evidence-based practice.

**Functional area:** Evidence-based health care in the context of secondary school nursing practice.  
(See also Standard 7 Research, and Standard 8, Professional Development)

Criteria	Interpretation	Suggested internal monitoring
1. The Secondary School Nursing Program is grounded in evidence-based practice.	<p>1.1 The Secondary School Nursing Program clinical practice is based on best practice evidence and research is:</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• sensitive to changes in young people's social and cognitive development</li> <li>• focused on known risk factors and enhancing protective factors early, before problem behaviours become entrenched or lead to negative health outcomes (Department of Human Services, 2000a, p. 6).</li> </ul>	<p>1.1 Nurses possess and maintain a current knowledge of evidence-based practice in adolescent health and wellbeing.</p> <p>Nurse are knowledgeable of the risk and protective factors in adolescent health and undertake assessments using the risk and resiliency framework.</p>
2. Resources used by the Secondary School Nursing Program are based on best available evidence.	<p>2.1 Consulting evidence-based literature that is grounded in sound research methodology.</p> <p>Providing resources to students that are evaluated for appropriateness to audience, considering age, developmental stage, gender and culture.</p> <p>Developing resources in consultation with other school nurses, the school community, teachers, and local community-based agencies that are endorsed for use in the community.</p>	<p>2.1 Nurses have knowledge of research methodologies and are able to critique best practice evidence and research.</p> <p>Undertake peer review in the development of resource material for use with students.</p>

## Standard four

The Secondary School Nursing Program ensures a level of skill/competency through the employment of a registered nurse (division 1) with the Nurses Board of Victoria.

**Functional area:** Secondary School Nursing Program employs registered (division 1) nurses, Nurses Board of Victoria (See Secondary School Nursing Professional Practice Standards)

Criteria	Interpretation	Suggested internal monitoring
1. The Secondary School Nursing Program ensures competency in service delivery by employing registered (division 1) nurses.	1.1 See Appendix 3 for description of registered nurse (division 1).	1.1 Regular (on employment and yearly) sighting by regional nurse manager of current practising certificates.
2. Secondary school nurses employed by the Secondary School Nursing Program use appropriate theoretical frameworks.	2.1 Examples of appropriate theoretical frameworks include: nursing process; social model of health ( <i>Victorian Secondary School Nursing Program guidelines, 2002, p. 5</i> ); health promotion ( <i>Victorian Secondary School Nursing Program guidelines, 2002, p. 5–6</i> ); integrated health promotion (Department of Human Services, 2003e; Ottawa Charter, (1986); and Health Promoting Schools (NH&MRC, 1996); National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000 (Commonwealth Dept. of Health and Aged Care, 2000).	2.1 Identified knowledge and practice at interview. Monitored through the school communication, peer review and regular supervision.

## Standard five

The Secondary School Nursing Program provides health counselling to support the health and wellbeing of young people.

**Functional area:** Health counselling.  
(See *Secondary school nursing professional practice standards*)

Criteria	Interpretation	Suggested internal monitoring
1. The Secondary School Nursing Program provides support to students, their families, and members of the school community through individual consultations.	<p>1.1 Individual consultations include:</p> <ul style="list-style-type: none"> <li>• completion of an adolescent health assessment using the risk and resilience framework</li> <li>• development of a care plan in consultation with the student—the care plan outlines interventions that may include:               <ul style="list-style-type: none"> <li>i) information and advice</li> <li>ii) further consultation</li> <li>iii) referral, and/or</li> <li>iv) crisis management.</li> </ul> </li> </ul> <p>1.2 The care plan is evaluated and adjusted as required in consultation with the student (<i>Framework for student support services</i>, 1999, p 36) (<i>Victorian Secondary School Nursing Program guidelines</i>, 2002).</p>	<p>1.1 All registered clients have an adolescent assessment completed in a timely manner.</p> <p>Care plans are developed in consultation with the client and acted upon, revised and updated regularly.</p> <p>1.2 Monitor assessment and care plan detail through continuous quality improvement initiatives, SNIS audit.</p>

