

Procedure for Managing the Safe Transfer of Child Health Records in the Public Health Nursing Service.

Item Type	Guideline
Authors	Safe Transfer of Child Health Records Project Sub Group of the National Practice Development Co-ordinators for Public Health Nursing Group.;HSE National Public Health Nursing Service Community Operations Primary Care
Publisher	HSE
Download date	21/03/2023 09:22:17
Link to Item	http://hdl.handle.net/10147/630681



Seirbhís Sláinte
Níos Fearr
á Forbairt

Building a
Better Health
Service



Office of the
Nursing & Midwifery
Services Director

Procedure for Managing the Safe Transfer of Child Health Records in the Public Health Nursing Service.

Is this document a:

Policy Procedure Protocol Guideline

HSE National Public Health Nursing Service Community Operations – Primary Care

Title of PPPG Development Group:	Safe Transfer of Child Health Records Project SubGroup of the National Practice Development Co-ordinators for Public Health Nursing Group.		
Approved by Signature:	TJ Dunford		
Reference Number:	PCPHN04		
Version Number:	1		
Publication Date:	7/10/2021		
Date for revision:	7/10/2024		
Electronic Location:	National PHN Services : Primary Care www.hse.ie/phn		
Version	Date Approved	List section numbers changed	Author

This is a controlled document: While this document may be printed the electronic version posted on the website is the controlled copy and can only be guaranteed for 24 hours after downloading.

Table of Contents:

PART A: OUTLINE OF PPPG STEPS

1.0	Transfer of child health records	4
2.0	Long term transfer	5
3.0	Transfer of the child health records of a child at risk of harm	8
4.0	Populations who are transient or experiencing homelessness	11
5.0	Transfer of child health records of a child who moves to another EU country (currently this still includes the UK)	14
6.0	Transfer of child health records of a child who moves to a non – EU country	14
7.0	Child with an unknown address/no forwarding address	15
8.0	Transfer of child health records for a short-term transfer	16
9.0	Transfer of to school public health nursing team (Where relevant)	19
10.0	Transfer of child health records for archiving	19
11.0	Methods of transferring/transporting/posting child health records	20
12.0	General Data Protection Regulations (GDPR)	21

PART B: PPPG DEVELOPMENT CYCLE

1.0 INITIATION

1.1	Purpose	22
1.2	Scope	22
1.3	Objectives	22
1.4	Outcome	22
1.5	PPPG Development Group	22
1.6	PPPG Governance Group	22
1.7	Supporting Evidence	22
1.8	Glossary of Terms and Definitions	23

2.0 DEVELOPMENT OF PPPG

2.1	Clinical questions to be addressed	25
2.2	Literature search strategy	25
2.3	Evidence appraisal	25
2.4	Formulation of recommendations	26
2.5	Summary of the evidence from the literature	26
2.6	Resources necessary to implement the PPPG recommendations.	27
2.7	Outline of PPPG steps/recommendations	27

3.0 GOVERNANCE AND APPROVAL

3.1	Formal governance arrangements	27
3.2	Method for assessing the PPPG in meeting the standards outlined in the HSE National Framework for developing PPPGs	27
3.3	Copyright/permission sought	28
3.4	PPPG Checklist	28

4.0 COMMUNICATION AND DISSEMINATION	
4.1	Communication and dissemination plans 30
5.0 IMPLEMENTATION	
5.1	Implementation and Education 30
5.2	Describe any education/training required to implement the PPPG. 31
5.3	Identify lead person(s) responsible for the Implementation of the PPPG .. 31
5.4	Specific roles and responsibilities 31
6.0 MONITORING, AUDIT AND EVALUATION	
6.1	Plan for monitoring, audit and evaluation 32
7.0 REVISION/UPDATE	
7.1	Procedure for the update of the PPPG 33
7.2	Method for amending the PPPG if new evidence emerges 33
7.3	Version control update on the PPPG template cover sheet. 33
8.0 REFERENCES 34
9.0 APPENDICES 35
Appendix I	Signature Sheet
Appendix II	Membership of the PPPG Development Group
Appendix III	Membership of the Approval Governance Group
Appendix IV	Notification of change of address – Child Health
Appendix V	Long term transfer form
Appendix VI	Short term transfer form
Appendix VII	PHN Emergency Handover Form
Appendix VIII	Transfer of Record – PHN User guide
Appendix IX	Data Protection Officer Contact details
Appendix X	Community Health Organisation DPHN Contact Details
Appendix XI	Contact details for Northern Ireland Health Centres
Appendix XII	Consent form for the transfer of a copy of child health record outside of Republic of Ireland
Appendix XIII	Template letter for Tusla
Appendix XIV	Audit Tool
Appendix XV	Management of Maternal Postnatal Record
Appendix XVI	Child Health Record Tracer
Appendix XVII	National Healthy Childhood Programme – Child Health Officers

2.7 PART A: Outline of PPPG Steps

Title: Procedure for Managing the Safe Transfer of Child Health Records in the Public Health Nursing Service

It is compulsory that ALL staff update the physical location of the healthcare record on each occasion that a healthcare record is moved (HSE 2011).

Secure record keeping and file management systems must be in place to assist with the management of child protection and welfare concerns (HIQA 2012b).

**Guidance regarding maternal postnatal records received from the Head of Data Protection, HSE 2021.*

The steps to be taken to transfer child health records in the Public Health Nursing service are:

A 1.0 Transfer of child health records

A1.1 Child health records must be transferred as soon as possible after the Registered Public Health Nurse (RPHN) becomes aware of the change of address or after receiving the request for the child health record. The process that follows depends on whether it is a long term or short term transfer of the child health record. The transfer should take into account the principles of good practice and appropriate timing.

A1.2 A **long-term** transfer takes place when the child health record is to be moved permanently to another Public Health Nurse area.

A **short-term** transfer of records includes internal transfers within a public health nursing area for example for a clinic, a community medical doctor clinic, multidisciplinary team meeting etc.

A1.3 Procedures regarding the transfer of records when a family moves to a new address outside of the RPHNs area of responsibility should be strictly adhered to by all RPHNs. It is important to ensure that all children but particularly those considered to have developmental or other challenges are followed up when they move areas (Monageer Inquiry 2009).

A1.4 Records should be accurate, contemporaneous with all entries dated and signed and at a minimum include all contacts, consultations and any actions taken (Monageer Inquiry 2009).

A1.5 The national standardised child health record contains a separate maternal postnatal record in the maternal record tab section of the child health record. The maternal postnatal record must not become a permanent element of the child health record (NHCP 2020a). The maternal postnatal record should be removed and archived separately (as per local procedures) when the child is discharged from the Public Health Nursing Service. *

A1.6 In the event that the child stays in the area and the mother moves to a new area e.g. the child stays in the family home with relatives and the mother moves to another area and there is an open maternal postnatal record, the maternal record should be transferred to the new RPHN area. It is the responsibility of the origin RPHN to arrange the transfer to the new area in line with local policy and data protection legislation. In this situation if the maternal

care plan and record is closed the maternal record should be removed from the child health record and archived as per local procedure.*

A1.7 In the event the child moves to a new area and the mother stays in the area of origin e.g. the child is in foster care, the maternal record should not be transferred with the child health record. In the event there are open issues on the care plan for the mother, care should continue to be delivered to the mother. When the record is closed it should be stored and archived as per local procedures.*

Management of Maternal Record flow chart is available in Appendix XV

A2.0 Transfer of child health records for a long term transfer

A2.1 It is the responsibility of the RPHN in the transferring out area to whom the change of address is notified to make the relevant update on the child health record and to follow through with the transfer of the child health records to the receiving area (NHCP 2020a).

A2.2 The information regarding the notification of change of address may come from the family, the receiving RPHN, the transferring out RPHN, local child health office or other sources.

A2.3 The transferring out RPHN should inform the parent by phone or face to face that the child health record will be sent to the receiving area and document this in the child health record.

A2.4 The transferring out RPHN and receiving RPHN must work collaboratively with the family to resolve any issues that arise regarding the transfer of the child health record. They should liaise with each other and/or Tusla in the best interest of the safety and welfare of the child/children.

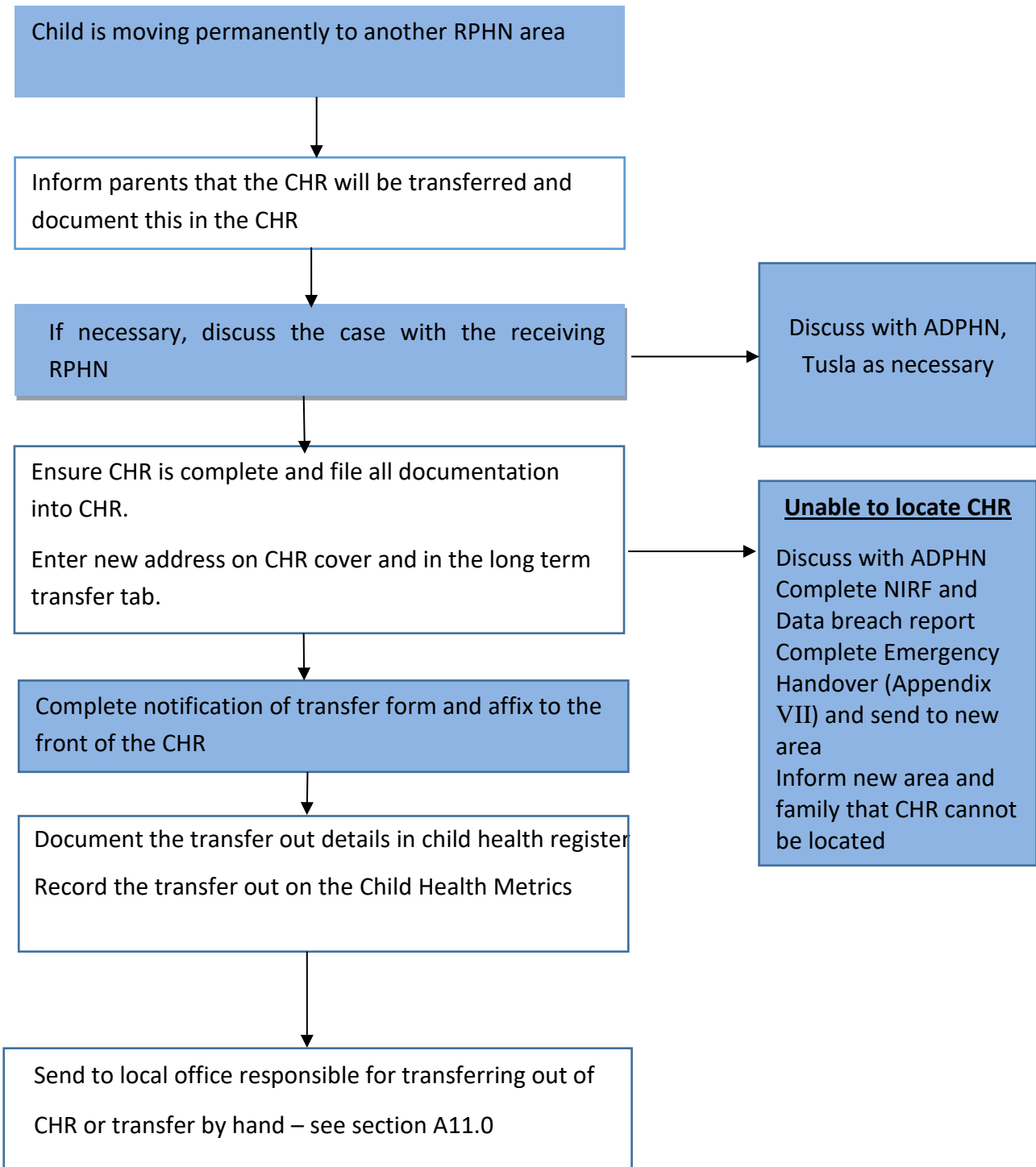
A2.5 All records must be fully completed and the following clearly identified on the outside of the child health record prior to the transfer of records (NHCP 2020a):

- An identification label should be in place on the front cover where available (HSE 2011)
- Name of child
- Address including Eircode – a change of address can be recorded on Address 2, Address 3, Address 4 etc. on the front cover of the child health record as appropriate. Put a single line through the previous address and enter the new address on the subsequent line (NHCP 2020a).
- “In Perpetuity” clearly indicated on front cover if necessary, as per section A10.5. The following should be clearly identified inside the child health record on the demographic pages:
 - Current contact telephone number – including any mobile telephone numbers if available
 - Details of new General Practitioner (GP) and Health Centre if known/ if applicable
 - All correspondence and reports should be appropriately filed in the child health record
 - The record should be in an acceptable condition for transfer

- A2.6 The long-term transfer record form in the transfer tab of the Child Health Record is completed by the transferring out RPHN (Appendix V). This form is filled out in compliance with Section 14 of the Public Health Nursing Service Child Health Record User Guide and Data Definitions (NHCP 2020a Appendix VIII).
- A2.7 The RPHN must complete a notification of change of address form (Appendix IV) and affix to the front of the child health record. The record should then be forwarded to the local administrator or local parent health record office/child health office (depending on local procedures) in order for the child health information system (CHIS) or locally used system to be updated regarding the new address of the child. The child health record is then sent through the HSE internal post network or by registered post with An Post (See section 11.0). A record of postage is retained by the child health office or DPHN office or as per local arrangements. Contact details and postal addresses for the Community Healthcare Organisation DPHN areas are in Appendix X.
- A2.8 The transferring out RPHN must record the new address and date of transfer in the child health register/ child health database. The child should be recorded as transferred out on the RPHN Child Health Metrics.*
- A2.9 Transfer out of the child health record should take place within one week from when the RPHN is notified of the child's change of address or as soon as reasonably practical. It is important to allow a family time to become established in a new area while ensuring that they are provided with an ongoing integrated service in the interim. If there are active child protection concerns an immediate action maybe required as per section 3.0.
- A2.10 The receiving RPHN, on receipt of the records must record the details of the child and the date of receipt in the child health register. It is best practice that the receiving RPHN acknowledges receipt of the child health record by email or by return of Appendix IV to the local child health office/administration/parent held record office. The receiving RPHN must also sign and date the long-term transfer out form (Appendix V) of the chart. The child should be recorded as transferred in on the RPHN Child Health Metrics.*

**Child Health Metrics are due to be launched in 2022*

Child Health Record Long Term Transfer



A2.12 In the event the child health record is not transferred in a timely manner following notification of the new address from the parent, the case should be reviewed by the ADPHN and a National Incident Report Form (NIRF) should be completed if appropriate.

