

The Principal Research Officer
Education & Health Standing Committee
Legislative Assembly
Parliament House
PERTH WA 6000

Submission To:

Review of W.A.'s current and Future Hospital and Community Health Care Services

Terms of Reference

- (b) Identification of outstanding needs and gaps in children's community health care services.

Background

- Community Health Nurses have worked in education support schools since the mid 1980s when it was recognised by government that more students with severe disabilities and complex medical needs were attending school.
- Prior to the start of 2009, the Centre of Cerebral Palsy (TCCP) provided nursing services to Sir David Brand School (SDBS) in Coolbinia.
- As Department of Health districts are aligned to shire/council boundaries (not education districts) the withdrawal of TCCP from SDBS placed the North Coastal health Zone under pressure to staff SDBS within existing resources.
- The need to staff SDBS resulted in a withdrawal of 0.45 FTE (two days per week plus half a day per fortnight) of nursing staff from Gladys Newton School in Balga and 0.6FTE from Burbridge School in Koondoola.
- The decision to remove resources from 'like' schools (Gladys and Burbridge) to staff SDBS does not take into consideration the growing number of students with extreme medical needs in all three schools. These schools have students with complex and pervasive medical needs, many of which are life threatening.

Issues

- Although some Education Assistants at SDBS are currently performing peg feeds, the LHMU position is that their members should not complete activities of daily living and assist with medical procedures (peg feeding/reinsertion of tracheotomy etc). Education Assistants at Gladys Newton School and Burbridge School are adhering to LHMU guidelines. As such the completing of these duties places nursing staff, and students, under considerable pressure.
- Our students are at risk due to low staffing levels. The medical needs of students attending these schools are particularly complex. A snapshot of the medical needs of six students in one education support school include: a very high incidence of severe epilepsy; hypoglycaemia; life threatening level of low sodium/potassium; inability to regulate temperature control; high susceptibility to chest/sinus infection; feed rejection; respiratory distress requiring suctioning/oxygen therapy; kidney stones; severe asthmas; status level fitting; anaphylaxis; skin allergies; glands that don't drain and require massaging; and vasovagals. In addition, in this school there are 20 students who require medication, with 26 doses administered. On top of this there are 26 meals that need to be administered through either nasogastrically or through percutaneous endoscopic gastronomy.

- All three schools have been forced to cut Community Access Programs for their most disadvantaged and isolated students (those with significant health needs and/or severe and multiple disabilities). Reduced staffing has meant that nurses are unable to accompany these students when accessing the community, an integral part of the educational program. Suggestions by Swan Health staff that outings be cancelled are unacceptable to parents, students and their teachers and leave the Department of Health exposed to bad press and future discrimination claims. Students are unable to achieve outcomes.
- Community health nurses are unable to perform the full range of their duties, particularly in the area of Health Care promotion. In these schools, nursing has become a triage arrangement where matters of clinical acuity become the sole focus.
- Stress on nursing staff. When only one nurse on site, nurses end up working with unqualified and untrained staff when assisting with emergency procedures. Frequent refusal of DoH nurses to work in education support settings has seen no relief staff when nurses are ill. In the case of the North Coastal Health Zone there appears to be a reluctance to relocate staff from areas of less critical need to the education support environment.
- Parents enrol their children based on the fact that there is a full time nurse available at school. These parents wish to see their child access less restrictive environments in accordance with Disability Standards in Education and the Disability Discrimination Act.

Recommendations – What might be done to meet these outstanding needs.

- i. The current review of community health services that is occurring needs to be consultative and needs to occur across all schools (not zone related). The review needs to consider curriculum access. The review needs to be transparent and thorough. The review needs to look at resource allocation in its entirety as it is inappropriate to focus on education support schools in isolation (it is unfair to simply rob peter to pay Paul)
- ii. GNS and Burbridge School nursing allocation to be reinstated.
- iii. SDBS to be funded from resources outside of the existing allocation to the education support sector.
- iv. A base allocation of one RN and one EN to be allocated to each Education Support School site with additional resources allocated for complexity.

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