Criteria	Interpretation	Suggested internal monitoring
2. Use appropriate communication support when required, for example, with culturally and linguistically diverse communities.	<p>2.1 Accredited interpreter services are used where required. (<i>Department of Education and Training, 2000</i>), (<i>Victoria's Mental Health Service, 1995</i>).</p> <p>2.2 Recognises and is sensitive to cultural diversity.</p>	<p>2.1 Knowledge and understanding of cultural diversity of the school community. Access to interpreters services including telephone interpreters.</p> <p>2.2 Information and resources are culturally diverse in their preparation and presentation, including using other languages.</p>
3. The Secondary School Nursing Program establishes professional relationships.	<p>3.1 Nurses in the Secondary School Nursing Program are required to apply the principles of good communication skills, empathy, listening, confidentiality and privacy are used to develop positive student trust relationships (<i>Australian Nursing Federation, 1997, p. 12</i>).</p> <p>3.2 The information obtained by the secondary school nurse is shared with the student's consent. (<i>Health Records Act 2001</i>) (<i>Information Privacy Act 2000</i>) (<i>Victorian Secondary School Nursing Program guidelines, p. 30, 4.1.4</i>)</p> <p>3.3 The Secondary School Nursing Program requires that a nurse inform a student of their right to privacy and any variation to this right, such as reporting a student who is at risk. (<i>Health Records Act 2001, Information Privacy Act 2000, Victorian Secondary School Nursing Program guidelines, 2002</i>).</p>	<p>3.1 Demonstrated knowledge and understanding of communication. Also see <i>Secondary school nursing professional practice standards, standard 6</i>.</p> <p>3.2 Student's consent is obtained and noted prior to referral or consultation. The exception being when a student is identified by the nurse as at risk of being harmed by another, harming themselves or harming another.</p> <p>3.3 Students are provided information (including pamphlets and leaflets) regarding privacy and informed consent prior to seeing the nurse for assessment, referral and further consultation.</p>

## Standard six

The Secondary School Nursing Program collects and uses data related to needs and service provision.

**Functional area:** Data collection and record system.

See also *School Nursing Information System manual*

*Health Records Act 2001*

*Information Privacy Act 2000*

*Standard 9 Management and administration*

*Secondary school nursing professional practice standards*

Privacy brochure

Criteria	Interpretation	Suggested internal monitoring
1. The Secondary School Nursing Program uses the SNIS for a student's health record.	1.1 The secondary school nurse registers students who present for assessment of their health needs in the SNIS (see <i>SNIS manual</i> ).	1.1 Information about students is recorded within the SNIS using the risk and resiliency framework.
	1.2 Student details and information is recorded into the SNIS contemporaneously.	1.2 Resources available to nurses for checking accuracy of data recording: refer to data dictionary, data reference guide, and SNIS flow charts.
	1.3 Health assessments and care plans are completed using the risk and resiliency framework.	1.3 Regular reports from the SNIS regarding the quality of documentation and the frequency of LAN docking. Plus BI-query reports.
	1.4 The adolescent health assessment is used by secondary school nurses and recorded in the SNIS for the purpose of documenting student health records.	1.4 Analyse data from the SNIS using BI-query de-identified database. Comparing numbers of assessments with occasion of service data and the anecdotal information from secondary school nurses.
	1.5 Risk and resiliency assessments of students are recorded on the SNIS by the secondary school nurse providing the consultation.	1.5 Nurses are accountable for their practice through the contemporaneous recording of information taken during a risk and resiliency assessment.

Criteria	Interpretation	Suggested internal monitoring
2. The Secondary School Nursing Program uses the SNIS to maintain records of nursing activities.	2.1 The secondary school nurse completes the records of nursing activities in the SNIS ( <i>SNIS manual</i> ).	2.1 Secondary School Nursing Program continuous quality improvement reviews of data entry and quality.  Monitoring LAN docking frequency through the manager's access to the SNIS.
3. The Secondary School Nursing Program ensures that record keeping is in line with Department of Human Services policy and local school policy.	3.1 Documentation in the student health records is systematic, accurate, comprehensive, succinct, contemporaneous and non-judgemental.	3.1 Documentation is completed in a timely manner (within 48 hours of seeing student or as close to this time as is possible) and updated on a regular basis.  Information recorded is factual and comprehensive.  Record keeping practices are reviewed through a continuous quality improvement process.
4. The Secondary School Nursing Program safeguards student health records and records of nursing activity against fire, destruction and unauthorised access and use.	4.1 Records are stored in a secure electronic environment.  4.2 The computer system and the electronic record keeping system (SNIS) is secure.  4.3 The secondary school nurse LAN docks at a minimum of once per fortnight according to the Secondary School Nursing Program guidelines.  4.4 Letters and reports or other paper correspondence regarding students are filed and stored (systematically) in a locked filing cabinet at the school. The secondary school nurse is the only person who has access to student files.	4.1 Laptops are password protected, only used by the nurse, are allocated and stored in a secure environment to minimise risk of theft or unauthorised use.  4.2 Data is encrypted and de-identified. All entries and changes to records are tracked electronically.  4.3 Information stored on the laptop is transferred on a regular basis. The transfer of data is monitored regularly by the manager.  4.4 The school provides a lockable filing cabinet for paper records and the nurse has sole access. Keys are handed over to the regional nurse manager at the end of recruitment for the use of the new incumbent.