A2.13 If the chart cannot be located at the transferring out area following a comprehensive search, the following steps from the HSE Standards and Recommended Practices for Healthcare Records Management (HSE 2011) should be followed:

- Notify Line Manager/ADPHN
- ADPHN should maintain a written record of missing child health records
- Continue to search for record as per local protocols
- Complete Emergency Handover (Appendix VII) and send to new area
- A temporary child health record should be created and copies of any electronically held information filed into the temporary record. This temporary record should be merged into the original record in the event the original record is located. When the original or temporary record is available it should be sent to the new area
- A NIRF should be completed
- This is deemed a data breach and should be reported to the local Deputy Data Protection Officer (DDPO) (Appendix IX) for assessment and processing in line with the breach management policy.
- Ensure new area is aware of the family so that the service can continue.
- Inform family that CHR cannot be located
- Make entry in child health register

A3.0 Transfer of the child health records of a child at risk of harm**

*** The Children First Act 2015 defines harm as assault, ill-treatment, neglect or sexual abuse, and covers single and multiple instances. Mandated persons are required to report any knowledge, belief or reasonable suspicion that a child has been harmed, is being harmed, or is at risk of being harmed. If a mandated person has any concern regarding the protection or welfare of a child, which does not meet the threshold for making a mandated report the HSE Child Protection and Welfare Reporting Procedure must be followed, and the concern reported to Tusla where there is Reasonable Grounds for Concern (HSE 2019a).*

A3.1 The RPHN must use her/his clinical judgement to ascertain if the child is in the 'at risk of harm' group. These are examples and the list is not exhaustive.

- Child is listed on the TUSLA Child Protection Notification System (CPNS) www.tusla.ie/uploads/content/parent_leaflet_-_Final.pdf for further details.
- There is on-going child protection/welfare concerns but the child is not currently on the TUSLA CPNS.
- The RPHN has a concern but was unable to establish further information prior to the family leaving the area.
- There is a Child and Family Health Needs Assessment (CFHNA) care plan in place.
- There has been a Child Protection and Welfare Report Form submitted by the RPHN to TUSLA but the case has not been fully assessed at the time of transfer.
- There is a Meitheal process in place.
- Adoption (including pre adoption placement) fostering or

Long Term Care Order where there has been child protection or welfare concerns.

- A3.2 The ability of services to protect children from abuse or neglect is dependent on the willingness of professionals to share and exchange relevant information (HSE 2019a). The RPHN must make every effort to communicate with the receiving RPHN to provide a verbal report of the case to the receiving RPHN. The Data Protection Acts and General Data Protection Regulations (2016) do not prevent the sharing of information on a reasonable and proportionate basis for the purposes of child protection (HSE 2019b).
- A3.3 In addition to discussing at-risk children with the ADPHN on an on-going basis as per local procedure, the RPHN must discuss the transfer out of the child health record a child at risk of harm prior to transferring the child health records.
- A3.4 The child health record should be transferred by the RPHN as per Section 2.0 above. The notification of the change of address form (Appendix IV) should be marked urgent to ensure the timely transfer of the child health record within five working days or earlier if deemed necessary.
- A3.5 The RPHN will ensure that the CFHNA and CFHNA care plan is fully completed and up to date in the child health record prior to the transfer of the child health record. These form the written handover. All correspondence and reports should be appropriately filed in the child health record in the CFHNA tab.
- A3.6 **A RPHN emergency handover report (Appendix VII) is used in the event that the child health record is being retained locally** e.g. 1-2 weeks short term fostering/respice (See section A3.11 and A4.4). It is beneficial for the receiving RPHN to have information on the family so that visits to the child can take place if necessary.
- A3.7 The RPHN must ensure that the Tusla unique tracking reference number for the referral using the child protection and welfare form is documented in the child health record in the demographic and key information section "TUSLA Ref Number" box, as this is the child's unique identifier and will ensure traceability. Further information regarding the Tusla online reporting system is available at:
https://docs.Tusla.ie/userguides/Tusla_Child_Protection_and_User_Guide.pdf
- A3.8 When the family move to a new address, the Tusla social worker and/or other named social workers involved in the child's case must be informed in writing (using the template) of the transfer of the child health record in order for arrangements to be made if necessary for the transfer of the child's case by the social workers. It is recommended that Tusla inform the local PHN Service if the RPHN is involved with the family of the change of address of a child in order to facilitate the transfer of the child health record to the appropriate local RPHN. A template letter is available in Appendix XIII.
- A3.9 If a RPHN becomes aware that a child/family are leaving the area and there is concern that the child may be suffering harm or is at risk of suffering significant harm, the child's safety and welfare must be the overriding consideration (DCYA 2017). Where there is an immediate or serious risk, contact should be made by phone with a TUSLA Duty Social Worker without delay or the Tusla Out of Hours Service which is accessible to Mandated Persons outside of

normal working hours. The National Out-of-Hours Social Work Service is available on 0818 776 315 between 6pm and 6am every night and between 9am and 5pm on Saturdays, Sundays and bank holidays. Where TUSLA is not available, contact should be made with An Garda Síochána (HSE 2019a).

A3.10 When a vulnerable family with young children move house, immediate steps should be taken by the PHN service to identify the new address. Failure to identify the new address should be brought to the attention of the ADPHN (Monageer Inquiry 2009).

A.3.11 Child in short-term foster care (up to 28 days)

Short-term foster care occurs when the primary purpose of the TUSLA Care Plan is for the child to return home or to be transferred to another placement. The information regarding the duration and location of short term foster care is usually elicited from the social worker allocated to the child.

In these circumstances the child health record remains the responsibility of the RPHN at the origin address until the long-term placement for the child has been decided. In some cases the child may return to the origin address. The child health record should be transferred when the long-term placement address is confirmed. **A RPHN emergency handover report (Appendix VII) should be completed for the receiving RPHN so that visits to the child can continue if necessary.** The RPHN emergency handover report should be accompanied by copies of the CFHNA and care plan. The maternal record should be removed from the child health record (see section A1.5).

The RPHNs should work together and discuss the appropriate action if a core developmental development is due during this time frame.

The **safety and wellbeing of the child is paramount** and the RPHN should take this into account when making a decision or assessing the risk regarding the timing of the transfer of the child health record. This can take place in consultation with her/his ADPHN if appropriate.

A3.12 Child in long-term foster care

This applies to children who have been placed with long-term foster carers who reside in another area or who move to another area. The information regarding long term foster care is usually elicited from the social worker allocated to the child.

The child health record must be transferred as soon as possible as per procedures outlined above in Section 2.0. The transferring RPHN for the child should assess the level of risk in consultation with her/his ADPHN and contact the receiving RPHN in the area the child is residing in, if this is necessary.

A3.13 Refer to the National Incident Management Framework for guidance on reporting incidents regarding non notification to the PHN Service of movement in or out of the area of a child at risk of harm.

A3.14 Communication with hospitals and other services working with the family is key to ensuring follow up for all children (Monageer Inquiry 2009). All communications with hospitals and other services will be in keeping with data protection legislation and the GDPR. GDPR is not a

barrier to the provision of health and social care and in the case of children's care the best interests of the child should be considered.

A4.0 Transfer of child health records for populations who are transient or experiencing homelessness

Families can move addresses frequently and often before the child health record has arrived in the RPHN's area where the temporary accommodation is situated, the family have moved onto another area. In Dublin the four local authorities have one central point of HSE contact, the Northside Homeless Healthlink Team. Each family situation is different and variable, communication between the RPHNs is key to determine the appropriate actions for each individual family.

A4.1 The type of temporary accommodation where the family is temporarily placed, the location and the length of time spent in this accommodation are the **key factors** in determining which area holds responsibility for the child's health, safety and welfare. In some cases a child may only be a day or two at the address and then move to a new area.

A4.2 If there is a requirement to move the child health record from the area of origin to the RPHN where the family are in temporary residence, following consultation and agreement between the family, RPHNs and ADPHNs the child health record should be transferred as per Section 2.0. The RPHN from the temporary area where the family are residing will now assume responsibility for the management of this child health record, until such time as the child moves from this area.

A4.3 The child health record may remain with the RPHN of origin until a more permanent residence is secured or it has been agreed between the RPHNs and the parent/s that the child health record should be transferred. Communication between the RPHNs and the family is key to ensuring the best interests of the child are met. The safety and wellbeing of the child is paramount and the RPHN should take this into account when making a decision or assessing the risk in consultation with her/his ADPHN regarding the timing of the transfer of the child health record.

A4.4 Once the family moves into temporary accommodation the RPHN in the area of origin must make contact with the RPHN within the area the family are being accommodated in to discuss the case. Contact details for DPHN areas can be found in Appendix X Community Health Organisations DPHN Contact Details.

A4.5 The receiving RPHN is responsible for the child/children once the RPHN has been notified of the transfer into the area. A RPHN emergency handover report (Appendix VII) should be completed for the receiving RPHN by the RPHN of origin so that visits to the child can continue if necessary. The RPHN emergency handover report should be accompanied by copies of the CFHNA and careplan and copies of any other relevant documentation i.e. growth chart.

A4.6 In order to maintain complete and contemporaneous child health records, the receiving

RPHN should send the originals, by registered post, of any documentation regarding visits he/she makes to the holder of the child health record so that they can be incorporated into the child health record in the correspondence tab. Details of visits and transfer of notes should be recorded in the child health register. Duplicate (original page with a carbon copy) assessment pages are available for each of the core developmental child assessments from the local National Healthy Childhood Programme - Child Health Officer. See list of child health officers in Appendix XVII.

The receipt of any documentation should be recorded in the PHN Progress notes tab by the RPHN of origin. The receiving RPHN should not start a new child health record.

A6.4.1. Copies may be shredded when integration of the originals in the child health record is confirmed and the child has left the area or when the receiving RPHN has the original CHR if the child is staying in the area.

A4.7 If there is a child protection concern it is recommended that the child health record is transferred urgently to the RPHN in the temporary area of residence unless otherwise agreed by ADPHN and RPHN.

