

Orientation Program for Public Health Nurses

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Module 1



**What is
Public Health
Nursing?**

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The Role of the Public Health Nurse within
Regional Health Authority, Manitoba Health,
October 1998.

What is Public Health Nursing?

CONTENT

This module focuses on the role of the Public Health Nurse in British Columbia.

OBJECTIVES

From this module, you will be able to:

- *Describe the mission and values of Public Health Nursing.*
- *Describe the role of the Public Health Nurse across the province and in your community and provide some examples that illustrate the various aspects of the role.*
- *List the key elements of the role and function of the PHN within the regional health structure.*
- *Explain and give examples of what is meant by population health, health promotion and disease prevention.*
- *Discuss aboriginal health issues, recognize the cultural needs of the aboriginal community and describe ways of adapting practice skills to fit a client's cultural context.*

PREREQUISITES

Read: The Role of the Public Health Nurse within Regional Health Authority, Manitoba Health, October 1998 (appendix).

RESOURCES

- Canadian Nurses Association: Code of Ethics for Registered Nurses (1997)
- RNABC: Standards for Nursing Practice in BC, 1998
- Strategic Plan for Aboriginal Services, BC Ministry for Children and Families, 1999.

Much of the information provided in this module is based on the “Public Health Nursing Transition Planning Package” developed by the Ministry of Health and Ministry Responsible for Seniors, 1995.

Mission Statement

Public Health Nurses work with individuals, families, and communities where they live, work, learn, and play to promote optimal health and well being for all.

Public Health Nursing Values

Competent Practice:

Public health nursing requires the competent application of a diverse range of knowledge and skills based on nursing practice standards.

Integrity:

Public health nursing values honesty, credibility, and accountability and upholds the CNA Code of Ethics.

Innovation:

Public health nursing promotes creative and flexible approaches in meeting changing health needs.

Respect and Dignity:

Public health nursing respects individuals as unique, worthy, and having the right to self-determination.

Diversity and Sense of Self:

Public health nursing values uniqueness of each nurse and their ability and skill in maintaining a sense of self in relationships.

Collaboration:

Public health nursing promotes partnerships to achieve mutually beneficial goals.

Public Health Nursing Role

Public Health Nursing services and programs focus on improving health and improving the quality of life among whole populations through health promotion, disease prevention and other forms of health intervention. This is different from direct clinical or acute services where the main focus is on individuals who are sick, in crisis or who have presented themselves for health care. Principles of **epidemiology** are included in the development and delivery of population health services.

Epidemiology

Epidemiology is the study of the distribution and determinants of health-states or events in specific populations, and the application of this study to the control of health problems (WHO, 1998).

- **Population Health**

Population health requires coordinated action on the determinants of health. Public Health Nurses may be involved in population health initiatives related to maternal/child health, school health, communicable disease control, injury prevention, and other leading causes of morbidity and mortality in the community.

Population Health

Population health is an approach that focuses on the interrelated conditions and factors that impact on the health of human populations over the life course (the social, economic, and physical environments, personal health practices, individual capacity and coping skills, health services, human biology and early child hood development); identifies systemic variations in their patterns of occurrence; and applies the resulting knowledge to develop and implement policies and actions to improve the health and well-being of those populations (Federal/Provincial/Territorial Committee on Population Health, 1996).

Health status indicators are commonly used measures of the health of a population, e.g., infant mortality rate, teen pregnancy rate, potential years of life lost, etc. Health status issues are often related to such **determinants of health**, such as poverty, unemployment, income, education, sustainable

environment and housing. Public Health Nurses use health status indicators to identify health issues and coordinate/mobilize community based action to address these issues. The programs and services developed in response to identified health issues will impact the health of a population over the long term. **Immediate results are seldom visible.**

Determinants of Health

The range of personal, social, economic and environmental factors which determine the health status of individuals or population (WHO, 1998).

- **Health Promotion**

Health Promotion

Health promotion is defined (WHO, 1986) as the process of enabling people to increase control over, and to improve their health. Health promotion represents a comprehensive social and political process, it not only embraces actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental, and economic conditions so as to alleviate their impact on public and individual health (WHO, 1998).

Public Health Nurses use **health promotion** initiatives to develop conditions in a community supportive of healthy choices and decisions. Public Health Nurses, therefore, establish partnerships in the community to identify community needs/issues and to facilitate resolution of these issues. The following principles of health promotion are used in this process (WHO 1986):

- a. A population focus in which everyone is included.
- b. Coordinated action on the determinants of health that requires the cooperation of all sectors of society not just health services.
- c. Use of diverse range of methods, including community development, community mobilization, healthy public policy, re-orientation of organizations and education.
- d. Public participation in setting priorities, making decisions, planning strategies and implementing them to achieve better health.

- **Health Education**

Health Education

Health education comprises consciously constructed opportunities for learning involving some form of communication designed to improve *health literacy*, including improving knowledge, and developing life skills which are conducive to individual and community health (WHO, 1998).

Public Health Nurses use **health education** to increase awareness of health issues. The learner's needs and characteristics are assessed to determine which health education methods to use, i.e., written material, verbal presentations, group process, media, individualized counselling, self-help and peer support.

Public Health Nurses may also use **health education** in conjunction with health promotion or health protection activities. Health education in these situations may be used to encourage behavioural change by providing health information and enhancing life skills. The individual or group needs to be ready and able to act on the information given through the health education process.

- **Prevention**

Prevention activities are directed at reducing or eliminating the incidence of a disease or injury. This requires an awareness of preventable health problems or conditions and the contributing risk factors. Ultimately, preventive action results in the protection of the public's health and safety.

Disease Prevention

Disease prevention covers measures not only to prevent the occurrence of disease, such as risk factor reduction, but also to arrest its progress and reduce its consequences once established (WHO, 1998).

Public Health Nurses are involved in preventing communicable diseases such as measles, tuberculosis, hepatitis B, AIDS, and other sexually transmitted diseases through activities such as immunization programs, health education and awareness, and health promotion. Public Health Nurses are also involved in controlling the spread of communicable disease through

surveillance, detection, investigation, treatment and reporting of particular communicable diseases. Public health nurses are also involved in reducing the negative consequences of drug and alcohol use for the individual, family and community and through “harm reduction”.

Harm Reduction

“Harm reduction is a public-health approach to dealing with drug-related issues that places first priority on reducing the negative consequences of drug use rather than eliminating drug use or ensuring abstinence (Canadian Centre on Substance Abuse, 1993).”

The effect of chronic diseases such as heart disease, cancer, diabetes, and lung disease can be prevented or reduced through health education and health promotion programs targeted at lifestyle issues i.e. smoking cessation, stress management, nutrition, fitness, breast self-examination, heart health.

The protection of the public from environmental health hazards includes injury prevention. Public Health Nurses are actively involved in safety promotion and injury prevention. Injury prevention requires the separation of those at risk of injury from injury hazards i.e., bicycle paths, helmets, playground fences. Strategies used may include mobilization of community action groups, healthy public policy related to reducing health hazards in the community, safety education, analysis of injury statistics.

- **Supporting Health in Families**

Some Public Health Nursing services are intended for individuals and families experiencing life changes, i.e., childbearing, parenting, etc. The philosophy of service delivery is family centred and holistic. The family is involved in the assessment of needs/strengths and in the planning process. An interdisciplinary approach is used to ensure that the services are coordinated and comprehensive. Referrals may be initiated to other agencies as required. The Public Health Nurse may advocate on behalf of a family who has particular needs or issues. Anticipatory guidance may be part of the health counselling provided to a family.

- **Early Intervention**

Public Health Nurses screen particular populations in order to identify individuals or families who may benefit from early intervention, i.e., hearing, vision, child development, parenting skills. The screening process used by Public Health Nurses is based on knowledge of risk factors.

Risk Factor

Social, economic or biological status, behaviours or environments which are associated with or cause increased susceptibility to a specific disease, ill health, or injury (WHO, 1998).

Once individuals or families are identified, efforts are made to provide follow up or to encourage access of appropriate interventions. The degree of need determines the type and extent of services provided.

- **Outreach**

Improving health of a population involves being aware of the factors that influence health, being alert to potential hazards/risks, looking for opportunities to intervene before a crisis occurs and being where people are. Public Health Nurses are highly mobile and have an ability to access people in many different settings. This is very different from many other health care providers who depend on the consumer to come to them. This ability to be where people are and to address their issues in their own environment, provides a point of access to health care particularly for those whom may be disadvantaged. It also provides an opportunity to experience the world as other see it, identify barriers to health, and advocate for change.

- **Partnership/Collaboration**

Public Health Nurses have an extensive knowledge of community resources. This, coupled with the nurse's ability to move across a community, enables the nurse to create **partnerships** at the individual, family, and community levels. These partnerships allow the client to access available information and support relevant to their needs. It places the clients in the driver's seat and allows them to make the best choices for themselves. **Partnerships** also create opportunities for agencies and groups in the community to work together to address larger needs.

Public Health Nurses by the nature of their role are in an ideal situation to bring together and integrate the varied disciplines, skills, talents,

perspectives, knowledge, and experience of many team members, colleagues, services and agencies through a multi-disciplinary **collaboration** and teamwork.

PROGRAMS AND SERVICES

Using any resources in your office, think of examples of programs and services that reflect each of the above concepts.

Population Health	
Health Promotion	
Health Education	
Prevention	
Supporting Health in Families	
Early Intervention	
Outreach	
Partnership/Collaboration	

**Checklist for Module 1
What is Public Health Nursing?**



Both yourself and your mentor will initial and date each competency as achieved.

Competency	Date	Signed
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Described the mission and values of Public Health Nursing in BC.

Described the role of the PHN across the province and in their community.

Provided some examples of services and programs that illustrate the various aspects of their role.

Listed the key elements of the role and function of the PHN within the regional health structure of BC.

Explained how public health nursing is different from nursing provided in the hospital using the concepts of population health, health promotion and disease prevention.

Discussed aboriginal health issues, recognized the cultural needs of the aboriginal community and describe ways of adapting practice skills to fit a client's cultural context.

Appendix

- 1. The Role of the Public Health Nurse within Regional Health Authority**, Manitoba Health, October 1998.

Module 2



Your Job

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Your Job

CONTENT

This module focuses on the administrative aspects of your job orientation. It is designed to help you become familiar with your unit and to learn what you need to know to get started at your new job. Every unit is different, so it is very important that you ask your mentor or use other resources to facilitate your orientation process.

This module introduces you to many important pieces of information that you will need to refer to in the near future. Use the space provided in this manual to write down such things as names, programs and services that are specific to your unit. It might be a good idea to photocopy the worksheets for your own personal use. There is a checklist for your use at the end of the module. It would also be a good idea to start your own personal file with information related to your job.



STORY

Newly employed public health nurses experience some degree of “culture shock”. The extent varies in relation to previous personal and professional experiences, especially to the extent that these experiences have involved autonomy and independent decision-making opportunities. Gaining confidence and a feeling of comfort is a time-consuming and even threatening experiences for the new employee. Most health practitioners who are functioning as neophytes expect to go through such a process during their early months of employment. Nurses who have developed professional competence and have been functioning at advanced, even expert, levels in settings such as intensive care units may experience culture shock equal to or greater than the novice. Developing basic skills such as locating addresses and gaining entrance into homes and providing service to clients with diverse personal values and lifestyles may be frustrating to the newly employed nurse. Knowing that these feelings are usual may help your adjustment.

Martin, K.S. & Scheet, N.J. *The Omaha System*. Toronto: W.B. Saunders, 1992.

OBJECTIVES

From this module, you will be able to:

- *Describe the organizational structure and lines of communication.*
- *Describe your job procedures, duties and responsibilities.*
- *Discuss conditions of employment, including hours of work, pay periods, and overtime requirements*
- *Identify the various sources of information for organization and work unit rules, regulations and policies.*
- *Identify the range of services offered by your health unit and the community.*
- *Identify issues affecting your safety and health, and ways of preventing injury and disease in the work place.*

PREREQUISITES

Read: *Fitness to Practice: The Challenge to Maintain, Physical, Mental and Emotional Health*, RNABC, 1998.

RESOURCES

- Job Description
- A map of your community
- Organizational Charts
- Policy Manuals
- Pamphlets about various programs and services
- Annual report of the health/unit department
- Integrated Service Delivery & Integrated case Management: A Best Practice Manual: Final Draft in Process of Completion.
- Collective Agreement
- WHIMIS Training Materials

Internet Sources (for learning about the internet)

- <http://www.searchenginewatch.com/>
- <http://www.researchbuzz.com/news/>
- <http://www.searchiq.com/>

Organizational Structure

Public health nursing services are jointly funded by the Ministry of Health and the Ministry Responsible for Seniors and the Ministry for Children and Families.

Ministry of Health and the Ministry Responsible for Seniors is the lead ministry for policy direction related to:

- communicable disease control services
- immunization services
- prevention and health promotion for adults.

Ministry for Children and Families is the lead ministry for policy direction related to:

- perinatal
- pre-school
- school age health services such as screening, assessment and education
- referral services mainly related to growth and development
- prevention and health promotion for children and their families

Regionalization:

In 1997, the *Better Teamwork, Better Care* approach to regionalization was implemented which focused on better cost management through the integration of services. This new model provided for only a single layer health care governance – local health authorities govern institutions and resources formerly directed through the Ministry of Health. Regional Health Boards, Community Health Councils and Community Health Service Societies are responsible for the governance, management, and delivery of many health services. Regionalization provides opportunities for achieving efficiencies, providing a smooth continuum of care, articulating local priorities in decision making, and improving health service delivery at the local level.

Ministry for Children and Families

This new Ministry was created in 1997 in response to the Gove Inquiry. The new ministry was designed to create a new focus on serving and supporting families and children, improving child protection and child health.

Where Do You Fit Within Your Region?

Public health nurses are employees of their local health authorities. The local health authority plans jointly with local Ministry for Children and Families staff for the delivery of child health services. Your mentor will be able to provide you with information and resources that are more specific to your unit, for example regional and local policy manuals, regional health profiles and/or a regional strategic plan.

Lines of Communication

The following is a rough guide to help you know who to go with your concerns.

Discuss, with your mentor or another PHN if it is an issue related to:

- program or service delivery and your job (e.g., unusual immunization scheduling, client referrals, community resources, PHIS, etc)
- if another PHN is unable to answer your questions, you will likely be referred to either the Supervisor or someone else who may be able to help.

Discuss, with your supervisor if the issue pertains to:

- payroll or human resource issues
- work availability
- anything that you are unsure about or anything that hasn't adequately been addressed by your mentor or another PHN
- written correspondence (e.g., letters, memos), usually all outgoing internal and external correspondence must be approved by your supervisor
- media contacts

Answers to Know!

- Who is the Minister of Health and for Children and Families?
- Who is the Deputy Minister for both ministries?
- Who is your RED?
- Who is the head of your nursing department?
- Who is your Medical Health Officer?



PHN Job Description & Performance Appraisal

Obtain a job description from your supervisor if you weren't given one when you applied for the job.

You may also want to discuss further job expectations, roles and responsibilities of your new job.

Discuss the performance appraisal procedures with your supervisor. If a specific form is used, obtain a copy. Be clear about whom will evaluate your performance, when your performance will be evaluated and what criteria will be used so that you can keep the necessary records and prepare yourself.



- Obtain a copy of your contract from personnel (or equivalent).
- Discuss Your Role in the Department
- Expectations
- Specific Duties
- Objectives
- Anticipated Training
- Probationary period

Work Schedule

Your work schedule is unique to your office. It is important that you talk with your supervisor or your mentor. They will be able to provide you with information and resources that are more specific to your unit.

- Scheduling Procedures
- Working Hours
- Lunch Hours and Breaks
- Days Off
- Flex Time
- Holiday Coverage
- Vacation Schedule
- Casual Log
- Late, Sick or Absent-Reporting Procedure
- Statutory Holidays
- Staff Meetings/ In-services

Registered Nurses Association of British Columbia - RNABC

Under the *Nurses (Registered) Act*, it is the duty of RNABC to serve and protect the public. Among other things, the act requires RNABC to: superintend the practice of nursing; establish, monitor and enforce standards of education, qualifications for registration, standards of practice and professional ethics; and establish and maintain a continuing competency program.



- Find out if your area has a workplace representative
- Find out about your local Chapter
- Show your supervisor your current licence to practice or submit a copy

Standards of Conduct

You are required to abide by the Registered Nurses Association of British Columbia *Standards for Nursing Practice in British Columbia*. You should have your own personal copy or you may be able to locate a copy at each health unit.

Confidentiality

Protection of privacy and maintenance of client confidentiality are essential to practice. Client records must be kept in a secure location. In smaller communities, you may need to exercise extreme tact and ingenuity to ensure confidentiality.

Talk with your mentor about issues of confidentiality.

Locate your health unit's policies and procedures around confidentiality and record keeping.

British Columbia Nurses Union - BCNU

In each health unit you will find a BCNU Bulletin Board. Notices and other information are posted on the Board. In addition, find out if your area has a BCNU steward. It is a good idea to familiarize yourself with the collective agreement.

WHO'S WHO IN YOUR UNIT

Your mentor will introduce you to your team members. Write down the names of the people in your health unit and what they do. The following list is designed to get you started, it is not meant to be complete.

WORK SHEET

OTHER PHNS:	
PHN Supervisory Staff:	
Human Resource Staff:	
Administrative Support Staff:	
Hearing Program Staff:	
Speech Pathologist:	
Dental Hygienist:	
Nutritionist:	
Volunteer co-ordinator:	
Records Clerk:	
Medical Health Officer:	
Health Unit Aide:	
Community Development Resource:	
Psychologist:	
Other:	

GETTING TO KNOW YOUR OFFICE	

One of the challenges in starting a new job is finding all the equipment that you need. Feel free to ask questions of your co-workers, as they will help you understand some routines and the part they play in them. You may wish to collect some of the forms, pamphlets, etc. for future use. Following is a suggested list of things you should find.



Immunization Equipment:

- Syringes
- Extra needles
- Adrenaline kits and protocol for anaphylactic reactions
- Alcohol bottles or wipes
- Cotton balls
- Sharps disposal containers/method
- Vaccine fridge – look what is inside
- Cooler for Vaccines/Ice Packs
- Pamphlets, forms, handouts
- Immunization Manual

Emergency Equipment:

- Fire extinguishers – read instructions
- Fire exits
- First Aid Station & First Aid Kit
- Emergency Procedures (fire, flood, earthquake)

Administrative Equipment:



- Pens and pencils
- Stationary
- Forms
- Fax Machine
- Photo Copier
- Computer
- If you are not familiar with how to use the office equipment, now would be a good time to do so.

Field Equipment:

- Ask your mentor if there are any supplies or equipment you should have to do your job (e.g., weigh scales, nurses bags).
- Ask if your unit uses PHN Diaries

Find out:

- What room and computer you will use if doing a clinic.
- How to get telephone messages.
- Where the communication or messages book is kept.
- Where the sign-in and out board book or board is located.
- About mileage/travel allowance.
- Where manuals are kept.
- Where records and files are kept.
- Where the break/lunch room is.
- The mail system.
- Your work phone/fax number.
- Your work address.

Using the Internet



As a public health nurse, you need to keep up-to date on current trends, practices and techniques. One way of doing this is through the Internet. The Internet is a world-wide network of computers that are connected to each other. When using the Internet you can make use of this network to search for information or to communicate via electronic mail (e-mail), mailing list services, news groups, chat boxes and the World Wide Web.

If you have not used the Internet before, talk with your mentor about ways you might be able to learn. Someone in your health unit should be able to show you. A good web site to learn about the internet is:

<http://cwis.kub.nl/~dbi/english/instruct/www/indexuk.htm>. Have someone walk through this site with you.

If you are familiar with the Internet, you might like to learn more about searching the World Wide Web. You will often not have the correct URL (address) or one at all. Accessing good and reliable information can be a challenge. Go to <http://www.searchenginewatch.com/> click on Web Searching Tips and complete a search engine tutorial. You will learn how to

access the Internet Resources listed in each module without an URL, how to evaluate various sites and much more.

Services in Your Community

Check if the following services (or their equivalent) are available in your community. If they are, write the name of the contact person and phone number beside each. The following list is designed to get you started, it is not meant to be complete. Write in other services or change names here as appropriate. If possible, go out and meet some people to find out more about their services.

Service	Contact Person and Phone #
Health Promotion	
Communicable Disease Control	
TB Program	
Sexually Transmitted Disease Program	
Perinatal	
Pregnancy Outreach Programs	
Registered Midwives	
Breastfeeding Clinics La Leche League	
Postpartum Parent Support	

Postpartum Depression	
Parents or Mothers Groups	
Nobody's Perfect	
In-School Support Program	
Family Planning Resources	
Aboriginal	
Hospital Liaison	
Dental Program	
Nursing Support	
Vision and Hearing Speech	
Nutrition	
Injury Prevention	
Healthy Schools	

Alcohol & Drug	
Mental Health Team	
Travel Clinics	
Transition Houses	
Youth Clinics	
Ethnic Population Resources	
Other	

Getting To Know Your Community

Your mentor will provide you with a map of your community and take you on a tour or send you off on your own.

Tour Your Area and Locate:

Schools	
Clinics	
MCF-Social Services Building	
Medical Office Buildings	
Hospitals	
City Police	
Community Care Facilities	
Recreation Centres	
Community Centres	
Food Bank Locations	
Mental Health Offices	
Family Places	
Women's Resources Centres	
Other:	

Health and Safety

Tips to Reducing Job Related Stress

- Build rewarding relationships with co-workers.
- Talk openly with managers and employees about job and personal concerns.
- Prepare for the future by keeping abreast of likely changes in job demands.
- Set realistic goals.
- Act now on problems or concerns of importance.
- When feeling stressed, make time for detachment or relaxation (go for a walk).
- Delegate tasks that do not require your expertise.
- Put things into perspective. Try not to let trivial things take importance.
- Remember to take your breaks.
- Imagine positive consequences to stressful events.

Employee and Family Assistance Program - EFAP

The EFAP provides confidential, professional assessment and referral services for employees and their immediate families. Its purpose is to help resolve problems that effect employees' personal lives or job performance, including health problems, substance abuse, family or marital crises or financial difficulty. Participation in the program is voluntary, although it is recommended when performance on the job may be affected by the problems.

For more information on these services, contact your human resources department.

Your Safety

Talk to your mentor about the procedures that have been implemented to ensure your safety. Not only does your employer have a responsibility to develop, implement and maintain a program that prevents injuries and diseases in your place of employment, but so do you. Make sure to take care to protect yourself and others, follow your unit's safe working procedures

and notify the employer or supervisor of any safety concerns you might have.



- Ask your mentor about what accidents you need to report and when.
- Familiarize yourself with the unit's safety policies.
- Find out what your unit's policy is on Environmental Tobacco Smoke.
- Find out about Workmen's Compensation Board forms.
- Who is your Occupational Health and Safety rep?
- When does the safety committee meet and where are the minutes?

Workers' Compensation Board (WCB)

WCB is the agency that governs occupational health and safety in the Province of BC. They operate under the authority of the *Workers Compensation Act*. They are responsible to:

- Monitor and promote occupational health and safety practices through regulation, inspection, education and consultation.
- Provide rehabilitation and compensation, as well as vocational training to workers who are injured or suffer from an occupational disease.
- Provide compensation to dependants of workers who have died as a result of a work-related injury or occupational disease.
- Provide compensation and assistance to victims of criminal acts (under the authority of the *Criminal Injury Compensation Act*).

Contact:

Questions about health and safety at work?
 Call the Prevention Information Line (604) 276 3100
 Toll Free 1800 621-SAFE (7233)

Health and Safety Emergency and Accident Reporting:
 Monday-Friday, 8:30 am to 4:30 pm 1800 621-SAFE (7233)
 After Hours (Richmond) (604) 273 7711
 Internet: <http://www.worksafebc.com>

WCB has introduced health and safety standards on second-hand smoke.

Suggested Work Place Safety Precautions

ACTIVITY	TIPS
Pre-Visit Phone Call	<ul style="list-style-type: none"> • Take time to make the call • When possible ask about lighting, dogs stairs, parking, access to residence, other occupants • Confirm arrival time
Pre-Trip Check	<ul style="list-style-type: none"> • Walk around vehicle. Check tires are inflated and windows and lights are clean. • Check that you have plenty of fuel
Park	<ul style="list-style-type: none"> • As close to the residence as possible • Under a street light if late afternoon or night • If possible, place any extra items in the trunk
Physical Hazards	<ul style="list-style-type: none"> • Look for a clear access to entry way or exit • Pet secure • Footing solid • Adequate light or use your flashlight
Other Occupants	<ul style="list-style-type: none"> • Clarify who the others are in the residence • Carefully assess state of other occupants • Decline visit if questionable
Client Status	<ul style="list-style-type: none"> • Consider attitude of client to visitor • Mood • Orientation
On Return to Vehicle	<ul style="list-style-type: none"> • Walk around vehicle • Check back seat before unlocking car • Lock doors • Windows up until underway • Secure any loose equipment in the trunk of your car
Post-Visit Phone Call	<ul style="list-style-type: none"> • Arrange for call back to unit immediately post-visit if risk has been anticipated and call back to unit has been arranged.

- For more information on working alone, locate your unit's policy and/or speak with your mentor.

Latex Safety

Latex allergy arises from repeated exposure to latex foreign protein. Health care workers are one of a number of risk groups more prone to develop latex allergies. All health care workers with a suspected latex allergy are responsible for contacting their Occupational Health and Safety representative (OHS).

- Ask your mentor about the your units policy on latex allergy.

WHIMIS

WHIMIS means “Workplace Hazardous Materials Information System”. Obtain the booklet, “What’s WHMIS” which contains data sheets on commonly used materials in the workplace, e.g. chlorine. WHIMIS training is mandatory for all employees.

- Locate the WHIMIS booklet and training videotape in your health unit.



WORK SHEET

PHN Job Description & Performance Appraisal

- Obtain a copy of your contract from personnel (or equivalent).
- Discuss Your Role in the Department
- Expectations
- Specific Duties
- Objectives
- Anticipated Training
- Probationary period

Work Schedule

- Scheduling Procedures
- Working Hours
- Lunch Hours and Breaks
- Days Off
- Flex Time
- Holiday Coverage
- Vacation Schedule
- Casual Log
- Late, Sick or Absent-Reporting Procedure
- Statutory Holidays
- Staff Meetings/ In-services

Immunization Equipment:

- Syringes
- Extra needles
- Adrenaline kits and protocol for anaphylactic reactions
- Alcohol bottles or wipes
- Cotton balls
- Sharps disposal containers/method
- Vaccine fridge – look what is inside
- Cooler for vaccines/Ice packs
- Pamphlets, forms, handouts
- Immunization Manual

Emergency Equipment:

- Fire extinguishers – read instructions
- Fire exits
- First Aid Station & First Aid Kit
- Emergency Procedures (fire, flood, earthquake)

Administrative Equipment:

- Stationary/ Pens and pencils
- Forms
- Fax Machine & Photo Copier
- Computer
- Familiarize yourself with the office equipment.

Field Equipment:

- Ask your mentor if there are any supplies/equipment you should have to do your job.
- Ask if your unit uses PHN Diaries

Find out:

- What room and computer you will use if doing a clinic.
- How to get telephone messages.
- Where the communication or messages book is kept.
- Where the sign-in and out board book or board is located.
- About mileage/travel allowance.
- Where manuals are kept.
- Where records and files are kept.
- Where the break/lunch room is.
- The mail system.
- Your work phone/fax number.
- Your work address.

Health and Safety

- Ask your mentor about what accidents you need to report and when.
- Find out about Workmen's Compensation Board forms.
- Familiarise yourself with the unit's safety policies.
- Who is your Occupational Health and Safety rep?
- When does the safety committee meet and where are the minutes?
- Find out what your unit's policy is on Environmental Tobacco Smoke.
- Locate the policy on working alone.
- Ask your mentor about the your units policy on latex allergy.
- Locate the WHIMIS booklet and training videotape in your health unit.

**Check List for Module 2
Your Job**

Both yourself and your mentor will initial and date each competency as achieved.

Competency	Date	Signed
Describes the organizational structure and lines of communication.	_____	_____
Describes job procedures, duties and responsibilities.	_____	_____
Able to discuss conditions of employment, including hours of work, pay periods, and overtime requirements	_____	_____
Identifies the various sources of information for organization and work unit rules, regulations and policies.	_____	_____
Identifies the range of services offered by your health unit and the community.	_____	_____
Identifies issues affecting employee health and safety and ways of preventing injury and disease in the work place.	_____	_____
Has completed the personal check-list.	_____	_____

Appendices

Module 3



Documentation & Legal Issues

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Documentation & Legal Issues

CONTENT

This module focuses on the legal aspects of documentation and information management, as well as the legal issues related to your job. Legal and professional requirements around documentation and information management are always changing. Further more, every unit has different policies and procedures around documentation. It is therefore, very important that you discuss with your mentor, your unit's policies and standards.