Criteria	Interpretation	Suggested internal monitoring
	<p>4.5 The secondary school nurse is able to authorise access to specific paper records with the consent of the student.</p> <p>4.6 Paper records are the property of the Department of Human Services and are stored, transferred, archived and disposed of according to the Department of Human Services policy, the Information Privacy Act, and the Health Records Act.</p> <p>4.7 Paper student health records are to be transferred to the regional Department of Human Services office once the student leaves school and are kept until the person reaches 25 years of age.</p> <p>4.8 Closed electronic health files are automatically archived after a period of 18 months.</p>	
<p>5. The Secondary School Nursing Program ensures privacy and confidentiality of client information and records in accordance with the <i>Health Records Act 2001</i> and the <i>Information Privacy Act 2000</i>.</p>	<p>5.1 The disclosure of information from health records is in accordance with the Information Privacy Act and Health Records Act and Department of Human Services policy.</p> <p>5.2 A request made by the police to access student records is submitted using a subpoena.</p> <p>5.3 The Secondary School Nursing Program ensures that students and the school community are aware of the confidentiality regulations by verbal explanation and providing the privacy brochure to students and the school community.</p> <p>5.4 Students have access to the secondary school nurse in a way that ensures their privacy both in accessing the service and during the consultation.</p>	<p>5.1 Reason for the student consenting to disclose specific information from their file and to whom and is dated and recorded in the SNIS.</p> <p>5.2 Documentation of a subpoena requesting information is recorded on the student's file in SNIS.</p> <p>5.3 Privacy brochure is handed to each student seeking individual health counselling.</p> <p>5.4 An agreed position between the nurse and the school documents the best way to ensure privacy for the student when accessing the secondary school nurse.</p>

Criteria	Interpretation	Suggested internal monitoring
6. The Secondary School Nursing Program analyses data collected on the SNIS to highlight issues students are presenting to nurses.	<p>6.1 The Secondary School Nursing Program identifies health needs of school communities including changes over time, through analysis of de-identified data.</p> <p>6.2 The Secondary School Nursing Program uses de-identified data to assist in policy, whole of school health promotion initiatives and program planning and development.</p>	6.1 The Program Performance Monitoring and Support Unit provides a comprehensive set of population health data via its central data repositories—Info@Mart, School Nursing De-identified Database. School nursing staff can access these repositories.

## Standard seven

The Secondary School Nursing Program participates in, contributes to, and undertakes research relevant to school nursing and adolescent health and development.

**Functional area:** Research

See also Secondary School Nursing Professional Practice Standards

Criteria	Interpretation	Suggested internal monitoring
1. The Secondary School Nursing Program service delivery is based on ongoing research.	1.1 The Secondary School Nursing Program is responsive to the outcomes and recommendations of relevant research.	1.1 Evidence is identified in an annual plan for initiatives.
	1.2 Research is critically reviewed and/or analysed by the program.	
2. Secondary School Nursing Program is involved in research.	2.1 Nursing research is supported and authorised by the Secondary School Nursing Program.	2.1 Approved by the appropriate research and ethics committees.
	2.2 The Secondary School Nursing Program is part of the consultative process regarding decisions about research proposals.	2.2 Department of Education and Training and Department of Human Services research protocols are followed.

## Standard eight

The Secondary School Nursing Program promotes access to ongoing professional development.

**Functional area:** Professional development is supported.

Criteria	Interpretation	Suggested internal monitoring
1. Secondary School Nursing Program acknowledges the importance of developing and maintaining knowledge and skills appropriate to the program.	1.1 The Secondary School Nursing Program requires that nurses maintain current knowledge and skills required of their role. This could be through regular staff development, access to written information and additional sharing processes identified at a regional level that provide updated health information on changes to policies or current adolescent health issues.	1.1 Annual performance management conducted by regional nurse manager.  Monitored through supervision provided by regional nurse managers.  Professional development needs are documented in the annual work plan undertaken by regional nurse manager.
	1.2 The Secondary School Nursing Program requires current knowledge and skills in emergency management. Annual CPR accreditation, asthma updates, first aid updates and mental health emergencies or crisis updates are required.	1.2 Annual CPR accreditation is viewed by nurse managers.  Attendance at professional development or processes of obtaining current information required is discussed in supervision and annual performance management.