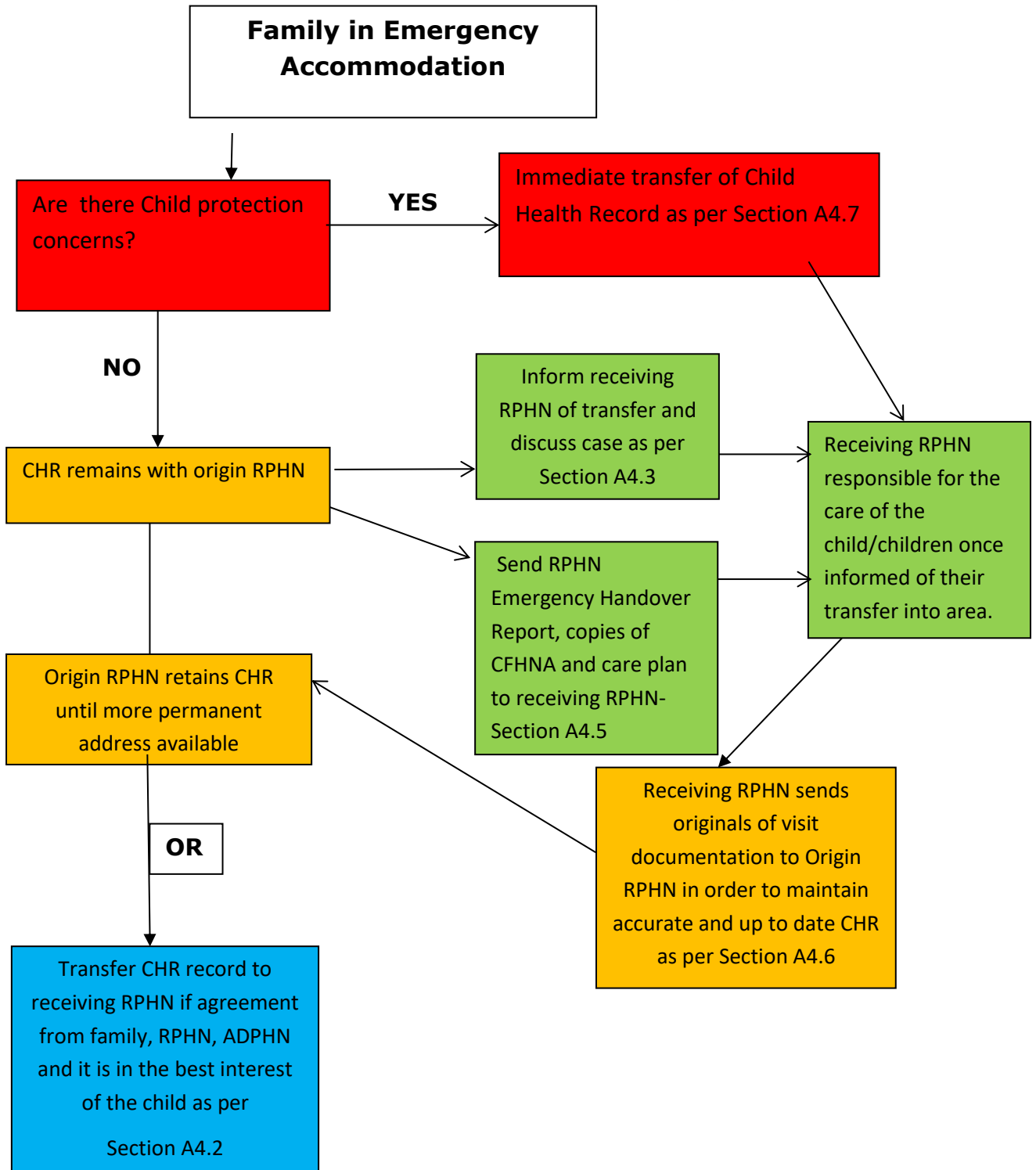
A4.8 In the event the family move to a women's refuge due to domestic violence the child health record should to be transferred to the RPHN in the refuge area unless otherwise agreed by ADPHN and RPHN.

A4.9 The RPHN must maintain a record of the child health record movement in the child health register as per section 2.8. The transfer out of children due to homelessness should be recorded in the RPHNs Child Health Metrics.* The child is discharged from the child health metrics when the child health record is transferred.

A4.10 Refer to Section A4.11 for an algorithm that may be useful in managing the transfer of child health records for this population.

**Child Health Metrics are due to be launched in 2022*

Transfer of Child Health Records for Families in Emergency Accommodation



A 5.0 Transfer of child health records of a child who moves to another EU country and United Kingdom.

August 2021 Adequacy Agreement has been reached with EU Governments which allows for the continued transfer of data to the UK.

- A5.1 Formal written consent from the parent must be received before transferring the copy of the child health record (HSE 2019b). Refer to the HSE National Consent Policy (2019c) regarding who can legally give consent. A template consent form available in Appendix XII.
- A5.2 In circumstances where explicit consent cannot be obtained, each case should be considered on its merits with a view to establishing another lawful basis for the transfer. Discussion should take place with the local Data Protection Officer, contact details are in Appendix IX.
- A5.3 In the event there is a child protection concern the RPHN must inform the TUSLA social work department immediately and/or Gardaí. In the interim the child health record should be filed in accordance with local policy.
- A5.4 The original child health record must be copied. The original child health record is retained where it was created and archived as per local policy. The RPHN must document in the original child health record and child health register that a copy has been made and the copy is transferred out. The child health record should be sent via the most appropriate secure channel (See Section 11.0). Refer to Section 1.0 on recommendations relevant to the maternal postnatal record.
- A5.5 The data protection principles of necessity and proportionality should be considered in all cases and the documentation sent should be confined to the minimum amount required to meet the purpose of the child health record transfer. Refer to Section 1.0 on recommendations relevant to the maternal postnatal record. In the event a child is moving frequently between Northern Ireland and the Republic of Ireland. It is appropriate to send only the new documentation when a copy of the child health record has previously been sent.
- A5.6 Contact details of health centres in Northern Ireland are available in Appendix XI.

A6.0 Transfer of child health records of a child who moves to a non – EU country (e.g. USA)

- A6.1 As this is a constantly changing area of legislation due to recent legal actions in the European courts and the impact of Brexit, transfer of records to the USA or other non EU countries should be discussed with the local Data Protection Officer (Appendix IX). EU Standard Contractual Clauses have been agreed.
- A6.2 Formal written consent from the parent must be received before transferring the copy of the child health record. Refer to the HSE National Consent Policy (2019c) regarding who can legally give consent.
- A6.3 In the event that explicit consent cannot be obtained, each case should be looked at on its merits with a view to relying on another lawful basis for the transfer. Discussion should take

place with the local Data Protection Officer, contact details are in Appendix IX.

A6.4 In the event there is a child protection concern the RPHN must inform TUSLA social work department immediately and/or Gardaí. In the interim the child health record should be filed, adhering to local policy.

A6.5 The entire original child health record must be copied. The original child health record is retained where it was created and archived as per local policy. The RPHN must document in the original child health record and child health register that a copy has been made and the copy is transferred out. The child health record should be sent via the most appropriate secure channel (See Section 11.0).

A7.0 The management of child health records of a child with an unknown address/no forwarding address

A7.1 If a RPHN becomes aware that a family no longer resides at their recorded address, the RPHN should exhaust any reasonable avenues of investigation to elicit the new address for the child within GDPR guidelines. This may include contacting the medical card section, disabilities, speech and language therapy department etc. See section A3.10 for a note regarding at-risk children.

A7.2 In the event there is a child protection concern the RPHN must inform TUSLA social work department immediately and/or Garda. A family with child protection concerns must have a Child Family Health Needs Assessment (CFHNA) and care plan in place. See the Guideline on the use of the Child and Family Health Needs Assessment in the PHN Service (HSE 2021).

A7.2.1 The RPHN should adhere to local policy in the filing of the child health record in the interim.

A7.3 If all attempts to contact the family are unsuccessful and no forwarding address is available, the RPHN must complete the notification of change of address form (Appendix IV) and tick no forwarding address. This form is sent to RPHN administration/local child health office as per local arrangement, in order for the information to be recorded on CHIS/local system.

A.7.4 The RPHN must record “unknown address” in the child health register. The child health record is retained in an unknown address file in a locked cabinet by the RPHN. At each timeframe for a core developmental assessment the RPHN should attempt contact with the family if appropriate. The child health record is retained until the child reaches the age for the final core developmental screening (46-48 months). This facilitates transfer requests for the child health record if the family presents to another health center and give their last known address. When the child reaches 46-48 months of age the child health record is then archived or sent to the school RPHN team depending on local procedure.

A7.4.1 If a family have opted out of the service the RPHN should follow local procedures regarding the management of the CHR.

A7.5 Receiving a Child Health Record with an address that is incomplete/incorrect

On failing to gain access to the parent by phone;

- A7.5.1 If possible the RPHN/RM should confirm with the previous area the new address of the family.
- A7.5.2 If the extended family/relatives in the area are known to the RPHN/RM they can be requested to ask the mother to make contact with the RPHN/RM as soon as possible.
- A7.5.3 If the above is not productive, the RPHN/RM/RN should phone the GP. Under article 9 (2) h of GDPR concerning the provision of health and social care services, data concerning health may be requested from the Data Controller (GP). The Data Controller determines if and what information is given.
- A7.5.4 The RPHN/RM should consider contacting TUSLA duty social worker to discuss case.
- A7.5.5 All of the above steps should be documented, dated, timed and signed appropriately in the child health record.
- A7.5.6 The RPHN/RM will inform the ADPHN throughout the above and discuss actions.
- A7.5.7 In the event the address cannot be confirmed the RPHN/RM should return the child health record to the previous area through their local child health office to ensure CHIS/local system is updated. The chart should be held in the area of the last known address (see Section 7.4).
- A7.6 Families that have moved to another country with a known address in that country are not filed as unknown address in the PHN filing system. See section A5.4 and A6.5.

A8.0 Management of child health records for a short-term transfer

A short-term transfer of records includes internal transfers within a public health nursing area for the purpose of :

- A PHN developmental clinic.
- Community Medical Doctor (CMD) clinic
- Multidisciplinary meetings.

A8.1 If a PHN receives a request for a Child Health Record for reasons outlined in 8.0. She/he will complete the “short-term transfer of records internally” form in the transfer of records tab in the child health record (Appendix VI). This form is filled out in compliance with Section 14 of the Public Health Nursing Service Child Health Record User Guide and Data Definitions (Appendix VIII).

The staff member at the base location retrieving/removing a child health record should insert the requester’s name, location and the date on short term transfer form (HSE 2011).

A8.2 A completed CHR tracer is retained by the RPHN in his/her child health record filing system in order to keep a record of the location of the CHR (Sample Appendix XVI). Alternatively the transfer out details are recorded in the birth register.

A8.3 The receiving HSE employee signs and dates the “received by” section on the “short-term transfer of records internally form” in the rear of the child health record (Appendix VI). The person, to whom the child health record is transferred, should be responsible for that record until it is returned to the area RPHN (HSE 2011).

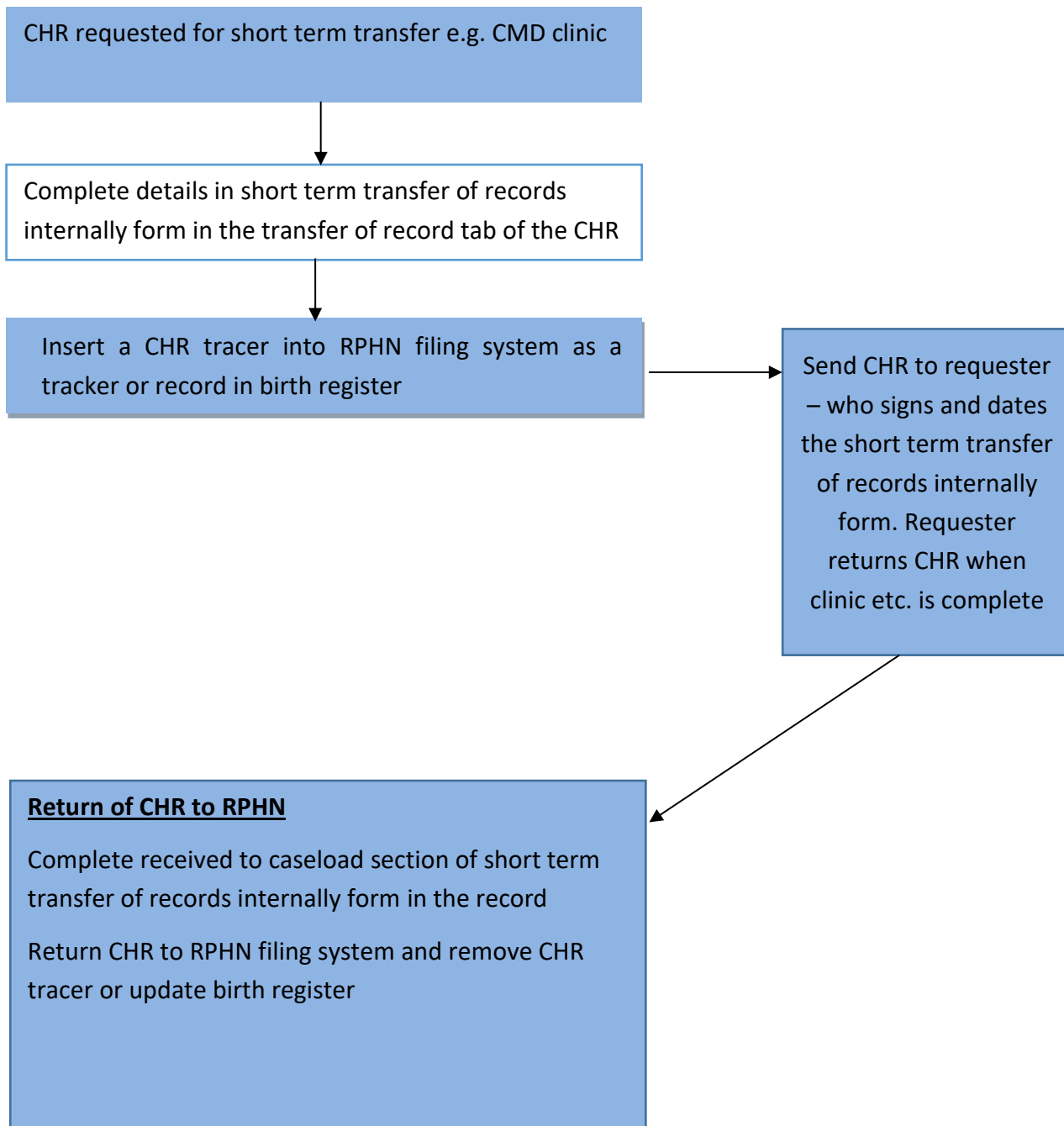
A8.4 On return to the RPHN at the base location, she/he signs and dates the “received to the caseload section” on the form (Appendix VI). The CHR tracer in the RPHNs child health record filing system should be removed and the child health record inserted. The register should be updated accordingly.