OBJECTIVES

From this module, you will be able to:

- *Identify the various forms your unit uses for record keeping and how to use them.*
- *Describe the PHN's role around documentation.*
- *Identify the various sources of information for documentation and information management.*
- *Describe safe and effective telephone nursing advice.*
- *Identify the various Acts pertinent to working in public health.*
- *Describe the Freedom of Information and Protection of Privacy Act (FOIPPA) and how it applies to a PHN.*
- *Describe what informed consent means for a PHN working in your unit.*
- *Describe what you would do if you suspected that a child has been or is likely to be abused or neglected.*

PREREQUISITES

Skills

- Nursing Process: assessment, problem identification, diagnosis, planning, implementing, and evaluating
- Nursing Diagnosis
- Written communication Skills
- Maintaining Accurate Records

Knowledge

- *Health Act*
- *Nurses (Registered) Act*
- Documentation Systems

RESOURCES

- Records Protocol
- Various Acts (<http://www.qp.gov.bc.ca/bcstats/index.htm>)
- RNABC Practice Guide: Overview of Legislation Relevant to Nursing Practice.
- Child Abuse Handbook, Ministry for Children and Families
- A Health Care Provider’s Guide to Consent to Health Care, Ministry of Health and Ministry Responsible for Seniors (February 15, 2000)
- A copy of the various forms (including computerized) from your unit
- Registered Nurses Association of British Columbia
- _____
- _____
- _____

Forms

Every unit will have different forms. Locate the various forms in your office and review them on your own and with your mentor. There will be forms for most of the activities and tasks you will be involved in.

Below is a checklist to guide you in familiarizing yourself with the forms. Once you have collected a copy of each of these documents, practice filling them out. Add these to your personal file.

WORK SHEET

ACTIVITIES AND TASKS	FORMS
Personal Job Related Forms	
Communicable Disease Control	
Immunization	
Family/Adult Health	
Perinatal Health	
Child Health	
School Health	
Telephone Advice	

Public Health Information System - PHIS

PHIS is an automated, integrated client health record and reporting system which supports public health case management, tracking, follow-up and reporting. PHIS includes both an immunization tracking and a communicable disease case management and surveillance component. The system is designed to be a province-wide allowing for access to on client record by multiple public health providers and programs anywhere in the province and access to and sharing of communicable disease surveillance, immunization information and other health care service information provided in your area.



- Locate the PHIS Orientation Manual.

Documentation

There are many different types of documentation. Familiarize yourself with agency policies on documentation, including policies on documenting verbal and telephone orders if these apply in your agency.

Purposes of Documentation

1. To provide a means of communication between health care professionals.
2. To meet the legal and professional standards.
3. To document relevant nursing services.

Relevant to Charting Legislation in BC

Hospital Act
Hospital Regulations Act
Limitation Act
Nurses (Registered) Act
British Columbia Coroners Act
Evidence Act

Documentation Standard

1. RNABC Standard 3, indicator 3.8, states that the nurse will write “timely and accurate reports of **relevant** observations, including conclusions drawn from them”. The operative word here is “relevant”. If the necessary information is in flow sheets, clinical records and other documents, there is no need to repeat it in progress notes. Recorded professional judgements are based on factual data.
2. All entries are dated, signed and the signature is clearly legible. If it is not, then a name is printed under the signature. Write in ink only.
3. Enter within 24 hours of providing the service.
4. Mistaken entries are ~~crossed out~~ with a single line so that the entry is still legible. The line is marked “mistaken entry” (not error) and initialled. NEVER use “white out”. Only approved abbreviations are used.
5. No blank lines are left between entries in the progress notes. If there is a space between the last entry and the nurse’s signature, then a line is drawn in the space.
6. All assessment data, interpretation of the data, actions taken and client response must be documented. This includes charting all communications with the physician and other professionals involved in client care. Failure to complete this critical step may have legal implications if the nurse is named in a proceeding.

Once you have read the RNABC practice guideline around documentation in the Appendix, your own unit’s policies specific to documentation and point number 3 under Nursing and the Law (page 7), discuss charting practices and standards with your mentor.

Find out what specific types of documentation your unit uses. There should be specific standards on documentation in your health unit.

Telephone Advice

Providing safe and effective telephone advice to clients is an important component of public health nursing. Health units all across the province field hundreds of questions ranging from where can I purchase diabetic syringes cheaply to environmental questions on water quality to what can I do with a toddler that bites.

In order to provide telephone advice you need to have the necessary knowledge, skills and judgement. You will also need the background knowledge from the rest of the modules in this manual as well as the information provided within this section. Therefore, it is recommended that you work through this entire manual and then return to this section prior to providing telephone advice.

Telephone Advice should be:

- Age appropriate
- Condition specific
- Accessible and efficient
- Culturally acceptable
- Communicated to the client in understandable terms
- Incorporate physical and psychosocial factors
- Meet professional practice standards
- Practised in setting where it is an acceptable part of scope of practice

Telephone Advice involves:

- Listening and making timely, and non-judgemental comments
- Assessing and prioritizing health problems
- Helping clients to identify their own needs
- Advising and sharing information with clients
- Making safe, effective, and appropriate recommendations
- Contacting and making referrals e.g., breastfeeding, emergency triage

Legal Implications

When a nurse-client relationship is established with a caller, the nurse is professionally and legally accountable for the advice given. If the client suffers injuries as a result of a nurse's inappropriate advice, it could result in one of the following:

- Discipline by the nurse's employer
- Sanctions by the nurse's professional association or licensing body
- The nurse may be held liable in a court of law if the client initiates a civil lawsuit.



- Contact RNABC for any further questions around legal implications related to providing telephone advice.

Documentation

Documentation requirements are the same when nursing care is provided in a face-to-face situation or by telephone. The client record is a necessary component of telephone nursing care. It is the only permanent record of the nursing care provided. Records must be accurate and completed contemporaneously. Recording includes completing assessment forms and checklists, and documenting referrals and recommendations.

The documentation should include:

- The date and time of call
 - The name, telephone number, and address of the caller
 - Information received
 - Advice or information given
 - Any recommendations made
 - Referral and follow-up information
 - The name and designation of the person taking the call
- Locate the telephone advice policies or protocols in your workplace and discuss them with your mentor.

Freedom of Information and Protection of Privacy Act (FOIPPA)

The highlights of this legislation are highlighted in the RNABC nursing practice guidelines in the appendix of this module. As you read through this document, pay particular attention to how this act impacts your practice.



- Are clients allowed access to their personal records?
- Can clients sue you if they think you have written something unflattering?
- Read through your unit's policies on FOIPPA. Discuss the implications of this act and the policies with your mentor.

Informed Consent

Specific standards and policies around informed consent may be different across the province. Read through the RNABC nursing practice guidelines document on informed consent in the appendix and locate your unit's policies specific to informed consent.

- Discuss with your mentor any relevant differences that may exist for a PHN working in your unit.

Nursing and the Law

The practice of a PHN is governed by several acts. In particular the *Health Act*, *Nurse (Registered) Act* and the *Child, Family and Community Service Act*. Familiarity with these acts is important.

Legislative Acts

These acts can be accessed on the Internet at:

<http://www.qp.gov.bc.ca/bcstats/index.htm>.

- *Child, Family and Community Service Act*
- *Health Act*
- *Nurse (Registered) Act*
- *Venereal Disease Act*
- *Infant Act*
- *Family Relations Act*
- *FOIPPA*
- *Workers Compensation Act*

More and more, nurses and other health care professionals are being held accountable for their practice. RNABC has identified three common areas of concern related to RN practice and legal proceedings. These include:

1. **Nursing assessment, interpretation and action.** Nurses must have the competence to perform an assessment of a client and to know what the assessment data means (i.e., interpret the assessment data and then know the actions to take based on the interpretation). Failure to appropriately assess and interpret may lead to client injury and subsequently to a nurse being named in a proceeding.
2. **Advocacy.** Based on their assessment and interpretation, nurses have a duty to communicate concerns to the physician and to other health care professionals, and to act as a client advocates until appropriate medical assessment and care is provided. As noted above, the failure to pursue the care required may lead to client injury and subsequently to a nurse being named in a proceeding.
3. **Documentation.** All assessment data, interpretation of the data, actions taken and client response must be documented. This includes charting all communications with the physician and other health care providers and their response to that communication. Failure to complete this critical step may have legal implications if a nurse is named in a proceeding.

Steele, Morrie. *Nursing and the law: who's liable, who pays?* Nurse to Nurse. Internet: <http://www.rnabc.bc.ca/practice/nurslaw.htm>

Every RN who works for a health care agency or other employer and has been alleged to be negligent, has legal protection under some or all of the following:

Legal Assistance:

- Employer's Insurance
- RNABC Captive Insurance
- Other legal assistance available from RNABC

Child Protection Issues

Duty to report abuse or suspected abuse

Anyone who has reason to believe that a child has been or is likely to be abused or neglected has a legal duty under the *Child, Family and Community Service Act* to report the matter.

How to report

Report to a child protection social worker in either a Ministry for Children and Families office, or a First Nations child welfare agency that provides child protection services.

Contact:

Monday to Friday, 8:30 a.m. to 4:30 p.m., call your local district office (listed in the blue pages of your phone book).

Monday to Friday, 4:30 p.m. to 8:30 a.m. and all day Saturday, Sunday and on statutory holidays, call the **Help line for Children**. Dial 0 ask the operator for Zenith 1234.

The child protection social worker will:

- determine if the child needs protection;
- contact the police if a criminal investigation is required;
- coordinate a response with other agencies, if necessary.

If a child is in **immediate danger**, police should be called to intervene and a child protection social worker should be contacted to determine whether the child is in need of protection.

What to report

The report should include the reporter's name, telephone number and relationship to the child; any immediate concerns about the child's safety; the location of the child; the child's age; information on the situation including all physical and behavioural indicators observed; information about the family, parents and alleged offenders; the nature of the child's disabilities, if any; the name of a key support person; other child(ren) who may be

affected; information about other persons or agencies closely involved with the child and/or family; and any other relevant information concerning the child and/or family such as language and culture.



- Read through the Child Abuse Handbook, and discuss with your mentor any questions or concerns you may have.
- Talk with other PHN's in your unit who may have had some experience with child protection issues. How did they cope with the situation?

**Checklist for Module 3
Documentation & Legal Issues**

Both yourself and your mentor will initial and date each competency as achieved.

Competency	Date	Signed
Identifies the various forms the unit uses for record keeping and knows how to use them.	_____	_____
Describes the PHN's role around documentation.	_____	_____
Identifies the various sources of information for documentation and information management.	_____	_____
Describes safe and effective telephone nursing advice.	_____	_____
Identifies the various Acts pertinent to working in public health.	_____	_____
Describes the <i>Freedom of Information and Protection of Privacy Act</i> (FOIPPA) and how it applies to a PHN.	_____	_____
Describes what informed consent means for a PHN working in your unit.	_____	_____
Describes what to do if suspecting that a child has been or is likely to be abused or neglected.	_____	_____
Demonstrates ability to chart appropriately using the above guidelines.	_____	_____

Appendices

1. RNABC Nursing Practice Guideline: **Documentation**
2. RNABC Nursing Practice Guideline: ***Freedom of Information and Protection of Privacy Act.***
3. RNABC Nursing Practice Guideline: **Informed Consent**

(Appendices included with permission from RNABC, 2000.)

NURSING PRACTICE GUIDELINE

DOCUMENTATION

Documentation is any written or computer generated information about a client that describes the care or service provided to that client. The *Standards for Nursing Practice in British Columbia* requires nurses¹ to document timely and accurate reports of relevant observations, including conclusions drawn from those observations.

KEY PRINCIPLES

Requirements for documentation result from legislation, case law, professional standards for practice, and agency policies and procedures. Documentation serves the following purposes:

- To facilitate communication and promote good care. Documentation informs all care providers, on an ongoing basis, about the client's health status and care or service provided.
- To meet legal and professional standards. Documentation is a valuable method for demonstrating that, within the nurse-client relationship, the nurse has applied nursing knowledge, skills and judgement according to professional standards. Nursing care is not complete until the care is documented.

Through documentation, nurses communicate their observations, decisions, actions and the outcomes of these actions.

Nursing documentation should clearly describe:

- an assessment of the client's health status and situation;
- a care plan or health plan reflecting the needs and goals of the client;
- nursing actions and client responses to interventions;
- needed changes to care;
- information reported to a physician or other health care provider and that provider's response, when known; and
- advocacy undertaken by the nurse on behalf of the client.

Clients who are very ill or considered high risk, or who have complex health problems generally require more comprehensive, in depth and frequent documentation.

Nursing service to groups should be documented, but information about individual clients, including their names, should be documented only on their personal records.

Nurses' documentation is considered evidence and can be used in a court of law.

Nursing care and the documentation of that care will be measured according to the standard of a reasonable and prudent nurse, with similar training and experience, in a similar situation.

The client record is the property of the agency or the nurse in private practice. With a few exceptions, clients have a right of access to their own records and to protection of privacy (see *RNABC's Nursing Practice Guideline: Freedom of Information and Protection of Privacy*, Pub. No. 335).

Legal requirements exist in all practice settings that determine or influence how long records must be kept (e.g., *Hospital Act Regulations, Limitations Act*).

NURSE ACTIONS

Nurses should follow agency policies on documentation. However, professional judgement should also be used.

Familiarize yourself with agency policies on documentation, including policies on documenting verbal and telephone orders if these apply in your agency.

Follow these common guidelines for documentation:

- Write legibly in ink.
- Sign all entries with first initial, last name and title (RN or LGN). If using initials, the record must have a system to identify the care provider.
- Document on appropriate agency forms and clearly identify the client.
- Correct errors by drawing a single line through the error, write "mistaken entry" or "charting error" and initial. Do not use whiteout, erasers or entries between lines.

- Document in chronological order with the correct time and date for each entry. If an entry is missed, document “out of order entry” or “late entry” with the date and time of the entry and the time that care was given. After extensive time has elapsed or after the fact, a note to file should be included in the record. Do not leave blank lines.
- Document concurrently or as close as possible to the time care was given.
- Make concise notes of relevant information that reflect your professional judgement, the care given, and the client’s response to care.
- Make accurate notes and use precise language. Do not use general statements such as “slept well.”
- Avoid bias. Describe client behaviour rather than “label” a client.
- Use only abbreviations that are on the agency approved abbreviation list.
- Document from first-hand knowledge and only the care you perform. An exception is an emergency, such as a cardiac arrest, when one RN will be designated as recorder. If auxiliary staff do not record, then document their report to you and include their names and status. If possible, have auxiliary staff read and initial the documentation.

Familiarize yourself with specific agency policies on incident reports. Incident reports are completed for quality improvement purposes and are retained separately from the client record. Record the facts of the incident including any subsequent related care in the client’s record, but do not indicate that an incident report has been completed. Only information relevant to the care of the client should be on the client’s record.

Read *RNABC’s Nursing Practice Guideline: Freedom of Information and Protection of Privacy* (Pub. No. 335).

Self-employed nurses must have a client documentation system.

Resources

Resources to assist you with documentation are available from the RNABC Helen Randal Library. These include:

- *Nurse to Nurse: Documentation* (Pub. 151)
- *Nurse to Nurse Bulletin: Focus Charting* (Pub. 306)*
- *Nurse to Nurse Bulletin: Charting by Exception* (Pub. 305)*
- *Nurse to Nurse: The Self Employed Nurse* (Pub. 123)
- *Nursing Practice Guideline: Freedom of Information and Protection of Privacy* (Pub. 335)*
- *Standards for Nursing Practice in British Columbia* (Pub. 128)*

1. Nurse, the term used in the document for Registered Nurses and Licensed Graduate Nurses.

* Also available from RNABC's Internet site www.rnabc.bc.ca and/or Fax on Demand (604) 303-0754 or toll-free 1-888-649-2992

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Tel (604) 736-7331 or 1-800-565-6505

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NURSING PRACTICE GUIDELINE

FREEDOM OF INFORMATION AND

PROTECTION OF PRIVACY ACT

The Freedom of Information and Protection of Privacy Act (FOIPPA) provides the legislative framework for information and privacy rights. This act applies to all public bodies, including hospitals, regional health boards, community health councils, community health services societies, RNABC and similar organizations. Each of these organizations is required to have policies and procedures related to FOIPPA. Under this act, a large number of responsibilities are given to the heads of public bodies or their delegate(s).

One of RNABC's objects under the *Nurses (Registered) Act* is to "require members to provide an individual access to the individual's health care records in appropriate circumstances." The *Standards for Nursing Practice in British Columbia* requires that nurses¹ provide clients, in appropriate circumstances, with access to their own health care records or assist them to obtain access to these records. Nurses are also required to meet the *CNA Code of Ethics for Registered Nurses* and the *ICN Code for Nurses: Ethical Concepts Applied to Nursing*

KEY PRINCIPLES

A public body must tell the individual from whom it collects personal information the purpose for collection.

A public body must collect information directly from the individual, unless otherwise authorized.

Information in a client's chart is confidential and should be used only for the purpose for which it was collected or when there is a reasonable and direct connection to that purpose.

In certain circumstances, a public body may disclose personal information to others. For instance: with written client consent; to comply with a subpoena, warrant or order; to comply with a statutory mandate, such as the *Child, Family and Community Services Act*; so that the next of kin or friend may be contacted; or when the head of a public body determines that there are compelling circumstances that affect health or safety of anyone.

Health care providers may also disclose a client's personal information to other health care providers if this information is necessary to ensure safe, effective and continuous care or treatment.

With certain exceptions and conditions, clients have a right of access to their health care records. Health care agencies must have policies to direct staff if clients ask to see their records.

The head of a public body may refuse to disclose information to an applicant² (including personal information about the applicant) if the disclosure could reasonably be expected to threaten any person's safety or mental or physical health, or interfere with public safety, or result in immediate and grave harm to the applicant's safety or mental or physical health.

The head of a public body may recommend that an applicant, who requests access to a record with information about that applicant's mental or physical health, should not examine the record until a health professional or a member of the family is present to assist the person in understanding the information.

The head of a public body must refuse to disclose personal information to an applicant if the disclosure would be an unreasonable invasion of a third party's personal privacy. If only parts of a record contain such third party information, the record would have to be severed before it is released. This means that some portions of the record are removed and not released to the applicant requesting the record.

People who believe there is an error or omission in their personal information may request that the head of a public body correct the information.

The head of a public body must protect personal information by making reasonable security arrangements against such risks as unauthorized access, collection, use, disclosure or disposal.

NURSE ACTIONS

- Determine if your agency is covered by the *Freedom of Information and Protection of Privacy Act*.
- Familiarize yourself with agency policies on FOIPPA.
- Consider the direction provided by the codes of ethics.
- Know the policies in your agency regarding the collection of personal information. Are there guidelines outlining appropriate collection of information from families or other third parties? Are there guidelines to use when explaining to clients the reason for gathering information? Who is the contact person if clients have further questions about collection of personal information?
- Know when and how to share client information (including what information to share) with others outside the immediate health care team (e.g., for discharge planning, requests from families/friends).
- Know who in your agency is responsible, including outside of normal working hours, for making decisions on release of information.
- Know what to do if clients ask to look at their records. Your agency must have policies and procedures regarding this.
- Know your agency's policies for protection against unauthorized access to records.
- Know your agency's policies for retention and disposal of client documentation.

If computerized charting is used, be familiar with agency policies to ensure privacy and security of the information.

If you are involved in faxing client information, be familiar with the agency's policies.

Nurses working in agencies not covered by FOIPPA are required to follow the *Standards for Nursing Practice in British Columbia*. Unless this is part of their contracts, self-employed nurses are not covered by FOIPPA and must develop their own policies consistent with the *Standards for Nursing*

Practice in British Columbia and the RNABC Position Statement: The Self-Employed Nurse.

RESOURCES

Resources to assist you are available from the RNABC Helen Randal Library. These include:

- *Nurse to Nurse: Documentation* (Pub. 151)
- *Nurse to Nurse: The Self-Employed Nurse* (Pub. 123)
- *Position Statement: The Self-Employed Nurse* (Pub. 122)*
- *Nursing Practice Guideline: Documentation* (Pub. 334)*
- *Standards for Nursing Practice in British Columbia* (Pub. 128)*
- *Information and Privacy Handbook* (2nd ed.) (KEB 505.62/I557/1995)

1 Nurse, the term used in the document for Registered Nurses and Licensed Graduate Nurses.

2 Applicant, a client who requests access to his or her information.

* Also available from RNABC's Internet site www.rnabc.bc.ca and/or Fax on Demand (604)303-0754 or toll-free 1-888-649-2992

Decision making in nursing is complex and often dependent on a number of interrelated factors. Use the *Nursing Practice Guidelines* to assist you in understanding the important issues to consider in discussions about practice. This document is an overview only. The act and regulations described in this document are subject to amendment at any time. **For more information or to discuss a practice issue, please contact an RNABC nursing practice consultant** at (604) 736-7331 (ext. 332) or toll-free in BC 1-800-565-6505.

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NURSING PRACTICE GUIDELINE

5. INFORMED CONSENT

All capable¹ people have a legal right to consent to health care, or to refuse or withdraw consent for health care. This right exists even when the refusal or withdrawal of consent may result in prolonged illness or death. Except in emergency situations and specific statutory exceptions, such as those under the *Health Act* and the *Mental Health Act*, informed consent is an essential precondition to health care.

RNABC believes that exercising the right of informed consent is in the best interests of clients, health care professionals and agencies providing health care services. Clients who are fully informed are more able to be active participants in their own care. Nurses² have an obligation to act as advocates and help clients obtain the information they need when clients do not have the necessary information, or do not appear to understand aspects of the care proposed by other professionals.

When a client is incapable of giving informed consent, a substitute decision-maker is asked to give consent on behalf of the incapable person. If a person agrees to be a substitute decision-maker, that person has a legal obligation to act in a manner that is not negligent and a moral obligation to follow the client's expressed wishes when known.

Nurses are obligated to gain consent for the treatments they provide.

KEY PRINCIPLES

Advocacy by Nurses

Nurses are obligated to help clients understand the nature of their health problems and to help them receive the information and support they need to make informed decisions. The process of gaining consent for health care cannot be delegated by one health profession to another. While the nurse's signature may indicate that the nurse only observed the client signing the form, the nurse is obligated to determine if the consent has been informed. When the nurse determines that a client has not given an informed consent (due to lack of understanding, substance impairment, etc.) and the treatment for which the client has not properly consented is imminent, the nurse must take action to inform the health professional who plans on giving the treatment and document this action. This includes situations where nurses

witness the client signing a consent form for health care by another health professional.

Consent -- Nursing Care

To facilitate care delivery at the onset of providing care, a client may be asked to give consent for an overall plan of nursing care, including the repeat performance of aspects of this care that will be carried out by a nursing team.

Nurses are obligated to tell all clients, whether or not they are capable or incapable of giving consent, about the care/treatment before it is given.

Consent -- General

Consenting to health care is the final step in the process of informed decision-making, for which adequate information is the foundation. Clients who are asked to consent to health care have the right to expect that relevant information will be provided to them in a timely manner and in a way they can understand. Clients also have the right to seek further information or another opinion from other health care providers, ask for and receive clarification about the information they receive, and include others of their choosing in the decision-making and consent process. Using threats or coercion to gain consent is unethical and illegal.

After receiving information, clients demonstrate their capability to give consent when they indicate that they understand the nature of the problem, the type and anticipated effect of the treatment proposed, and the consequences of accepting or refusing the treatment. A client's age or the inability to communicate in a way that the health professional understands is not, by itself, sufficient reason to presume incapability.

A child³ may consent to health care if the health care professional is satisfied that the child understands the nature, consequences and reasonably foreseeable benefits and risks of that care. The health care professional must also make reasonable efforts to determine that the proposed health care is in the best interest of the child. When the health care professional has judged that the child is able to give consent for the proposed care, consent from an adult responsible for the child is not required. Furthermore, when a child gives consent, information about the child's health care is confidential and cannot be released to others (including parents) without the child's consent,

except as otherwise authorized by law, such as under the *Freedom of Information and Protection of Privacy Act*.

In relation to consent, a report must be made to the Ministry for Children and Families⁴:

- if either a child or parent, on behalf of the child, refuses necessary health care; or
- if the child's development is likely to be seriously impaired by a treatable condition and the child's parent refuses to provide or consent to treatment.

Substitute decision-makers have the same right as the client to receive sufficient information to make an informed decision.

Consent may be given in a variety of ways: verbally, in writing, presenting to a health care professional with a request for care, or through compliance with a treatment regimen. Consent forms are an administrative tool used by most organizations to document that the process of gaining consent has occurred.

NURSE ACTIONS

Understand that consent obligations apply to all nurses, regardless of setting or context of nursing practice.

Understand the process to follow if the client's consent is not informed. Follow relevant legislation (including regulations) related to health care consent. Significant statutes include: *Infants Act, Human Tissue Gift Act, Child, Family and Community Service Act, Adoption Act, Health Act, Mental Health Act, Patients Property Act*.

Read official guides to relevant legislation/regulations that have been provided to assist with carrying out the legislation/regulations (e.g., *Guide to the Mental Health Act*). Follow and help develop, if appropriate, your employer's policy and procedures with regard to the application of the relevant sections of the legislation/regulations relating to consent. For example:

- when a referral is required to the Ministry for Children and Families, know whom to contact and what procedure to follow; and

- know your agency's policy to obtain and document consent.

RESOURCES

Resources to assist you are available from the RNABC Helen Randal Library. These include:

- Canadian Nurses Association. (1994). *Ethical guidelines for nurses in research involving human participants* (2nd. ed.). Ottawa: Author.
- Canadian Nurses Association. (1998). *Code of ethics for registered nurses*. Ottawa: Author.
- International Council of Nurses. (1996). *Ethical guidelines for nursing research*. Geneva: Author.
- Ministry of Health and Ministry for Seniors. (1998). *Guide to the Mental Health Act*. Victoria: Author.
- Registered Nurses Association of British Columbia. (1998). *Overview of legislation relevant to nursing practice*. Vancouver: Author. (Pub. 328)*
- Registered Nurses Association of British Columbia. (1998). *Standards for nursing practice in British Columbia*. Vancouver: Author. (Pub. 128)*
- Registered Nurses Association of British Columbia. (1998). *The role of the nurse in advocacy*. Vancouver: Author. (Pub. 311)

1. The test for determining capability is discussed under "Consent -- General."
2. Nurse is the term used in this document for Registered Nurse and Licensed Graduate Nurse.
3. In BC a child is a person under the age of 19.
4. *Child Family and Community Service Act*

Decision making in nursing is complex and often dependent on a number of interrelated factors. Use the *Nursing Practice Guidelines* to assist you in understanding the important issues to consider in discussions about practice. Practice is constantly evolving. **For more information or to discuss a practice issue, please contact an RNABC nursing practice consultant** at (604) 736-7331 (ext. 332) or toll-free in BC 1-800-565-6505.

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Module 4



Health Promotion & Population Health

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Health Promotion & Population Health

CONTENT

This module provides an overview of transitions that have occurred in how we look at health, by exploring health promotion and population health from a historical perspective. Health promotion and population health are two concepts which guide the practice of public health nurses. The intent of this module is to familiarize you with these concepts, so that you can integrate what is useful to you in your own nursing practice. Refer to Module 1 for a brief introduction of these two concepts and how they relate to the role of a public health nurse.

OBJECTIVES

From this module, you will be able to:

- *Understand and be able to describe the scope of activities performed by a public health nurse in relation to health promotion and population health.*
- *Discuss the concepts of health promotion and population health.*
- *List the five health promotion strategies and describe what they are.*
- *List the determinants of health and describe how each one relates to your community.*

PREREQUISITES

Read: The Health Promotion piece on pages 9-12 of the Manitoba Health Document, The Role of the Public Health Nurse within the Regional Health Authority, (Module 1 in the Appendix).

RESOURCES

To access many of these documents, use the Health Promotion Online search engine on the following page.

Historical Resources

- Achieving Health for All. Jake Epp, Health and Welfare Canada, 1986.
- Ottawa Charter For Health Promotion, Canadian Public Health Association, 1986.
- Strategies for Population Health: Investing in the Health of Canadians, Health Canada, 1994.
- Mustard, J. Fraser and Frank, J. (1994). The Determinants of Health. In Michael V. Hayes, Leslie T. Foster & Harold D. Foster (Eds.) The Determinants of Population Health: A Critical Assessment. (pages: 7-48), Victoria, BC: University of Victoria.
- Health Promotion in Canada, A Case Study, 1997
- Taking Action on Population Health, Population Health Development Division, Health Canada, 1998.

General Resources

- Action Statement for Health Promotion in Canada, Canadian Public Health Association (1996).
- Keller, Linda O., (1998). *Population-based public health nursing interventions: a model from practice*. Public Health Nursing, 15(3), 207-215.
- *Population Health Promotion: An Integrated Model of Population Health and Health Promotion* (1998), by Nancy Hamilton and Tariq Bhatti, the Health Promotion Development Division of Health Canada.
- Determinants of Health: Empowering Strategies for Nursing Practice. RNABC, 1992.
- Workbook on Prevention Concepts, BC Ministry for Children and Families, 1997.
www.preventionsource.bc.ca/psbc/guides/workbook/index.html
- Towards a Healthy Future: Second Report on the Health of Canadians, Health Canada, 1999.
- Health Goals for British Columbia, BC Ministry of Health and Ministry Responsible for seniors, 1997.

- Provincial Health Officers Annual Reports
- The Well-Being of British Columbia's Children and Youth: A Framework for Understanding and Action (1998). Authors: David Hay and Andy Wachtel. <http://www.firstcallbc.org/>
- Frank, J.W. (May-June 1995). Why population health? Canadian Journal of Public Health, 86(3), 162-164.

Aboriginal Resources

- Statistics Report on the Health of First Nations in British Columbia, Health Canada, MSB, 1995.
- People to People, Nation to Nation, Royal Commission on Aboriginal Peoples, Ministry of Supply and Services, 1996.
- Aboriginal Health in Canada: Historical, Cultural and Epidemiological Perspectives, Waldram, Herring, & Young, University of Toronto Press, 1995.