## Standard nine

The Secondary School Nursing Program is administered and managed effectively and efficiently.

Functional area: Management and administration

Criteria	Interpretation	Suggested internal monitoring
1. The Secondary School Nursing Program is managed at a central level to ensure quality is built into the service delivery.	1.1 The Secondary School Nursing Program develops and reviews program guidelines and standards to maintain the quality of the program.	1.1 Guidelines and standards are reviewed on an annual basis.
	1.2 The Secondary School Nursing Program manages liaison between Department of Human Services and the Department of Education and Training at a central level.	
	1.3 The Secondary School Nursing Program is responsible for setting, monitoring and meeting annual targets reported to the Department of Treasury.	1.3 Treasury reports submitted annually and in a timely manner.
	1.4 At a central level, the Secondary School Nursing Program is responsible for establishing policy links across government.	1.4 Observe evidence of collaboration in written documentation.
	1.5 The Secondary School Nursing Program resources the operation of the program. The budget is administered by Department of Human Services regional offices/Secondary School Nursing Program regional nurse managers.	1.5 Regional financial accountability.
	1.6 The Secondary School Nursing Program budget is expended according to government funding guidelines.	

Criteria	Interpretation	Suggested internal monitoring
2. The Secondary School Nursing Program is managed at a regional level through the Department of Human Services regional nurse manager.	<p>2.1 The Secondary School Nursing Program requires that the regional nurse manager maintain line management responsibility for all secondary school nurses employed in their region.</p> <p>2.2 The regional nurse manager role involves implementing Department of Human Services human resource policies; monitoring development, undertaking administration pertaining to the ongoing quality of the program, and liaising between Department of Human Services and Department of Education and Training (<i>Guidelines</i>, 2002, p. 13).</p> <p>2.3 Secondary School Nursing Program personnel are involved in activities to continuously improve the quality of the program.</p> <p>2.4 The Secondary School Nursing Program requires that nurses take individual responsibility for the care or service that they provide.</p> <p>2.5 The Secondary School Nursing Program requires that nurses work with principals to establish accountability to school policy and procedures.</p>	<p>2.1 Regional nurse managers have program accountability requirements built into their annual work plan.</p> <p>2.2 All school nursing staff are cognisant of Department of Human Services policy and practices.</p> <p>2.3 Regional school nursing programs develop continuous quality improvement practices.</p> <p>2.5 School nurse accountability processes are agreed upon and written into the annual action plan.</p>

Criteria	Interpretation	Suggested internal monitoring
	<p>2.6 The Secondary School Nursing Program requires that regional nurse managers support the accountability to the principal of schools through regular program updates and involvement in discussions relating to secondary school nursing staff affecting their school.</p>	<p>2.6 Regional nurse managers provide regular information and contact with principals.</p>
	<p>2.7 The Secondary School Nursing Program requires that nurse managers acknowledge the day-to-day knowledge that principals have of secondary school nursing activities and liaise with principals when beginning performance assessments.</p>	<p>2.7 Communication with principals is undertaken in a timely manner prior to the review of the secondary school nurse work plan.</p>
<p>3. The Secondary School Nursing Program is committed to addressing complaints to improve the quality of the program.</p>	<p>3.1 The Secondary School Nursing Program requires that complaints received by nurses are documented and initially addressed at a local level.</p> <p>3.2 The regional nurse manager is required to support the resolution of a complaint if necessary.</p> <p>3.3 The regional Department of Education and Training staff will be involved in local negotiations as required (<i>Victorian Secondary School Nursing Program guidelines, 2002, p. 20</i>).</p> <p>3.4 The Secondary School Nursing Program requires that complainants be informed of the processes available to them through the Health Services Commissioner and/or the Nurses Board of Victoria as appropriate.</p>	<p>3.1 All complaints are recorded by the regional nurse manager and stored at the regional Department of Human Services office.</p>

## 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

1. Early adolescence approximate ages 12–14 years
2. Middle adolescence approximate ages 15–17 years
3. 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, 2003e, 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 (National Association of School Nurses, 2001, p. 27).