A8.5 The responsibility for the location and security of a healthcare record should rest

with the staff member it is tracked to (HSE 2011).

A8.6 Should the RPHN need to make an entry in the child health record while it is unavailable due to short-term transfer, the RPHN should make the note on a continuation sheet clearly labelled with the child's details. The note should be attached to the tracer in the RPHN's filing system. The note should be integrated into the child health record on its return from the short term transfer.

A8.7 Child Health Record (CHR) Short-Term Transfer



A9.0 Transfer of child health records to school public health nursing team (where relevant)

- A9.1 In areas where the child health record is used by the school RPHN team the child health record is transferred to the school team following discharge from the RPHN as per local procedures. The final core visit is at 46 – 48 months of age. The long term transfer form must be completed by the transferring out RPHN.
- A9.2 The child health record should be transferred by the time the child is starting primary school or is over the age of 4yrs and 11mths.
- A9.3 The RPHN should include details of the school the child will be attending, if known. This is often elicited from the parents at the final developmental check and recorded in the child health record.
- A9.4 The RPHN or administrator for school PHN team must maintain a database with the date of receipt of records, child's name, date of birth and the school the child will be attending as per local procedures.
- A9.5 In the event the child health record has an open care plan in place (e.g. assessment for continence containment products or a clinical nursing issue), the RPHN must open a clinical record for the child and transfer the child health record as per section A9.1. The RPHN may copy relevant information he/she deems necessary from the child health record to include in the clinical record. The child should then be admitted to the relevant care group of the primary care metrics. It should be recorded in the child health record that there is also an open clinical care record for this child. Clinical care records are stored and archived as per the local policy for clinical records.
- A9.6 The RPHN should maintain a record of any child health record transferred to school RPHN team. The child should be discharged from the child health register and the child health metrics.
- A9.7 All additional information in relation to the child (e.g.) CFHNA must be transferred with the child's health record.
- A9.8 In the event there are child protection concerns, the Tusla social worker and/or other named social workers involved in the child's case should be informed in writing of the transfer if the child health record is being transferred.

A 10.0 Archiving of child health records of children who have been discharged

- A10.1 In areas where the child health record is not used by the school RPHN team, child health records are archived as per local archiving policy following discharge from the core screening visits by the RPHN. The final core visit is 46 – 48 months of age. The child should be discharged on the child health register and from the child health metrics. The care plan can be closed if a referral is made to another service (e.g Speech therapy) and an

acknowledgement letter received from the service.

A10.2 In the event the child health record has an open care plan in place e.g. assessment for continence containment products or a clinical nursing issue, the RPHN must open a clinical record for the child and discharge the child health record as per section A10.1. The RPHN may copy relevant information he/she deems necessary from the child health record to include in the clinical record. The child should then be admitted to the relevant care group of the primary care metrics. The child health record is not designed as a clinical record. The child health record should then be archived.

A10.3 If there is an outstanding review or follow up due by the Community Medical Doctor (CMD) the child health record should be held locally until the child is discharged by the CMD.

A10.4 A child health record of a child previously filed as unknown address who has reached the age for discharge is archived as per local procedure. The child should be discharged from the child health register and from the child health metrics.

A10.5 Retention of child health records

Child health records are retained in archives for the duration specified in the HSE Record Retention Policy (2013). The current recommendations are detailed below however these are subject to change when the record retention policy is reviewed.

- Children and young people – until the patient's 25th birthday, or 26th if the young person was 17 at the conclusion of treatment, or eight years after the patient's death.
- As per HSE Child Protection and Welfare Policy (2019a) and HSE Record Retention Policy (2013) as a result of childcare legislation, any child health records containing child protection and welfare concerns must be kept in perpetuity. If a child health record has any information captured that relates to a child protection and welfare issue, the cover of the child health record must be marked clearly with 'In Perpetuity' in black permanent marker or a 'In Perpetuity' sticker is placed on the front cover. This is to ensure that these child health records can be readily identified as not for destruction or shredding. These records should be archived as per local policy.

A11.0 Methods of transferring/transporting/posting child health records

Transporting and transferring of records should take place in a secure manner, which includes having appropriate technical and organisational measures in place to:

- prevent and / or identify unauthorised or unlawful access to, or processing of, personal data; and
- prevent accidental loss or destruction of, or damage to, personal data (HSE 2019b)

A11.1 In person e.g. within the primary care team

The child health record may be transferred by hand by the transferring RPHN to another local RPHN or his/her ADPHN. In the event it is a long-term transfer the notification of change of address form (Appendix V) and the long-term transfer record in the CHR (Appendix V) must be completed and sent to the child health office as per section 2.0. In the event of a short-term transfer the short-term transfer of records internally form must be completed as per section 8.0. All transfers are documented in the child health register by the transferring RPHN.

A11.2 By Registered post

- All records for transfer should be **securely** packaged and labelled 'PRIVATE AND CONFIDENTIAL'.
- DPHNs should consider having prepaid postage envelopes available for staff who are regularly required to post child health records –e.g. rural health centres with no internal HSE post service.
- A receipt of postage must be retained by DPHN Office/Child Health Office/RPHN (as per local arrangements) transferring the record.
- A request for an acknowledgement of receipt of records should be requested either by e-mail or telephone.
- All transfers are documented in the child health register/database and child health metrics by the transferring RPHN.

A.11.3 Transportation by car

Transporting child health records to an agreed location for transfer or archiving:

- An employee or agent of the HSE should conduct the transportation of healthcare records.
- Healthcare records should never be left unattended in the course of their delivery.
- Transported healthcare records must be in a locked storage case, box file or sealed confidential pouch, where the name on the record(s) cannot be identified, stored out of sight in the boot of a car and the vehicle must be kept locked at all times.
- If healthcare records are being transported/archived by non HSE employee a service level agreement or contract must be in place locally for that service in line with GDPR regulations (2016).

A12.0 General Data Protection Regulations (GDPR)

The HSE Data Protection Officer has produced a number of guidance documents in relation to GDPR.

HSE Data Protection Policy (<https://www.hse.ie/eng/gdpr/hse-dataprotection-policy/hse-data-protection-policy.pdf>)

HSE Privacy Notice - Patients and Service Users

(<https://www.hse.ie/eng/gdpr/hse-data-protection-policy/hse-privacynoticeservice-users.pdf>)

HSE GDPR Frequently Asked Questions (<https://www.hse.ie/eng/gdpr/gdprfaq/hse-gdpr-faqs-public.pdf>)

PART B: PPPG Development Cycle

1.0 INITIATION

1.1 Purpose

The purpose of this procedure is to provide guidance to all registered RPHNs/RMs and other staff working within the Public Health Nursing Service on the approved procedure in relation to the safe transfer of child health records in the Public Health Nursing Service.

1.2 Scope

The scope of this procedure identifies what will (and will not) be covered by the procedure

1.2.1 Target users: This procedure applies to all HSE staff in the Public Health Nursing Service with delegated duties in relation to the safe transfer of the child health records. This procedure must always be used in conjunction with professional clinical judgement. All staff must adhere to the General Data Protection Regulations (2016) and HSE Data Protection Guidelines (2019b) when transferring a child health record.

1.3 Objectives

- 1.3.1 To facilitate the safe transfer of child health records in the Public Health Nursing Service.
- 1.3.2 To promote the continuity of care nationally while adhering to Data Protection legislation.
- 1.3.3 To minimise / eliminate duplication of documentation.
- 1.3.4 To minimise the potential risk to a child's health, safety and welfare.

1.4 Outcome(s)

- 1.4.1 The safe and efficient transfer of child health records in the Public Health Nursing Service.
- 1.4.2. Effective management of RPHN caseloads leading to a more efficient service.

1.5 PPPG Development Group

See Appendix II for Membership of the PPPG Development Group.

1.6 PPPG Governance Group

See Appendix III for Membership of the Approval Governance Group.

1.7 Supporting Evidence

1.7.1 Relevant Legislation and PPPGs;

Government of Ireland (2015) Children First Act. www.irishstatutebook.ie

Government of Ireland (1970) Health Care Act. www.irishstatutebook.ie

General Data Protection Regulation (2016) European Commission.

Health Information and Quality Authority (2012) National Standards for Safer Better Healthcare.

Health Information and Quality Authority (2015) Guidance for Providers of Health and Social Care Services: Communicating in Plain English.

<https://www.Tusla.ie/services/family-community-support/prevention-partnership-and-family-support-programme/meitheal-national-practice-model/>

Nursing and Midwifery Board of Ireland (2021) *Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives*.

Nursing and Midwifery Board of Ireland (2015) *Recording Clinical Practice Professional Guidance*.

Nursing and Midwifery Board of Ireland (2015) *Scope of Nursing and Midwifery Practice Framework*.

1.7.2 List the PPPGs that are being replaced by this PPPG

This is the first national procedure regarding the safe transfer of child health records in the PHN service.

Existing local CHO procedures on transferring child health records informed the development of this procedure. This national procedure replaces any previously developed local procedures.

1.7.3 List related PPPGs

Health Services Executive (2011) Standards and Recommended Practices for Healthcare Records Management.

Health Services Executive (2013) Record Retention Periods: Health Service Policy.

Health Services Executive (2019a) Child Protection and Welfare Policy.

Health Service Executive (2019b) Data Protection Guidelines.

Health Services Executive (2019c) National Consent Policy, Quality and Safety Division.

1.8 Glossary of Terms:

1.8.1 Abbreviations;

ADPHN	Assistant Director of Public Health Nursing
CFHNA	Child and Family Health Needs Assessment
CHIS	Child Health Information System
CHO	Community Healthcare Organisation
CHR	Child Health Record
CMD	Community Medical Doctor
CPNS	Child Protection Notification System
DOHC	Department of Health and Children
DPHN	Director of Public Health Nursing
GDPR	General Data Protection Regulation
GP	General Practitioner
HIQA	Health Information and Quality Authority
HCP	Health Care Professional
HSE	Health Services Executive
NIRF	National Incident Report Form
NMBI	Nursing and Midwifery Board of Ireland
NHCP	National Healthy Childhood Programme
NPDC	Nursing Practice Development Co-ordinator
ONMSD	Office of the Nursing and Midwifery Services Director
PASS	Pathways of Accommodation Support System

PC	Primary Care
PCT	Primary Care Team
PPPGs	Policy Procedure Protocol Guideline
PDC	Practice Development Coordinator
RPHN	Registered Public Health Nurse

1.8.2 Definitions

Child Health Record: All information collected, processed and held in manual formats pertaining to a child under the care of a RPHN including demographic information, routine developmental assessments, personal care plans, correspondence and communications relating to the person and her/his care.

Child Health Register held by each RPHN, this register includes details of all children on the caseload noting name, date of birth and address. This may also be referred to as the “Birth Register”.

Consent: Consent is the giving of permission or agreement for an intervention, receipt or use of a service or participation in research following a process of communication in which the service user has received sufficient information to enable him/her to understand the nature, potential risks and benefits of the proposed intervention (HSE National Consent Policy, 2019c)

Homelessness: The legal definition of homelessness is given in Section 2 of the Housing Act 1988: A person shall be regarded by a housing authority as being homeless for the purposes of this Act if: a) there is no accommodation available which, in the opinion of the authority, he, together with any other person who normally resides with him or who might reasonably be expected to reside with him, can reasonably occupy or remain in occupation of, or b) he is living in a hospital, county home, night shelter or other such institution, and is so living because he has no accommodation of the kind referred to in paragraph (a), and he is, in the opinion of the authority, unable to provide accommodation from his own resources.

Must: Commands the action a nurse or midwife is obliged to take from which no deviation whatsoever is allowed. (NMBI, 2021)

Parent: Refers to parent or legal guardian of the child.

Professional Judgement: A nurses’ professional judgement is based on the principles of responsibility, accountability and autonomy as outlined within her professional scope of practice. (NMBI, 2015)

Permanent Residence: occupant who has or shall have the right of occupancy of any room or rooms in the same **hotel** for at least thirty (30) consecutive days during the current calendar year or preceding year.