Internet Sites

- Population Health Development Division, Health Canada: <http://www.hc-sc.gc.ca/hppb/phdd/>
- Health Canada web site on population health: <http://www.population-health.com>
- Determinants of Health: What Makes People Healthy: <http://www.isys.ca/healthcanada/index.htm>
- Health Promotion Online: <http://www.hc-sc.gc.ca/hppb/index.html>
- Ministry of Health and Ministry Responsible for Seniors web site locate: Health-Related Internet Resources: <http://www.goc.bc.ca/hlth/>
- Ontario Prevention Clearing House: <http://www.opc.on.ca/over.html>
- Canadian Public Health Association: <http://www.cpha.ca/>
- Prevention Source BC: <http://www.preventionsource.bc.ca/>
- Canadian Institute of Health Information

What is Public Health?

Many attempts have been made to define the term public health. The World Health Organization defines public health as “*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 interventions* (WHO 1998)”.

In more recent years, there has been a “new public health” emerging that focuses more on understanding the ways in which lifestyles and living conditions determine health status. This new public health takes a different approach to the description and analysis of the determinants of health, recognizing the importance of developing policies, programs and services which create maintain and protect health by supporting healthy lifestyles and creating supportive environments for health (WHO 1998).

Although, there are different perspectives around the definition of public health, it seems that this transition from the “old” to the “new” is marked by the emergence of “population health”. Population health looks at health within the larger environmental and social context, and provides a framework for looking at the “key determinants” of health. By exploring health promotion and population health from a historical perspective, you will develop a clearer understanding of this transition and how we look at health today.

Historical Perspective of Health Promotion & Population Health

1974

A New
Perspective
on the Health
of
Canadians

In the early 1970’s, thinking about health broadened from a medical (physiological) approach to include a behavioural (lifestyle) approach. This transition led to a new focus that moved beyond merely disease prevention to incorporate a way of thinking that also focused on promoting physical well being. The 1974 Lalonde report, New Perspectives on the Health of Canadians marked the first time that a national government policy document identified health promotion as a key strategy. This report identified human biology, environment, lifestyle and health care organizations as the four main elements affecting health. Subsequently, campaigns that focused on lifestyle and changing behaviour emerged (e.g., exercise, diet, and smoking).

1982

Federal
Government
approval of
health
promotion
policy and
program

By the mid 1980's there was recognition of the limitations of many health promotion efforts that focused only on lifestyle. It became clear that the health of people/populations was influenced by many other sociological and environmental factors including poverty, unemployment, pollution and discrimination. The Epp Report, Achieving Health for All: A Framework for Health Promotion (1986), recognized the importance of the social environment, of power and control, coping skills, social justice, housing, education and civil society in promoting health. This document identified three National Health Challenges.

1. Reducing Inequalities
2. Increasing Prevention Effort
3. Enhancing People's Capacity to Cope

The framework outlined in this report provides a means of linking the ideas and actions regarded at that time as being fundamental to achieving health for all. These include:

- Fostering Public Participation
- Strengthening Community Health Services
- Coordinating Healthy Public Policy

1986
1st International
Conference on
Health
Promotion
(Ottawa Charter
and Achieving
Health For All)

It was at the first international conference on health promotion in Ottawa where an important document was created called the "Ottawa Charter for Health Promotion (WHO 1986)". This document identified the prerequisites for health for all as peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice, and equity, shifting the attention to factors in society that were not within the immediate control of individuals. This document defined health promotion as:

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 wellbeing, an individual or group must be able to identify and to realize

aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefor, seen as a resource of everyday life, not the object of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefor, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to wellbeing (Ottawa Charter for health Promotion, WHO 1986).”

The document also identified five strategic actions involved in health promotion.

FIVE HEALTH PROMOTION ACTIONS

1. Build healthy public policy	To ensure that policy developed by all sectors contributes to health promoting conditions (e.g., healthier choices of goods and services, equitable distribution of income)
2. Create supportive environments	That recognize the rapidly changing nature of society, particularly in the area of technology and the organization of work and that ensure positive impact on the health of the people (healthier workplaces, clean air and water)
3. Strengthen community action	So that communities have the capacity to set priorities and make decisions on issues that affect their health (e.g., healthy communities)
4. Develop personal skills	To enable people to have the knowledge and the skills to meet life’s challenges and to contribute to society (e.g., life long learning, health literacy)
5. Reorient health services	To create services which focus on the needs of the whole person and invite a true partnership among the providers and users of the services (e.g., home care, child development services)

How do these five actions translate into practice?

An example: An increasing number of young children are diagnosed with FAS/FAE each year in your community.

Build Health Public Policy	Advocate for local by-laws for signage against alcohol intake during pregnancy to be posted in all outlets where alcohol is served.
Creating Supportive Environments	Increase the awareness of FAS/E by presenting information in the schools, local media, etc.
Strengthen Community Action	Work with other community professionals to develop an integrated plan to support children and families coping with FAS/E.
Reorient Health Services	Develop guidelines for referral to appropriate services.
Develop personal Skills	Facilitate community forums to obtain input into the development of a community plan to address prevention issues and help to support affected families.

Health promotion was recognized as a way of taking action on the social, physical, economic and political factors that affect health, emphasizing the need to work with other sectors to ensure that the collective policy environment becomes one that supports health.

However, of the five strategies mentioned above, *promotion of self-care at the individual level* and *promotion of mutual aid in the context of the family, neighbourhood, the voluntary sector or the self-help group at the community level* were the most successful strategies (Population Health Development Division, Health Canada, 1998). Building healthy public policy, creating supportive social environments and reorienting health services had proven to be challenging to achieve only under the health promotion model.

1994
Strategies for
Population
Health:
Investing in
the Health of
Canadians

Introduction of Population Health

In 1989 The Canadian Institute for Advanced Research introduced the concept of population health which described how factors and conditions outside the healthcare system interact to impact on health. Fraser

1997
Federal
government
approval of a
Population
Health
Strategy/Report
of the National
Forum on
health/4th
International
Conference on
Health
P...

Mustard who was the key figure in advocating for this approach stressed that “health does not equal health care”. Rather, there are a number of “key determinants”, including health care as one, that contribute to the health of populations.

It was in 1994 that all Ministers of Health in Canada endorsed “Strategies for Population Health: Investing in the Health of Canadians”, a discussion paper of the Federal/Provincial/Territorial Advisory Committee on Population Health.

Determinants of Health

Factors and influences that shape the health of individuals and communities, (Health Canada, Health Promotion and Programs Branch).

The report summarized what was known about the following determinants of health: income and social status, social support networks, education, employment and working conditions, physical environment, biology and genetic endowment, personal health practices and coping skills, healthy child development and health services. Gender and culture have been added as additional determinants in later papers. Refer to appendix 1, Key Determinant Chart. Another good resource is Mustard, J. Fraser and Frank, J. (1994). *The Determinants of Health*. In Michael V. Hayes, Leslie T. Foster (Eds.) *The Determinants of Population Health: A Critical Assessment*. (pages: 7-48), Victoria, BC: University of Victoria.

Population health has become the new vision for health and has become the unifying force for the entire spectrum of health system interventions, including health promotion and prevention. The overall goal, like health promotion, is to maintain and improve the health of the entire population and to reduce inequalities in health between population groups.

Although the definition of population health is still evolving, the Federal/Provincial/Territorial Population Committee on Population Health (1996), defines population health as an approach that focuses on the interrelated conditions and factors that impact on the health of human populations over the life course. These factors include: the social, economic, and physical environments, personal health practices, individual capacity and coping skills, health services, human biology and early child hood development. Population health identifies systemic variations in their patterns of occurrence; and applies the resulting knowledge to develop and implement

policies and actions to improve the health and well-being of those populations.

The Population Health Development Division of Health Canada has identified five important attributes of population health.

FIVE IMPORTANT ATTRIBUTES OF POPULATION HEALTH

A population health approach:

- is a **conceptual framework for thinking about health**. It can help us identify the actors that influence health, analyse them and assess their relative importance in determining health. Our decisions on what and where investments should be made will be guided by a single, cohesive framework.
- includes **decisions** (about priorities, investments or policy change, for example) **that are guided by a consideration of the evidence** about the relative contribution to population health status of multiple health determinants and their interactions.
- is also a **framework for taking action**, through policies, programs and services, on health issues in a population in ways that consider and respond to multiple determinants.
- involves **actions primarily targeted at societal, community, structural or system level** which are necessary in order to have an impact on health status at the population or group level.
- Requires **collaboration between multiple sectors** (e.g., government, business and voluntary organizations) in the field on health, environment, transportation and so on. Because most health determinants lie in sectors other than health, their involvement is essential. By the same token, because the focus is on health status, the health sector may take the lead. Multi-sectoral analysis and decision making characterize a population health approach.

Population Health Development Division, Health Canada (1998), Taking Action on Population Health, page 2.

GUIDING PRINCIPLES OF POPULATION HEALTH

The guiding principles of the population health approach, as outlined by the Population Health Development Division, reflect the underlying values and beliefs. These principles can be used to shape the lens through which we analyze health issues and design interventions.

1. Health is a Capacity, a resource for Everyday Living

Health is defined as the capacity of people to adapt to, respond to and control life's challenges and changes.

2. The Determinants of Health are Addressed Recognizing That They are Complex and Inter-Related

The determinants of health do not exist in isolation from each other. There are strong links between them.

3. The Focus is Upstream

This approach supports the belief that the earlier the action taken along the spectrum of health, the better.

4. Health is Everyone's Business

The determinants of health are outside of one person's control. All sectors must consider the impact of their policies and programs on health.

5. Decisions are Based on Evidence

Relevant health data needs to be collected and used in decision making. An example of an organization involved in collecting population related health data is the Canadian Institute of Health Information (checkout the website).

6. Accountability or Health Outcomes is Increased

All politicians, bureaucrats, organizations and professions must be transparent and accountable for the short- and long-term impact of their decisions. Greater emphasis needs to be placed on health outcomes and outcome evaluation.

7. Management of Health Issues is Horizontal

Horizontal management must extend to all levels of the system, and not just at the grass roots level. Collaboration within and across sectors is essential.

8. Multiple Strategies, In Multiple Settings, in Multiple Systems and Sectors are Used

Initiatives for improving health are selected for their impact on the population as a whole. Strategies are directed at all levels (individual, families, communities, sectors, systems or society). The aim is to select the most appropriate mix of promotion, prevention, protection, care and policy development.

Health Promotion/Population Health and Your Practice

How does one apply these two approaches to their practice? According to the literature, there is no one answer to this question. Health promotion and population health are ways of thinking that guide your practice whether you are making a home visit or facilitating a community meeting. Discuss with your mentor about health promotion/population health and your practice . Below are three examples of different but similar ways of combining both approaches.

Health Promotion Development Division of Health Canada

One model that combines these two approaches was created, following the Report of the Roundtable on Population Health and Health Promotion. This model is described in a document (located in the appendix) written by Nancy Hamilton and Tariq Bhatti from the Health Promotion Development Division of Health Canada, called *Population Health Promotion: An Integrated Model of Population Health and Health Promotion (1998)*. Rather than point out the similarities and differences of the two approaches, the document illustrates how they can be combined into one model. It shows how a population health approach can be implemented through action on the full range of health determinants by means of health promotion strategies.

Ontario Public Health Association

The Ontario Public Health Association (OPHA) supports a population based program approach as being an effective means of enhancing the health of the population at large. However, the OPHA advises that caution be used in making this shift to ensure that individual and small group strategies are not excluded (Ontario Public Health Association, 1992). According to OPHA, “[p]opulation based initiatives which include small group and individual strategies provide a more comprehensive, integrated and effective approach to health promotion than do either broad-based strategies or individual and small group strategies used in isolation (Ontario Public Health Association, 1992)”. OPHA believes that a more **balanced approach** of broad based, individual and small group strategies is needed for effective health promotion programming.

Canadian Public Health Association (CPHA)

Read the *Action Statement for Health Promotion*, by the Canadian Public Health Association (In the appendix). Of the five health promotion strategies, which are the priority areas of action? Does the CPHA support the population health approach?



Questions to start thinking about?

- What is known about the health status in your region?
- What resources are available regarding health status in your region?

- What is know about the impact of each of the “determinants of health” in your region?
- What surveys or reports highlight these issues?

- What key issues are currently being addressed in your region? How?

Discuss your answers with your mentor.

WORKSHEET

Provide examples of services PHN's provide in your community which reflect both health promotion and population health strategies. Refer to page 12 of the Manitoba Health Document (Module 1) and the five important attributes of population health. The Canadian Public Health Document may also be useful.

	Examples of Services
Building Healthy Public Policy	Service: Goal: Outcome:
Creating Supportive Environments	Service: Goal: Outcome:
Strengthening Community Action	Service: Goal: Outcome:
Reorienting Health Services	Service: Goal: Outcome:
Developing Personal Skills	Service: Goal: Outcome:

**Checklist for Module 4
Health Promotion & Population Health**

Both yourself and your mentor will initial and date each competency as achieved.

Competency	Date	Signed
Understands and is able to describe the scope of activities performed by a public health nurse in relation to health promotion and population health.	_____	_____
Is able to discuss the concepts of health promotion and population health.	_____	_____
Is able to identify and describe the five health promotion strategies.	_____	_____
Is able to lists the determinants of health and describe how each one relates to your community.	_____	_____
Works as a team member in collaboration with other community workers.	_____	_____
Identifies intersectoral partnerships.	_____	_____

Appendices

1. Key Determinant Chart

Source: Hay and Wachtel, 1998 Reproduced from Canada: Department of Health.

2. Action Statement for Health Promotion in Canada: Canadian Public Health Association

3. Population Health Promotion: An Integrated Model of Population Health and Health Promotion (1998): Health Promotion Development Division of health Canada by Nancy Hamilton and Tariq Bhatti.

Key Determinant Chart

Key Determinants	Underlying Premises
Income and Social Status	Health status improves at each step up the income and social hierarchy. High income determines living conditions such as safe housing and ability to buy sufficient good food. The healthiest populations are those in societies that are prosperous and have an equitable distribution of wealth.
Social Support Networks	Support from families, friends and communities is associated with better health. The importance of effective responses to stress and having the support of family and friends provides a caring and supportive relationship that seems to act as a buffer against health problems.
Education	Health status improves with level of education. Education increases opportunities for income and job security and equips people with a sense of control over life circumstances – key factors that influence health.
Employment/ Working Conditions	Unemployment, underemployment and stressful work are associated with poor health. People who have more control over their work circumstances and fewer stress-related job demands are healthier and often live longer than those in more stressful or riskier work and activities.
Social Environments	The array of values and norms of a society influence in varying ways the health and well being of individual and populations. In addition, social stability, recognition of diversity, safety, good working relationships and cohesive communities provide a supportive society that reduces or avoids many potential risks to good health. Studies have shown that low availability of emotional support and low social participation have a negative impact on health and well-being.
Physical Environments	Physical factors in the natural environment (e.g., air, and water quality) are key influences on health. Factors in the human-built environment such as housing, workplace safety, community and road design are also important influences.
Personal Health Practices & Coping Skills	Social environments that enable and support healthy lifestyle choices, as well as people’s knowledge, intentions, behaviours and coping skills are dealing with life in healthy ways, are key influences on health. Through research in areas such as heart disease and disadvantaged childhood, there is more evidence that powerful biochemical and physiological pathways link the individual socio-economic experience to vascular conditions and other adverse health events

Healthy Child Development	The effect of prenatal and early childhood experiences on subsequent health, well being, coping skills and competence is very powerful. Children born in low-income families are more likely than those born in high-income families to have low birth weights, to eat less nutritious food and to have more difficulty in school.
Biology and Genetic Endowment	The basic biology and organic make-up of the human body is a fundamental determinant of health. Genetic endowment provides an inherited predisposition to a wide range of individual responses that affect health status. Although socio-economic and environmental factors are important determinants of overall health, in some circumstances genetic endowment appears to predispose certain individuals to particular diseases or health problems.
Health Services	Health services, particularly those designed to maintain and promote health, to prevent disease and restore health and function contribute to population health.
Gender	Gender refers to the array of socially determined roles, personality traits, attitudes, behaviours, values, relative power and influence that society ascribes to the two sexes on a differential basis. "Gendered" norms influence health system's practices and priorities. Many health issues are a function of gender-based social status roles. Women, for example are more vulnerable to gender-based sexual or physical violence, low income, lone parenthood, gender inequality and gender-based causes of exposure to health risks and threats (e.g., accidents, SIDS, suicide, smoking, substance abuse, prescription drugs, physical activity). Measures to address gender inequality and gender bias within and beyond the health system will improve population health.
Culture	Some persons or groups may face additional health risks due to their socio-economic environment, which is largely determined by dominant cultural values that contribute to the perpetuation of conditions such as marginalization and stigmatization. Loss or devaluation of language and culture and lack of access to culturally appropriate health care and services.

Source: Hay and Wachtel, 1998 Reproduced from Canada: Department of Health.

Action Statement for Health Promotion in Canada

Preamble

This Action Statement is the product of a two-year consultation process involving more than 1,000 people. Participants in the process were mainly health professionals and volunteers who work to promote health. Other participants came from areas such as social services, research, education, recreation, environment and law enforcement. These people share the values and ways of working that define health promotion, even though they may not call themselves health promoters. Together, we represent a community of shared purpose. The purpose of this document is to provide strategic direction to this community.

Canada has a rich legacy in health promotion. *A New Perspective on the Health of Canadians* (1974) demonstrated the wide array of influences on health. The *Ottawa Charter for Health Promotion* (1986) and *Achieving Health for All: A Framework for Health Promotion* (1986) articulated the principles of health promotion and proposed strategic frameworks for action. This document is not intended to replace or update the *Ottawa Charter for Health Promotion*. We believe the *Ottawa Charter* should continue to be used as the framework that defines health promotion as an approach and concept all of us can use. Rather, this statement is intended to focus our efforts in the current climate so different from the optimistic days when the *Ottawa Charter* was first written.

Today, poverty is increasing and the income gap between rich and poor is widening. Unemployment persists in spite of economic growth. Communities are under increasing pressure from global economic practices that imperil the environment and consolidate wealth and power in private corporations with few legal responsibilities to the common good. Cuts in government spending threaten the social safety net and health system that have served us well and have defined us as a caring people.

In light of these realities, promoting health requires that we focus our efforts and prioritize our actions by:

- affirming and sharing the vision and values of health promotion;

- emphasizing the creation of alliances across and between sectors;
 - honing our knowledge, skills and capacity to improve health;
 - emphasizing political commitment and the development of healthy public policies;
 - strengthening our communities; and
 - ensuring that health systems reform promotes health both inside and outside the health care system.
-

Vision and Values

Health promotion's commitment is derived from a vision of how the world could be if it was based on an understanding of the determinants of health. The Ottawa Charter for Health Promotion identified the prerequisites for health as peace, shelter, education, food, income, stable ecosystem, sustainable resources, social justice and equity. Today, with additional knowledge from population health research, we recognize that additional critical health determinants include healthy child development; adequate incomes; a small gap between rich and poor; the absence of discrimination based on gender, culture, race and sexual orientation; life-long learning opportunities; healthy lifestyles; meaningful work opportunities with some control over decision-making; social relationships that respect diversity; freedom from violence or its threat; freedom from exposure to infectious disease; protection of humans from environmental hazards and protection of the environment from human hazards. In short, improving health is a vital component of human development.

Health promotion draws on an explicit values base.

- Individuals are treated with dignity and their innate self-worth, intelligence and capacity of choice are respected.
- Individual liberties are respected, but priority is given to the common good when conflict arises.
- Participation is supported in policy decision-making to identify what constitutes the common good.
- Priority is given to people whose living conditions, especially a lack of wealth and power, place them at greater risk.
- Social justice is pursued to prevent systemic discrimination and to reduce health inequities.

- Health of the present generation is not purchased at the expense of future generations.

Health promotion is guided by seven strategic principles.

1. Health promotion addresses health issues in context. It recognizes that many individual, social and environmental factors interact to influence health. It searches for ways to explain how these factors interact in order to plan and act for the greatest health gain.
2. Health promotion supports a holistic approach that recognizes and includes the physical, mental, social, ecological, cultural and spiritual aspects of health.
3. Health promotion requires a long-term perspective. It takes time to create awareness and build understanding of health determinants. This is true for organizations as well as for individuals.
4. Health promotion supports a balance between centralized and decentralized decision-making on policies that affect people where we live, work and play.
5. Health promotion is multisectoral. While program initiatives often originate in the health sector, little can be done to change unhealthy living conditions and improve lifestyles without the support of other people, organizations and policy sectors.
6. Health promotion draws on knowledge from a variety of sources. It depends on formal knowledge from the social, economic, political, medical and environmental sciences. It also depends on the experiential knowledge of people.
7. Health promotion emphasizes public accountability. Those providing health promotion activities need to be accountable and to expect the same commitment from other individuals and organizations.

Priority Areas for Action

The Ottawa Charter has set the strategic course for the past decade; its direction is as important today as it was ten years ago. A renewed health promotion thrust will focus on three of the Charter's strategies -p; advocating healthy public policy, strengthening communities and reforming health systems. To improve action in each area, the focus of practice needs to be sharpened and some infrastructures need to be strengthened or developed.

Governments at all levels, non-governmental and voluntary organizations,

private sector organizations, community groups and individuals all have key roles in transforming this statement from words to action. But assuming that the Action Statement is everybody's business can lead to it becoming nobody's business.

We commit ourselves to ensuring that the public, private and not-for-profit sectors take action on the priority areas outlined in this statement. It is essential that each and all of the key players take a leadership or partnership role in the particular actions that best fit with their mandate, interest, ability, obligations and sphere of influence.

Advocate Healthy Public Policies

Policies shape how money, power and material resources flow through society and therefore affect the determinants of health. Advocating healthy public policies is the most important strategy we can use to act on the determinants of health. Current policies that emphasize deficit reduction and private sector economic growth can be unhealthy for people. These policies may increase economic inequalities, environmental degradation, social intolerance and violence.

Healthy public policies are required to:

- reduce inequalities in income and wealth;
- ensure that economic activity contributes to human development and is environmentally and socially sustainable;
- protect people and the earth from toxic pollution, resource depletion and systemic global effects;
- create safe, secure and meaningful work opportunities;
- create opportunities for meaningful activities beyond the workplace (i.e., at home and in the community);
- create safe, supportive environments in schools, workplaces and the community;
- support the active participation of people significantly affected by a particular policy in discussing, choosing and implementing the best option;
- ensure that individuals and families have access to the recreation opportunities and other programs we need to stay healthy; and
- ensure that individuals and families have access to the resources we need to choose and sustain healthy lifestyles.

To date, most policies in the area of health promotion have supported healthy lifestyles. Now we need to give more emphasis to policies that create healthy living conditions and work to ensure that the voices of society's least powerful express their concerns in these policy issues.

Advocating healthy public policy involves:

- working with others to identify the most important areas where policy can make a difference;
- finding partners with whom to develop policy options;
- encouraging public dialogue on policy options;
- persuading decision-makers to adopt the healthiest policy option; and
- following up to make sure the policy is implemented.

Healthy Public Policies: Priorities for Action

1. Focus health promotion practice more on developing and implementing policies that create healthy living conditions and less on policies that influence personal lifestyle behaviours.
2. Participate in alliances to deal with critical issues such as growing income disparities, child and family poverty, environmental degradation, support for the caregiving role of family members, job security, unemployment and under-employment, independent living in old age and Aboriginal rights.
3. Provide training in healthy public policy "how-to's" including:
 - analysis of health information;
 - policy development;
 - community participation;
 - advocacy strategies; and
 - evaluation of advocacy work in public policy.
4. Conduct research into healthy public policy options including:
 - case studies of their implementation (process, infrastructure, effects); and
 - evidence of their effectiveness
5. Undertake health impact assessments at all levels on public and private sector policies that are likely to have a significant effect on people's health.

6. Build the policy and resource capacity within local and regional health authorities to:
 - act on the determinants of health;
 - support health workers and community groups who advocate healthy public policies; and
 - advocate healthy public policies with appropriate government levels and private sector organizations.
7. Issue periodic report cards on local, regional, provincial, territorial and national progress toward goals and objectives that address the determinants of health.
8. Create and maintain provincial and territorial health councils to advise on and monitor public policies that affect health. These multidisciplinary and multisectoral councils would be charged with generating action on health goals and objectives, and would be resourced sufficiently by government grants to perform their tasks, without interference in their day-to-day work.
9. Create intersectoral committees of provincial and territorial cabinets and within local governments to consider health impacts when approving policy and allocating resources.
10. Create an intersectoral committee of the federal cabinet to consider health impacts when approving policy and allocating resources.
11. Create a multidisciplinary focal point (organization or network) that has the capacity to undertake policy research and advocacy, support the development of alliances for health promotion and monitor key public and private sector policy initiatives.

Strengthen Communities

Communities are the dynamic groups that people form when they share common space, identities, interests and concerns. People experience community through close family and friendship ties and through relationships where they work, worship, study, volunteer, play and carry out their civic rights and responsibilities. Our health is created and sustained in these community relationships. Individuals belong to many different communities, not all of which embody the quality of sharing and caring which characterizes health promoting communities. There is abundant evidence that as sharing and caring disappear, health deteriorates.

Health promotion strengthens communities by supporting community groups

that strive to create healthy living conditions and healthy lifestyles. Initiatives such as the healthy communities' movement have been particularly helpful in this work. Some communities do not have all of the resources necessary to ensure their own health. This may be particularly true for some poor families with young children, people with disabilities, Aboriginal communities, new immigrants and refugees, and older people. Efforts to promote health need to give priority to these communities.

Strengthen Communities: Priorities for Action

1. Participate in local alliances working to change unhealthy living conditions and support environments that promote healthy lifestyles.
2. Support a settings approach to practice (e.g., healthy communities, schools, workplaces and health care facilities).
3. Make community development a priority with people whose living and working conditions (especially the lack of wealth and power) place them at greatest risk for poor health.
4. Help strengthen the capacity of community members to identify issues and persuade politicians to implement change.
5. Share power more widely within health organizations. Many health care and community workers feel powerless in their own organizations. Before we can share power, we first must have power to share.
6. Provide multidisciplinary training opportunities in how to undertake community development, work with vulnerable groups and multicultural diversity, analyze and synthesize knowledge-based practice, and develop and use appropriate evaluation methods.
7. Provide funding that supports:
 - mutual aid and self-help networks;
 - community groups acting to nurture citizenship, maintain a sense of community, sustain the environment and foster healthy living conditions; and
 - national, provincial, territorial and local efforts to use health information technology to strengthen communities, foster self-help and break down inequities.
8. Support networks for healthy communities. Secure sufficient funding to allow networks to share experiences, translate local lessons and concerns into provincial, territorial, national and international policies, and, advocate these policies to appropriate provincial, territorial,

national and international governments and non-governmental organizations.

9. Develop appropriate evaluation methods for community-based health promotion work, community development and healthy communities projects.
-

Reform Health Systems

Health systems reform has two objectives: to shift the emphasis from treating disease to improving health, and to increase the effectiveness and efficiency of the health care system. These objectives are expressed in most provincial and territorial policy documents concerning health services restructuring and goals for population health.

The reality of the reform process, however, is quite different from its rhetoric. The broad determinants of health have not been addressed and political and public debate continues to focus on insured medical treatments and reducing the number of hospital beds. Provincial health councils, which brought a determinants of health perspective to health reform, have largely been disbanded. In some cases, devolution of power to local and regional health authorities has become a downloading of responsibility without sufficient money, staff, authority and training to do the job.

Health promotion infrastructures have been weakened and in some areas they have been dismantled. Power imbalances within the system and between health professionals and their clients have been slow to change. In many areas, supports for client-centred primary health care, community-based services, family care-givers and community action have been cut, rather than increased. Mass layoffs in the health care sector (which employs a significant percentage of the working population) will only worsen the health consequences associated with forced retirement and unemployment. There are now fewer professionals to work with vulnerable Canadians at the very time they are most needed. Families, especially women, are expected to pick up the slack.

Shifting the emphasis from treating disease to improving health requires:

- improved access to client-centred primary health care services;
- increased support for community development work;
- improved community-based care services;

- increased support for family-based care;
- stronger health protection programs;
- increased support for informed community participation; and
- increased priority given to the promotion of health in the public, not-for-profit and private sectors.

The actions that follow are designed to ensure that the reality of reform is true to the stated values and strategic principles of health promotion.

Reform Health Systems: Priorities for Action

1. Provide local and regional health authorities with the mandate and resources they need to support families, strengthen primary health care, improve community-based services and work in multidisciplinary teams.
2. Provide mechanisms for increasing representative community participation in decision-making in local and regional health authorities. Ensure that board membership includes people with knowledge of health promotion and the broad determinants of health. (Consider becoming a member of local or regional health boards yourself.)
3. Develop and maintain appropriate infrastructure support for health promotion within the health system and assign dedicated resources to the promotion of health.
4. Collect consistent baseline data on the determinants of health and develop regional health profiles that measure health status. The information must be accessible, comprehensive and free.
5. Ensure that evidence on the effectiveness of curative and preventive interventions is considered when resources and priorities are allocated within the health system.
6. Present health promotion research results in a manner that is readily understood and usable by health professionals, the public and the media. State-of-the-art technology, such as the Internet, should be used to further disseminate this information.
7. Capitalize on lifestyle programs and issues as entry points for actions on the broader determinants of health and provide resources for this work.

