

REMOTE HEALTH ATLAS

HEALTHY SCHOOL-AGE KIDS PROGRAM

1. General Information

In general, school-age children rarely present to health centres but may have health problems that affect their ability to learn. The Healthy School-Age Kids (HSAK) Program is a joint initiative between Department of Health (DoH) and the Department of Education and Training (DET). The aim of the program is to improve the health, well being and learning outcomes of school-age children living in remote communities in the NT through health and education staff working together with children, families and the community.

The HSAK program has three main components:

- health promotion in the school and community setting (ongoing throughout the school year)
- child health checks (surveillance and screening)
- integration of other services and programs.

The resource manual [Healthy School-Age Kids: The NT School-Age Child Health Promotion Program Manual for Remote Communities](#) provides clear guidelines on how to plan and conduct the HSAK Program. A video, *Working Together: Healthy School-Age Kids* complements this manual.

2. Definitions

Calculating Age for HSAK: a child's age for an age related HSAK screen is determined by the age they turn during that calendar year. For example if a child turns 5 years any time between 1 January to 31 December in a given year, then they are due for a 5 year old check during that year. This principle similarly applies for a child turning 10 and 15 years. All other children should have an annual check.

3. Responsibilities

3.1 All Health Centre Clinical Staff

- Work cooperatively to ensure the HSAK Program is successful and beneficial
- Maintain relevant HSAK screening documentation
- Manage conditions in children according to the [CARPA STM](#)

3.2 Primary Health Care Manager (PHCM) (some responsibilities may be delegated to a HSAK Coordinator)

- Assume or delegate HSAK Program management on an annual basis
- Promote and initiate planning of the screening component of the HSAK Program, ensuring liaison with school leadership and significant community members
- Ensure staff are confident and competent to undertake components of the HSAK Program
- Liaise with the Primary Health Care Outreach (PHC) Team - Child and Youth Health (CYH) staff and other agencies, eg Centre for Disease Control for support in providing the HSAK Program
- Maximise opportunities for health centre staff to be involved in health promotion activities in schools
- Share responsibility with School Principals to gather consent forms prior to the screening event

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3.3 Medical Practitioner / Specialty Services (eg Paediatrician, Audiologist, Oral Health Team)

- Support and participate in providing the HSAK program
- Assist with management follow up and referral as necessary

3.5 Primary Health Care (PHC) Outreach Team - Child and Youth Health Staff

- Provide advice regarding the HSAK Program to Health and Education staff in communities
- Work with PHC staff to support the provision of the HSAK Program in communities with additional staffing where possible
- Provide resources (physical and training) for the HSAK Program where possible
- Provide Electronic Health Records System (EHR) data input training to PHC staff to enable a HSAK Program Report for the community to be generated

3.6 School Principal

- Share responsibility with the PHCM to gather consent forms prior to the screening event
- Provision of facilities where the school is agreed as the venue for the screening event
- Where possible, assist with health promotion activities during HSAK screening
- Invite health staff to be involved in other health promotion activities at NT schools

4. Procedure

The [Healthy School-Age Kids: The NT School-Age Child Health Promotion Program Manual for Remote Communities](#) provides excellent support in guiding provision of HSAK program events. This Manual outlines the planning stage, requirements for consent, equipment needed, actual screening activities that are to be addressed, documentation required, treatment and follow-up, and community feedback requirements. Detailed information regarding the planning and management of the HSAK program is therefore not repeated here.

4.1 Preparation

All children of school age should be seen; where children do not attend school regularly, alternative mechanisms may be needed to reach these children. Staff will need to arrange a suitable venue, and have the necessary equipment, records and staff to provide this program. Parents / carers must provide written consent for the child to attend the HSAK Program.

In general, the HSAK program should be planned for earlier in the school year. This allows for timely investigation and management of findings, in turn maximising learning opportunities for children. However it is recognised that there are many factors that may mean a particular time of year is more suitable. Factors that affect this decision include cultural business, seasonal use of outstations, etc. Ideally the HSAK program should occur whenever school attendance is highest.

Apart from the specific timing of the HSAK Program being amenable to the school and community, it is also of value to try and place the program on the health centre calendar just prior to paediatrician, audiologist or other specialist planned visits, to facilitate follow-up of any abnormal findings.

To assure the HSAK screening event has good success, *it may be necessary to restrict other health centre services to emergencies only*, while the event is in progress. This measure would be fully supported by Management.

4.2 Support

Although the HSAK program should be a fun and productive event, it is recognised that it can be potentially taxing if under-resourced. While the planning is best managed by a single

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portfolio holder (PHCM or delegate), it is important for the whole team to be involved, and assistance from school staff and other community members will invariably make a positive contribution if managed well.

Consideration should be given to obtaining assistance from Health Program areas. Regional CYH staff are available to offer assistance. It is worth being in [contact](#) with the CYH staff well in advance. Other professionals that might be able to assist include medical officers, nutritionists, disease control and public health nurses, dentists / dental therapists, and audiologists, etc. Negotiation to 'loan' staff from neighbouring health centres is a potentially rewarding arrangement and can be reciprocated. PHC supports this type of movement where staffing allows.