Should: Indicates a strong recommendation to perform a particular action from which deviation in particular circumstances must be justified (NMBI, 2021)

2.0 DEVELOPMENT OF PPPG

2.1 List the questions (clinical/non-clinical)

- Will a standardised procedure for the safe transfer of a child health record ensure continuity in the delivery of care to child and family?
- Will a standardised procedure for the safe transfer of a child health record reduce risk to the child?
- Will GDPR and data protection standards be met by this procedure?
- Will the procedure support the relevant professional to meet HIQA (2012a) Standard 2 Effective Care and Support?
- Will the procedure support an efficient and timely delivery of child health services?

2.2 Describe the literature search strategy

A review of the relevant literature was undertaken for the period from 2000 to date. Based on the key question defined above a literature search strategy was developed. The main database used was CINAHL (Cumulative Index to Nursing and Allied Health). A search was performed using the following search terms **transfer of the Child Health Record * Public Health Nurses* using AND and OR Boolean combinations to source articles of relevance. Only English language publications and articles published after 2000 were included. In addition a search of relevant websites both in Ireland and the United Kingdom was undertaken. The following websites were accessed in January 2018 and October 2020 to identify publications and guidelines that related to the subject area; Nursing Midwifery Board of Ireland; Health Information & Quality Authority, Ireland; Health Service Executive, Ireland and the NICE guidelines website UK.

Local Community Healthcare Organisations and national procedural documentation/guidelines were sourced. Two standard operational procedures and 5 policies that were not specific to the transfer of child health records but had relevant evidence base for the safe transfer of records and made reference to data protection were reviewed. Tusla Child Protection and Welfare Handbook was also reviewed. A sample of international guidelines from the Health Visiting Service in the UK and all relevant documents accessed were reviewed.

There has been very little published on this topic. A search for the term *“child health record”* generated very few documents and of those the themes were parental views and input into electronic records. These articles were excluded from this literature review.

Due to the paucity of information the search was widened to look at it from the following perspective not just community settings:

- Inter professional collaboration – sharing information
- Care transitions – between different care settings/professionals areas
- Handover – information passed between nurses/Healthcare professionals
- Documentation

2.3 Describe the method of appraising evidence

Each member of the PPPG Development Group took the literature generated that was felt to be valid and appraised it. Although some of the articles were not directly related they were useful in the formulation of definitions required or further references for the safe transfer of child health records. Other articles not directly related to child health record but which made reference to the transfer of other nursing and medical records were reviewed by the group.

2.4 Describe the process the PPPG Development Group used to formulate recommendations

Recommendations were formulated through discussion within the National Group of Practice Development Co-ordinators to develop a structured procedure.

2.5 Provide a summary of the evidence from the literature

Most of the literature appraised alluded to documentation, data protection or record keeping not the safe transfer of records. The HIQA (2012a) Standard 2 states that; All information necessary to support the provision of effective care, including information provided by the service user is available at the point of clinical decision making.

There have been a number of high-profile reports into past and recent cases of child abuse and neglect in Ireland. The most recent of these have been the Monageer Inquiry (2009), the Ryan Report (DCYA 2019), the Roscommon Child Care Case (Gibbons *et al.* 2010) and the Report of the Independent Child Death Review Group (Shannon & Gibbons 2012). An analysis of these reports highlights the critical role played by public health nurses with vulnerable families.

Key themes and recommendations that relate to public health nursing practice relate to assessment, early intervention, record keeping, communication and interdisciplinary working and the role of public health nursing management. Concerns about PHN record keeping were raised in both the Monageer Report and the Roscommon Report, and criticisms were made of the adequacy, contemporaneous nature and accuracy of these records. A failure to adhere to the protocols regarding the transfer of records when a family moves was considered a key issue in the Monageer Inquiry and the findings demonstrate the importance of ensuring that all children, but particularly those considered to have developmental or other challenges, are followed up when they move areas. The Monageer Report made a number of recommendations in respect of the Public Health Nursing Service. A tracking system to enable on-going contact with vulnerable families and associated protocols for maintenance and transfer of records is necessary. The introduction by HIQA of National Standards for the Protection and Welfare of Children deals with this issue and provides guidance on record keeping (HIQA 2012b). These standards may be challenging for busy service providers to meet, but the consequences of not meeting them are too grave to ignore (Hanafin 2013).

One of the primary reasons why healthcare records get misplaced or lost is because their movement between locations is not adequately recorded. Healthcare record tracking is the function used to change the location of any service user's healthcare record. The movement of records should be recorded to ensure that items can always be located when required. This should be done regardless of the length of time the healthcare record is being used for. There is a dual responsibility on the part of the person who is sending the healthcare record and the person who is receiving the healthcare record to record the location of the healthcare record on the healthcare record tracking system. Each person who has occasion

to retrieve a healthcare record will benefit (HSE 2011). The HSE Standards and Recommended Practices for Healthcare Records Management (2011) are the principal code by which HSE staff must adhere to in relation to documentation and record management. These HSE standards will be due for review following the introduction of electronic health records.

Professional record keeping and documentation of clinical practice and interactions between the patient and the healthcare professional are key features of professional practice. The maintenance of accurate records is essential given the professional and legal requirements on healthcare practitioners to ensure high standards of practice in this area (National Healthy Childhood Programme 2020b). The Nursing and Midwifery Board of Ireland (NMBI) highlights the importance of appropriate and high quality documentation in the Code of Professional Conduct (NMBI 2021). HIQA (2012) states that all files and records must be handled sensitively with standardised procedures for the filing, archiving, transfer, secure storage and destruction of records. Some evidence reviewed recommended that there should be a timeframe and a summary or communication between professionals available in the interim whilst records are being transferred, in particular the children where there is a child protection, health and welfare concern.

2.6 Detail resources necessary to implement the PPPG recommendations

- Briefing sessions on the procedure to DPHNs and/or ADPHNs via Webex may be required.
- An amendment may be required to Child Health Information Systems in some regions.

2.7 Outline of PPPG steps/recommendations:

See part A

3.0 GOVERNANCE AND APPROVAL

3.1 Outline formal governance arrangements

This national procedure was commissioned by the National Quality Improvement Governance Group PHN Service. Final approval of the procedure was issued from National Community Operations and follow up reviews will be initiated by National Community Operations. Refer to Appendix III for Membership of the Approval Governance Group. This procedure will be submitted to the National Central Repository Office for referencing.

3.2 List method for assessing the PPPG in meeting the standards outlined in the HSE National Framework for developing PPPGs.

The PPPG Checklist (Section 3.4) was reviewed in conjunction with the final revised procedure to ensure compliance with the standards as outlined in the HSE National Framework for Developing Policies, Procedures, Protocols and Guidelines (2016). This completed checklist and the final draft of the procedure was submitted to Community Operations and to the Office of the Nursing and Midwifery Services Director to confirm that all stages in the revision of the procedure had been completed and met the National Standards for Clinical Practice Guidance (NCEC, 2015). The procedure was approved for

national implementation. A signed and dated master copy will be retained within the Office of the Nursing and Midwifery Services Director, Dr Steevens' Hospital.

3.3 Attach any copyright/permission sought

No copyright or permissions are required in relation to this procedure

3.4 Insert approved PPPG

Standards for developing Non-Clinical PPPGs	Checklist
Stage 1 Initiation	
The decision making approach relating to type of PPPG guidance required (Policy, Procedure, Protocol, Guideline), coverage of the PPPG (national, regional, local) and applicable settings are described.	√
Synergies/co-operations are maximised across departments/organisations Hospital/Hospital Groups/Community Healthcare Organisations (CHO)/National Ambulance Service (NAS)) to avoid duplication and to optimise value for money and use of staff time and expertise.	√
The scope of the PPPG is clearly described, specifying what is included and what lies outside the scope of the PPPG.	√
The target users and the population/patient group to whom the PPPG is meant to apply are specifically described.	√
The views and preferences of the target population have been sought and taken into consideration (as required).	√
The overall objective(s) of the PPPGs are specifically described.	√
Stakeholder identification and involvement: The PPPG Development Group includes individuals from all relevant stakeholders, staff and professional groups.	√
Conflict of interest statements from all members of the PPPG Development Group are documented, with a description of mitigating actions if relevant.	√
The PPPG is informed by the identified needs and priorities of staff, service users and others (as appropriate).	√
Stage 2 Development	
Checklist	
Systematic methods used to search for and appraise evidence are documented (for PPPGs which are adapted/adopted from international guidance, their methodology is appraised and documented as required).	√
There is an explicit link between the PPPG and the supporting evidence.	√
PPPG guidance/recommendations are specific and unambiguous.	√

The potential resource implications of developing and implementing the PPPG are Identified e.g. education/training/information, staff time and research.	√
Education and training is provided for staff on the development and implementation of evidence-based PPPG (as required).	√
Stage 3 Governance and Approval	Checklist
Formal governance arrangements for PPPGs at local, regional and national level are established and documented.	√
The PPPG has been reviewed by independent experts prior to publication (as required).	√
Copyright and permissions are sought and documented (as required).	N/A
Stage 4 Communication and Dissemination	Checklist
A communication plan is developed to ensure effective communication and collaboration with all stakeholders throughout all stages.	√
Plan and procedure for dissemination of the PPPG is described.	√
The PPPG is easily accessible by all users e.g. PPPG repository.	√
Stage 5 Implementation	Checklist
Written implementation plan is provided with timelines, identification of responsible persons/units and integration into service planning process.	√
Barriers and facilitators for implementation are identified, and aligned with implementation levers.	√
Education and training is provided for staff in the development and implementation of PPPGs.	√
Stage 6 Monitoring, Audit, Evaluation	Checklist
Process for monitoring and continuous improvement is documented.	√
Audit criteria and audit process/plan are specified.	√
Process for evaluation of implementation and effectiveness is specified.	√
Stage 7 Revision/Update	Checklist
Documented process for revisions/updating and review, including timeframe is provided.	√
Documented process for version control is provided.	√

I confirm that the above Standards have been met in developing the following:

Title of PPPG: Procedure for the Management of Safe Transfer of Child Health Records in the Public Health Nursing Service

Name of Person(s) signing off on the PPPG Checklist:

Name: Olivia O'Connor _____ Title: Practice Development Coordinator PHN Services CHO 2 __	Signature:  Date: __07/10/2020__
Name: Sinead Lawlor _____ Title: National Practice Development Coordinator for PHN services	Signature:  Date: __28/9/2021__

This signed PPPG Checklist must accompany the final PPPG document in order for the PPPG to be approved.

4.0 COMMUNICATION AND DISSEMINATION

4.1 Describe communication and dissemination plan.

This national procedure was commissioned by the National Quality Improvement Governance Group PHN Service. A development group was established. A draft of the procedure developed. Feedback was sought on the consultation draft from key stakeholder groups, DPHNs, INMO, National Healthy Childhood Program, TUSLA, National Data Protection Officer and National Children First Office. The Development Group reviewed all feedback received and a final draft of the procedure was prepared. The final draft of the procedure was submitted to the National Quality Improvement Governance Group PHN Service for recommendation for approval to HSE National Community Operations. The approved document will be circulated to all DPHNs nationally for dissemination to their respective nursing departments and to other key stakeholders involved in the transfer of child health records. A copy of the procedure is available on the HSE website to download at; National PHN Services: Primary Care www.hse.ie/phn
Communication in relation to this procedure will clearly identify that it supersedes all previous child health record transfer procedures in place locally.

5.0 IMPLEMENTATION

5.1 As part of the exploring and preparing stage of implementation existing procedures in place in local CHO's were reviewed prior to preparing the first draft of this national procedure (available on request). The draft copy of the procedure prepared was circulated to all DPHN's for service review and feedback in November 2020. This assisted in assessing the ability of the service to implement the procedural recommendations made.

This procedure was identified as a key PPPG by the Nursing Practice Development Coordinators National Group to support safe effective practice and ensure continuity of care for children and families. The National Quality Improvement Governance Group for the PHN

Service endorsed the development of this procedure.

Arrangements will be made with ICT to make the procedure available online. Webex update meetings will be offered to DPHNs/ADPHNs regarding the implementation of the procedure.

The introduction of the national standardised child health record will also contribute to supporting the implementation of this procedure in Community Healthcare Organisations (CHOs). This procedure should be used in conjunction with the Public Health Nursing Service Child Health Record User Guide and Data Definitions and Manual (NHCP 2020a and 2020b).

To implement and operationalise this procedure child health record transfer activity and child health register documentation will be monitored by the ADPHN as per local procedures. The ADPHN will assess the application of this procedure through team meetings, professional supervision sessions and through caseload audit reviews. The implementation of this procedure supports RPHNs to provide timely professional communication and ensures continuity of care. This will be facilitated by ensuring that all RPHNs are aware, understand and utilise this procedure.

5.2 Describe education/training plans required to implement the procedure. Briefing sessions via webex will be offered to the DPHNs and ADPHNs. Communication with the Higher Education Institutes responsible for student PHN education will occur to ensure awareness of this procedure. Local induction programmes for new nurses commencing employment will include briefing on all PPPGs approved for use within the PHN Service

5.3 Identify lead person(s) responsible for the implementation of the procedure. At national level the National Lead for Public Health Nursing and the National Practice Development Co-ordinator for PHN Service will lead on the implementation of this procedure and address issues arising nationally with implementation. Within the Community Healthcare Organisations, the DPHN will be responsible for ensuring all RPHNs within her/his remit are aware of, have read this procedure and have signed the verification document (Appendix I) or accessed it through the MAPS portal.