8. Advocate the preservation of universal health care as set out in the Canada Health Act. Vigorously oppose user fees, since they discriminate against people with low income and protest federal decreases in transfer payments.
9. Empower health professionals to support the self-care efforts of their clients.
10. Address the power imbalances between health professionals within the health system.
11. Improve multidisciplinary practice for health promotion by:
 - increasing understanding of the strategic relationship between primary health care, disease and injury prevention, health protection and health promotion;
 - documenting case studies of multidisciplinary health programs that integrate efforts in primary health care, disease and injury prevention, health protection and health promotion; and
 - strengthening training in health promotion theory and strategies in post-secondary curricula for various health disciplines.
12. Build stronger alliances among those who are working in health promotion, population health, community social services and primary health care in order to:
 - share different perspectives on how to promote health;
 - strengthen disease and injury prevention efforts;
 - encourage multidisciplinary action on the determinants of health; and
 - strengthen the collective voice for advocating healthy public policies.

Supporting Effective Action

While there are many factors that contribute to effective action, at this time the two most urgent factors are enhancing our knowledge base and building stronger alliances.

Enhance Knowledge and Skills

Considerable knowledge of effective health promotion action exists. Some of this knowledge has been generated through formal research and some through the experiences of community-based initiatives. Indeed, this accumulated wisdom is the basis of this Action Statement. However, certain

skills need to be enhanced to shift the focus of practice. These skills include utilizing community development, working with vulnerable groups, developing healthy public policies, working in multidisciplinary settings, doing social marketing and using health impact assessment tools and appropriate evaluation methods.

A better understanding of the interaction of the determinants of health is needed in order to focus priorities for healthy public policies and health promotion actions, and to determine the best methods to evaluate their impacts. Several university-based Centres for Health Promotion Research now exist and are contributing to this understanding. But, health promotion research and training remains underfunded, especially when contrasted to funding for medical research. More support is needed for participatory research.

Contemporary research agendas need to focus on:

- demonstrating the effectiveness of health promotion;
- increasing the role of community in research;
- translating lessons from research into practice and practice into research; and
- investigating conceptual and methodological issues (e.g., qualitative, quantitative and participatory research).

Build Alliances

Alliances are coalitions or partnerships among different organizations that share a common goal. Through joint planning, resource sharing and increased political strength, alliances can accomplish more than groups acting alone. Health promotion has a long history of coalition and partnership work. Most of this work, however, has tended to involve only those concerned about specific disease or lifestyle issues. A concerted effort is required to form alliances across sectors that can advocate and affect change on the broad determinants of health. These alliances need to be formed at local, regional, provincial, territorial, national and international levels.

Building alliances for action on health determinants necessarily involves people and organizations with different goals and priorities. Developing a common strategic goal around which all member groups can mobilize requires patience, persistence and flexibility. Within the framework of our

visions and values, we need to negotiate a common agenda with our partners, rather than imposing our agenda on them.

Alliances for action on health determinants need to give more attention to working with the private sector, non-governmental organizations, and with members of vulnerable groups who often require resources and support in order to participate.

Conclusion

This Action Statement for Health Promotion in Canada is directed toward all who share the values of health promotion. But, Canada exists within a global community. Political, economic and environmental conditions around the world determine the health of Canadians, just as conditions in Canada determine the health of many people beyond our borders. Health promotion works within political boundaries but is not confined by them. We believe this Action Statement is important for health promoters around the world and hope that it will inspire action elsewhere. We commit ourselves individually and collectively, locally and globally, to demonstrate these actions in our lives, our families, our work, our communities, our organizations and our public policies.

Follow-up

The Canadian Public Health Association is committed to working with a variety of organizational and community partners to:

- facilitate action on the ideas presented in this statement; and
 - monitor and report on our progress.
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Mission Statement

The Canadian Public Health Association (CPHA) is a national, independent, not-for-profit, voluntary association representing public health in Canada

with links to the international public health community. CPHA's members believe in universal and equitable access to the basic conditions which are necessary to achieve health for all Canadians.

CPHA's mission is to constitute a special national resource in Canada that advocates for the improvement and maintenance of personal and community health according to the public health principles of disease prevention, health promotion and protection and healthy public policy.

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The views expressed in this document do not necessarily represent the official policy of Health Canada.

**Orientation Program for
Public Health Nurses**

Module 5



Community Development

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- **Community Health – Public Health Nursing in Canada: Preparation & Practice.** The Canadian Public Health Association
- **Healthy Communities: the Process.** Ministry of Health, BC
- **Action For Change: A Workbook For Communities.** Public Health Association of British Columbia 1999.
- **“Writing Your Proposal”** from Loise Kilby of DZE K’ant Friendship Centre, Smithers, BC.
- Richards, D. **Ten steps to successful grant writing.** Journal of Nursing Administration 20:20-23, 1990. (permission applied for)

Community Development

CONTENT

This module provides a general overview of the PHN's role in community development. You will have learned about the concepts of health promotion and population health from the previous module. This module explores various ways of putting these concepts into practice and increasing community control over the determinants of health through community development.

OBJECTIVES

From this module, you will be able to:

- *Consider the determinants of health as they relate to your community.*
- *Describe community development.*
- *Describe your role in community development.*
- *Describe the community development process.*
- *Identify resources for community needs assessment.*
- *Locate and/or develop a profile of the region.*
- *Identify the members of the health team in your community.*
- *Identify community resources and key members in community development.*
- *Identify evaluation indicators for community programs*
- *Work as a team member in collaboration with other community members.*



STORY

The following story, is a real life example of community development in action within British Columbia. As you progress through this module, take note of the various activities the public health nurses are involved in. In a later section, this story will be broken up into the various community development stages to help relate theory to practice.

Program Title: Women's Health in the Mid-Life Years

History

In the early 1990's, there was growing interest within (a) community around women's health issues. Community members were concerned with the lack of awareness of the issues effecting women and felt that there was a need for increased education and great understanding.

The public health nurses working in the community, learned of these issues and began to work collaboratively with community agencies and representatives to organize two women's health conferences, one in 1992 and another in 1993. From these two conferences, a women's circle was formed in Prince George that met monthly. During these meetings the women engaged in educational sessions, informal discussions, and activities related to their women's health issues and needs. Once established, the group began the production of a women's health newsletter, "The Well".

In 1998, Federal Transition funding became available for a Women's Health in the Mid-Life Years project. This project was part of a provincial initiative out of BC Women's and Children's Health Centre. A partnership was formed between the Northern Interior Regional Health Board, Prince George Community Planning Council, and the BC Centre of Excellence in Women's Health, Northern Secretariat to develop a proposal. To facilitate this partnership and guide this project, a steering committee was created. As much of the preliminary work had been done during the initial community development stages, this committee came together with relative ease.

Program Development

A public health nurse in consultation with the steering committee and the community coordinated the development of this program.

A forum was held in March 1999 for representatives from communities across the region. The women discussed their health issues and some of the solutions they sought would address these issues. The steering committee used these ideas to form the project activities.

In Prince George, the public health nurse held a drop in at the health unit every Monday for women who were seeking health information or wished to provide input into the project development. A monthly event was planned based on the approaches recommended by the women who attended the forum. The events included journal writing, foot painting, a “un-fashion” show, and other interesting activities. In fact, a belly dancing and a Celtic dancing group formed as a result of these events.

In the rural communities, women who attended the forum were able to organize their communities around woman’s health. In Burn’s Lake, the public health nurse worked with community groups to organize a women’s health conference that they hope will become an annual event. In Fort St. James and MacKenzie, educational sessions were organized throughout the year. In Valemount, the annual Woman’s Health Clinic and Health Fair was expanded.

The project used a participatory evaluation process to determine if the project activities met the needs of the women involved in the project. In addition, provincial evaluation was conducted and is nearing completion.

The Northern Interior Regional Health Board is sustaining the project and funding is being sought to expand the program in the rural communities.

The End

PREREQUISITES

To understand your role in community health you need to have an understanding of:

- Health Promotion and Population Health
- Determinants of Health
- Theory of Behavioural Change
- Adult Learning and Teaching
- Community Assessment
- Group Work
- Consensus Decision-Making
- Team Building
- Evaluation
- Advocacy

ACTIVITIES

Community development is an evolving process that can take many years. Consequently, your role in community development has a range of possibilities and you may be involved in several different activities including:

- Educator
- Consultant
- Facilitator
- Communicator
- Resource Manager, Planner, Coordinator
- Team Member/Collaborator
- Research Evaluator
- Social Marketer
- Policy Formulator

RESOURCES

- Action for Change: A Workbook for Communities, Public Health Association of British Columbia 1999 (appendix).
- Case Studies in Health Promotion, Practical Applications of PRECEDE/PROCEED by Kreuter, Mathew, Green, L., and Kreuter, Marshall.
- Contract Management Handbook, MCF:
http://www.mcf.gov.bc.ca/contract_management/contents_1.htm
- Community Health – Public Health Nursing in Canada: Preparation & Practice. The Canadian Public Health Association (see appendix).
- Community action pack. Health and Welfare Canada (1990)
- Health Promotion Glossary, WHO Geneva 1998:
<http://www.who.int/hpr/docs/glossary.pdf>
- Healthy Communities: the Process, BC Ministry of Health (See appendix).
- Nursing Competencies: Public Health Nursing Division, Durham Region Health Department
- “Writing Your Proposal” from Loise Kilby of DZE K’ant Friendship Centre, Smithers, BC (See appendix).
- Ten steps to successful grant writing. By Richards, D. *Journal of Nursing Administration* 20:20-23, 1990. (permission applied for).

Internet Resources

- Community Action Resources for Inuit, Métis and First Nations

This is an excellent community development resource.

There are several sections that can be downloaded from the address below including:

- Toolbox
- Assessing Needs
- Planning
- Finding Resources
- Making it Happen
- Evaluating

<http://www.hc-sc.gc.ca/hppb/alcohol-otherdrugs/publications3.htm#Aboriginal>

- Community Tool Box (This US site offers a number of helpful tools, examples, resources.): <http://ctb.lsi.ukans.edu/>
- Community development: promoting health through empowerment and participation. Health Canada web site.
<http://www.hc-sc.gc.ca/hppb/wired/community.html>
- Society for Community Development (This local BC site offers a number of good resources and examples of community development):
<http://www.vcn.bc.ca/scd/welcome.htm>

Social Marketing

- Social Marketing.com (A comprehensive online resource on social marketing): <http://www.social-marketing.com/index.html>
- The Online Tutorial, Social Marketing, Health Canada: <http://www.hc-sc.gc.ca/hppb/socialmarketing/tutorial/smtue01.htm>

Your Role in Community Development

Public health nurses work with communities to promote optimal health and well being for all, much the same way as they work with individuals, and families. Guided by health promotion and population health, public health nurses develop conditions in a community supportive of healthy choices and decisions. This process involves the establishment of partnerships in the community to identify community needs/issues and to facilitate resolution of these ideas. Community development is a health promotion action that public health nurses utilize to facilitate this process.

Community development is working with people to help them define their own goals, to mobilize resources, and develop action plans for addressing problems that they collectively identify. Community development focuses on improving the collective health of populations who are least healthy and least privileged to identify and change the conditions that contribute to poor health. Community development is often described as a change agent in shifting power from sector who has traditionally held power, to sharing power-with not over.

One of the most important components of community development is the process. Often the focus of our energies is on the outcomes or the activities produced. With community development it is important to emphasize the actual process of working towards community development. Focusing on the process however, can be particularly challenging as it involves not only a change in our beliefs around ways of measuring success but also how the community and funding agencies perceive success.

Community development is about working towards a shared vision through consensus decision making. To achieve this, a belief in the capacity of the community is essential.

Community development is flexible in that you can start anywhere and with what ever you have.

- ❑ Read Appendix 1: Community Health-Public Health Nursing in Canada, Preparation & Practice, by the Canadian Public Health Association 1990. Once you have read this paper, discuss the answers to these questions with your mentor.

- Which activities will you be involved in when working with a community? Describe these activities.
- What is social marketing? (If you are uncertain, see the resource section for further reading.)
- How do community development projects differ from community based programs? (Hint: an example of community based programs is Nobody's Perfect)

Important Terms

Advocacy

“Advocacy involves the deliberate and strategic use of information to:

- Change a decision-maker’s perception and/or understanding of an issue/problem
- Influence the choices he/she will consider in formulating decisions; and
- Change her/his decision-making behaviour to favour your interest.

The role of the nurse in advocacy is to assist clients in voicing their values to decision makers regarding issues and problems and to enhance the clients autonomy. The nurse works in partnership with the client helping the client to discern their values regarding a health issue or problem. The nurse also assists the client in reaching practical decisions to deal with the issue (Durham Region Health Department 1997 page 17)”.

Facilitation

To facilitate means “to make easy”. The group facilitator’s role is to make it easier for the group to do its work. By providing non-directive leadership the facilitator helps the group arrive at the understanding and decisions that are its task. The facilitator accomplishes this by assisting and guiding, not by using control. Ideally, if a group accepts the fact that they all have some responsibility for the group’s process then people will share the facilitating role (Auvine, 1981 in Durham Region Health Department 1997, page 32)”.

Working with Communities

Community as Client

“Community as client” encourages nurses to view the community as a whole, to identify health issues that transcend the community, and to perceive the community as a unit of practice. From the ‘community as client’ perspective, the public health nurse may involve any part of the following steps: assessing the health of the community, planning community health promotion strategies, facilitating the implementation of the health promotion plans, and evaluating the effectiveness of these programs.

The following model breaks the community development process into four separate stages to help you understand the various activities you might be involved in throughout the community development process. In reality, the community development process does not follow a linear path. Community development is an ongoing and circular process. You might enter at the implementation stage and find that more work is necessary in the planning stage. The community development story from the beginning of this module, has been divided into the various stages and included within this model.

Building Healthy Communities	
<i>Assessment Steps</i>	<ol style="list-style-type: none"> 1. <u>Community Profile/Regional Profile</u>: Develop a description of the community and how it is organized. Note the geography, language, leaders, demographics etc. There might be a community profile in existence, ask your mentor. 2. <u>History of Change</u>: Find out how change has occurred in the community in the past. What successful changes have occurred? What factors have impeded change? Attend open community meetings. Read the local newsletters to get some insight about the community. 3. <u>Needs and Strengths Identification</u>: Note the issues of concern in the community. Reflecting upon the determinants of health identify community needs. What resources (key community members, agencies, organizations, time, financial) already exist? 4. <u>Prioritize</u>: Together with the community and partners decide which issues require action. <p>Methods</p> <ul style="list-style-type: none"> • Review statistics • Review community services and resources

	Building Healthy Communities
<p>EXAMPLE:</p> <p>Reflecting Upon the Community Development Story</p>	<ul style="list-style-type: none"> • Survey community leaders and other key informants, such as health care providers • Survey the community through surveys, interviews, public forums <p><i>Assessment Process: In the early 1990’s, there was growing interest within (a) community around women’s health issues. Community members were concerned with the lack of awareness of the issues effecting women and felt that there was a need for increased education and great understanding.</i></p> <p><i>The public health nurses working in the community, learned of these issues and began to work collaboratively with community agencies and representatives to organize two women’s health conferences, one in 1992 and another in 1993. From these two conferences, a women’s circle was formed in Prince George that met monthly. During these meetings the women engaged in educational sessions, informal discussions, and activities related to their women’s health issues and needs. Once established, the group began the production of a women’s health newsletter, “The Well”.</i></p> <p><i>In 1998, Federal Transition funding became available for a Women’s Health in the Mid-Life Years project. This project was part of a provincial initiative out of BC Women’s and Children’s Health Centre. A partnership was formed between the Northern Interior Regional Health Board, Prince George Community Planning Council, and the BC Centre of Excellence in Women’s Health, Northern Secretariat to develop a proposal. To facilitate this partnership and guide this project, a steering committee was created. As much of the preliminary work had been done during the initial community development stages, this committee came together with relative ease.</i></p>

Building Healthy Communities	
<i>Planning Steps</i>	<p>Purpose</p> <ul style="list-style-type: none"> • To provide a communication tool. • To provide a basis for measuring progress towards a healthier community. • To outline expectations of the public health nurse and other involved health care workers, and to be a basis of performance evaluation. • To avoid duplication of existing services or overlapping with other programs. <p>Steps</p> <ol style="list-style-type: none"> 1. Review assessment data including community health needs assessment. 2. Based on the needs identified by the community, the people construct a plan with input from all health team members. 3. Identify purpose, scope, deliverables, key stake holders (internal and external), team members, links to other community development projects/partnerships, budget resources, special resources, potential issues and constraints, and evaluation criteria (program objectives and indicators). 4. Present the plan to identified key stakeholders. If working with an Aboriginal community review plan with chief and council.
Reflecting Upon the Community Development Story	<p><i>Planning:</i> <i>A forum was held in March 1999 for representatives from communities across the region. The women discussed their health issues and some of the solutions they sought would address these issues. The steering committee used these ideas to form the project activities.</i></p>

Building Healthy Communities	
<i>Implentation</i>	<p>The implementation stage or the doing stage is essentially the implementation of the plan. This is when resources are mobilized and organized to meet the objectives of the plan.</p> <p>This stage might involve:</p> <ul style="list-style-type: none"> • Proposal and Grant Writing (appendix) • Social Marketing • Providing Education • And all the Community Development Activities previously listed
EXAMPLE:	<p><i>Implementation:</i> <i>In Prince George, the public health nurse held a drop in at the health unit every Monday for women who were seeking health information or wished to provide input into the project development. A monthly event was planned based on the approaches recommended by the women who attended the forum. The events included journal writing, foot painting, a “un-fashion” show, and other interesting activities. In fact, a belly dancing and a Celtic dancing group formed as a result of these events.</i></p> <p><i>In the rural communities, women who attended the forum were able to organize their communities around woman’s health. In Burn’s Lake, the public health nurse worked with community groups to organize a women’s health conference that they hope will become an annual event. In Fort St.James and MacKenzie, educational sessions were organized throughtout the year. In Valemount, the annual Woman’s Health Clinic and Health Fair was expanded.</i></p>
Reflecting Upon the Community Development Story	

Building Healthy Communities	
<i>Evaluation</i>	<p>It is important to think about evaluation from the beginning and at every step along the way. Evaluation can start at the beginning of the project and continue at various stages along the way (process evaluation) or can take place when finishing a stage or the project (outcome evaluation).</p> <p>Steps</p> <ol style="list-style-type: none"> 1. Assist the community in evaluating the program/project. <ul style="list-style-type: none"> • Assess effectiveness using program objectives and indicators. • What is the purpose? Are the people achieving what they set out to achieve? • How are the people gauging their progress? • What are the indicators or signs that would show that the program or project is achieving what it said it would? 2. Assist the community in evaluating their community development process 3. Update the community profile/assessment. 4. Summarize and disseminate results. 5. Address the unintended effects- positive or negative
EXAMPLE:	
Reflecting Upon the Community Development Story	<p><i>Evaluation: The project used a participatory evaluation process to determine if the project activities met the needs of the women involved in the project. In addition, provincial evaluation was conducted and is nearing completion.</i></p>

When community development is working...

- Everyone who wants to participate is included and welcomed.
- The people who are involved reflect the diversity of the community.
- The people who are most affected by the issue are involved, and have opportunities to play a leadership role.
- We seek out people who aren't normally included in this type of 'team.'
- If they don't get involved right away, we keep asking.
- Our team's vision, goals and action priorities were determined by all participants, through significant outreach to include the people most affected.
- Our team values and welcomes difference – of beliefs, attitudes, abilities and experiences.
- We see our separate parts – individuals and organizations -- as interdependent and synergistic (i.e. we are intrinsically connected, creating a whole that is greater than the sum of our parts.)
- Team members work together to identify and address barriers to empowerment.
- Everyone understands how decisions are made, and are able to participate in the decision-making process.
- Everyone participates as a 'citizen.' No-one has extra power because of the 'hat' they wear, or the role they play in the community.

By Tam Lundy, 1999

Challenges in Community Development

- Often the professional or organizational language creates barriers between the community members/people and the public health nurse or other professionals supporting community development projects.
- There is often conflict in the public health mandate with that of the community. For example, political processes often demand **statistics** that indicate progress, where as community organizations are often more concerned with the **process**.
- As community development is often a long process, challenges arise when most public health funding is geared towards short-term projects.
- As a PHN, who are you accountable to; the community or your organization?
- Recognizing opportunities in the community that are appropriate for community development. In some cases community based or service provider programs are more appropriate.
- Challenges exist for the health care staff in letting go of their professional domain of “doer” to one of “facilitator” in community development. Ethical challenges also arise when community goals and outcomes do not fit with that of the larger organizations.
- Community development is a slow, long-term process. The community often has very different time lines and schedules from the government and other organizations. How does this project fit with your year-end reports, statistical evidence base, budgets, reportable successes/outcomes and indicators?
- Community development is difficult to evaluate.
- As a PHN you might have a challenge in setting up meeting times because the community might have different hours than you. How does this work with your union and agency restrictions?

Adapted from Lynn Barclay's (Community Developer for the Vancouver/Richmond Health Board) community development presentation materials.

There are no easy fixes to any of these challenges. Having an awareness of them is the key. That way you can address them before conflict might arise.

You can read all you want about community development, but like other aspects of the public health nursing you must put the theory into practice.

Use the following pages to build your knowledge of important information you might need when working with a community group in your area.

WORK SHEET

Community Profile/Regional Profile

- Develop a description of the community and how it is organized. Note the geography, language, leaders, demographics etc. There might be a community profile in existence, ask your mentor.

History of Change

- Find out how change has occurred in the community in the past. What successful changes have occurred? Attend open community meetings. Read the local newsletters to get some insight about the community.

WORK SHEET

Other Community Development Projects

What community development projects exist within your community?

What opportunities are there for other community development projects?

The Community Health Team

Who are the members of your community health team? Consult with your colleagues and your mentor.

WORK SHEET

Develop of list of key community resources and key members in your community. Consult with you team members and your mentor.

Local Media	
Service Clubs	
Volunteer Organizations	
Community Policy Programs	
Community Faith Activities	
Other	

WORK SHEET

What **financial resources** exist for community development projects?
 As a PHN you might be asked how and where to get funding. You might also be required to write a grant or proposal (see appendix).
 This list is not meant to be exhaustive. Please add any additional funding resources that you might apply to.

Ministry of Health	
Ministry for Children and Families	
Health Canada	
Dept. of Indian and Northern Affairs	
Ministry of Education	
Arts and Culture	
Business and Economic Development	
Ministry of Aboriginal Affairs	
Human Resources Volunteers	

**Checklist for Module
Community Development**

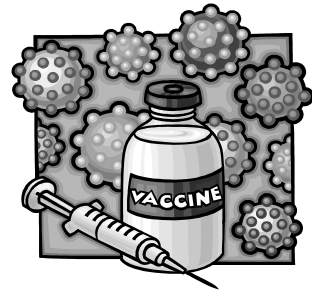
Both yourself and your mentor will initial and date each competency as achieved.

Competency	Date	Signed
Considers the determinants of health as they relate to their community.	_____	_____
Described community development.	_____	_____
Describes the role of the PHN in community development.	_____	_____
Describes the community development process.	_____	_____
Identifies the resources for community needs assessment.	_____	_____
Locates and/or develops a profile of the region.	_____	_____
Identifies the members of the health team in your community.	_____	_____
Identifies community resources and key members in community development.	_____	_____
Identifies evaluation indicators for community programs.	_____	_____
Works as a team member in collaboration with other community members.	_____	_____

Appendices

1. **Community Health – Public Health Nursing in Canada: Preparation & Practice.** The Canadian Public Health Association
2. **Healthy Communities: the Process.** Ministry of Health, BC
3. **Action For Change: A Workbook For Communities.** Public Health Association of British Columbia 1999 (Used with permission).
4. **“Writing Your Proposal”** from Loise Kilby of DZE K’ant Friendship Centre, Smithers, BC.
5. Richards, D. **Ten steps to successful grant writing.** Journal of Nursing Administration 20:20-23, 1990 (permission applied for).

Module 6



Communicable Disease Control

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- Commonly Asked Questions About Sexually Transmitted Diseases
- Commonly Asked Questions About TB
- Common Rashes
- Self-Directed Learning Module: Communicable Disease Control, Simon Fraser Health Region, Preventative Services (CD Orientation Program/Feb 1999)

Communicable Disease Control

CONTENT

This module focuses on your role as a public health nurse in communicable disease control. It is designed to provide an orientation in communicable disease investigation and management. The Immunization Principles and Practices Module will focus on immunization and vaccine administration.

As part of your communicable disease control orientation, you will also be required to complete a self-directed learning module (appendix).

OBJECTIVES

From this module, you will be able to:

- *Identify and use current resources available for CD follow-up.*
- *Describe how to trace a contact.*
- *Outline the regional communication structure for CD questions and follow-up.*
- *Describe of how health regions are linked with the BCCDC.*
- *Describe the reporting process for notifiable diseases in BC.*
- *Demonstrate how records are kept for statistical and epidemiological purposes.*
- *Demonstrate knowledge and skill using local electronic systems (e.g., PHIS).*
- *Demonstrate knowledge pertaining to particular CD diseases and their prevention and control.*
- *Demonstrate an understanding of STD's and their prevention and control.*
- *Demonstrate an understanding of TB and its prevention and control.*
- *Demonstrate knowledge pertaining to infection control.*
- *Demonstrate knowledge pertaining to travel health.*

PREREQUISITES

To understand your role in the prevention and control of communicable disease you need to have knowledge of the following:

- Disease etiology theory– *reservoir, mode of transmission, incubation period, period of communicability, susceptibility and resistance, methods of prevention and control*
- Mortality and Morbidity
- Incidence and Prevalence
- Probability
- Risk factors
- Common Communicable Diseases (e.g., vaccine preventable diseases, enteric diseases)
- Standard Precautions
- Reportable Diseases (see Table of Contents and BCCDC web site)
- Relevant Legislation- *Health Act, Communicable Disease Regulations, Infant Act, Venereal Disease Act, School Act*

ACTIVITIES

The following list includes some of the activities that you may be involved in as a PHN performing communicable disease control activities.

Immunization Programs

- Infant and Childhood Immunization Programs
- Immunization Programs of School Age Children
- Youth Clinics
- Routine Immunization of Adults
- Travel Clinics
- Special Immunization Programs

Communicable Disease Prevention Programs

- Communicable Disease Follow-up and Surveillance
- HIV/AIDS Programs
 - Aboriginal Strategy for HIV and AIDS in BC
 - IV Illicit Drug Use
 - MSM (Men who have Sex with Men)
- Harm Reduction Programs (Needle Exchange, Safe Sex Education)
- STD Programs
- TB Programs

- Community Education Programs

RESOURCES

When accessing written resources, you need to ensure you have located the most recent edition.

Required Resources

1. Canadian Immunization Guide (Health Canada) current edition
2. Canadian STD Guidelines (Health Protection Branch, Health Canada) current edition
3. Communicable Disease Control Manual (BCCDC)
4. Control of Communicable Diseases Manual, current edition
5. Health Files
6. Provincial Health Nurses Pre-determined STD Treatment Schedule (1998)
7. Tuberculosis Manual – on BCCDC Web Site

Recommended Resources

- A Quick Guide To Common Childhood Diseases (MOH)
- Canadian TB Standards, Canadian Lung Association
- Red Book – Report of the Committee on Infectious Diseases (American Academy of Pediatrics)
- Understanding Vaccines-Immunology, US Department for Health
- Vaccines 3rd Ed (1999), Plotkin, S.A. & Orenstein, W.A. Philadelphia: W.B. Saunders Company.
- Your Child's Best Shot ([Canadian Paediatric Society](#))

Aboriginal Resources

- The Red Road: Pathways to Wholeness. An Aboriginal Strategy for HIV and AIDS in BC, BC Aboriginal HIV/AIDS Task Force.
- Resource Directory – The Red Road HIV/AIDS Network Society

INTERNET RESOURCES:

- BC Centre for Disease Control (BCCDC): <http://www.bccdc.org/>



- Canada Communicable Disease Report: <http://www.hc-sc.gc.ca/hpb/lcdc/publicat/ccdr/index.html>
- Centers for Disease Control & Prevention (CDC), Atlanta
<http://www.cdc.gov/>
- Communicable Disease Report Weekly (CDR Weekly)
"The CRD Weekly supplies news of communicable disease incidents, trends, guidelines, and policy, and current surveillance data." :
<http://www.phls.co.uk/publications/cdr.htm>
- Community and Hospital Infection Control Association- Canada:
<http://www.chica.org>
- Emerging Infectious Diseases (EID) (Online journal from the National Centre for Infectious Diseases, CDC, Atlanta)
<http://www.cdc.gov/ncidod/eid/index.htm>
- Health Canada. Laboratory Centre for Disease Control:
<http://www.hc-sc.gc.ca/hpb/lcdc/index.html>
- MMWR (Morbidity and Mortality Weekly Report from the Centres for Disease Control (CDC), Atlanta): <http://www2.cdc.gov/mmwr/>
- National Advisory Committee on Immunization (NACI)
- Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care: <http://www.hc-sc.gc.ca/hpb/lcdc>
- W.H.O.'s Communicable Disease Surveillance and Response (CSR)
Includes news of diseases reported to CSR, the Weekly Epidemiological Record (WER), and more. <http://www.who.int/emc/>
- The Canadian Lung Association
- The Canadian Strategy on HIV/AIDS: http://www.hc-sc.gc.ca/hppb/hiv_aids/index.html

Aboriginal

- Red Road HIV/AIDS Network Society: <http://www.red-road.org/>
- Healing Our Spirit BC First Nations AIDS Society:
<http://www.healingourspirit.org/>

Travel

- Vancouver/Richmond Health Board's Travel Clinic
- US CDC Travel Information, (BCCDC)

- Laboratory Centre for Disease Control, Committee to Advise on Tropical Medicine (CATMAT)

Communicable Disease Program of BC

The CD program is concerned with those CDs in the human population that are identified as having public health significance and for which there are effective interventions for prevention and control. This includes those diseases in Schedules A and B of the Regulations for the Control of Communicable Disease, as well as those CDs unreported which may become epidemic or endemic (e.g., HIV, chicken pox, pink eye, impetigo).