4.3 Follow up

Children with health outcomes identified during the HSAK Program should receive appropriate health care and relevant [recall](#) to monitor timely ongoing management.

Some children may require review by a Specialist. This may be provided at the time of the HSAK Program with the specialist in attendance, eg Paediatrician, or provided at a future date in the health centre through the Specialist Outreach Program. Alternately, the child may need to attend a specialist clinic at the Regional Hospital.

HSAK screening in the NT remote setting should be used to identify children with conditions requiring follow-up (diagnostic), and should be used to prioritise children who should be seen by a Medical Practitioner given the limited amount of doctor time in many remote communities.

4.4 Medicare Claims

Medicare item [715](#), the Aboriginal and Torres Strait Islander health assessment, requires attendance by a doctor, a detailed history and physical examination, as described on the [MBS website](#). HSAK screening alone cannot fulfil the criteria for claiming item 715, however if a doctor sees a child they may use the HSAK as part of the requirements to make the claim. Claims for 715 can only be made by a doctor.

See Medicare Explanatory Note [A32](#) for Health Assessment for ATSI people details and [A33](#) for Health Assessment for an ATSI Child (< 15 years).

Other Medicare items that may be claimed include:

MBS Item Number	Comment
10988 - Immunisation by ATSIHP	Immunisations must be provided in accordance with the NT Immunisation Schedules . See Medicare Items Provided by RANs & ATSIHPs
73802 - Haemoglobin (using HemoCue or i-stat)	As the Hb is standard practice in HSAK, the medical practitioner is not required to see / review / discuss the results for the item to be claimed.
10987 - Follow up services for any ATSI clients, including children < 5 years provided by a RAN / ATSIHP, if a Medical Practitioner has done a health assessment and claimed item 715.	May be claimed up to a maximum of 10 services in a calendar year. See Medicare Explanatory Note M12.4
74991 - Medicare Incentive item for pathology (Item 73802 – Hb) 10991 - Medicare Incentive Item for all other Medicare items above	May be applied to every Medicare item when the client is under 16 years of age, or holds a Commonwealth Concession Card (ie doesn't work).

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4.5 Data Entry and Feedback

A copy of the HSAK consent form and all HSAK screening results must be entered into the child's EHR. Collated information can be accessed from the EHR to generate a follow-up report for individual children.

To obtain a Community Feedback Report the PHCM must contact Regional CYH staff who are able to request these reports from the Data Warehouse Team. The report (de-identified) should be shared between the health centre, school and community council or other interested groups.

4.6 Contact Information

The Regional CYH staff have provided contact details if assistance is required with planning or running the HSAK Program in your community or if you need a copy of the HSAK Program Manual or Video. Health Promoting Schools NT (HPS NT) may also assist with curriculum initiatives.

Regional Child & Youth Health Teams			Health Promoting Schools NT
Alice Springs:	08 8955 6102	08 8952 9087	
Barkly:	08 8962 4316	08 8962 4420	
Darwin:	08 8922 7712	08 8922 7714	08 8999 8776 (NT wide resource)
Nhulunbuy:	08 8987 0311	08 8987 0333	

5. Forms

HSAK Forms: also available from CYH Strategy Unit

[Feedback to Parents](#)

[Healthy School Age Kids Check Consent Form](#)

[Healthy School-Age Kids Check Form](#)

[School Screening Follow-up Treatment Form](#)

[Summary Report of School-Age Screening Form](#)

See the [NT Immunisation website](#) and scroll down to School Immunisation Programs to download Information and Consent for Vaccination Forms, including:

Vaccine	All forms below should be returned to the student's school
Pneumococcal vaccine	Indigenous students in Year 10 (15 years old) are offered this vaccine.
Diphtheria tetanus and whooping cough (pertussis) vaccine	All students in Year 8 (13 years old) are offered this vaccine.
Chickenpox (varicella) vaccine	All students in Year 8 (13 years old) who have never had chicken pox vaccination or disease are offered this vaccine.
Human papillomavirus (HPV) vaccine	All students in Year 7 (12 years old) are offered the HPV vaccine.
Influenza vaccine	This vaccine is NOT routinely given as a school based program but may be given to Aboriginal and Torres Strait Islander students (including boarders) who are 15 years of age and older if requested. Yearly vaccination is recommended.

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6. References and Supporting Documents

Related Atlas Items:

Client Recall Systems	Medicare Compliance – Pathology
Child & Youth Health Program	Medicare Items Provided by RANs & ATSIHPs
Medicare Benefit Claiming	

[Healthy School-Age Kids: The NT School-Age Child Health Promotion Program Manual for Remote Communities](#)

[HSAK Screening Quick Check List](#)

[HSAK Sticker Sheet](#)

[Hearing Health Referral Pathways](#)

Healthy School-Age Kids: What's it all about?

Healthy School-Age Kids - brochure

Working Together: Healthy School-Age Kids – Video

[Remote Primary Health Care Manuals](#) website

Central Australian Rural Practitioners Association (CARPA) Standard Treatment Manual

[Primary Care Information System website](#)

[East Arnhem Communicare System](#)

[Medicare Benefits Scheme website](#)

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