5.4 Outline specific roles and responsibilities

National Governance Group for Quality Improvement in the Public Health Nursing

Services: The National Governance Group is responsible for prioritising, developing, reviewing and recommending national PHN Service PPPGs for use in the service and submitting these PPPGs to Community Operations for approval. The Group will review this procedure on the date on the front page of the document. The Group will initiate an earlier review date in the event of amendments to legislation, HSE policy or other related PPPGs.

National Lead for Public Health Nursing: will lead on the implementation of this procedure and address issues arising nationally with implementation. The National Lead will liaise with the DPHNs regarding implementation of the procedure.

The Role of the Director of Public Health Nursing:

The DPHN is responsible for implementing, managing and auditing this procedure within her/his area of responsibility. The DPHN will identify and support on-going related

educational opportunities to further enhance knowledge and skills. The DPHN will ensure that all child health records transferred from her/his department occur in a timely and secure manner to the receiving RPHN area. The DPHN will monitor risks and incidents relevant to this procedure.

The Role of the Assistant Director of Public Health Nursing: The ADPHN is responsible for the implementation of the procedure by ensuring that current documents are available to all RPHNs in health centres. The ADPHN is responsible for ensuring that all RPHNs and other designated officers have knowledge of the procedures to be followed within the document. The ADPHN is responsible for ensuring new RPHNs are informed of the procedure on induction. The ADPHN is responsible for monitoring transfer of record practice in relation to the procedure and requesting amendments where appropriate. The ADPHN will ensure that all RPHNs are aware of any revisions to the procedure and ensure older versions of the procedure are removed from circulation. A database record of all RPHNs who have signed the signature sheet (Appendix I) will be maintained by the ADPHN and the DPHN will be notified of any noncompliance with sign-off of the procedure. MAPS portal where in use will support this function. The ADPHN is the point of contact for RPHNs who experience difficulties in tracking or tracing families (Monageer Inquiry 2009).

The Role of the RPHN: Each RPHN is responsible for adhering to this procedure and using it to guide their practice in the delivery of the service they provide. Each RPHN is responsible for ensuring that they read and understand the document and sign the attached signature sheet (Appendix I) or have confirmed this through the MAPS policy portal where it is in use. When areas of concern are identified, where legislation is known to have changed or where a health, welfare and safety risk is identified, it is the responsibility of each RPHN to ensure that their ADPHN is informed in order to ensure appropriate review and amendments are made to the procedure. It is every RPHNs responsibility to ensure they are working within their scope of practice at all times and that they identify their training needs to their manager to maintain standards of care. RPHNs should adhere to HIQA and NMBI guidelines regarding documentation, record keeping and file management.

Role of Practice Development Co-ordinator in Public Health Nursing: The PDC (where in post) supports the implementation and operationalisation of this procedure. She/he has a key role in the transfer of knowledge to frontline staff through the dissemination of current evidence based practice.

The Role of the administration staff: administration staff responsible for the transfer of child health records should be aware of and adhere to the processes detailed in this procedure.

6.0 MONITORING, AUDIT AND EVALUATION

- 6.1 Monitoring of this procedure will occur by the ADPHN through professional supervision, team meetings and documentation audit.
- 6.2 Audit of the operation of this procedure will be initiated by the DPHN in consultation with the local CHO audit lead. Good governance arrangements and an identified lead person are required to ensure systematic monitoring (HIQA, 2012b). Audits should evaluate record keeping and file management systems and practises (HIQA 2012). Audit will be carried out

retrospectively by the designated person appointed by the DPHN. This procedure will be the standard for audit using the attached audit tool (Appendix XIV).

The objectives of the audit will be:

- To provide evidence of compliance with the national procedure
- To ensure standardisation of application of the procedure
- To identify areas of improvement, make recommendations and prioritise actions

Frequency of audit, sampling processes and timescales for completions will be determined at local level following the first initial audit.

- 6.3 Evaluation of the procedure will be initiated by the DPHN/ADPHN and will occur through feedback at professional team meetings, direct patient feedback and through reviews of National Incident Report Forms (NIRFs) to monitor any near- misses/adverse incidents. Feedback from Your Service Your Say and through local formal complaints processes will be considered in any revision of the procedure.

7.0 REVISION/UPDATE

7.1 Describe procedure for the update of the PPPG

This procedure will be revised every three years on the date specified on the front page of the document. This review will be triggered by the PHN Qi group. In the event an electronic health record is introduced to the PHN service, this procedure will require review.

7.2 Identify method for amending PPPG if new evidence emerges

An earlier review of this procedure if required will be initiated by the PHN QI Group.

7.3 Complete version control update on PPPG template cover sheet

This is the first national version of a procedure for the management of transfer of child health records in the Public Health Nursing Service. See version control document on cover sheet for updated sections.

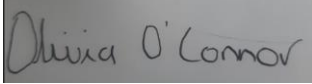
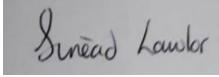

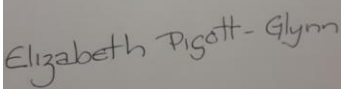
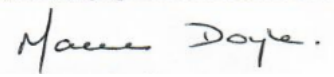

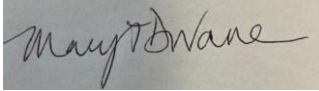

8.0 REFERENCES

- Department of Children and Youth Affairs (2017) Children First: National Guidance for the Protection and Welfare of Children.
- Department of Children and Youth Affairs (2019) The Report of the Commission to Inquire into Child Abuse (The Ryan Report).
- European Commission (2016) General Data Protection Regulations.
- Gibbons N., Harrison P., Lunny L., O'Neill G. (2010) Roscommon Child Care Case: Report of the Inquiry Team to the Health Service Executive.
- Hanafin S. (2013) *Child protection reports: Key issues arising for Public Health Nurses*. Community Practitioner, Volume 86, Number 10, October 2013 , pp. 24-27(4).
- Health Information and Quality Authority (2012a) National Standards for Safer Better Healthcare.
- Health Information and Quality Authority (2012b) National Standards for the Protection and Welfare of Children.
- Health Services Executive (2011) Standards and Recommended Practices for Healthcare Records Management.
- Health Services Executive (2013) Record Retention Periods: Health Service Policy.
- Health Service Executive (2016) National Framework for Developing Policies, Procedures, Protocols and Guidelines (PPPGs).
- Health Service Executive (2019a) Child Protection and Welfare Policy.
- Health Service Executive (2019b) Data Protection Guidelines.
- Health Service Executive (2019c) National Consent Policy
- Health Service Executive (2021) Guideline on the use of the Child Family Health Needs Assessment in the Public Health Nursing Service. www.hse.ie/phn
- Monageer Inquiry (2009) Available at: http://health.gov.ie/wp-content/uploads/2014/03/monageer_inquiry.pdf
- National Clinical Effectiveness Committee (2015) Standards for Clinical Practice Guidance
- National Healthy Childhood Programme (2020a) Public Health Nursing Service Child Health Record User Guide and Data Definitions.
- National Healthy Childhood Programme (2020b) Child Health Assessment Manual for Registered Public Health Nurses.
- Nursing and Midwifery Board of Ireland (2015) Scope of Nursing and Midwifery Practice Framework.
- Nursing and Midwifery Board of Ireland (2021) Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives.
- Shannon G, Gibbons N (2012) Report of the Independent Child Death Review Group. Dublin, Government Publications).


9.0 APPENDICES

- Appendix I Signature Sheet
- Appendix II Membership of the PPPG Development Group
- Appendix III Membership of the Approval Governance Group
- Appendix IV Notification of Change of address – Child Health
- Appendix V Long-term transfer form
- Appendix VI Short-term transfer form
- Appendix VII PHN Emergency Handover Form
- Appendix VIII Transfer of Record – PHN User Guide
- Appendix IX Data Protection Officer Contact Details
- Appendix X Community Health Organisation DPHN Contact Details
- Appendix XI Contact details for Northern Ireland Health Centres
- Appendix XII Consent form for the transfer of a copy of child health record outside of Republic of Ireland
- Appendix XIII Template letter to Tusla
- Appendix XIV Audit Tool
- Appendix XV Management of Maternal Postnatal Record
- Appendix XVI CHR Tracer
- Appendix XVII National Healthy Childhood Programme – Child Health Officers

Appendix II : Membership of the PPPG Development Group

<p>Chairperson: Olivia O'Connor Practice Development Coordinator Community Healthcare West</p>	<p>Signature: </p> <p>Date: 23/10/2020</p>
<p>Chairperson: Sinead Lawlor National Practice Development Co-ordinator for Public Health Nursing Joined Group in August 2020</p>	<p>Signature: </p> <p>Date: 30/09/2021</p>
<p>Jackie Austin Director of Public Health Nursing Louth</p>	<p>Signature: </p> <p>Date: 03/11/2020</p>
<p>Elizabeth Pigott-Glynn Team Coordinator Health - Link for Homeless Team Dublin 8</p>	<p>Signature: </p> <p>Date: 04/11/2020</p>
<p>Mary Cunniffe Public Health Nurse Roscommon</p>	<p>Signature</p> <p>Date</p>
<p>Maeve Doyle Public Health Nurse Jobstown Dublin 24</p>	<p>Signature: </p> <p>Date 26/11/2020</p>
<p>Connie O'Connell Assistant Director Public Health Nursing Galway</p>	<p>Signature: </p> <p>Date: 16/11/2020</p>
<p>Mary Devane Practice Development Coordinator Meath</p>	<p>Signature: </p> <p>Date: 23/10/2020</p>
<p>Edel Maxwell Practice Development Coordinator Dublin South East</p>	<p>Signature: </p> <p>Date: 03/11/2020</p>

Appendix III: Membership of the Approval Governance Group

TJ Dunford Head of Operations Primary Care	Signature: ____ TJ Dunford ____ Date: ____ 7/10/2021 ____
Virginia Pye National Lead PHN Services	Signature:  Date: ____ 7/10/2021 ____

Appendix IV

NOTIFICATION OF CHANGE OF ADDRESS

CHILD HEALTH RECORD (CHR)



Tick relevant box:

Request for Child Health Record (Transfer in) Forward Child Health Record (Transfer out)

Unknown address Setup on CHIS/Local System

Child 1	<i>(Block letters please)</i>	Child 2	<i>(Block letters please)</i>	Child 3	<i>(Block letters please)</i>
Surname		Surname		Surname	
Forename		Forename		Forename	
DOB		DOB		DOB	
Gender		Gender		Gender	
Mother/Legal Guardian:			Father/Legal Guardian:		
Surname			Surname		
Maiden name			Forename		
Forename			Phone number		
Phone Number					
DOB					
Previous Address			EIRCODE		
Transferring Out RPHN Area code			Transferring Out Health Centre		
Previous School (if applicable):					
New home address (if known) :			EIRCODE		
New School (if applicable)			New RPHN Area code (if known)		
Current GP:			New GP (If known)		
RPHN Signed:			Date		

To Director of Public Health Nursing

- I request CHR for child/ children listed above, now residing in County _____
- I enclose CHR for the child/children listed above who have transferred to your area
- Family have moved unknown address – copy to Child Health PHN/IMM-PHR IT Office

Signed: _____ **Date:** _____
ADPHN/Child Health Office Admin

Acknowledgement of receipt by PHN receiving the chart; return to local child health office/admin

Signed: _____ **Date:** _____

Long-term transfer of records to another RPHN are *Affix label otherwise complete: Name, DOB, Address*

Transferred from area:	
Transferred by:	Date:
Transferred to area:	
Transferred to:	
New address of transfer:	
Received by:	Date:

Transferred from area:	
Transferred by:	Date:
Transferred to area:	
Transferred to:	
New address of transfer:	
Received by:	Date:

Transferred from area:

Appendix VI Short Term Transfer Form

Short-term transfer of records internally

Affix label otherwise complete: Name, DOB, Address

Transferred from service:	Transferred to service:
Transferred by:	Date:
Received by:	Date:
Returned to health centre by:	Date:
Received to caseload by:	Date:

Transferred from service:	Transferred to service:
Transferred by:	Date:
Received by:	Date:
Returned to health centre by:	Date:
Received to caseload by:	Date:

Transferred from service:	Transferred to service:
Transferred by:	Date:
Received by:	Date:
Returned to health centre by:	Date:

PPPG Title: National Procedure for the Safe Transfer of Child Health Records

PPPG Reference Number: PCPHN04 Version No: 1 Approval Date: 2021 Revision Date: 2024

Appendix VII RPHN Emergency Handover Form

Children's Details	Comments	Developmental Details
Child's Name: DOB:		Primary Visit <input type="checkbox"/> 3 Month <input type="checkbox"/> 9 - 11 Month <input type="checkbox"/> 21 - 24 Month <input type="checkbox"/> 46 - 48 Month <input type="checkbox"/> Community Medical Doctor <input type="checkbox"/> Next App Due:
Child's Name: DOB:		Primary Visit <input type="checkbox"/> 3 Month <input type="checkbox"/> 9 - 11 Month <input type="checkbox"/> 21 - 24 Month <input type="checkbox"/> 46 - 48 Month <input type="checkbox"/> Community Medical Doctor <input type="checkbox"/> Next App Due:
Child's Name: DOB:		Primary Visit <input type="checkbox"/> 3 Month <input type="checkbox"/> 9 - 11 Month <input type="checkbox"/> 21 - 24 Month <input type="checkbox"/> 46 - 48 Month <input type="checkbox"/> Community Medical Doctor <input type="checkbox"/> Next App Due:
Additional Children Names		
Mother's Name		
Mother's Contact no		
Father's Name & Contact no		
Previous Address (1)		
Previous Address (2)		
New Address		
New Health Centre Address		
GP Details		

Services Involved/Referrals Made	Details of Services Involved i.e. location
Assessment of Need <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Dietician <input type="checkbox"/> Speech & Language Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/>	

Psychology <input type="checkbox"/>	
Other Services (Specify) <input type="checkbox"/>	

Tusla Involvement	
Tusla Involved: Yes <input type="checkbox"/> No <input type="checkbox"/>	Location of SW: _____
Name of Social Worker: _____	Phone No: _____
On Child Protection Notification System: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date and location of next CPC (if known): _____	
Family support worker name and contact details: _____	

Details of on-going concerns or issues requiring follow up:
Please attach copies of relevant documentation e.g. growth chart
Additional Comments:

Copy of Child and Family Health Needs Assessment and care plan MUST be attached to this RPHN Handover.