Functions of the CD Program

1. **Communicable Disease Surveillance:** review and analysis of communicable disease case reports to monitor trends and detect outbreaks.
2. **Case Management:** investigation and follow-up of selected communicable disease cases in order to prevent transmission to others.
3. **Communicable Disease Programs:** implementation of a variety of programs, including immunization programs and control of outbreaks.
4. **Consultation:** provided to community groups, the public and other health-care providers on a variety of communicable disease issues.
5. **Education:** of staff, students, physicians and community agencies.
6. **Epidemiological Research:** identifying risk groups for communicable diseases and evaluating strategies for control of communicable diseases.

Communicable Disease Control

Communicable Disease Control is a mandated responsibility of the province's Medical Health Officers. Prevention, education, diagnosis and treatment, and contact follow-up are integral functions of the community health system for CD control.

The BC Centre for Disease Control Society is the province's referral centre for reportable CD surveillance, prevention and control. It supports the health units, hospitals, and the province's physicians. Services include Epidemiology, Sexually Transmitted Disease Control and Tuberculosis Control Programs. These programs include clinical consultation and

treatment sections. Support services for the BCCDC Programs include the Provincial Laboratory and Provincial Pharmacy.

The PHN's Role in Communicable Disease Control is to:

1. Provide primary prevention through provision of immunization for vaccine preventable disease. (Dealt with in a separate module).
2. Monitor communicable disease occurrence in the community as reported from physicians, hospitals, community labs, general public, schools, day cares and other health care agencies.
3. Provide interventions, including confidential counselling, treatment, therapy, referral, follow-up, inspection, investigation, and initiation of corrective action in relation to CDs.
4. Provide screening and follow-up of CD contact.
5. Provide professional consultation to physicians, hospitals, and other community based professionals and facilities.
6. Provide information and education related to CD to individuals and groups in the community.

Getting Ready

Locate and familiarize yourself with the resources (e.g., CDC Manual) listed at the beginning of the module.

Locate the electronic systems manual (e.g., PHIS) and read through the communicable disease surveillance module. It focuses on the case management and surveillance needs for regional and provincial communicable disease surveillance.

Infection Control

Infection control is part of your role in communicable disease control and part of your personal health and safety education.

Modes of Transmission

There are 4 primary modes of infectious disease transmission:

1. **Direct Contact:** immediate transfer of an infectious agent from an infected person to a susceptible person by physical contact. Example: a person who touches the skin of a person with impetigo can develop impetigo.
2. **Droplet Contact:** Transmission of an infectious agent in a spray of droplets projected by coughing, sneezing, etc. from an infected person to the mucous membranes of the eyes, nose or mouth of a susceptible person. Droplets do not spread more than about 1 meter from an infected person, and do not stay airborne more than a few minutes. Example: is a person with an upper respiratory infection sneezes in a person's face, that person can acquire that illness.
3. **Indirect Contact (2 kinds)**
 - Vehicle born: indirect transmission of an infectious agent from an infected person to a susceptible person via intermediate objects, such as surgical instruments, the surfaces of patient-care equipment items, or the hands of health care workers.
 - Vector born: infections transmitted by insects and animals to people.
4. **Airborne:** transmission of an infectious agent from an infected person or an environmental source that becomes suspended in the air on dust particles or dried residua of droplets, called droplet nuclei. Airborne contact can occur over longer distances than can droplet contact transmission. Example: if a person enters a room of a person with tuberculosis (TB) without the appropriate protective equipment, that person could develop TB.

Prevention Methods

Effective infection control is achieved by Standard Precautions (universal precautions) alone, if additional Transmission-based Precautions are not specified.

Standard Precautions are the *essential and primary* infection control measures to be used for the care of *ALL* clients, at *ALL* times, *regardless of their presumed infection status*.

Standard Precautions apply to:

- blood,
- *all* body fluids, secretions, and excretions *except sweat*, regardless of whether they contain visible blood, non-intact skin, and mucous membranes

Standard Precautions for Infection Control:

Wash Hands (Plain Soap)

- Wash after touching blood, bodily fluids, secretions, excretions, and contaminated items.
- Wash immediately after gloves are removed and between patient contacts. Avoid transfer of microorganisms to other patients or environments.

Wear Gloves

- Wear when touching blood, bodily fluids, secretions, excretions, and contaminated items.
- Put on clean gloves just before touching mucous membranes and non-intact skin.
- Change gloves between tasks and procedures on the same client after contact with material that may contain high concentrations of microorganisms.
- Remove gloves promptly after use, before touching non-contaminated items and environmental surfaces, and before going to another patient, and wash hands immediately to avoid transfer of microorganisms to other patients or environments.

Wear Mask and Eye Protection or Face Shield

- Protect mucous membranes of the eyes, nose and mouth during procedures and patient care activities that are likely to generate splashes or sprays of blood, bodily fluids, secretions, or excretions.

Wear Gown

- Protect skin and prevent soiling of clothing during procedures that are likely to generate splashes or sprays of blood, bodily fluids, secretions, or excretions.
- Remove a soiled gown as promptly as possible and wash hands to avoid transfer of microorganisms to other clients or environments.

Client Care Equipment

- Handle client care equipment soiled with blood, bodily fluids, secretions, or excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of microorganisms to other patients and environments.
- Ensure that reusable equipment is not used for the care of another client until it has been appropriately cleaned and reprocessed and single use items are properly discarded.

Occupational Health and Blood-borne Pathogens

- Prevent injuries using needles, scalpels, and other sharp instruments or devices; when handling sharp instruments after procedures; when cleaning used instruments; when disposing of used needles.

Needles

- Never recap used needles.
- Do not remove used needles from disposable syringes by hand, and do not bend, break, or otherwise manipulate used needles by hand.
- Place used disposable syringes and needles, scalpel blades, and other sharp items in puncture-resistant sharps containers located as close as practical to the area in which the items were used, and place reusable syringes and needles in a puncture-resistant container for transport to the reprocessing area.

Handwashing is the single most important procedure for preventing infections. **Wearing gloves does NOT replace handwashing.**

Other Forms of Infection Control

Transmission-based Precautions are precautions recommended *in addition* to Standard Precautions, for care of clients, known or suspected to be infected or colonized with highly transmissible or important pathogens.

Additional precautions will vary according to specific etiology of a disease. When uncertain of transmission characteristics, find out what additional precautions might be necessary.

1. **Contact Precautions** reduce direct and indirect transmission from contact with infectious organisms.
 - Gloves and gowns should be used if substantial direct contact with the client is required or if direct contact with frequently touched environmental surfaces is anticipated and significant contamination of the environment is occurring.
 - Hands should be washed after care of client.

In addition to Standard Precautions, use Contact Precautions for clients known or suspected to be infected with multiple-drug resistant microorganisms (e.g. **methicillin-resistant *Staphylococcus aureus*--MRSA, or vancomycin-resistant *enterococci*--VRE**). These and other important microorganisms that can be transmitted by *direct* contact with the client (hand or skin-to-skin contact) or *indirect* contact (touching) with environmental surfaces in the client's environment. Infected or colonized clients should also be taught, encouraged and reminded of the importance of handwashing, preferably with an antimicrobial soap, after using the toilet and before eating food or participating in social activities.

2. **Droplet Precautions** reduce transmission of infectious organisms that can be contained in larger particle droplets.

Droplet Precautions are only necessary during the period of communicability of the recognized infection.

- Non immune persons should wear surgical/procedure masks for close contact (<1 metre) of clients with mumps or rubella.

- Masks should be worn for close contact (<1 metre) with clients with suspected or diagnosed pertussis.
 - Use Droplet Precautions for clients known or suspected to be infected with microorganisms transmitted by droplets (e.g. influenza, active TB, streptococcal throat or lung infections)..
3. **Airborne Precautions** reduce exposure to very small particles by which infectious organisms such as tuberculosis are transmitted. A mask should be worn in addition to standard precautions. Generally, clients with infectious pulmonary tuberculosis require admission to a suitably equipped facility for treatment.

Blood and Body Fluid Post-Exposure Management

This policy follows recommendations of the provincial Blood and Body Fluid Post-Exposure Management policy. The policy applies to any employee having an oral, percutaneous or conjunctival exposure to blood or other body fluid capable of transmitting HIV, Hepatitis B or Hepatitis C. (Note: urine and faeces, unless visibly bloody, are not sources of transmission for blood-borne pathogens)

Employee's Responsibility for Preventing Infection

- If a small sharp or needle stick causes the injury, allow puncture site to bleed.
- Cleanse well with soap and water or irrigate.
- Report to supervisor immediately.
- Report to nearest hospital emergency room, for assessment of risk and treatment, if necessary, for exposure to HIV, hepatitis B or hepatitis C (ideally within 2 hours or as soon as possible - i.e. take a taxi if necessary).
- Complete an incident report and WCB forms 7 and 7A.

Post Exposure

The emergency room physician may request blood for serologic testing from the client who is the source of an exposure.

- Locate your local policies and procedures for control of infections.
- For details on Standard Precautions refer to the Health Canada Guidelines, Routine Practices and Additional Precautions for Preventing



the Transmission of Infection in Health Care, can be accessed electronically via the Internet at <http://www.hc-sc.gc.ca/hpb/lcdc>

For more info telephone:

BCCDC Infection Control Consultant

(604) 660-6076

Contact Tracing

Contact tracing is the process of identifying persons who have been exposed to a communicable disease, informing them of exposure, referring them for diagnostic testing for the particular disease, and in some cases, providing or monitoring treatment to prevent them from becoming symptomatic and exposing others to the disease.

For specific guidelines on diseases that require contact tracing, who constitutes a contact of a specific disease, contact tracing procedures, and the required contact tracing forms, refer to the Communicable Disease Control Manual.

Key Questions:

- **Where did the case get the disease from?**
- **Whom did the case expose?**

When eliciting the names of contacts, assure the case with the communicable disease of complete **confidentiality**.

Contact notification can be carried out in one of two ways:

Client referral: The case notifies the contacts themselves and refers these contacts for testing and possible treatment. It is important to discuss a notification deadline with the case to ensure contacts are notified in a reasonable time frame. It may be necessary for the nurse to follow-up with the case to ensure that he or she has notified the contacts of the exposure.

Provider referral: After soliciting the names, addresses, and other significant information about contacts from the case, the health care provider notifies the contacts of potential exposure. When contacts are approached, the PHN must ensure privacy and may need to exercise tact and ingenuity to prevent others from knowing why the person is being contacted.

Reportable Communicable Diseases

The responsibility of the Public Health Nurse for reporting communicable diseases is mandated by regulations made by Order in Council on February 17, 2000. *N. B. This listing may be changed (additions or deletions) over time. Make sure you get a current listing from your mentor or supervisor.*

Reportable Disease in BC

Schedule A – reportable by all sources including laboratories	
Anthrax Acquired Immune Deficiency Disease Botulism Brucellosis Cholera Congenital infections: Toxoplasmosis, Rubella, Cytomegalovirus, Herpes simplex, Varicell-zoster, Hepatitis B virus, Listeriosis, & any other congenital infection. Cryptosporidiosis Diphtheria: Cases / Carrier Encephalitis: post-infection, Sub-acute sclerosing panencephalitis, vaccine-related, viral. Foodborne illness: all causes. Gastro-enteritis epidemic: bacterial, Parasitic, viral. Genital chlamydia infection Giardiasis Hantavirus pulmonary syndrome Hemorrhagic viral fevers Hemolytic Uremic Syndrome (HUS) Hepatitis viral: Hepatitis A, B, C, & E, other viral Hepatitis. Invasive Group A Streptococcal Disease	Invasive Haemophilus Influenzae Type B Infection Invasive Streptococcus Pneumoniae Infection Leprosy Lyme Disease Measles Meningitis: All causes, (a) Bacterial, Haemophilus, Pneumococcal, Other (b) Viral Meningococcal Disease: Bacteremia, Meningitis Mumps Neonatal Group B Streptococcal Infection Pertussis (Whooping Cough) Plague Poliomyelitis Rabies Reye Syndrome Rubella: Congenital Rubella Syndrome Tetanus Tuberculosis Typhoid Fever and Paratyphoid Fever Venereal Diseases: Chancroid, Gonorrhoea – all sites, Syphilis Waterborne Illness: all causes Yellow Fever
Schedule B – reportable by laboratories only	
All specific bacterial and viral stool pathogens: 1) Bacterial: Campylobacter, Salmonella, Shigella, Yersinia 2) Viral Amoebiasis Borrelia burgdorferi infection Cerebrospinal Fluid micro-organisms Chlamydial Diseases, (+ Psittacosis)	Herpes Genitalis Influenza Legionellosis Leptospirosis Malaria Methicillin-resistant Staphylococcus aureus (MRSA) Q Fever Rickettsial Diseases Vancomycin-resistant enterococci (VRE)
Common Non-Reportable Diseases	

During your practice you will come across a number of communicable diseases which are not reportable (e.g., HIV, chicken pox, pink eye, impetigo) but still require Public Health action (e.g., health teaching).

Guidelines for CD Investigation

N.B. These guidelines will vary by disease and source of info, e.g., lab, doctor, Infection Control Nurse/Practitioner or family.

1. Receive information:

- Review CDC Manual
- Review local protocol

2. Notify Your CD Consultant:

- This may be your Medical Health Officer, CD Co-ordinator or PHN Manager, of any CD requiring immediate public health action (e.g., invasive meningococcal disease).

3. Confirm the Diagnosis:

- Lab reports; does the information meet the definition for a confirmed case?
- Does the information meet the definition as a clinical case?
- Discuss with the family doctor if appropriate or involved

4. Conduct case follow-up

- Conduct case follow-up as outlined in the CDC Manual using disease-specific data collection forms (e.g., measles, hepatitis B, vaccine preventable disease).

5. Identify Contacts

- Determine period of time within which case was infectious and identify individuals who had exposure to the case during this period of communicability.
- Have possible contacts describe their contact with the case. If individual meets the definition for a case contact, obtain name, date of birth, demographics needed to contact them, their immunization status, history of any symptoms and any other information specific to the disease.

6. Plan intervention to limit spread and control of a possible outbreak with your Nursing Supervisor, CD Coordinator, Medical Health Officer, or Environmental Health Officer (consult your CDC manual).

- Determine first if there is an outbreak. Who makes that call?

Things to consider:

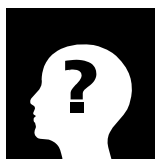
- immunoprophylaxis
- isolation and/or exclusion
- chemoprophylaxis
- health teaching (i.e., signs and symptoms of particular diseases, ways to prevent transmissions in a household, information about the disease itself)
- contact tracing
- managing the media

7. Complete reports:

- Written working sheets for specific disease
- Vaccine Preventable Report
- Ensure timely transmission of required data to BCDCD via PHIS.
- Certain diseases require notification of BCCDC with 24 hours, (e.g., measles, meningococcal, Group A Streptococcal disease invasive (GAS), hemolytic uremic syndrome (HUS)) refer to CDC Manual.

Sexually Transmitted Diseases

Not all Health Units provide STD clinical services; some participate in contact tracing only. Find out what services you are expected to provide.



Has anyone in your health unit had special STD training?

If your unit does not provide clinical services, who does? Should you need to refer someone where would they go?

Find out where your nearest STD clinical service is and how to contact them.

Whether or not your health unit provides STD clinical services you need to inform yourself about STDs so that you can have a basic understanding of the signs and symptoms of common STDs and their treatment. You will

come across possible cases in your work and you will certainly be asked questions during interactions with clients.

Clarify reporting and record keeping procedures for ordering medication.

See the Appendix for commonly asked questions about sexually transmitted diseases.

HIV/AIDS Within BC

As a PHN, you will encounter HIV/AIDS in all communities. You will need accurate information about HIV/AIDS, how to prevent the spread of the disease and where to go for information and help in managing the disease.

The Division of Sexually Transmitted Disease/AIDS Control coordinates province-wide efforts to reduce the spread of STDs. STD/AIDS Control is the provincial reporting centre for cases of STDs and AIDS. Specific AIDS case report forms are used by physicians and MHO's to report new cases.

For more info telephone:

(604) 660-6161

or

STD/AIDS Info Line

(604) 872-6652

or

(800) 661-4337

Tuberculosis

Tuberculosis is on the increase in certain countries but not in Canada. The tuberculosis chapter in the CDC Manual contains background information

regarding the significant aspects of TB, the policies, standards, and guidelines for the control and surveillance of TB, as well as supporting documentation and data collection tools. The TB manual can be accessed at the BC Centre for Communicable Disease web site <http://www.bccdc.org/tbc.html>.



Is anyone in your health unit or region designated to work or follow-up in TB?

If your unit does not provide clinical services, who does? Should you need to refer someone where would they go?

Find out where your nearest TB clinical service is and how to contact them.

Whether or not your health unit provides TB clinical services you have to have a basic understanding of the signs and symptoms of TB and the treatment. You will come across possible cases in your work and you will certainly be asked questions during interactions with clients.

Clarify reporting and record keeping procedures for ordering medication.

See the Appendix for commonly asked questions about TB.

When in doubt phone:

**TB Control
(604) 660-6105**

The Practice of Travel Health

Travel health is concerned with the promotion of health and the prevention of disease or other adverse health outcomes in the international traveller. Not all health units provide travel health services. However, as a PHN you should be able to recognize urgent as well as non-urgent post-travel medical

problems. You should also be familiar with the mechanism to provide appropriate and timely referral.



Does anyone in your health unit or region have expertise in travel health? If your unit does not provide clinical services, who does? Should you need to refer someone where would they go?

Find out where your nearest travel health clinical service is and how to contact them.

You may be required to provide travel medicine advice and travel immunization services to individuals travelling internationally. Check your policy manual and ask your supervisor or mentor.

If you are required to provide travel health advice and travel immunization services locate your policy and procedures manual. Also, read the “GUIDELINES FOR THE PRACTICE OF TRAVEL MEDICINE” by the Committee to Advise on Tropical Medicine and Travel (CATMAT), located at their Health Canada web site (search CAT MAT).

**Checklist for Module 6
Communicable Disease Control**

Both yourself and your mentor will initial and date each competency as achieved.

Competency	Date	Signed
Identifies and uses current resources available for communicable disease follow-up.	_____	_____
Describes how to trace a contact.	_____	_____
Is able to outline the regional communication structure for CD questions and follow-up.	_____	_____
Is aware of how health regions are linked with BCCDC.	_____	_____
Describes the reporting process for notifiable diseases in BC.	_____	_____
Demonstrates how records are kept for statistical and epidemiological purposes.	_____	_____
Demonstrates knowledge and of local electronic systems (e.g., PHIS).	_____	_____
Demonstrates knowledge pertaining to particular CD diseases and their prevention and control.	_____	_____
Demonstrates an understanding of STD's and their prevention and control.	_____	_____
Demonstrates an understanding of TB and its prevention and control.	_____	_____
Demonstrates knowledge pertaining to infection control.	_____	_____
Demonstrates knowledge pertaining to travel health.	_____	_____

Appendices

1. **Commonly Asked Questions About Sexually Transmitted Diseases**
2. **Commonly Asked Questions About TB**
3. **Common Rashes**
4. **Self-Directed Learning Module: Communicable Disease Control**, based on the module designed by Simon Fraser Health Region, Preventative Services (CD Orientation Program/Feb 1999)



Commonly Asked Questions About Sexually Transmitted Diseases

Refer to the STD Guidelines and any other resources you can locate in your health unit to answer the following questions. Write answers on a separate piece of paper, and check them with your mentor.

- What are the signs and symptoms of Chlamydia in:
 - a. Males
 - b. Females
 - c. Infants?
- What are the signs and symptoms of Gonorrhea in:
 - d. Males
 - e. Females
 - f. Infants?
- A 16-year-old female tells you she has vaginal discharge. What would you do?
- What are the classifications of syphilis?
- What is the preferred treatment for a 32-year-old female with secondary syphilis?
- What would you recommend to a woman with symptoms of primary herpes infection?
- What are the two tests for HIV?
- If the test is negative, does this mean the person does not have HIV?
- If the HIV test is positive, does that mean the person has AIDS?
- If a person is positive for HIV, what other testing might they consider and where could they get information about treatments?
- What harm reduction activities would you recommend to a person with a STD?
- If a case with a STD has a partner, how would you notify them of their potential exposure?



Commonly Asked Questions About TB

Refer to the TB section of the CDC manual and any other resources you can locate in your health unit to answer the following questions. Write answers on a separate piece of paper, and check them with your mentor.

- What is the difference between TB infection and TB disease?
- What is the process of investigation of persons with symptoms suggestive of TB?
- How do you administer a Mantoux test?
- How and when do you read a Mantoux test?
- How are AFB-acid fast bacilli smears classified?
- What contacts of a TB case would you test?
- Who can authorize dispensing TB medication through health units? Family physicians? TB control physicians?
- Where can you obtain a starter kit?
- What are the contraindications for Rifampin, Ethambutol and INH?
- If a TB Control physician requested a client to submit three sputum specimens, how would you facilitate this?
- What measures could you implement to prevent transmission?
- What health teaching does the client and family need to understand the disease?
- What records are used in the event of TB?

WORK SHEET: Common Rashes

	Rubeola (measles)	Rubella (German Measles)	Chicken Pox	Fifth Disease	Roseola
Rash • • body & spread •					
Fever •					
Cough •					
Runny Nose •					
Eyes Sensitive to Light? •					
Other Symptoms					
Transmission • transmission					
Prevention Measures • •					
Treatment • disease.					

**SELF-DIRECTED LEARNING MODULE
COMMUNICABLE DISEASE CONTROL**

Please answer ALL the questions in the space provided. If additional space is needed please write on the back, making sure the question number and answer is well indicated. Be brief but complete with your answers. Your document will be returned to you with a copy kept by the supervisor.

1. Describe the difference between infection and disease.

2. Define the following terms:

Incubation period:

Period of Communicability:

Mode of Transmission:

- 1) direct:
- 2) indirect:
- 3) droplet:

Reservoir:

Chemoprophylaxis:

Immunoprophylaxis:

Case:

Contact:

- 1) household:
- 2) close:
- 3) casual:

Carrier:

3. What are the body's three lines of defence against infection?

1)

2)

3)

4. Describe active (or acquired) immunity and how that differs from passive immunity.

5. Describe the conditions needed for transmission of infection.

6. Define the following:

Sporadic Disease:

Endemic Disease:

Epidemic Disease:

Pandemic Disease:

7. Complete the table for the following diseases:

DISEASE	INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Chicken Pox		
Roseola		
Measles		
Mumps		
Rubella		
Pertussis		
Hepatitis A		
Hepatitis B		
Hepatitis C		
Rabies		
Meningococcal Meningitis		

8. What is the primary prevention used to eliminate measles?

9. A mother calls you Monday morning and says that her daughter was at a friend's (Lisa) birthday party on Friday afternoon. She got a call from Lisa's mother who told her that Lisa developed chickenpox Saturday afternoon. Define the type of contact and outline what counselling you would give the mother.

10. The hospital calls you to say they have a 5 yr old patient with gram negative diplococcus on CSF stain. What would you suspect?
 - A. What information do you need from the family?

 - B. What type of contacts would you be concerned about?

- C. Describe who in the Health Region you would communicate with and why.

 - D. What recommendations should be made to halt the spread of disease?
13. Explain how the spread of hepatitis A differs from the spread of hepatitis B.
14. What type of contacts would you investigate for hepatitis A and how far back would you do contact tracing?
- A. What counselling would you give hepatitis A contacts and cases?

15. A woman calls in and says that she had intercourse with a man who stated he was hepatitis B positive.
- A. What questions do you need answered to complete your assessment?
- B. Based on your assessment, what would you recommend?
16. A Canadian born 30 yr old man states that he is a user of injection illicit drugs and wants to be immunized. His last immunization was when he was in high school. What would you recommend he receive?
17. A 22 yr old states she was in contact with rubella and is 9 weeks pregnant.
- A. What information do you need to complete your assessment?
- B. What counselling do you give based on your assessment?

18. A mom calls in to say that her 1 yr old has swollen glands and a mild temperature. She wants to know if it could be mumps. He has not been in contact with any sick individuals and there have been no reports of mumps in the health unit area. What information do you need and what would you suggest to the mother?
19. A family physician calls in to say he has a client who is a carrier of hepatitis B. He wants to know if he must report it and why. What would you advise him?
20. A lab report comes in to the health unit on an 8-year-old girl as positive PCR for pertussis. Culture is pending. Outline the steps you would take in investigation and follow-up of this case.
21. What are the indications for
- a. ISG:
 - b. HBIG:
 - c. VZIG:
 - d. RIG:

22. You have been asked to speak to a group of Day Care workers on Standard Precautions. What are the main issues you need to cover?

Once you have completed this module, review your answers with your mentor.

Module 7



Immunization Principles & Practices

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Immunization

Principles and Practices

CONTENT

This module focuses on the role of the public health nurse in providing primary prevention of communicable diseases through the provision of immunization against vaccine preventable diseases. In order complete this module you must have completed the Communicable Disease Control section of the Orientation Manual.

As part of your orientation to immunization principles and practices you will be required to complete the immunization certification process which aims at standardizing competencies in immunization.

Ask your mentor about the immunization certification process.

OBJECTIVES

From this module, you will be able to:

- *Identify the current resources available for immunization principles and practices.*
- *Provide a comprehensive immunization program.*

PREREQUISITES

To understand your role in immunization you need to have an understanding of the following:

- Vaccines: live (attenuated); inactivated (killed)
- Informed Consent
- Immunization schedules
- Injection techniques: intramuscular, subcutaneous, intradermal
- Injection routes for the administration of biologicals
- Management of anaphylaxis

ACTIVITIES

The following list includes some of the immunization activities that you may be involved in as a PHN in communicable disease control.

Immunization Programs

- Infant and Childhood Immunization Programs
- Immunization Programs of School Age Children
- Youth Clinics
- Routine Immunization of Adults
- Travel Clinics
- Special Immunization Programs
- _____
- _____

RESOURCES

See the Communicable Disease Control Module for further resources.

- Immunization Manual (BCCDC)
- Blood and Body Fluids Exposure Management Module (BCCDC)
- Canadian Immunization Guide (Health Canada) current edition
<http://www.hc-sc.gc.ca/hpb/lcdc/publicat/immguide/index.html>
- Health Files
- _____

Internet Resources

- Canadian Immunization Guide current edition: <http://www.hc-sc.gc.ca/hpb/lcdc/publicat/immguide/index.html>
- Division of Immunization, Laboratory Centre for Disease Control, Health Canada: <http://www.hc-sc.gc.ca/hpb/lcdc/bid/di/index.html>
- Canadian Immunization Awareness Program: <http://www.ciap.cpha.ca/>
- Immunization Action Coalition, <http://www.immunize.org/>
- National Immunization Program (US), Centers for Disease Control and Prevention: <http://www.cdc.gov/nip/>
- BC Center for Disease Control Society
- _____

Immunization Issues

Consent for Immunization

- Locate the policy regarding consent for immunization.
- Review the RNABC Position Statement on Consent.

Reporting Adverse Reactions

- Adverse Reactions are reported on the appropriate Provincial Adverse Event Form (See CDC Manual)
- Talk with your mentor about the protocol for your unit.

Cold-Chain Protocols

- For the protocol for using Maxima-Minima Thermometers, see CDC Manual. Locate the guidelines for vaccine storage and transportation.

Storage, Retention, and Disposal of Biologicals

- Locate the reference chart in the CDC Manual.
- Locate your unit's policies and discuss with your mentor how storage, retention, and disposal of biologicals relate to your practice.

Immunization Data Collections

- Discuss with your mentor immunization data collection expectations and how they work for your unit.

**Checklist for Module 7
Immunization Practices and Principles**

Both yourself and your mentor will initial and date each competency as achieved.

Competency	Date	Signed
Identifies the current resources available for immunization principles and practices.	_____	_____
Applies knowledge of contraindications and precautions for all vaccines for clients across the life span.	_____	_____
Applies knowledge of contraindications and precautions in pregnancy.	_____	_____
Applies knowledge of active and passive immunization agents.	_____	_____
Analyzes and selects optimum immunization schedule for clients receiving concurrent vaccines.	_____	_____
Applies knowledge of live and inactivated vaccines when giving vaccines concurrently.	_____	_____
Applies knowledge of primary and secondary immune response in selecting the optimum immunization schedule for clients.	_____	_____
Selects optimum schedule for clients when the series is delayed or interrupted.	_____	_____
Administers the vaccine using the steps of the immunization skills checklist.	_____	_____

Competency	Date	Signed
Recognizes, intervenes, records and reports adverse events.	_____	_____
Demonstrated knowledge of protocol for reporting vaccine-associated adverse events.	_____	_____
Maintained the cold chain in all steps of the immunization procedure.	_____	_____
Successfully completed the Immunization Certification.	_____	_____

Appendices

Module 8

Adult Health

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Adult Health

CONTENT

This module focuses on the PHN's role in working with adults and outlines adult health issues that you will most likely encounter during your practice. General information and resources are also included to help prepare you when working with adults. Information presented within this module may also serve as a good resource for the development of adult health promotion strategies.