### Care plan

A comprehensive outline of care to be delivered to attain expected outcomes (National Association of School Nurses, 2001, p. 27).

### Curriculum

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

### Criteria

Specific, descriptive statements which 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).

### 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 (National Association of School Nurses, 2001, p. 27).

### Evidence-based health care

Evidence-based healthcare is the conscientious, explicit, and judicious use of current best evidence in making decisions about groups or populations which may be manifest as evidence-based policy-making, purchasing or management (Sackett et al. 2000; Gray, 2001)

### Guidelines

Systematically developed statements to support health care professionals while making decisions about the appropriate healthcare 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 Organisation, 1948).

### Health education

Any combination of formal learning experiences which 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, which 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 (National Association of School Nurses, 2001, 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).

## Mandatory reporting

'Section 64(1C) of the *Children and Young Persons Act 1989* lists those professionals who are obliged to notify the Child Protection Service if they form a belief, based on reasonable grounds, that a child has suffered or is likely to suffer significant harm as a result of physical injury or sexual abuse, and the child's parents or caregivers have not protected or are unlikely to protect the child from harm of that type. The professional groups that are legally obliged to report are:

- Doctors (including psychiatrists)
- Primary and secondary school teachers and principals
- Nurses
- Police'

(Department of Human Services, 2001b, p. 47).

## 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). The second stage of the nursing process (National Association of School Nurses, 2001).

## 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).

## Quality of care

A level of performance or accomplishment that characterises the health care provided. Measures of the quality of care always depend on value judgements. There are ingredients and determinants of quality that can be measured objectively which Donabedian has classified into measures of structure, process, and outcome (Ibrahim et al. 1998, p. 81).

## 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 teachers and student's families (National Health and Medical Research Council, 1996, p. 85).

### **School nursing**

'School nursing is a specialised practice of professional nursing that advances the well being, academic success, and life-long achievement of students. To that end, school nurses facilitate positive student responses to normal development; promote health and safety; intervene with actual and potential health problems; provide case management services; 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 (Ministry of Youth Affairs, NZ, 2002, p. 11; Office of Youth Affairs, 2002, p. iv).

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## Appendix one

### Secondary School Nursing Program Standards Advisory Committee

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## Appendix two

### Department of Human Services: mission, values and objectives

#### Mission

To enhance and protect the health and wellbeing of all Victorians, emphasising vulnerable groups and those most in need.

#### Values

- **Client focus**  
We work toward improving the health and wellbeing of our clients and community
- **Professional integrity**  
We treat all people with dignity and respect
- **Quality**  
We always strive to do our best and improve the things we do
- **Collaborative relationships**  
We work together to achieve better results
- **Responsibility**  
We commit to the actions we take to achieve the best possible outcomes for our clients and community

#### Objectives

- Building sustainable, well managed and efficient human services
- Providing timely and accessible human services
- Improving human service safety and quality
- Promoting least intrusive human service options
- Strengthening the capacity of individuals, families and communities
- Reducing inequalities in health and wellbeing.

(Department of Human Services, 2005–06)

## Appendix three

### Role of nurses registered in division 1

It is the mutual responsibility of all nurses and midwives to understand each other's scope of practice in the respective divisions.

Nurses registered in division 1 of the Register are licensed to practise nursing in the field in which they are registered.

These nurses practise as part of a team, independently and inter dependently in accordance with professional standards. Nursing practice involves technical knowledge, practical, ethical and personal understandings that inform nurses' actions. Nurses engage in particular contexts with people from diverse cultures and backgrounds in supporting their health and wellbeing through changing situations.

The major aim of educational programs leading to registration is the development of the nurses' understandings in order to offer nursing in a variety of health settings. Programs facilitate the development of beginning practitioners' knowledge in health assessment, clinical and ethical decision-making, critical thinking and critical self-reflection as part of their everyday practice.

The role of the division 1 nurse includes clinician, care coordinator, facilitator, counsellor, health teacher, advocate, change agent, clinical preceptor and colleague.

The above statement complements the *ANCI National Competency Standards for the Registered Nurse and the Enrolled Nurse*, Canberra May 2000.

Nurses Board of Victoria. 2001. *Role of nurses registered in division 1, division, 3 and division 4*. Downloadable from [http://www.nbv.org.au/nbv/nbvonlinev1.nsf/\\$LookupDocName/contact\\_us](http://www.nbv.org.au/nbv/nbvonlinev1.nsf/$LookupDocName/contact_us)