RPHN Giving Handover:	Contact No:
Location:	
RPHN Receiving Handover:	Contact No:
Location:	
Date:	

Appendix VIII

Transfer of Record – PHN User Guide

Section 14: Transfer of Record

There are two elements to the Transfer of Records section:

- 1) Long-term transfer of the national standardised child health record to another Public Health Nursing area.
- 2) Short-term transfer of records internally within a Public Health Nursing area for example for a clinic, community medical doctor clinic, allied health professional clinic, multidisciplinary team meeting etc.

In the absence of a national transfer of records policy (currently in development), all transfers of child health records must be performed according to current local policy adhering to all data protection and confidentiality requirements.

Transfer of the child health record to another PHN area

Variable	Definition	Answer Options	Comment/Action
Addressograph Label	Label printed from addressograph printer If no addressograph label available you must clearly write all the relevant details in the box	Must contain: <ul style="list-style-type: none">• Individual Health Identifier (IHI)• Surname• Forename• Date of Birth• Gender• Address• Eircode	Individual Health Identifier – not currently implemented Include Eircode as part of address if known
Transferred from area	Record the public health nursing area from where the child health record is being transferred from	Free text	For example, Tullamore, Offaly or Kenmare, Kerry
Transferred by	Record the name of the RPHN and their PIN who is transferring the child health record from their public health nursing area	Free text	Can use a name/date stamp if available

Date transferred by	Record the date that the child health record is transferred	Enter as DD/MM/YYYY	Can use a name/date stamp if available
---------------------	---	---------------------	--

Transferred to area	Record the public health nursing area that the child health record is being transferred o	Free text	For example, Tullamore, Offaly or Kenmare, Kerry
---------------------	---	-----------	--

Variable	Definition	Answer Options	Comment/Action
New address of transfer	Record the new address of the child in the area where the child health record is being transferred to	Free text	This is the address of the child in the public health nursing area that the child is moving to

Received by	Record the name of the person who receives the child health record	Free text	This can be an admin person or a RPHN but a name taking responsibility for receiving the child health record must be documented. Can use a name/date stamp if available
-------------	--	-----------	--

Date received	Record the date that the child health record is received in the new area	Enter as DD/MM/YYYY	Can use a name/date stamp if available
---------------	--	---------------------	--

Short-term transfer of records internally

Variable	Definition	Answer Options	Comment/Action
Addressograph Label	Label printed from addressograph printer If no addressograph label available you must clearly write all the relevant details in the box	Must contain: <ul style="list-style-type: none"> • Individual Health Identifier (IHI) • Surname • Forename • Date of Birth • Sex • Address • Eircode 	Individual Health Identifier – not currently implemented Include Eircode as part of address if known
Transferred from service	Record the public health nursing service area from where the child health record is being transferred from	Free text	For example, Tullamore, Offaly or Kenmare, Kerry
Transferred to service	Record the service/purpose that the child health record is being transferred to	Free text	The service and purpose are linked. For example record clinic; appointments with CMDs, physio, OT; child protection conference; multidisciplinary team meeting etc.
Transferred by	Record the name of the RPHN and their PIN who is transferring the child health record	Free text	In practice this would be the RPHN who holds that child in their caseload
Date transferred by	Record the date that the child health record is transferred	Enter as DD/MM/YYYY	Can use a name/date stamp if available

Received by	Record the name of the person who receives the child health record	Free text	This can be an admin person or a RPHN or clinic but a name taking responsibility for receiving the child health record must be documented. Can use a name/date stamp if available
-------------	--	-----------	--

Variable	Definition	Answer Options	Comment/Action
Date received	Record the date that the child health record is received	Enter as DD/MM/YYYY	Can use a name/date stamp if available

Returned to health centre by	Record the name of the person returning the child health record to the health centre	Free text
------------------------------	--	-----------

Date returned to Health Centre	Record the date that the child health record is returned to the health centre	Enter as DD/MM/YYYY	Can use a name/date stamp if available
--------------------------------	---	---------------------	--

Received to caseload by	Record the name of the person who received the child health record back into the RPHN caseload	Free text	This can be an admin person or a RPHN but a name taking responsibility for receiving the child health record must be documented
-------------------------	--	-----------	---

Date received to caseload	Record the date that the child health record is received by the RPHN	Enter as DD/MM/YYYY	Can use a name/date stamp if available
---------------------------	--	---------------------	--

Appendix IX Data Protection

<p>Deputy Data Protection Officer West, (excluding voluntary agencies)</p> <p>Consumer Affairs, Merlin Park University Hospital, Galway.</p> <ul style="list-style-type: none"> • CHO 1 – Cavan, Donegal, Leitrim, Monaghan, Sligo • Community Healthcare West – Galway, Mayo, Roscommon • Mid-West Community Healthcare – Clare, Limerick, North Tipperary. • Saolta Hospital Group 	<p>Email: ddpo.west@hse.ie</p> <p>Phone: 091-775 373</p>
<p>Deputy Data Protection Officer Dublin North-East (excluding voluntary hospitals and agencies)</p> <p>Consumer Affairs, HSE Dublin North East, Bective St., Kells, Co Meath.</p> <ul style="list-style-type: none"> • Midlands, Louth, Meath Community Health Organisation • Community Health Organisation Dublin North City & County • CHO 6 – Dublin South East, Dublin South & Wicklow • RCSI Hospital Group • National Children's Hospital 	<p>Email: ddpo.dne@hse.ie</p> <p>Phone:</p> <p>Kells Office: 046-9251265 Cavan Office: 049-4377343</p>
<p>Deputy Data Protection Officer Dublin mid-Leinster (excluding voluntary hospitals and agencies)</p> <p>Consumer Affairs, HSE, Third Floor Scott Building, Midland Regional Hospital Campus, Arden Road, Tullamore, Co. Offaly.</p> <ul style="list-style-type: none"> • Dublin Midlands Hospital Group • Ireland East Hospital Group • Community Healthcare Dublin South, Kildare & West Wicklow 	<p>Email: ddpo.dml@hse.ie</p> <p>Phone:</p> <p>Tullamore Office: 057-9357876 Naas Office: 045-920105</p>
<p>Deputy Data Protection Officer South (excluding voluntary hospitals and agencies)</p> <p>Consumer Affairs, HSE South, Ground Floor East, Model Business Park, Model Farm Road, Cork. Eircode: T12 HT02</p> <ul style="list-style-type: none"> • Cork & Kerry Community Healthcare • CHO 5 – Carlow, Kilkenny, South Tipperary, Waterford & Wexford • UL Hospital Group • South South-West Hospital Group 	<p>Email: ddpo.south@hse.ie</p> <p>Phone:</p> <p>Cork Office: 021 – 4928538 Kilkenny Office: 056 -7785598.</p>

APPENDIX X Community Health Organisations Contact Details

DIRECTORS OF PUBLIC HEALTH NURSING

Location	Director of Public Health Nursing	Contact
CHO 1 LHO Cavan/Monaghan	Public Health Nursing Department Health Service Executive Community Care Services Lisdaran Co. Cavan	Phone: 049 4373125/0494373149 cmphn.dept@hse.ie
CHO 1 LHO Donegal	Public Health Nursing Department Health Service Executive, St Conal's Building, Kilmacrennan Road, Letterkenny, Co Donegal, F92 XK84	Phone: 074 91 04648 dphn.donegal@hse.ie
CHO 1 LHO Sligo/Leitrim/ West Cavan	Public Health Nursing Department Health Service Executive West Markievicz House Barrack Street Co. Sligo	Phone: 0719149662 /086-8350475 liaisonsligoleitrim@hse.ie
CHO 2 LHO Galway	Public Health Nursing Department Health Service Executive 25 Newcastle Road Co. Galway	Phone: 091 336305 Marian.concannon@hse.ie
CHO 2 LHO Mayo	Public Health Nursing Department Health Service Executive, County Clinic Castlebar Co. Mayo	Phone: 094 9042208 liaison.PHNCastlebar@hse.ie
CHO 2 LHO Roscommon	Public Health Nursing Department HSE West Government Buildings Convent Road Co .Roscommon	Phone: 090 6637588 Roscommon.liaison@hse.ie
CHO 3 LHO Clare	Public Health Nursing Department Health Service Executive Sandfield Centre Ennis Centre Co. Clare	Phone: 065 6868041 louise.rice2@hse.ie
CHO 3 LHO Limerick/North Tipperary	Public Health Nursing Department Health Service Executive Raheen Business Park Ballycummin Avenue Co. Limerick	Phone: 061 483718/483716 No email

Location	Director of Public Health Nursing	Contact
CHO 4 Kerry	Public Health Nursing Department Health Services Executive Kerry Community Services Rathass Tralee, Co.Kerry	Phone: 066 7184555 adphnkerry@hse.ie
CHO 4 LHO North Cork	Public Health Nursing Department Health Service Executive Mallow Primary Healthcare Centre Floor 2 Mallow Co Cork Eircode: P51Y8EC	Phone: 02258643 ncBirthnotifications.south@hse.ie
CHO 4 LHO North Lee Cork City	Public Health Nursing Department Floor 1 block 8 St. Finbar's Hospital , Douglas Road, Cork.	Phone: 021 4923891 Dermot.murphy@hse.ie
CHO 4 LHO South Lee Cork City	Public Health Nursing Department Floor 1 Block 8 St. Finbarrs Hospital Douglas Road Co. Cork	Phone: 021 4923849 CarolineS.OLeary@hse.ie
CHO 4 LHO West Cork	Public Health Nursing Department Health Service Executive West Cork Coolnagarrane, Skibbereen, Co. Cork.	Phone: 028 40429 wcphndept@hse.ie
CHO 5 Carlow Kilkenny	Public Health Nursing Department Health Service Executive Community Care James Green Co. Kilkenny	PHN Secretary Ria Molyneaux Phone: 0567784703 CWKKPHN@hse.ie
CHO 5 South Tipperary	Public Health Nursing Department Health Service Executive Community Care Services, Western Road, Clonmel, Co Tipperary	Phone: 052 6177338
CHO 5 Waterford	Public Health Nursing Department Cork Road Co. Waterford	Phone: 051-842849 / 051-842898 Email : PHN.CCWAT@hse.ie
CHO 5 Wexford	Public Health Nursing Department Community Care Offices Upper George's Street Co. Wexford	childhealthwexford@hse.ie Rita Foley, Child Health Office, Upper George's Street, Wexford Y35AW96

Location	Director of Public Health Nursing	Contact
CHO 6 Dublin South East	Public Health Nursing Department Vergemount Hall, DSE CHO 6 Clonskeagh Hospital Campus, Clonskeagh, Dublin 6	Phone: 01 2680317 phnnursing.dse@hse.ie
CHO 6 Dun Laoghaire	Public Health Nursing Department Health Service Executive Tivoli Road Dun Laoghaire Co. Dublin	
CHO 6 Wicklow	Public Health Nursing Department Health Service Executive Glenside Road Co. Wicklow	Phone: 0404 63043/40 phnwwadmin@hse.ie
CHO 7 Dublin South City	Public Health Nursing Department Meath Campus, Heytesbury St., Dublin 8.	Phone: 01 7958165 phnservice.dsc@hse.ie
CHO 7 Dublin Dublin South West	Public Health Nursing Department Dublin South West, Carbury Building, Tallaght Cross Primary Care Centre, Russell Building, Tallaght Cross West, D24 DH74	Phone: 01 7957676/ 01 7957682 phnadmincho7dsw@hse.ie
CHO 7 Dublin West	Public Health Nursing Department Dublin West Community Services Cherry Orchard Hospital Ballyfermot Dublin 10.	Phone: 01 79 55731/55738 Email PHN Admin at shauna.deegan@hse.ie Laura.greene1@hse.ie Paul.mcentee1@hse.ie
CHO 7 Kildare/West Wicklow	Public Health Nursing Department Kildare West Wicklow St Mary's Community Services Craddockstown Rd Naas W91 NR29 Co Kildare	Phone: (045) 920448 phnkww@hse.ie