OBJECTIVES

From this module, you will be able to:

- *Describe the various adult health issues that you might encounter during your practice.*
- *Identify resources available for adult health education.*
- *Identify adult services in your community.*

PREREQUISITES

To understand your role in adult and family health you need the following background knowledge and skills:

- Counselling
- Contraceptive Methods
- Change Theory
- Determinants of Health
- Risk factors influencing health
- Cultural Issues
- Health Promotion & Population Health

ACTIVITIES

As a PHN you will work with adults in a number of different settings. The following list includes some of the more specific activities and settings.

- Adult Immunization Clinics
- Travel Clinics
- Family Visits
- Safety Visits
- Community Development
- Community Centres
- Work Sites

RESOURCES

- A Guide to Aboriginal Organizations and Services in British Columbia, Ministry of Aboriginal Affairs, 1999.
- Health Files
- Intentional Injury Prevention Programs, British Columbia Directory, Ministry of Health and Ministry Responsible for Seniors
- Information for Seniors:
<http://www.hlth.gov.bc.ca/seniors/pdfs/seniors2000.pdf>

Nutritional Resources

- Dial-a-dietician **1-800-667-3438** : <http://www.dialadietitian.org/>
- Canada's Food Guide to Healthy Eating: : <http://www.hc-sc.gc.ca/hppb/nutrition/pube/foodguid/index.html>
- Other professional resources: <http://www.hc-sc.gc.ca/hppb/nutrition>
- Centre for Indigenous People's Nutrition and Environment:
<http://cine.mcgill.ca/>

INTERNET RESOURCES

- Prevention Source BC: <http://www.preventionsource.bc.ca/>
- Alberta Centre for Injury Control and Research:
<http://www.med.ualberta.ca/acicr/>
- BC Injury Research and Prevention Unit:
<http://www.injuryresearch.bc.ca/>

Your Role in Adult Health

Public health Nurses work with adults in the community to attain and maintain an optimal level of health and well being through prevention and health promotion. Public health nursing activities may vary over the span of the adult years. For example, with the younger adult population, public health nursing activities may be geared towards health promotion and health education. For this reason it is important to be aware of the expected and unexpected life transitions which adults experience throughout their life span.

The adult years can be divided into three stages:

Early	= 20 to mid 40's
Middle	= mid 40's to 64
Late	= 64 and on

An awareness of the adult life transitions as well as the determinants of health is essential to working together with adults. Together, these influence adult behaviour change and adult health issues. As a PHN you may have to adapt your roles appropriately:

- Educator;
- Consultant;
- Facilitator;
- Communicator;
- Resource Manager, Planner, Coordinator;
- Team Member/Collaborator;
- Research Evaluator;
- Social Marketer and
- Policy Formulator.

Essentially, your role in adult health is to increase the number of adults practising healthy behaviour and lifestyles, to reduce morbidity, mortality, and disability and to reduce the number of deaths from accidents and injuries. With the senior population you may be involved in providing opportunities for elders to identify health problems, and barriers/obstacles to their quality of life and develop solutions.

Adult Health Issues

1. Communicable Disease Control

2. Reproductive Health
3. Promotion of Healthy Relationships
4. Prevention of Substance Abuse
5. Tobacco Reduction
6. Injury Prevention
7. Promotion of Wellness and Independence
8. Reducing the Impact of Social and Economic Inequalities
9. Aboriginal Health

Write the answers of these questions on a separate piece of paper and discuss them with your mentor.



- What do you know about each of these issues?
- What are the principles of the adult learning?
- What resources are available for adult education in your area?
- As a PHN, what is your role in adult health?
- What are the major health problems in adults and elders in your community? (e.g., hypertension, cancer, arthritis, heart health, diabetes)
- What kinds of adult health promotion strategies might you implement in your community? (i.e., well woman clinics)
- Are there any adult specific forms you should be familiar with in your health unit?

WORK SHEET

Using this worksheet, provide examples of agencies in your community that provide services to adults in the specific areas.

Adult Health Issues	Agencies
1. Reproductive Health	
2. Promotion of Healthy Relationships	
3. Prevention of Substance Abuse	
4. Tobacco Reduction	
5. Injury Prevention	
6. Promotion of Wellness and Independence	
7. Reducing the Impact of Social and Economic Inequalities	
8. Aboriginal Health	

**Checklist for Module 7
Adult Health**

Both yourself and your mentor will initial and date each competency as achieved.

Competency	Date	Signed
Describes the various adult health issues that they might encounter during their practice.	_____	_____
Identifies resources available for adult health education.	_____	_____
Identifies adult services in their community.	_____	_____

Module 9



Family Health

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Family Health

CONTENT

This module provides a general overview of the PHN's role in supporting health in families. It is designed to prepare public health nurses to assist families to become stronger and to meet their children's needs through enhancing or acquiring skills, achieving specific goals and/or addressing factors that affect parenting. Family health promotion involves moving beyond problem solving and providing services to families, toward collaborating with families to discover their own healing capacities. Several general topics are covered in this module.

OBJECTIVES

From this module, you will be able to:

- *Demonstrate knowledge in how to assess a family with dependent members.*
- *Identify community services that promote the health of families and agencies for family referral in your community.*
- *Demonstrate knowledge of community-based parenting support services.*
- *Demonstrate an understanding of the dynamics of abuse and family violence.*
- *Demonstrate knowledge of community-based resources for prevention of family violence.*
- *Demonstrate knowledge of nutrition services/programs in your community.*
- *Describe when to consult with and refer to the community nutritionist?*

PREREQUISITES

To understand your role in family health you need to have an understanding of:

- Family Dynamics and Assessment Models
- Positive Parenting Skills
- Change Theory
- Determinants of Health
- Health Promotion & Population Health

- Cultural Issues
- Risk Factors Influencing Health

RESOURCES

Parenting

- BC Parents in Crisis Society Province-wide network of self-help support groups for parents. Volunteer facilitated groups meet weekly to help parents deal with stress, build support systems, and work to improve the parent/child relationship. Located in Red Book.
- High Priority Parenting Program: Public Health Nursing (located in the Infant/Pre-school Policy, Standards and Guidelines Manual and in the appendix).
- Nurses and Families: A Guide to Family Assessment and Intervention (1994) Second Edition (Calgary Family Assessment Model) by Lorraine M. Wright and Maureen Leahey.
- Nobody's Perfect Parenting Program: <http://www.bccf.bc.ca/nob.htm>
- Guidance and Discipline with Young Children, Ministry of Health: <http://www.hlth.gov.bc.ca/cpa/publications/index.html>
- Parents Guide to Selecting Child Care, Ministry of Health: <http://www.hlth.gov.bc.ca/cpa/publications/index.html>
- Red Book or the Red Book Online: <http://www2.vpl.vancouver.bc.ca/DBs/Redbook/htmlPgs/home.html>

Family Violence and Abuse Prevention

- Bekemeier, B. (1995). *Public health nurses and the prevention and intervention in family violence*. Public Health Nursing, 12(4), 222-227.
- Family Violence: Clinical Guidelines for Nurses, Canadian Nurses Association, 1992: <http://www.hc-sc.gc.ca/hppb/familyviolence/pdfs/family.pdf>
- Intentional Injury Prevention Programs, British Columbia Directory (booklet) Ministry of Health and Ministry Responsible for Seniors (January 2000).
- Provincial Health Officer's Annual Report
- The BC Handbook for Action on Child Abuse and Neglect, Ministry for Children and Families.

http://www.mcf.gov.bc.ca/child_protection/child_abuse_handbook/1toc.htm

Nutritional Resources

- Canada's Food Guide to Healthy Eating: <http://www.hc-sc.gc.ca/hppb/nutrition/pube/foodguid/index.html>
- Health Files: On food and nutrition
- POP Handbook, Ministry for Children and Families (1997-97)
- Nutrition Education and Counselling Manual, Options Service to Communities Society (1995)
- Using the food Guide: <http://www.hc-sc.gc.ca/hppb/nutrition/pube/foodguid/index.html>
- Within Our Reach, Open Learning Agency (1997)

Aboriginal

- A Guide to Aboriginal Organizations and Services in British Columbia, Ministry of Aboriginal Affairs, 1999.
- Family Violence in Aboriginal Communities. A First Nations Report, Frank, Sharlene, Victoria: BC Ministry of Women's Equality (1992).

INTERNET RESOURCES

Family

- BC Council for Families: <http://www.bccf.bc.ca/index.htm> (internet site with many resources for families)
- Canadian Association of Family Resource Programs: <http://www.frp.ca/>
- Canadian Institute for Child Health: <http://www.cich.ca/about.htm> (many publications and resources for parents and health professionals.
- Child and Family Canada: <http://www.cfc-efc.ca/>
- Family Service Canada: <http://www.cfc-efc.ca/fsc/>
- Growing Healthy Canadians, A Guide for Positive Development: <http://www.growinghealthykids.com/home.htm> (This internet guide offers not only a rich source of information, but also a unique perspective on how best to promote the well-being of young people).
- Prevention Source BC: <http://www.preventionsource.bc.ca/>

- The BC Handbook for Action on Child Abuse and Neglect, Ministry for Children and Families.
http://www.mcf.gov.bc.ca/child_protection/child_abuse_handbook/1toc.htm
- The Vanier Institute: <http://www.vifamily.ca/index.htm>

Nutrition

- Centre for Indigenous People's Nutrition and Environment:
<http://cine.mcgill.ca/>
- Dial-a-dietitian **1-800-667-3438** (this website has lists of a number of different links and good resources for the entire family):
<http://www.dialadietitian.org/>
- Food and Nutrition, Health Canada Online (This site includes a number of different publications including Nutrition for a Healthy Pregnancy and Nutrition for Healthy Term Infants) : <http://www.hc-sc.gc.ca/english/food.htm#nutrition>
- Ministry for Children and Families web site: Publications

Family Violence and Abuse Prevention

- BC Institute Against Family Violence: <http://www.bcifv.org/index.html>
(The Institute works to increase public awareness and understanding of family violence through education and dissemination of information. The Institute provides continuing education for professionals, conducts research, and develops and distributes resources to community organizations.)
- National Clearinghouse on Family Violence: <http://www.hc-sc.gc.ca/hppb/familyviolence/family.htm>

Resiliency

- National Crime Prevention Council:
<http://www.crime-prevention.org/ncpc/>
- Project Resilience (this site offers training and products for professionals in education, treatment and prevention).
<http://www.projectresilience.com/>
- Resiliency in Action: <http://www.resiliency.com/>

(Their purpose is to spread the news of resiliency through sharing research and facilitating the practical application and evaluation of the resiliency paradigm.)

- ResilienceNet, (information for helping children and families overcome adversities): <http://resilnet.uiuc.edu/>

Supporting Health in Families

Public Health Nursing services and programs are intended to support health in families. The philosophy of service delivery is family centred and holistic. This view is supported by recent research that increasingly shows that health of families has a profound effect on individual development, health and well being (Briscoe 1998; Hay & Wachtel 1998). According to the National Forum on Health (1996), family health is now being included as one of the determinants of health for genetic, economic, social and health access reasons.

Part of the Public Health Nurses role in supporting health in families is through early intervention. Public Health Nurses are involved in screening particular populations in order to identify families who may benefit from early intervention, e.g., parenting skills, health education, child development information. Once individuals or families are identified, efforts are made to provide follow up or to encourage access of appropriate interventions. The degree of need determines the type and extent of services provided.

The family is involved in the assessment of needs and strengths, as well as in the planning process. An interdisciplinary approach is used to ensure that the services are co-ordinated and comprehensive. Referrals may be initiated to other agencies as required. The Public Health Nurse may advocate on behalf of a family who has particular needs or issues. Anticipatory guidance may be part of the health counselling provided to a family.

The Family

According to the Vanier Institute of the Family (1994:10) the:

“Family is defined as any combination of two or more persons who are bound together over time by ties of mutual consent, birth and/or adoption/placement and who, together, assume responsibilities for variant combinations of some of the following:

- physical maintenance and care of group members;
- addition of new members through procreation or adoption;
- socialization of children;
- production, consumption and distribution of goods and services;
- and
- affective nurturance – love.”

Basic Functions of the Family

Families perform several functions necessary for the growth of the family system and the development of individual members.

The family is the primary social group providing basic rules of social interaction and communication. It is the basic unit of residence and of economic support. Families provide physical maintenance and care of family members (e.g., food, shelter, clothing, protection, and so on) Families are also primary instructors in basic skills (e.g., personal hygiene, nutrition). Families also provide social control of members through the maintenance of morale and motivation.

Family Variations

Often when we think of families we think of the nuclear family composed of two parents and their one or more biological or adopted children. In order to ensure that your practice is family centred and holistic it is important to be inclusive of all families. There are the extended families which are composed of parents, children, aunts, uncles, grandparents and other blood relations living together, or not. There are the “blended”, “combined” or “reconstituted” families that are composed of parents who have divorced, remarried and formed a new family with the children from one or both previous marriages. There are those families consisting of two adults and no children. There are families composed of only one parent and at least one child. There are families with same sex parents. There are also those families that are composed of a number of families or groups of people that live in common areas, often called communes.

Characteristics of Healthy Families

- a sense of togetherness or cohesion that promotes capacity for change and facilitates togetherness and individuality
- a balance between mutual and independent action on the part of family members
- availability of nurturance and resources for growth and sustenance
- stability and integrity of structure
- adaptive functioning, balances flexibility and stability
- mastery of developmental tasks
- clear, open, consistent communication.

Strong and supportive family environments are essential to optimum development of family members. Family members learn to view and deal with the world according to what is modelled and experienced within the home. For example, young children develop characteristics of resiliency within a close, stable, warm and supportive family.

Understanding Resiliency

Resiliency is the capability of individuals and systems (families, groups and communities) to cope successfully in face of significant adversity or risk. Resiliency is the ability to bounce back from stress and crisis. Generally speaking, resilient people manage and are better at coping under stressful conditions. Resiliency does not ensure absolute protection when one is exposed to extreme stressors but it does help to explain why some individuals though “at risk” manage to cope and avoid the development of significant problems down the road. It is for this reason primarily that the concept of resiliency has gained increased popularity.

Resiliency is often developed through learning to cope with life’s ups and downs. Ironically, those individuals who try to escape stressors may be the most vulnerable to its effects. Today’s families, however, are most likely to encounter some kind of stressor at some point in time.

It is with the most vulnerable families where the development of resilient behaviour is so crucial. These families need the support to build resiliency necessary to cope with their life challenges and to meet their individual needs.

The research on prevention and early intervention efforts supports the ability to develop individual, family and community resiliency. Promoting responsive parenting is one strategy that one can foster to increase individual, family and community resiliency.



- Refer to pages 4-6 of the High Priority Program document located in the appendix.

Parenting

Parents play an extremely important role in the development of their children. Competent parenting is fundamental to the healthy development and safety of children. A child's social and emotional development is fostered by parental role models that provide affectionate care, model effective communication skills, and use problem-solving and negotiation skills to resolve conflict. Parenting practices that are inconsistent, coercive or excessively permissive tend to foster disruptive and aggressive behaviour in children. For example, children who witness violence within their family, learn that threats and intimidation are effective ways of resolving conflict.

Part of the Public Health Nurses role in supporting health in families is through early intervention. Assisting families to develop skills to cope with challenging and stressful periods and promoting positive parenting skills will support the healthy development of children and families

As a PHN you may be involved in screening particular populations in order to identify families who may benefit from early intervention, such as parenting skills, health education and child development. You may also be involved in providing the appropriate information to family members, as well as assisting family members to use the necessary resources available to prevent or resolve the problems.

To prepare yourself in this role, it is important for you to be familiar with the theory of family dynamics and family developmental stages. You will also want to learn about resources for parents in your community.

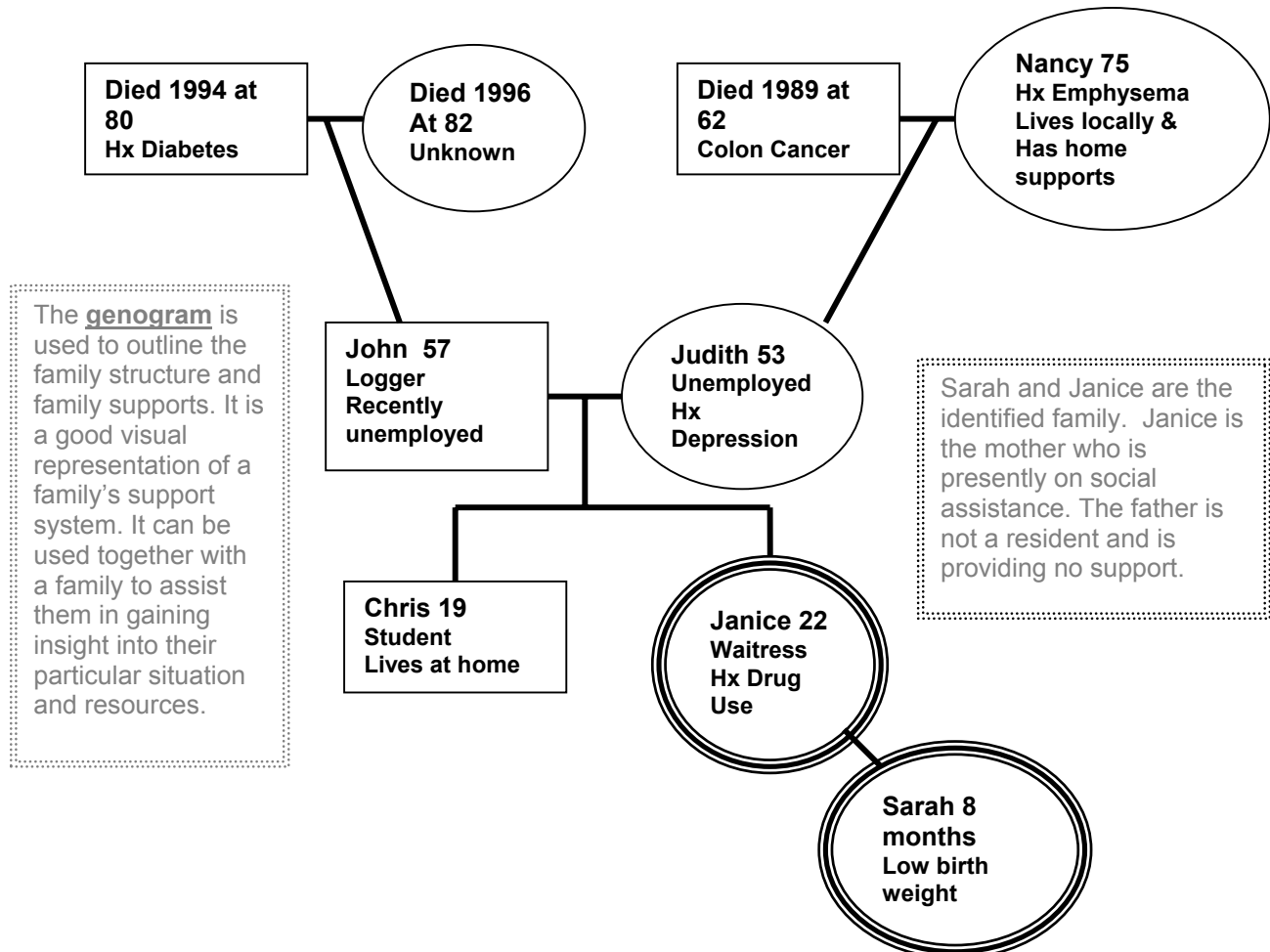


- Complete the resource worksheet at the end of this module.
- Locate the parenting resources at the beginning of the module.
- Locate parenting teaching materials and brochures you might like to share with a family.
- Ask your mentor what kinds of screening tools are used in your area (e.g. the Nursing Priority Screening/Helen Parkyn Screening Tool).
- Read [High Priority Parenting Program: Public Health Nursing](#).
- Ask your mentor whether PHN's facilitate Nobody's Perfect Program sessions in your community.

Family Health Assessment

Family assessment is the process of collecting and analyzing data on the individual members of a family and on the family as a whole. Using a family assessment model will enable you to better organize the large amount and disperse family data you have collected so that you can identify the family's strengths and weaknesses. There are many different kinds of family assessment models available for your use, however many of them have been developed by different disciplines. One Canadian nursing assessment model that is endorsed by Canadian Nursing Association is the Calgary Family Assessment Model by Lorraine M. Wright and Maureen Leahey. This model provides a theoretical background as well as practical guidelines and tools (e.g. genograms and ecomaps) in assessing the structural, developmental, and functional dimensions of the family.

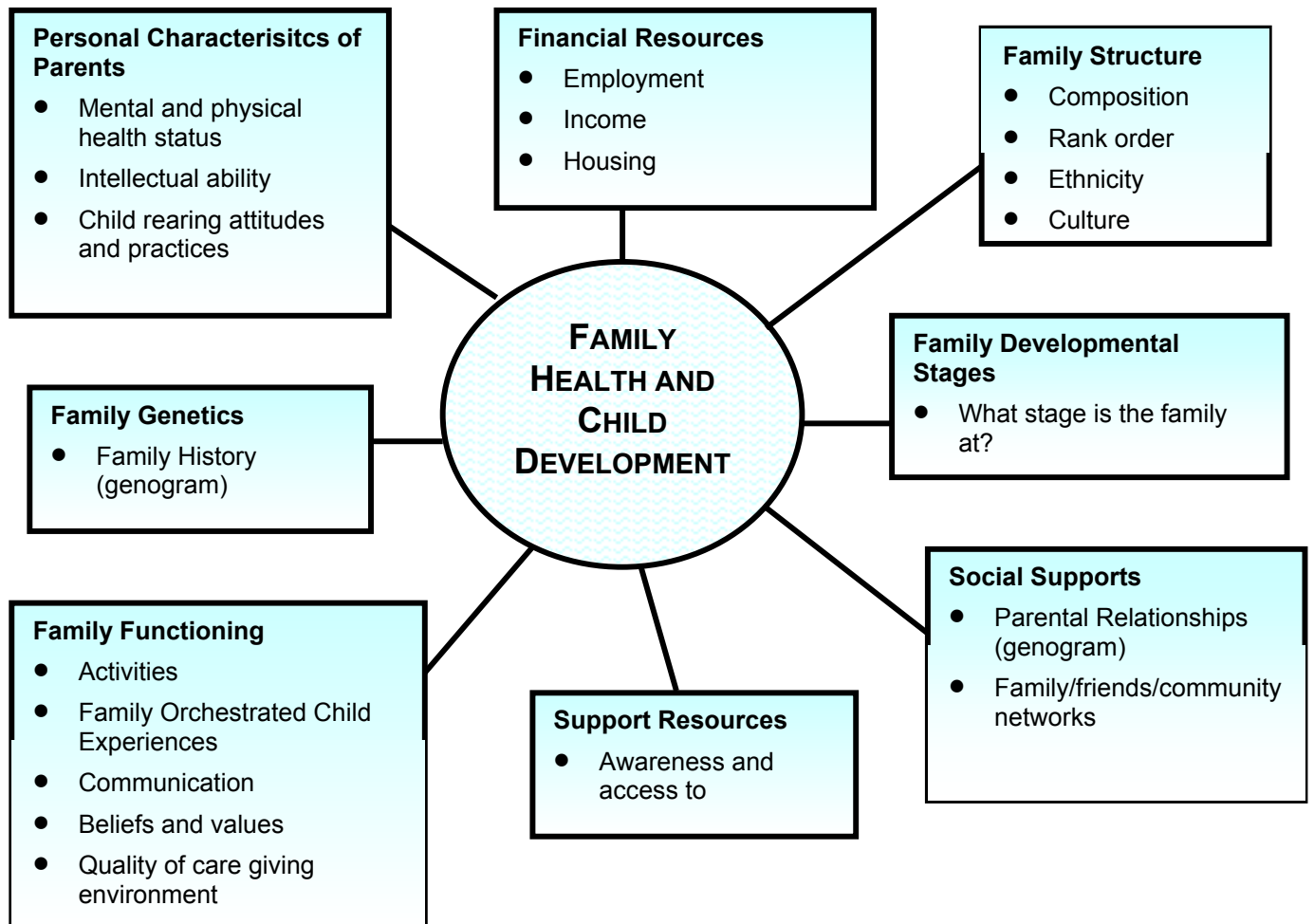
An Example of a GENOGRAM



- ❑ A genogram is just one example of a family assessment tool. Talk with your mentor about the preferred tools used in your region.

Important Family Characteristics to Assess For

Conducting a family interview and collecting all of the relevant information can be challenging. Using only one tool to do an interview might limit the type and amount of information you collect. In order to conduct a holistic family assessment it is important to be aware of what impacts on the health of the family and on the development of a child.



Adapted from the Calgary Assessment Model by Lorraine Wright and Maureen Leahey and various other models developed by M.J. Guralnick, Professor of Psychology and Pediatrics at the University of Washington.

Key Concepts

The assessment process builds on strengths and capacity:

- family assessments should not only deal with risk and needs, but also with strengths and capacity.

The assessment process is inclusive:

- where ever possible and appropriate, the family and the children are involved;
- collateral sources are sought to assist in broadening the scope of the information;

The assessment process is holistic:

- information is considered in context;
- occurrences and developments are analyzed for their patterns and connections;
- a longitudinal view of the family is created to look at the total environment over time

Holistic Approach

The philosophy of service delivery is family centred and holistic. Therefore, when conducting an assessment, the family must be viewed as a whole. This includes assessing the physical, mental, social, and spiritual aspects of the family and of each individual within that family. To ensure service delivery is holistic, an interdisciplinary approach is used that coordinates the different services. Referrals may be initiated to other agencies as required.

PHYSICAL

Physical aspects of the family that you might assess for include but is not limited to:

- | | |
|------------------|-----------------------------|
| • developmental; | • dental |
| • disabilities; | • exercise; |
| • disease; | • rest; |
| • nutrition; | • and potential for injury. |

- Does the family identify any physical needs? What is the best way to address that need? Should you initiate a referral to the appropriate service? Should any medical follow-up be initiated?



Nutrition: The role of the PHN in nutrition is to promote awareness and knowledge about the importance of nutrition in maintaining health and general well-being, and in the prevention and management of nutrition-related diseases.

Together with other health team members, you will be involved in reinforcing healthy eating practices through the life cycle, supporting nutritionally vulnerable groups and promoting the availability of foods that support healthy eating.

- Familiarize yourself with the Canada's Food Guide to Healthy Eating
- What are the nutrition-related needs in your community?
- What nutrition services/programs are available in your community?
- When is it appropriate to consult with and refer to the community nutritionist? Talk with the nutritionist in your unit.
- When is it appropriate to consult with and refer to other nutrition services? Ask the nutritionist in your unit.

Dental: Dental services improve the dental health of children and families through education, screenings and referrals.

- Does the family or a members of the family require referral?
- What dental services/programs are available in your community?

MENTAL

- What is the mental and emotional health status of each of the member's of the family?
- How are the other members of the family affected?
- Does anyone in the family require assessment and/or follow-up by the hospital, community psychiatric team or a mental health care worker?
- Has anyone been diagnosed with dual or multiple diagnosis?

SOCIAL

- What are the family's social network & supports?
- What are the family's strengths and stresses?
- What are the needs, concerns and strengths of the parents?
- Assess family finances, housing, and transportation.
- What formal supports exist?
- What formal support does the family need?

SPIRITUAL/CULTURAL

- What are the family's beliefs or practices (e.g. spiritual or cultural affiliations) about their health and way of life?
- How do these beliefs or practices impact on the family's well-being?

Procedures

The family assessment should include but is not limited to the following procedures:

- review of existing records and information;
- collection of factual biographical information on the child and family; including names, ages, birth dates, employment, addresses, citizenship, culture, language, and extended family members;
- summary of the family's contact with the Ministry for Children and Families and/or other agencies;
- exploration of underlying problems such as substance abuse, family violence, mental illness which may be in addition to the originally identified problems;
- analysis of significant facts regarding the parent's upbringing which affect ideas of parenting;
- analysis of the child's/children's intellectual, social and developmental status based upon the parent's information, direct observations and reports from other professionals; and
- evaluation of the child's, family's and informal support network's strengths and resources for dealing with the identified problem(s).

Cover and document the following content areas:

- date of assessment and those who participated;
- family's biographical information, including names, ages, birth-dates, and relationships;
- family genogram of at least three generations;
- social information including occupations, education, relevant history, and social support network;
- medical information;
- professional services (e.g., social work, medical, community) received in the past;
- professional services involved currently;
- family functioning;
- family circumstances; and
- underlying factors, patterns and connections regarding any issues at hand.

Preparing for Family Interviews

Conducting a comprehensive family assessment involves a well planned and organized interviewing process. Strong interpersonal and good communication skills are definitely an asset, particularly when working with high priority families.

Working with families can be a challenging process. Understanding the challenges of working with families is important to developing better ways of engaging the family and conducting interviews.

Challenges when working with families:

- **Enrolment, Engagement and Retainment of Families**

Making the initial contact can be difficult. Sometimes families do not have a phone, move to a different location, do not have a permanent place of residence or have not been referred. Some families make all efforts to avoid any contact. Reasons for this might include lack of knowledge of the role of the PHN, and fear of change or of some drastic intervention.

Similar challenges exist for maintaining engagement with families. Attrition might also occur due to problems with accessibility and/or busy work and school schedules. It is not uncommon to arrive for a family interview and find that the family is not home despite establishing a convenient time to meet and confirming the time with a pre-visit phone call.



- What is the case finding process? How do you learn about a family who might need your service?
- How does your unit manage family referrals?
- Are there any specific challenges that PHN's in your unit encounter when working with families in your community? How do they address these challenges?

Conducting an Interview

There are several steps involved in a family interview. There is the initial stage that involves the preliminary preparation. Following this are three steps or stages that usually occur in first interviews with a family: the engagement stage; the assessment stage and the termination stage (Wright and Leahey).

1. Initial Stage

Understanding the primary issues affecting the community is one of the first steps in preparing for a family interview. Reflecting upon the **determinants of health** and the **Health Goals for BC** may help you in this process. For example:

Examples of Questions to Think About

- Are you working in a community that is dependent on a diminishing natural resource?
- What is the unemployment rate in your community and the average income?
- Are an increasing number of young children being diagnosed with FAS/FAE each year in your community?
- What is the incidence of family violence?

Prior to meeting with the family for the first time, it is important **to develop a purpose** for the interview. This purpose may be formulated based on information gathered from a number of different sources (e.g., hospital admission records, other staff), in addition to your own experiences and knowledge.

Developing a purpose will also help you prepare resources, brochures, and any other equipment you may need.

Be prepared to discard old hypotheses and create new ones as you learn more about the family. What the family perceives as their primary issues may be completely unrelated to your original hypothesis.

You might also want to think about:

1. The most appropriate place for the family interview to take place
2. Which family members should be present

2. Engagement Stage

This stage begins with your first contact with the client. This contact is often by phone and is often the most important because it sets the stage for subsequent meetings.

The consent process starts here. It is often just an explanation of who you are, what you do and the services you offer.

3. Assessment Stage

Although this stage actually begins right from the time you learn of the family, it is during the interview when the family is more actively involved in the assessment of their needs/strengths.

This stage involves:

- a. problem identification
- b. discussion of intervention
- c. goal exploration


Refer to the Family Health Assessment piece previously discussed in this section.

It is at this stage, during the first family visit, when the legislative framework for information and privacy rights should be reviewed with the family. Refer to Module 3, Documentation & Legal Issues, appendix 2, Nursing Guideline: Freedom of Information and Protection of Privacy Act.

4. Termination Stage

This stage is when the nurse and the family end the interview. At this time you might like to recap on a few important items that were discussed during the interview, answer a few final questions and talk about a time to meet again.

Once the interview is complete, you may need to make a few referrals and connect the family to the appropriate services based on the family's strengths and needs. When the family has been connected with the services, an interdisciplinary approach is used to ensure that the services are coordinated and comprehensive. As a PHN, your role also involves advocating on behalf of a family who has particular needs or issues.

- 
- Working with families can be quite a challenge. You might like to refer to Module 2, Your Job, and review the Health and Safety section.


Family Violence, Abuse and Neglect Prevention

Emotional, mental physical and sexual abuse are common within families. Abuse causes crises within families and chronic problems with self-esteem and communication. Sexual, emotional, mental and physical abuse interferes profoundly with the well being of individuals, families and the community. Family violence and abuse can happen to anyone, but most often those that are most vulnerable are effected.

As a PHN, your role is to assist in the identification and appropriate referral of families who might be at risk. You will also work with other members of the community and agencies in the promotion of healthy relationships.

Prevention Strategies

During your practice, you will often be the first professional to work with families that might be at risk for family violence, abuse and/or neglect. Family violence prevention and early screening of vulnerable family members is part of your job.

- 
- Read the “Family Violence: Clinical Guidelines for Nurses, Canadian Nurses Association, 1992” located at <http://www.hc-sc.gc.ca/hppb/familyviolence/pdfs/family.pdf>

WORKSHEET

Resources you may wish to refer a family.

Child Care	
Respite care	
Transportation	
Adult Education	
Housing	
Nutrition	
Counselling	
Substance-abuse Treatment	
Support Groups	
Women's Shelters	
Legal assistance	
Financial Assistance	
Food Banks	
Child Groups	
Food Co-ops	
Family Places	
Affordable Recreation	
Family/Community Resource	
Ministry for Children and Families	

WORKSHEET

Professional and community resources for families at risk for or experiencing violence, abuse and/or neglect.

Transition houses or emergency shelters	
The police	
Social services	
Medical care	
Legal services	
Women-centred counselling services	
Support groups (for victims and abusers)	
Woman's Centres	
Telephone help lines	
Agencies servicing the Aboriginal community.	
Agencies servicing other communities.	
Other agencies that are available in your area	

**Checklist for Module 9
Family Health**

Both yourself and your mentor will initial and date each competency as achieved.

Competency	Date	Signed
Demonstrates knowledge in how to assess a family with dependent members.	_____	_____
Uses the information obtained from family assessments to begin formulating hypotheses in the form of a strengths/problems list.	_____	_____
Identifies community services that promote the health of families and agencies for family referral in your community.	_____	_____
Demonstrates knowledge of community-based parenting support services.	_____	_____
Demonstrates an understanding of the dynamics of abuse and family violence.	_____	_____
Demonstrates knowledge of community-based resources for prevention of family violence.	_____	_____
Demonstrates knowledge of nutrition services/programs in your community.	_____	_____
Describes when to consult with and refer to the community nutritionist	_____	_____

Appendices

1. High Priority Parenting Program, Public Health Nursing

Module 10



Prenatal Health

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• The Joint Statement: Prevention of Fetal Alcohol Effects FAE in Canada	
• Individual Prenatal Risk Identification	
• A Guide for the Use of Individual Prenatal Risk Identification	
• T-ACE Measurement	

Prenatal Health

CONTENT

This module provides an orientation for PHN's in prenatal health. The prenatal period is not clearly defined but can be said to include the preconception period up until and throughout the pregnancy. Promoting the health of women, their partners and families before the pregnancy will support a healthy pregnancy and is vital to the development of a healthy baby.

OBJECTIVES

From this module, you will be able to:

- *Describe the components of prenatal care.*
- *Describe how you would prepare for a prenatal home visit.*
- *Assess the prenatal client, to help her increase her knowledge and understanding so she can make informed decisions and choices about her own prenatal healthcare, and that of her newborn.*
- *Demonstrate knowledge of prenatal resources and the referral process.*
- *Demonstrate knowledge of FAS/E and NAS prevention strategies.*
- *Demonstrate knowledge of prenatal nutrition.*

PREREQUISITES

To understand your role in prenatal health you need to have knowledge of the following:

- Normal physical and emotional changes in pregnancy
- Lifestyle choices and their effects on pregnancy outcome (i.e., nutrition, substance use/abuse, tobacco, exercise, stress, psychosocial and economic factors)
- Factors affecting pregnancy outcomes
- Process of labour and delivery, and common interventions
- Family functioning
- Care of the newborn, such as feeding (especially breastfeeding), infant safety

- Normal postpartum experience
- Cultural Issues

RESOURCES

- Baby's Best Chance Parents Handbook (MCF) 5th Edition
- BC Baby Friendly Initiative Resource Binder (BC Breast Feeding Resources Project) 1996
- BC Public Health Nursing Perinatal Committee
- BC Reproductive Care Program Guidelines for Perinatal Care
- Breast Feeding and Human Lactation (Riordan and Auerback) 1998
- Celebrating Pregnancy (booklet)
- Community Action Guide – Prevention of FAS (MCF) 1998
- La Leche League Answer Book 1997
- National Breastfeeding Guidelines, Health Canada 1996
- Nutrition for a Healthy Pregnancy, Health Canada, 1998:
<http://www.hc-sc.gc.ca/hppb/nutrition/pube/pregnancy/index.html>
- Perinatal Education Guidelines
- Post Partum Depression and Anxiety – A self help guide for mother (Pacific Post Partum Support Society)
- The Family-Centred Maternity and Newborn Care: National Guidelines, 4th Edition: http://www.hc-sc.gc.ca/hppb/childhood-youth/cyfh/child_and_youth/physical_health/maternity.html
- _____
- _____

Videos

- Baby's Best Chance: A Video Guide for Expectant Parents (60 minutes)
- A Series About Fetal Alcohol Syndrome
 1. What is FAS? (24 minutes)
 2. Preventing FAS (21 minutes)
- SIDS: Reducing the Risk, MCF (6 minutes)
- Doing it Up Right Child Restraint Systems, ICBC 1999 (15 minutes)
- Best Practices Child Passenger Protection, ICBC Road Sense
- _____
- _____

INTERNET RESOURCES

- American Academy of Paediatrics: <http://www.aap.org/>
- Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN): <http://www.awhonn-ga.org/about.htm>
- Breastfeeding Committee for Canada: <http://www.geocities.com/HotSprings/Falls/1136/>
- British Columbia Reproductive Care Program: <http://www.rcp.gov.bc.ca/>
- Canadian Centre on Substance Abuse: <http://www.ccsa.ca/fasdir.htm#national>
- Canadian Paediatric Society: <http://www.cps.ca/>
- College of Midwives: <http://www.cmbc.bc.ca/cmbcfram.htm>
- Health Canada: <http://www.hc-sc.gc.ca/>
- La Leche League International: <http://www.lalecheleague.org/>
- MCF Internet, the following publications are available:
 - Baby's First Foods
 - Moving Forward FAS Activities in BC
 - Shaken Baby Syndrome
 - Sudden Infant Death Syndrome
 - Pregnancy Outreach Program Handbook (POP) main
 - Individual Prenatal Risk Identification
 - Pregnancy Outreach Program Handbook (POP) 97 Appendix
 - What to do when your Baby won't stop Crying
- Motherisk: <http://www.motherisk.org/intro.htm>
- Sidelines Canada: <http://www.sidelinescanada.org/>
- Society of Obstetricians and Gynaecologists of Canada: <http://www.sogc.medical.org/SOGCnet/index.html>
- The American College of Obstetricians and Gynecologists: <http://www.acog.org/>
- _____
- _____

Your Role in Prenatal Health

The ultimate goal of prenatal care is to improve and maintain the health and well-being of women, babies and families. The role of the public health nurse in prenatal health involves providing prenatal education, intervention, and follow-up for higher needs clients to ensure a healthy pregnancy, and appropriate referral to appropriate resources/services as needed. There are a number of activities that you might be involved in when working in prenatal health. Several of the determinants influence the health of pregnant women and their unborn babies. You might, therefore, be involved in developing supportive and caring communities that foster healthy pregnancies, through community development strategies. You might be involved in prenatal health by advocating for better social living conditions for families. You might be involved in prenatal education classes or even more directly with the ongoing assessment and monitoring of the health status of women and their unborn baby. Your role in prenatal health will vary across the province.



- Not all aspects of prenatal care described within this module will be necessary for your job. Talk with your mentor about the prenatal activities you might be involved in.

Key Elements of Prenatal Care

- regular medical/midwifery supervision to monitor maternal and fetal well-being
- early identification of high-risk pregnancies and appropriate referral
- lifestyle education and counselling about potentially harmful effects on the fetus of poor nutrition, smoking, alcohol, and other substances

Many different health care providers and services provide prenatal care in cooperation. The type and number of services will vary depending on the size, geographic location and resources of the community.

- What prenatal resources exist within your community? Refer to the list on the following page.

Health Care Providers, Agencies, and Services for Prenatal Care

<u>Health Care Providers</u>	<u>Agencies/Services</u>
<ul style="list-style-type: none"> ● Primary caregivers (physicians, midwives, nurse practitioners) ● Consultant specialists ● Community Health Nurses/PHN ● Regional/outpost nurses ● Nutritionists/dieticians ● Prenatal educators ● Social workers ● Mental health workers ● Family home visitors ● Physiotherapists ● Doulas/labour companions ● Home support workers 	<ul style="list-style-type: none"> ● Health units/community health centres ● Social services agencies ● In-hospital services ● Labour support groups ● Birth centre services ● Community-based services ● Self-help groups ● Genetic services ● Laboratory services ● Ultrasound units ● Emergency response or transport services ● Fitness and exercise programs ● Smoking cessation programs ● Preparation for breastfeeding services (e.g. La Leche League, lactation consultant) ● Addiction agencies ● Services for pregnant teenagers ● Adoption agencies and counselling services ● Pregnancy Outreach Programs

Generally speaking your role in prenatal health is:

- to help a family adapt to the impending arrival of a new member
- to identify families with higher needs and provide support and referral as indicated by the family
- to teach the pregnant women and support person about pregnancy, labour and delivery, and postpartum
- to facilitate the family's use of community resources
- to establish a continuing relationship if you have not met the family before.

As a PHN, you will meet pregnant women in a variety of settings, such as woman's health clinics, well child clinics, and/or prenatal classes. The settings for these interchanges are not confined to the home. Each setting may provide an opportunity for the PHN to work with the pregnant mother and/or to identify a mother or family with higher needs.

Prenatal Education

Prenatal education is an essential element of perinatal health. It is designed to:

- support healthy lifestyles;
- improve self-esteem or the sense of self-confidence;
- enhance the family relationship; including communication between the woman and her partner or whoever the woman identifies as family; enable childbirth preparation;
- allow for a smooth postpartum adjustment;
- enable child birth adjustment
- promote successful infant feeding (focusing on breastfeeding as the optimal choice);
- increase communication between the woman and the health care providers;
- nurture the appreciation that birth is a normal, healthy event; and
- improve birth outcomes.

Prenatal education can occur in a variety of formal and informal settings.



- You may be required to conduct or facilitate prenatal classes. Ask your mentor.
- Locate and familiarize yourself with the Baby's Best Chance resources. The Baby's Best Chance Handbook is not only an excellent resource for the mother and the family but also serves as the best practice guidelines for public health nurses.
- Locate and familiarize yourself with the Perinatal Education Guidelines (MCF in partnership with BCRCP)
- Read the Joint Statement: Prevention of Fetal Alcohol Effects FAE in Canada (appendix)
- What is NAS? What is the prevalence of NAS in your community? Talk with your mentor about what you need to know about NAS?

Prenatal Assessment

During your practice you may be required to conduct a prenatal assessment. Usually this will occur when a mother has been identified as having higher needs. This assessment might occur in a number of different settings including in the home, the office, in the community or on the phone.

Getting Ready



- The PHN's role in the prenatal assessment is defined differently throughout the province. Consult with your mentor about how your region defines your role in prenatal assessment.
- Read the appropriate guidelines and assessment manuals in your unit which are listed under the resource section.
- If you are doing a prenatal home visit, prepare the appropriate package with the necessary information and equipment you might need.
- Arrange with your mentor the appropriate observational experience.
- Familiarize yourself with the prenatal resources located in your community. You may need to initiate referrals to community resources.
- Familiarize yourself with the Individual Prenatal Risk Identification and read "A Guide for the Use of Individual Prenatal Risk Identification". These two pieces are part of the Pregnancy Outreach Program Handbook, and serve as good resources for doing a prenatal assessment. Familiarize yourself with T-ACE (above located in appendix).

Prenatal Visit Hints

- Ask questions about information already given before proceeding to a new topic.
- Use any handouts as teaching aids only. Don't overwhelm the pregnant woman with information.
- Emphasize positive aspects of her assessment. Try to build on her choices.

Ending the Visit

- Ask if there are any further questions
- Summarize any important points that have arisen during your visit.
- If another visit is planned, set up the focus of that visit.
- Encourage her to call the health unit if she has any further questions.

WORKSHEET

Questions Many People Ask



How would you answer the following questions that many pregnant women ask? Write your answers in the space provided, and review them with your mentor.

I've heard a lot about not gaining too much weight during pregnancy; how much should I gain?

I'm gaining too much weight; can I cut out any foods?

I can't quit smoking; is it OK if I cut down?

What about alcohol, can I have beer or wine? It's not the same as hard liquor is it?

I get headaches. Is it all right to take something for them?

My first baby was born early; I guess this baby will come early too.

I drank a bit before I knew I was pregnant; will this have an effect on my baby?

Do I need to wear my seatbelt? It's so uncomfortable and we don't usually go very far.

How will I know if I'm in "real" labour?



Questions Many People Ask Con't

When do I go to the hospital?

I have not had any problems during my pregnancy; does that mean I'll have an easy labour?

Will I get something for pain if I want or need it?

I don't want any pain medication; what can I do to make sure I don't get any?

My sister couldn't breast feed her baby and I'm afraid I'll have problems too.

My mother says that formula is just as good as breast milk. Is this true?

I'd like to breastfeed but I have to go back to work.

How is breastfeeding better than the bottle? I'm afraid the baby will not get enough milk.

Can I take the "depo" shot if I'm breast-feeding?

Do I need a car seat when I go home from hospital?

**Checklist for Module 10
Prenatal Health**

Both yourself and your mentor will initial and date each competency as achieved.

Competency	Date	Signed
Describes the components of prenatal care.	_____	_____
Describes how you would prepare for a prenatal home visit.	_____	_____
Assesses the prenatal client, to help her increase her knowledge and understanding so she can make informed decisions and choices about her own prenatal healthcare, and that of her newborn.	_____	_____
Demonstrates knowledge of prenatal resources and the referral process.	_____	_____
Demonstrates knowledge of FAS/E and NAS prevention strategies.	_____	_____
Demonstrates knowledge of prenatal nutrition.	_____	_____

Appendices

1. The Joint Statement: **Prevention of Fetal Alcohol Effects FAE in Canada**
2. Individual Prenatal Risk Identification
3. A Guide for the Use of Individual Prenatal Risk Identification
4. T-ACE Measurement

**Orientation Program for
Public Health Nurses**

Module 11



Postnatal Health

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<ul style="list-style-type: none"> • Edinburgh Postnatal Depression Scale • Physical Assessment of the Newborn, by Viviane Marcil. Reproduced with permission from The Canadian Nurse/L'infirmiere Canadienne (1976), Volume 72, #3. • Nursing Priority Screening, Helen Parkyn • Joint Statement: Reducing the Risk of Sudden Infant Death Syndrome in Canada 	

Postnatal Health

CONTENT

This module provides an orientation for PHN's in their role in working with mothers and their newborn in the context of the family during the postpartum period. The postpartum period is a time of physiological adjustment for the mother and baby. It is also a period of important social and emotional adjustment for the mother, infant and family.

OBJECTIVES

From this module, you will be able to:

- *Demonstrate knowledge and skill in conducting an infant assessment.*
- *Demonstrate knowledge and skill in conducting an assessment of mother including physical and emotional changes.*
- *Assess the mother and the infant within the context of the family.*
- *Demonstrate knowledge of infant nutrition including breast-feeding.*
- *Assess for postpartum depression and or anxiety.*
- *Demonstrate knowledge of perinatal resources within the community.*

PREREQUISITES

To understand your role in postnatal health you need to have knowledge of the following:

- Normal growth and development of the neonate
- Care of the infant, such as feeding (especially breastfeeding), infant safety
- Assessment of the infant
- Normal postpartum experience
- Maternal changes in the early postpartum period
- Assessment of the mother
- Family functioning
- Family assessment
- Normal attachment behaviours

RESOURCES

See the Prenatal Health module for further resources.

- Baby's Best Chance Parents Handbook (MCF) 5th Edition
- BC Baby Friendly Initiative Resource Binder (BC Breast Feeding Resources Project) 1996
- BC Handbook for Action on Child Abuse and Neglect (MCF) 1998
- BC Reproductive Care Program Guidelines for Perinatal Care
- Breast Feeding and Human Lactation, Riodan and Auerbach (1993)
- Breastfeeding Answer Book, La Leche League, 1997
- Edinburgh Postnatal Depression Scale (EPDS), J.L. Cox, J.M. Holden, R. Sagovsky, British Journal of Psychiatry (1987), 150, 782-786.
- Evidence-based guidelines for breastfeeding management during the first fourteen days, International Lactation Consultant Association (1999). (Located at the National Guideline Clearinghouse)
- Developmental Screening Tool (e.g., Ages and Stages Questionnaire)
- Growth Charts: <http://www.cdc.gov/growthcharts/>
- Nursing Priority Screening, Helen Parkyn (appendix)
- Nutrition in Pregnancy, Health Canada, 1998:
<http://www.hc-sc.gc.ca/hppb/nutrition/pube/pregnancy/index.html>
- Nutrition for Healthy Term Infants, Health Canada, 1998
- Physical Assessment of the Newborn, by Viviane Marcil (appendix)
- Postpartum Care Paths (BCRCP)
- Postpartum Depression and Anxiety – A self help guide for mother (Pacific Postpartum Support Society)
- The Family-Centred Maternity and Newborn Care: National Guidelines, 4th Edition: http://www.hc-sc.gc.ca/hppb/childhood-youth/cyfh/child_and_youth/physical_health/maternity.html

Videos

- Baby's Best Chance: A Video Guide for Expectant Parents (60 minutes)
- A Series About Fetal Alcohol Syndrome
 1. What is FAS? (24 minutes)
 2. Preventing FAS (21 minutes)
- SIDS: Reducing the Risk, MCF (6 minutes)
- Doing it Up Right Child Restraint Systems, ICBC 1999 (15 minutes)
- Best Practices Child Passenger Protection: ICBC Road Sense

INTERNET RESOURCES

- Canadian Paediatric Society: <http://www.cps.ca/>
- MCF Internet, the following publications are available:
 - Baby's First Foods
 - Shaken Baby Syndrome
 - Sudden Infant Death Syndrome
 - Pregnancy Outreach Program Handbook (POP) main
 - Pregnancy Outreach Program Handbook (POP) 97 Appendix
 - What to do when your Baby won't stop Crying?
- British Columbia Reproductive Care Program: <http://www.rcp.gov.bc.ca/>
- Breastfeeding Committee for Canada
- Pacific Postpartum Society: <http://wwwpostpartum.org/>

Your Role in Postnatal Health

The goals during the postpartum period are to:

- Promote physical and emotional well-being of both mother and baby
- Support the developing relationship between the baby and his or her mother, father, and family
- Support the development of infant feeding skills
- Support and strengthen the mother's knowledge in her baby's well-being, thereby increasing her confidence and enabling her to full fill her role within her particular family and cultural situation.
- Support the development of parenting skills

(The Family-Centred Maternity and Newborn Care: National Guidelines, 4th Edition)

The Role of the PHN

The role of the public health nurse in postnatal health is to assess the health of the mother and the baby within the context of the family, to provide support and education and to refer to appropriate services.

The role of the public health nurse involves promoting knowledge and skills in parents and caregivers to care for and foster optimal growth and development in infants and preschoolers; for example – immunization schedules, nutritional requirements, sleep patterns, family adjustment to new baby, etc. Your role in postnatal health will also involve promoting safe attitudes in parents of children aged 0-4 years regarding prevention of accidental poisoning, drowning, suffocation, motor vehicle accidents, etc. You will be involved in promoting correct use of car restraints.

A thorough assessment at this stage will identify babies and families with higher needs so that preventive measures can be taken. This assessment usually occurs during the postnatal/newborn visit. It is a golden opportunity for teaching and establishing a trusting relationship that will encourage the mother to seek further help as needed.

- Talk with your mentor about the postnatal activities you might be involved in.

Getting Ready

- Locate and familiarize yourself with the resources listed at the beginning of the module.
- Locate and familiarize yourself with the local postnatal guidelines.
- You will also want to locate all postnatal teaching tools that you might wish to use when working with the mother, her partner and/or the family.
- Familiarize yourself with postnatal forms that are used in your office. Is any postnatal information recorded on the local electronic system (e.g., PHIS)?
- Find out what postnatal programs are run by the health unit and those that are run by other agencies in the community. Make a list of these.
- Familiarize yourself with these programs by attending one of the sessions.

Postnatal Assessment



- The PHN's role in the postnatal assessment is defined differently throughout the province. Consult with your mentor about how your region defines your role.
- Read the appropriate assessment manuals in your unit that are listed under the resources.
- Familiarize yourself with the documents located in the appendix.
- Locate and familiarize yourself with the BC Newborn and Maternal Care Path Outcomes, Teaching & Interventions (BCRCP).
- Ask your mentor if there is a postpartum assessment checklist that is used within your community.
- Locate your local guidelines on postpartum assessment.
- Arrange with your mentor the appropriate observational experience.
- Prepare a kit to be used on a home visit with the help of your mentor or another PHN.

Assessing Baby and Mother/General Overview

When you conduct a postnatal assessment there are several points that you should cover during the visit.

- Review the referral form. Look for objective and subjective data that suggest leads during the assessment. Look for objective and subjective data that suggest potential health problems
- Observe the physical environment for safety
- Observe and assess the physical appearance of mother and baby
- Observe attachment and behaviours between mother and baby
- Find out from the mother how she felt about her pregnancy and her perception of childbirth
- Collect information about the baby's feeding, sleeping (wakeful, settling), crying and elimination patterns
- Solicit the parent's readiness to enhance their parenting skills
- Provide encouragement and support for positive parenting skills
- Provide postpartum and infant care teaching as needed
- Initiate referrals to community resources as needed



- The role of the PHN in postnatal care varies across the province. Talk with your mentor about what kind of assessment you are to conduct (e.g. physical hands on assessment or promotion, prevention, and early intervention).

Mother and Family Education Topics

The role of the public health nurse involves promoting knowledge and skills in parents and caregivers to care for and foster optimal growth and development. Familiarize yourself with this list of common postnatal educational topics.

Infant Issues

- Breast-feeding and infant nutrition, including vitamins
- Bowel/bladder function of newborn
- Sleep patterns, crying patterns and infant cues
- Stimulation and play & rest, activity, exercise
- Weight gain, growth & development
- Fever management and common newborn illnesses
- Review safety-sleep position
- Jaundice in the newborn
- Immunization schedule

- Circumcision
- Infant behaviour and cues

Maternal Issues

- Family planning/sexuality
- Mother, father, and sibling adjustment to baby
- Attachment behaviours
- Medical check with physician
- Shaken Baby Syndrome
- Postpartum Depression/Anxiety
- Late Postpartum Hemorrhage
- Puerperal Infection/Endometritis
- Nutrition
- Exercise
- Rest

Indications for Postpartum Depression/Anxiety

Approximately ten to twenty percent of women experience postpartum depression during the year after the birth. The impact of depression on both the mother and her developing relationship with her new baby can have serious, long-lasting effects (The Family-Centred Maternity and Newborn Care: National Guidelines, 4th Edition). Postpartum depression also impacts on the couple relationship and on the rest of the family. The earlier these women are identified the better the outcomes for both the mother and the baby. The Edinburgh Postpartum Depression Scale (Cox et al., 1987), is an example of a screening tool that can be used to identify women at risk of postpartum depression (appendix). Below is a list of indications for postpartum depression that you should be familiar with.

- Crying for no apparent reason continuing past the first week
- Inability to sleep
- Loss of appetite or overeating
- Extreme anxiety regarding the baby's health or safety
- Feelings of inadequacy, numbness, helplessness, and profound inexplicable sadness
- Exaggerated mood swings
- Lack of feeling for the baby or others
- Inability to care for the baby

- Fear of being alone
- Confusion, inability to concentrate
- Feeling overwhelmed and unable to make decisions
- Inability to sit still; incessant talking
- Physical complaints that suggest a panic attack
- Uncharacteristic silence and reclusiveness
- Experiencing bizarre thoughts or frightening dreams



- What postpartum depression/anxiety resources exist within your community?
- Does your region use a standard postpartum depression/anxiety screening tool? Ask your mentor.

WORKSHEET



Questions about Breast Feeding

Refer to the Breastfeeding resources listed at the beginning of this module to answer these questions. Make notes of your answers and discuss them with your mentor.

What can a PHN do to influence women's decision to breast feed?

What maternal factors may affect breastfeeding?

What care of the nipples would you recommend?

What are the signs of a plugged milk duct?

What are the signs of adequate breast milk intake?

What are the signs of breast infection?

What resources are available to the PHN if a mother is on medication?

What book(s) on breastfeeding would you recommend to a nursing mother?

What advice would you give a mother who is embarrassed to breastfeed in public?

What does a mother need to know about breast pumps and pumping?

What are the common concerns that can interfere with continued breastfeeding?

What advice about bras would you offer a nursing mother?

Questions New Parents Ask



The following are questions likely to be asked by a new mother. How would you answer the following questions? Write your answers at the side or write down where you might find the information.

How do I know if my baby is getting enough milk?

I am having difficulty getting my baby to latch onto my breast.

How often should I breast feed my baby?

How long can I let my baby stay on the breast at a feeding?

Do I need to feed from both breasts at each feeding?

My nipples are sore. What can I do?

My baby is jaundiced. Is it serious?

Can I still breastfeed if my baby is jaundiced?

Do I need extra foods while I'm breastfeeding?

I would like to breastfeed but I am planning on returning to work.

When can I give my baby a bottle?

What type of formula do you recommend?

Does my baby need supplements?



Questions New Parents Ask Con't

What kind of bottles and nipples should I use?

How do I look after the cord?

Should I have my baby circumcised?

My baby has a funny shaped head.

What causes the little white pimples on my baby's face?

Should my baby sleep on its tummy or back?

My baby "startles" a lot. Is this normal?

Why does my baby get hiccoughs? What can I do?

My baby sneezes a lot. Does he/she have a cold?

Can I put my baby's car seat on the front seat?

When will I begin menstruating again?

When can I use tampons again?

How soon can I resume sexual activity?

Can I use the "pill" while I'm nursing? What else can I use?