Location	Director of Public Health Nursing	Contact
CHO 8 LHO Laois/Offaly	Public Health Nursing Department Health Centre Dublin Road Portlaoise Co. Laois R32 ED81	Laois contact: Maureen Carr, Phone: 0578692553 Email address: maureen.carr@hse.ie Offaly contact: Anne McSpaddin Phone: 0578692554 E-mail: anne.mcspadden@hse.ie
CHO 8 LHO Longford/ Westmeath	Public Health Nursing Department Health Service Executive Health Clinic Mullingar Co. Westmeath	Patricia Geoghegan A/Staff Officer 044 93 53776 Patricia.Geoghegan@hse.ie
CHO 8 LHO Louth	Public Health Nursing Department Louth Community Services, Dundalk, Co. Louth	Margaret Dunne, PHN Admin Phone: 042 9332287 ext 5256 margaretc.dunne@hse.ie
CHO 8 LHO Meath	Public Health Nursing Department Kells Primary Care Centre, Navan Road, Kells, Co. Meath.	Phone: 046 9251463 Meath.phn@hse.ie
CHO 9 LHO Dublin North	Public Health Nursing Department HSE Community Healthcare Organisation Dublin North City & County Fujitsu House Unit 100 1st Floor Lakeshore Drive Airside Business Park Swords Co Dublin K67 R8X2	Phone: 01-8953719 phn.northdublin@hse.ie
CHO 9 LHO Dublin North Central	Public Health Nursing Department Dublin North City Area HSE Dublin/North East Health Service Executive CHO 9 Dublin North City Ballymun Civic Offices Ballymun Dublin 9 DO9C8P5	Phone: 01 8467128 dphn.dnc@hse.ie
CHO 9 LHO Dublin North West	Public Health Nursing Department Nexus Building, Blanchardstown. Corporate Business Park, Ballycoolin, Blanchardstown, Dublin 15 N5DX	Phone: 01 8975161 nursemanagementdnw@hse.ie

APPENDIX XI Contact details for Northern Ireland Health Centres

Northern Ireland Trust	Areas	Address	Contact Details
Belfast Health and Social Care Trust	Belfast, Castlereagh	There are three offices depending on the new address. Belfast Health Visitor Help Line No 00 44 28 95040846 HVadvice@belfasttrust.hscni.net	
South Eastern Health and Social Care Trust	Newtownards, Down, North Down, Lisburn (no helpline available)	Health Visiting (Downpatrick) – 00 44 28 44513794 Health Visiting (Newcastle/Castlewellan/Clough) – 00 44 28 43721810 Health Visiting (Saintfield/Crossgar /Killyleagh/Ballynahinch) – 00 44 28 97512231 Health Visiting (Stewartstown Rd) – 00 44 28 90306046 Health Visiting (Hillsborough) – 00 44 28 92680848 Health Visiting (Lisburn) – 00 44 28 92501364 Health Visiting (Bangor/Hollywood) – 00 44 28 91515248 Health Visiting (Ards/Comber/Lisbane) – 00 44 28 91514392 Health Visiting (Ards Peninsula) – 00 44 28 42757816	
Northern Health and Social Care Trust	Coleraine, Moyle, Larne, Antrim, Carrickfergus, Newtownabbey, Ballymoney, Ballymena, Magherafelt, Cookstown	There are nine offices depending on the address. No Central office. HV.helpline@northerntrust.hscni.net	
Southern Health and Social Care Trust	Dungannon, Armagh, Craigavon, Banbridge, Newry and Mourne. No helpline available.	Health Visiting (Newry & Mourne) – 00 44 28 37566327. Covers Newry City, Bessbrook, Rathfriland, Warrenpoint, Crossmaglen, Newtownhamilton and Kilkeel. Health Visiting (Banbridge) – 00 44 28 406 20070. Covers Banbridge, Gilford, Dromore and Brownlow. Health Visiting (Lurgan) – 00 44 28 37 560222 or 00 44 28 37 560223. Health Visiting (Portadown & Tandragee) – 00 44 28 37 560489. Health Visiting (Dungannon) – 00 44 28 37 565516 / 00 44 28 37 565517. Covers Dungannon, Coalisland, Ballygawley and Clogher. Health Visiting (Armagh) – 00 44 28 37 521575. Covers Armagh City, Tynan, Moy, Keady, Richill and Markethill.	
Western Health and Social Care Trust	Derry, Limavady, Strabane, Omagh and Fermanagh. No helpline available	Enniskillen Area – 00 44 7825196981 Omagh Area – 00 44 2882835555 Londonderry/Limavady/Strabane – 00 44 7557174129	

Appendix XII

Consent form for transfer of a copy of child health record outside of Republic of Ireland

Section A

Affix addressograph, otherwise complete following details:

Name of Child:	Male <input type="checkbox"/> Female <input type="checkbox"/>	D.O.B.
Parent name	Eircode	Phone Number
Previous Address:		
New Address:		
Child's G.P:		Child's RPHN:
Phone No:		Phone No:

Discuss case with local HSE Data Protection Officer for guidance if necessary.

The original child health record must be copied and the original is retained where it was created and archived as per local policy. The RPHN must document in the original child health record that a copy has been made and the copy is transferred out. This consent form is filed in the original child health record.

Parental Consent to a copy of child health record to be transfer outside of Ireland:

Yes No

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

PHN Signature: _____ **Date:** _____

Details (if relevant) _____

Appendix XIII

Informing Tusla of transfer of child health record

To whom it may concern

Please be advised that this child:

Has moved address Is at an unknown address

Details below

Affix addressograph, otherwise complete following details:

Name of Child:	Male <input type="checkbox"/> Female <input type="checkbox"/>	D.O.B.
Parent name	Eircode	Phone Number
Previous Address:		
New Address:		
Child's G.P:		Child's RPHN:
Phone No:		Phone No:
Social Worker details (if known)		Tusla portal number (if known)

PHN Signature: _____ Date: _____

Details (if relevant) _____

Appendix XIV: Audit tool for the safe transfer of the child health record from a phn caseload – longterm transfer

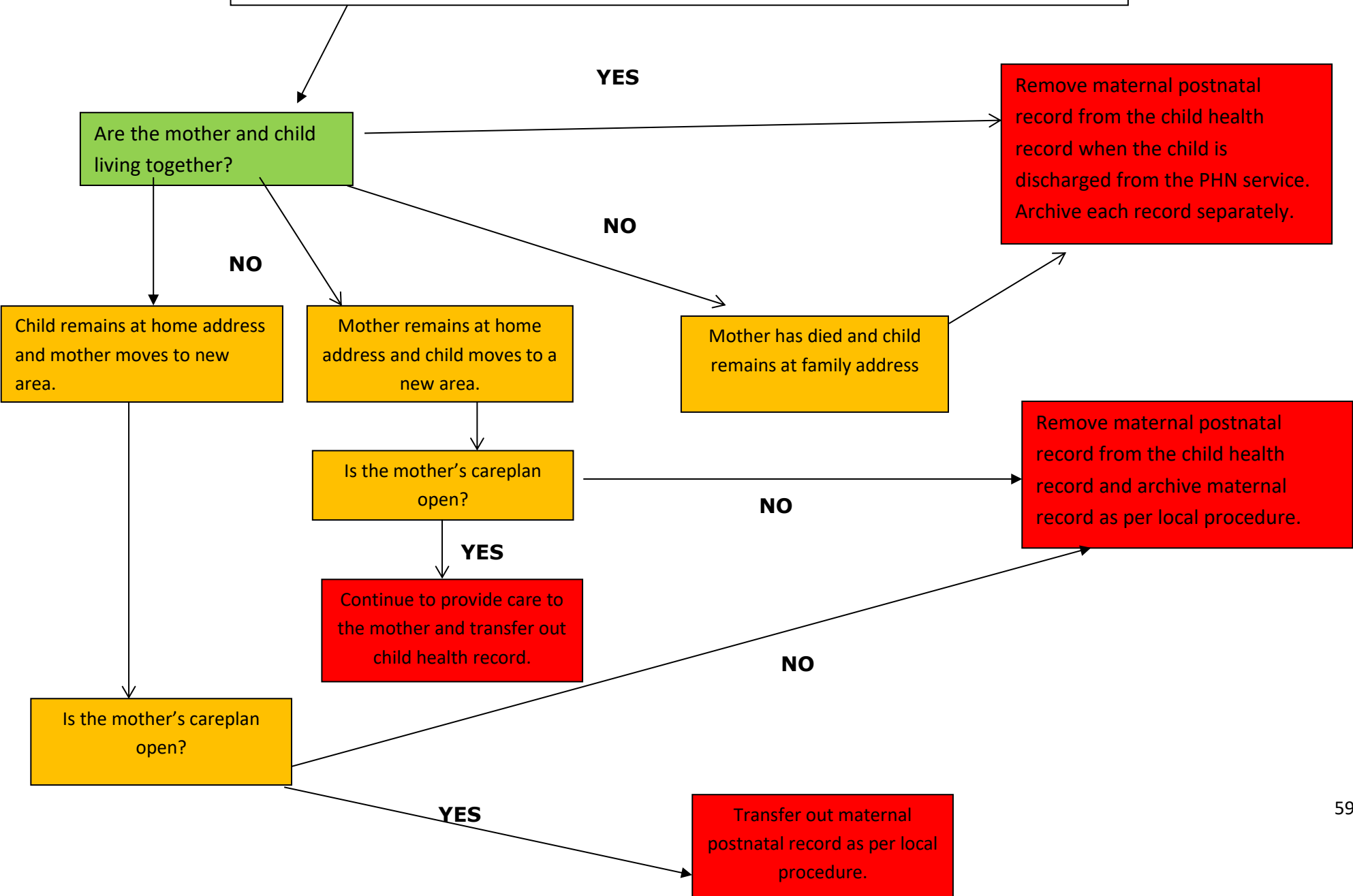
An Audit should be carried out within 6 months of implementation of this procedure using this audit tool. Frequency of audit, sampling processes and timescales for completions will be determined at local level following the first initial audit.

Please answer all questions indicating Yes or No and give a comment if applicable.

	No	Question?	Yes	No	N/A	Comment
	1	Is it documented in the child health record that the parents have been informed of the transfer of the child health record?				
	2	Is the date of transfer recorded in the child health record?				
	3	Is the new address for the child recorded in the child health record?				
	4	Has the long-term transfer form in the rear of the child health record been completed fully?				
	5	Is the notification of change of address form fully completed and attached to the child health record?				
	6	Are the CFHNA and care plan fully completed in the child health record (if applicable)?				
	7	Has the ADPHN been informed of the transfer and this recorded in the child health record? (if open CFHNA in place)				
	8	Has the change of address been notified on the CHIS system or other locally used system?				
	9	Is a receipt of registered post filed by the RPHN/child Health Office for this transfer? (if applicable)				
		Totals	<u>7</u>	<u>2</u>		

Action Areas identified	
Quality Improvement Plan:	
Date and time:	
Audit completed by:	Title:
Re-audit due date:	
Primary Care/Health Centre:	CHO:

Management and transfer arrangements of Maternal Postnatal Record



APPENDIX XVI



Public Health Nursing

Child Health Record Tracer (e.g. 2nd tier clinics, breastfeeding support group)

ADDRESSOGRAM (Name, Address DOB IHI if no label available)	Date of CHR Transfer out. Attach postage receipt (if applicable).	Signature of individual transferring out the CHR	Destination of Transferred out CHR	Staff member CHR transferred to (if applicable).	Date of return of CHR to RPHN caseload filing system and RPHN signature

APPENDIX XVII

National Healthy Childhood Programme

Child Health Officers

CHO	Name	Email
CHO 1	Fiola Murphy	Fiola.murphy@hse.ie
CHO 2	Elizabeth Lambe	elizabeth.lambe@hse.ie
CHO 3	Brenda Mellet	Brenda.mellett@hse.ie
CHO 4	Rachel Knox	rachel.knox@hse.ie
CHO 5	Siobhan Sinnott	Siobhan.Sinnott@hse.ie
CHO 6	Emma Hanway	Emma.hanway@hse.ie
CHO 7	TBC	
CHO 8	TBC	
CHO 9	Siobhan Ni Mhurchu	Siobhan.nimurchu1@hse.ie
National Healthy Childhood Programme Healthy.Childhood@hse.ie		