I had an episiotomy. When do I get my stitches out?

What shots will my baby need?

**Checklist for Module 11
Postnatal Health**

Both yourself and your mentor will initial and date each competency as achieved.

Competency	Date	Signed
Demonstrates knowledge and skill in conducting a newborn assessment.	_____	_____
Demonstrates knowledge and skill in conducting an assessment of mother including physical and emotional changes.	_____	_____
Assesses the mother and the baby within the context of the family.	_____	_____
Demonstrates knowledge of infant nutrition including breast-feeding.	_____	_____
Assesses for postpartum depression.	_____	_____
Demonstrates knowledge of perinatal resources within the community.	_____	_____

Appendices

- **Edinburgh Postnatal Depression Scale**
- **Physical Assessment of the Newborn**, by Viviane Marcil.
Reproduced with permission from The Canadian Nurse/L'infirmiere Canadienne (1976), Volume 72, #3.
- **Nursing Priority Screening**, Helen Parkyn
- **Joint Statement: Reducing the Risk of Sudden Infant Death Syndrome in Canada**

Edinburgh Postnatal Depression Scale

Although it is not standard practice for public health nurses to administer the Edinburgh Postnatal Depression Scale (an assessment tool that helps to detect the presence of postpartum depression) it may be useful for you to be aware of the tool (see next page). It is best completed at home 2-3 months postpartum, without discussion with spouse or others.

Instructions for use:

1. The mother is asked to underline the response which comes to closest to how she has been feeling in the previous 7 days.
2. All the items must be completed.
3. Care should be taken to avoid the possibility of the mother discussing her answers with others.
4. The mother should complete the scale herself, unless she has limited English or has difficulty reading.
5. The EPDS may be used at 6-8 weeks to screen postnatal women. The child health clinic, postnatal check-up or a home visit may provide suitable opportunities for its completion.

Scoring:

Response scores are scored 0, 1, 2, & 3 according to increased severity of the symptom.

Items marked with an asterisk are reversed scored (i.e. 3, 2, 1, & 0). The total score is calculated by adding together the scores for each of the ten items

- A woman who scores above the threshold of 12 to 13 are most likely to be suffering from a depressive illness of varying severity and should be referred immediately to a physician or mental health care provider.
- A score of 9-11 might indicate postnatal depression/anxiety. A careful clinical assessment should be carried out to confirm the diagnosis. The scale indicates how the mother has felt during the previous week, and in doubtful cases it may be useful to repeat after two weeks.

Edinburgh Postnatal Depression Scale (EPDS)

J.L. Cox, J.M. Holden, R. Sagovsky
Department of Psychiatry, University of Edinburgh
British Journal of Psychiatry (1987), 150, 782-786.

Name: _____

Address: _____

Baby's Age: _____

As you have recently had a baby, we would like to know how you are feeling. Please UNDERLINE the answer which comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an **example** already completed.

I have felt happy:

Yes, all the time

Yes, most of the time

No, not very often

No, not at all

This would mean: "I have felt happy most of the time" during the past week. Please complete the other questions in the same way.

In the past 7 days:

1. I have been able to laugh and see the funny side of things

As much as I always could

Not quite so much now

Definitely not so much now

Not at all

2. I have looked forward with enjoyment to things

As much as I ever did

Rather less than I used to

Definitely less than I used to

Hardly at all

3. I have blamed myself unnecessarily when things went wrong*

Yes, most of the time

Yes, Some of the time

Not very often

No, never

4. I have been anxious or worried for no good reason
 - No, not at all
 - Hardly ever
 - Yes, sometimes
 - Yes, very often

5. I have felt scared or panicky for no good reason*
 - Yes, quite a lot
 - Yes, sometime
 - No, not much
 - No, not at all

6. Things have been getting on top of me*
 - Yes, most of the time I have not been able to cope at all
 - Yes, sometimes I haven't been coping as well as usual
 - No, most of the time I have coped quite well
 - No, I have been coping as well as ever

7. I have been so unhappy that I have had difficulty sleeping*
 - Yes, most of the time
 - Yes, sometimes
 - Not very often
 - No, not at all

8. I have felt sad or miserable*
 - Yes, most of the time
 - Yes, quite often
 - Not very often
 - No, not at all

9. I have been so unhappy that I have been crying*
 - Yes, most of the time
 - Yes, quite often
 - Only occasionally
 - No, never

10. The thought of harming myself has occurred to me*
 - Yes, quite often
 - Sometimes
 - Hardly ever
 - Never

**Orientation Program for
Public Health Nurses**

Module 12



Child Health



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Child Health

CONTENT

This module focuses on the PHN's role in child health. It covers issues that can be discussed with parents or guardians of children in any setting. Prior to initiating this module it is important that you have completed the Family Health module, the Communicable Disease Control Module, and the Immunization Module. Information located within these modules is essential to your practice when working with children and their families.

OBJECTIVES

From this module, you will be able to:

- *Screen and/or assess a child's growth and development.*
- *Provide anticipatory guidance for children, appropriate for age and stage of growth and development, regarding immunization, nutrition, dental, safety.*
- *Demonstrate knowledge of appropriate vision, hearing and speech screening.*
- *Demonstrate knowledge of common childhood conditions.*
- *Demonstrate knowledge of referral sources for a child at risk.*

PREREQUISITES

To understand your role in child health you need to have knowledge of the following:

- Family functioning
- Breast-feeding
- Growth and development of children
- Parenting
- Infant and child nutrition
- Immunizations
- Signs and Symptoms of Child Abuse

ACTIVITIES

Activities and services related to child health that you might be involved with include:

- Infant and Childhood Immunization Programs
- Child Health Clinics
- Well Baby Clinics
- Parenting and Child Development Resource Services
- Safety Resource Services
- High Priority Follow-up Services

RESOURCES

- Local Policies and Procedures
- A Quick Guide to Common Childhood Diseases (MOH):
<http://www.hlth.gov.bc.ca/ccf/child/publicat/comm/PHN144.pdf>
- Ages and Stages: http://www.investinkids.ca/eng/f_mainpage.htm
- Baby's Best Chance
- BC Handbook for Action on Child Abuse and Neglect, (MCF, 1998)
- Family Violence: Clinical Guidelines for Nurses (CNA, 1992)
- Health Files
- La Leche League
- Parents Guide To Selecting Child Care:
<http://www.hlth.gov.bc.ca/ccf/child/publicat/comm/com014.pdf>
- Sneezes and Diseases: a teaching resource for parents and care givers (Vancouver/Richmond Health Board)

Nutritional Resources

- Dial-a-dietician 1-800-667-3438 : <http://www.dialadietitian.org/>
- Canada's Food Guide to Healthy Eating: : <http://www.hc-sc.gc.ca/hppb/nutrition/pube/foodguid/index.html>
- Nutrition for Healthy Term Infant's, Health Canada, 1998
- Feeding Your Toddler with Love and Good Food:
http://www.mcf.gov.bc.ca/public_health/feeding_toddler.pdf
- Using the food Guide: <http://www.hc-sc.gc.ca/hppb/nutrition/pube/foodguid/index.html>
- Good Eating-How to Plan Good Food
- Other professional resources: <http://www.hc-sc.gc.ca/hppb/nutrition>

- Centre for Indigenous People's Nutrition and Environment:
<http://cine.mcgill.ca/>

INTERNET RESOURCES

- Aboriginal Head Start Initiative:
<http://www.hc-sc.gc.ca/hppb/childhood-youth/acy/ahs.htm>
- BC Children's Hospital Safe Start Program:
www.cw.bc.ca/Childrens/safestart/index.html
- Best Start, Community Action for Healthy Babies:
<http://www.opc.on.ca/beststart/index.html>
- Canadian Health Network (CHN) Health Canada:
<http://www.canadian-health-network.ca/>
- Canadian Institute of Child Health: <http://www.cich.ca/>
- Child Health Network, The Hospital for Sick Children:
<http://www.echn.ca/>
- Caring for Kids-Keeping Kids Healthy, Canadian Paediatric Society:
<http://www.cps.ca/english/carekids/healthy/index.htm>
- Child, Youth and Family Health – Life Stages, Health Canada:
http://www.hc-sc.gc.ca/hppb/childhood-youth/cyfh/homepage/lifestages_childhood.html
- Community Action Program for Children (CAPA):
<http://www.hc-sc.gc.ca/hppb/childhood-youth/cbp/capc/index.html>
- Growing Healthy Canadians: A Guide For Positive Child Development:
<http://www.growinghealthykids.com/transition.htm>
- Invest in Kids: <http://www.investinkids.ca/>
- BC's Children's Hospital Safe Start Program:
<http://www.childhosp.bc.ca/childrens/safestart/index.htm>

Your Role in Child Health

The ultimate goals when working with children between the postnatal period and the school age (approx 6 years of age) include:

1. To promote the healthy development of children and families,
2. To screen, assess, refer, and follow-up,
3. To provide anticipatory guidance,
4. To immunize.

Research has shown that early childhood experiences have a significant impact on a child's early development and on their health and well-being during childhood and into their adult years. Identifying young children (prenatal to six years of age) who are at risk and intervening as early as possible can improve life prospects for vulnerable children. As a PHN you may be involved in conducting child health clinics, also known as well baby clinics or immunization clinics. These clinics provide an opportunity for assessment and screening of children, as well as an opportunity to provide anticipatory guidance for children of all ages.

If a child has been identified as being at risk, you may be responsible for conducting an in-home assessment. Similar to the child health clinic, the PHN will address parental concerns, conduct a thorough assessment of child and their environment, do child health teaching, and link the family and child with the appropriate services and supports in the community. The goals of the home visit are to increase access to and use of appropriate community services and supports, increase effective parenting ability, and to increase the proportion of high- risk children achieving appropriate developmental milestones.




- Your role in child health may vary across the province. Talk with your mentor about the child health activities you might be involved in.

Common Parental Concerns

As mentioned in the Family Health module, parents play a significant role in the development of their children. Working with parents to address their needs and concerns is very important to a child's progress. They will have many questions for you to answer. You will not have the answers to all of their questions but it is important that you know where to get the answers.

Child Care

Selecting the appropriate childcare setting is very important particularly as the child will do much learning and growing here. Assisting parents in accessing an appropriate childcare setting will not only address their concerns, but will support the healthy development of the child.

- 
- Locate the Parents Guide to Selecting Childcare in the resource section.
 - What childcare options exist within your community?
 - sitter,
 - family daycare,
 - childcare centre, or
 - a nursery school or preschool.

Child Guidance and Discipline

Parents may express concerns around the best ways to discipline their children. There are a variety of methods parents can use to teach children right and wrong. Providing parents with information around the more positive and healthy forms of discipline will not only address their concerns but will support the healthy development of their child.

- What parenting resources exist within your community? (e.g., Nobody's Perfect)
- Locate any teaching material that you might use with parents (e.g., SPANKING: should I or shouldn't I?)
- Familiarize yourself with positive ways to discipline a child.

Nutrition

Parents may have questions around how to feed their child properly, when to stop breastfeeding and what and how much they should be eating at the different developmental stages.



- Familiarize yourself with the nutrition resources at the beginning of the module.
- Locate any useful teaching tools that you could share with the family, for example, Feeding Your Toddler with Love and Good Food.
- If you have any questions or concerns talk with the nutritionist or dietician.

Toileting

Parents may have questions around when to start toileting their child and the best toileting methods.

- Find out when a child is ready to begin toileting and some toileting methods.
- Locate any useful resources for parents.

Growth and Development

There are many growth and development charts available for your use. To address parental concerns and questions around child growth and development, you may wish to locate a resource tool for parents to use. This would enable parents to keep track of their child's progress and to be aware of signs that might indicate a problem in their development.

- Locate growth and developmental tools used in your region.
- Locate growth and development charts both for your use and for parents to use. Consult with your mentor.
- For more information on growth and development locate the Ages and Stages document on the Invest in Kids web site (see resources).

Safety

Parents may or may not express a concern about how they can make their home safe for their child or how to keep their child safe outside the home. Regardless, it is important for parents to be familiar with ways to prevent injuries.



- Locate injury prevention resources you could share with parents.
- Ways to prevent the common unintentional injuries should be reviewed with parents.

Common causes of injury and death include:

- **Suffocating and choking**
- **Falls**
- **Burns**
- **Poisons & Medications**
- **Drowning**
- **Falling Objects**
- **Motor vehicles and bicycles**
- **Shaken Baby Syndrome**
- **Sudden Infant Death Syndrome (SIDS)**

Child Assessment and Referral

During your practice you may be required to conduct a nursing assessment of a child either during a child health clinic, in the office or within the home. An assessment done in the office or in the home, that is not routine, is usually done when a child or family has been identified as being at risk.

What to Assess

At each encounter, assess:

- Family dynamics and well-being of all family members
- Growth and development of child including vision, hearing, speech
- Feeding and nutrition of children and family
- Elimination pattern of child
- Sleeping pattern of child
- Safety factors
- Parenting skills and discipline
- Parents' perception of immunization and the child's immunization status
- Cultural beliefs that may influence child-rearing practices

Getting Ready



- Read the appropriate guidelines and assessment manuals in your unit. Consult with your mentor.
- If you are conducting a child home visit, prepare the appropriate package with the necessary information and equipment you might need. Consult with your mentor or another PHN. Items you might include:
 - client's chart
 - age-appropriate teaching handouts
 - toys for assessing children's development
 - equipment for screening vision, hearing, and speech
 - tape measure
 - scales
 - weight conversion table
 - stethoscope
- Arrange with your mentor the appropriate observational experience and practical experiences.
- Familiarize yourself with the child and family resources located in your community. You may need to initiate referrals to community resources. Refer to the Family Health Module.
- What screening programs are provided within your community for children? Who provides these services?
- What role do PHN's have in screening children for developmental delays?
- Locate and familiarize yourself with approved screening and assessment tools. Consult with your mentor.
- If you find a child with a developmental delay, what do you do? Discuss with your mentor how and when to make referrals.

Community Referrals

Create a list of referral contacts for the following areas.

Developmental Areas	Referral/Contact
Growth, Motor and Fine Motor Development	
Hearing	
Vision	
Dental	
Growth (nutrition)	
Speech	
Social/Behaviour	
Special Needs	

Providing Anticipatory Guidance

As part of your role in child health, you will be responsible for providing anticipatory guidance to parents and children. Refer to the section: Common Parental Concerns. Even if a family does not raise any of these issues, you might like to raise them for discussion during the assessment.

- ❑ Familiarize yourself with the resource section and be aware of various resources and pamphlets for parents.

Common Childhood Conditions

There are a number of common childhood conditions that you should be familiar with. You should also be aware of their signs and symptoms, treatment and their prevention. They are bound to come up at any point either when a child has contracted the infection, an outbreak has occurred or when addressing parents concerns.

- Chicken Pox
- Common cold
- Constipation
- Croup (laryngitis)
- Ear Infections
- Fever
- Fifth disease
- Hand, foot, and mouth disease
- Head lice
- Hepatitis A, B & C
- Impetigo
- Invasive strep infections and ‘the Flesh eating disease’
- Pinkeye
- Pinworms
- Ringworm
- Roseola
- Scabies
- Strep throat
- Viral meningitis

Immunizations

One of the major activities in a child health clinic is to immunize. Children need different vaccines at different ages. This is one way public health nurses provide primary prevention against vaccine preventable diseases. In order to conduct a child health clinic, you will have had to complete both the Communicable Disease Control module and the Immunization Principles and Practices module, which includes the completion of the immunization certification process.

It is important for children to be immunized on time according to the recommended schedule.

- Locate an up to date routine immunization schedule for infants and children.

**Checklist for Module 12
Child Health**

Both yourself and your mentor will initial and date each competency as achieved.

Competency	Date	Signed
Screens and/or assesses a child's growth and development.	_____	_____
Provides anticipatory guidance for children, appropriate for age and stage of growth and development, regarding immunization, nutrition, dental, safety.	_____	_____
Demonstrates knowledge of appropriate vision, hearing and speech screening.	_____	_____
Demonstrates knowledge of common childhood conditions.	_____	_____
Demonstrates knowledge of referral sources for a child at risk.	_____	_____

Appendices

**Orientation Program for
Public Health Nurses**

Module 13



School Age Health

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School Age Health

CONTENT

The role of the public health nurse in a school is diverse and will depend on the health status of the school and the resources, including time, available. This module provides a brief overview of some of the activities that PHNs may engage in.

OBJECTIVES

From this module, you will be able to:

- *Demonstrate knowledge of appropriate vision, hearing and dental screening.*
- *Describe the planning process of school-based health promotion activities.*
- *Describe how to proceed when you are faced with a new school for the first time.*
- *Demonstrate knowledge of the School District policies that relate to your practice.*
- *Demonstrate knowledge of referral sources for this population.*
- *Demonstrate knowledge of the common educational topics requested by school personnel, parents and students.*

PREREQUISITES

To be able to promote the optimum health of school age children and youth the following background knowledge and skills are required.

- Growth and Development of School Age Children
- Teaching and Learning Principles Appropriate to the school age child
- Health Promotion Principles and Strategies
- Program Planning – including assessment, planning, implementation and evaluation
- Determinants of Health
- Negotiation, advocacy and communication skills
- Management of asthma, allergies, diabetes and epilepsy and other chronic conditions

- Life Cycle of head Lice
- Substance Use and Abuse
- Child Abuse Protocols
- Normal Vision and hearing
- Human Sexuality
- Adolescent Behaviour and Preventable Injuries
- Immunization of the School Age Child

RESOURCES

- Active/Safe Routes to School (Canadian Institute of Child Health)
- Anaphylaxis: A Handbook for School Boards (1996) by Health Canada/Canadian School Boards Association
- Awareness of Chronic Health Conditions: What the Teacher Needs to Know (MOE, 1990)
- Comprehensive School Health: A Framework for Cooperative Action. Understanding the Framework, Canadian Association for School Health 199- (available at MOH library).
- Career and Personal Planning (CAPP): MOE
- Healthy Communities: The Process, MOH (Module 5)
- Healthy Schools, MOH 1990 (appendix)
- Healthy Schools Update, MOH 1994
- Health Files
- Learning for Living Curriculum, 1990
- Life-Threatening Food Allergies in School and Child Care Settings (MCF)
- Local policy and procedure manual
- Making the Connections, Comprehensive School Health
- Promoting Health Through Schools, WHO Expert Committee on Comprehensive School Health Education and Promotion, WHO 1997 (available at MOH Library).
- Regional School District Policies
- Regional School Health Protocol
- *The School Act*
- The Well-Being of British Columbia's Children and Youth: A Framework for Understanding and Action (1998), by David I. Hay & Andy Wachtel

INTERNET RESOURCES

- Canadian Institute of Child Health (has some good resources and publications)
- Canadian Association of School Health (CASH):
<http://www.schoolfile.com/CASH.htm>
- Canadian Association for Health, Physical Education, Recreation & Dance (CAPHERD): <http://www.cahperd.ca/e/index.htm>
- Ministry of Education
- Comprehensive School Health (Health Canada):
<http://www.hc-sc.gc.ca/main/hc/web/datahpsb/children/english/>
- Student Health Model (Health Canada):
http://www.hc-sc.gc.ca/hppb/childhood-youth/cyfh/child_and_youth/physical_health/student_health_model.html
- The AIDS/HIV Files: <http://www.hc-sc.gc.ca/real/aids/>
- Tobacco Reduction Resources:
<http://www.hc-sc.gc.ca/hppb/tobaccoreduction/resources.htm>
- Trends in the Health of Canadian Youth:
<http://www.hc-sc.gc.ca/hppb/childhood-youth/spsc/trends.htm>

Your Role in School Age Health

The role of the public health nurse in working with the school age group is to plan school-based health promotion activities to encourage students to take responsibility for their health and adopt a healthy lifestyle. The school-based strategies will enhance the health of individual students and ultimately promote a healthy community for students to live and learn.

As a PHN working with the school-age group, you may be involved with vision/hearing and speech screening; dental screening; teacher, parent, student consultation and education; classroom support and services for children with special health needs; and health promotion, emotional wellness, immunization and multicultural health. Specific programs you might be involved with include: Communicable Disease Prevention, Tobacco Use Prevention, Injury Prevention, and Healthy Sexuality.

- Your role in school age health may vary across the province. Talk with your mentor about the activities you might be involved in.
- Read Healthy Schools: A Resource Guide for Teacher (appendix).
- What is Comprehensive School Health? (see resources and appendix)
What is your role in Comprehensive School Health?



Initial School Visit

When working with the school ages, you will spend much of your time in the school setting, although you might also work with the school age population in their homes, at youth centres, at community fairs etc. Getting to know the staff and learning as much about the school as possible will make your job much easier.

- Meet with the Principal and begin establishing a working relationship.
- Discuss and establish a school contact schedule or system. Explain your allocated hours and schedule.
- Ask about the Principal's perception of the health of the school and the school-based initiative already in place. Clarify the Principal's perception of the role of the PHN.



School Profile

For each of the schools you will visit, create a profile of the school and of the school population.

School Profile	Notes
Name and location of the school.	
Is it elementary, secondary, all grades?	
How and when do you contact a school?	
How and when will the school contact you?	
How and where do you leave messages or information for teachers?	
Is there a school handbook for school policy, resources, and staff?	
What are the policies around medications required at school?	
When will you get the class lists? How will they be updated with new students or transfers to or from school?	
Does the school have a master medical list? What is the procedure for updating teachers and other resource staff when there is new information?	
Where are the student files and what information is filed there? (e.g. vision, hearing screening results)	

School Profile	Notes
What are the procedures for dealing with environmental emergencies and emergency health situations?	
What are the school's expectations for your role in First Aid?	
Who is the designated First Aid person?	
Who else has St. John Ambulance or CPR training?	
What school committees exist and who are the chairs?	
Is there a school newsletter for parents and students? Who is the contact for notices and information for the newsletter?	
What are the policies and procedures for communicable disease?	
The School Health Room Do you have access to a telephone? Is there an area where you can talk with someone in private, maintaining confidentiality?	
Are there any pamphlets, posters, teaching aids to get you started?	
School Population	Notes

Profile	
How many children attend?	
What is their age range?	
What is their cultural background?	
What geographical area do they come from (distances)?	
What are the main characteristics of the communities the school serves?	
What are the health issues of this school-age population?	
What is the health status of the children and families in this community?	
What resources are available in the communities served by the school for youth and adolescents and their families?	
What involvement do students have in decisions about student activities in the school?	
What opportunities are there for families to participate in school-based activities?	

Vision and Hearing Screening

What are the protocols for?

- Conducting vision and hearing screening
 - Recording results on school health records
 - Referral process and follow-up procedures
- Consult with your mentor regarding your role in the screening process and available resources.
- Whether or not you perform the procedures, you need to know about the following so that you can answer parent questions and counsel students.

Vision:

- Amblyopia, strabismus and refractive errors
- Prevention of eye injuries
- Referral sources

Hearing:

- Conductive Hearing Loss and Sensorineural Hearing Loss
- Prevention of Hearing Loss
- Referral sources

Children with Special Needs

- What classroom support and services exist for children with special health needs?
- In what ways can you work with the school to promote a positive learning environment for children with special needs?

Dental Screening

The PHN's role in dental screening may vary across the province.

- Consult with your mentor regarding your role in dental screening.

Teacher, Parent, Student Consultation and Education

You may be asked to provide information and resources to school personnel, parents and/or students on a variety of topics.

Some topics include:

- Nutrition
- Fitness
- Safety and injury prevention
- Smoking prevention and cessation
- Drug and alcohol prevention
- Stress management
- Allergies and Anaphylaxis (including the use of Epipens)
- Health sexuality and decision-making
- Puberty
- Hygiene
- Birth control
- Self-esteem
- STDS
- Health Promotion
- Eating Disorders and Body Image
- Bullying and Violence
- Immunizations provided to school aged population



- Familiarize yourself with each of these topics.
- What teaching materials and pamphlets are available for your use for each of these topics?
- What resources exist within your community on each of these topics?

Health Counselling

Students may self refer or be referred by parents or school personnel. Presenting issues are varied and range from communicable disease to possible child abuse. Some schools have counsellors for you to make referrals.

- Orient yourself to the “grief protocol” in the event of a death of a student or staff member.

Immunizations

One of the activities you will be involved with when working with the school age population is immunizations. Students will need different vaccines at different ages. This is one way public health nurses provide primary prevention against vaccine preventable diseases. In order to provide immunizations however, you will have had to complete both the Communicable Disease Control module and the Immunization Principles and Practices module, which includes the completion of the immunization certification process.

It is important for the school age population to be immunized on time according to the recommended schedule.



- Locate an up to date routine immunization schedule for the school age population.
- Talk with your mentor about what you need to know about conducting immunizations in the school environment (e.g., Immunization Blitz)
- Consult with your mentor regarding the immunization of this population.

**Checklist for Module 13
School Age Health**

Both yourself and your mentor will initial and date each competency as achieved.

Competency	Date	Signed
Demonstrates knowledge of appropriate vision, hearing and dental.	_____	_____
Describes the planning process of school-based health promotion activities.	_____	_____
Describes how to proceed when you are faced with a new school for the first time.	_____	_____
Demonstrates knowledge of the School District policies that relate to your practice.	_____	_____
Demonstrates knowledge of referral sources for this population.	_____	_____
Demonstrates knowledge of the common educational topics requested by school personnel, parents and students.	_____	_____

Appendices

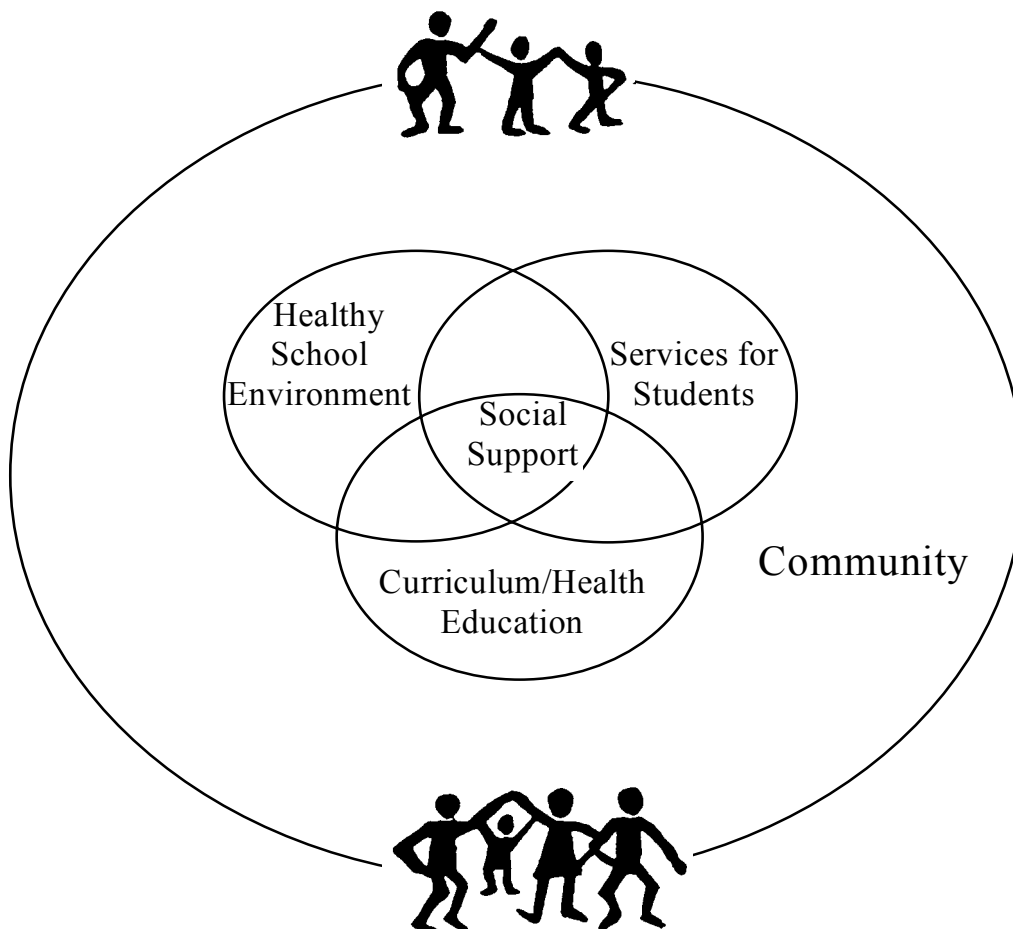
- 1. Comprehensive School Health**
- 2. Healthy Schools, MOH 1990**

Comprehensive School Health

Comprehensive School Health (CSH) involves a broad spectrum of programs, policies, services and activities that take place in the schools and their surrounding communities. This approach enables children and youth to enhance their health, to develop to their fullest potential and to establish productive and satisfying relationships.

The CSH approach combines four main elements:

- **Education:** e.g. teaching or providing information on tobacco reduction;
- **Support services:** e.g. screening programs and immunizations;
- **Social support:** e.g. peer support programs;
- **Healthy environment:** e.g. promotion of safety and injury prevention



The goals of this approach are:

- To promote health and wellness
- To prevent specific diseases, disorders and injury
- To intervene to assist children and youth who are in need or at risk
- To help to support those who are already experiencing poor health

The CSH approach is designed to link:

- Formal and informal structures in the schools
- Support services from health and social agencies
- Social support from parents, policy-makers and the community
- Healthy physical environments in schools, homes and neighbourhoods

The CSH approach can be implemented by:

- Public health
- Social service and education professionals and agencies
- Community organizations
- Municipalities
- Parents
- Students