RESPONSE TO THE RECOMMENDATION FROM THE EDUCATION AND HEALTH STANDING COMMITTEE REPORT – KEY LEARNINGS FROM THE COMMITTEE RESEARCH TRIP 11-17 MARCH 2012 – REPORT NO. 14 JUNE 2012

Background

The Departments of Health and Education have had a long-standing joint agreement for the delivery of health services. The current Memorandum of Understanding (2010-2013) between the Department of Education and the Department of Health supports the early identification of hearing problems, among a range of other services.

More recently, an interagency ear health network that includes the Department of Health, the Telethon Speech and Hearing Centre for Children, Department for Communities, the Department of Education, Derbarl Yerrigan, Division of Otolaryngology, University of Western Australia, and General Practice Divisions, has been formed, with the primary aim of coordinating services through an agreed care pathway with a focus on Aboriginal ear health.

The identification and treatment of ear problems in children is delivered by a number of health providers including Aboriginal Medical Services, General Practitioners as well as community and school health nurses and Telethon Speech and Hearing. These are not only in the school setting but also through Aboriginal Health Services, Child health clinics and in the homes.

The current Department of Health school health policy requires all children are assessed for vision, hearing (ear health) and development upon school entry. For most children this will occur during kindergarten. The check includes an audiometry test, otoscopy assessment and for targeted populations, a tympanometry assessment.

Post school entry, any child for whom a concern is raised by parent or teacher these assessments may also be undertaken.

It is recognised that the level of ear disease in the Aboriginal population remains much higher than that of the general Australian population, particularly in rural and remote communities. The level and severity of otitis media is of great concern, but, reflecting the heterogeneity of the Aboriginal population and the environmental conditions in which they live, the prevalence of otitis media varies significantly.

A number of reports have been published highlighting the significant technical challenges involved in the clinical management of otitis media and the different management required for the various forms of otitis media. Correct diagnosis is key to effective management which antibiotics and other medical therapies including audiological interventions and surgical interventions may be recommended for established disease.

The EHSC visit to the Kimberley and Pilbara and subsequent report noted that significant problems with middle ear infections in children existed and was affecting educational outcomes.

The Committee made ten findings and one recommendation that relates to deficits in ear health services in school aged children.

Recommendation

The Committee strongly recommends that the Minister for Health and the Minister for Education develop a Memorandum of Understanding with the purpose of preventing, identifying and ensuring prompt treatment of middle ear infections in children.

This Memorandum will facilitate the examination of all children in primary school by an appropriately qualified school or community nurse. Such examinations should be more frequent during the wet season.

A protocol should be developed to allow the school or community health nurse to examine a child at the beginning of the week and where a middle ear infection is present, to treat ear infections during school hours with antibiotics either kept at school or purchased from the local pharmacy.

Telemetry linked to a medical specialist can be used where there is any doubt as to the presence of an ear infection.

When a child misses school who is being treated for an ear infection, the school health nurse is to notify child development services and the local community health services to ensure another appropriately qualified person is able to visit the child at home to administer antibiotics.

When the school health nurse has treated a child on two consecutive occasions for an ear infection the child is to be referred to an ear nose and throat specialist.

Response

- The Department of Health is currently strengthening its responses to the prevention, screening and treatment of ear health issues with a particular focus on Aboriginal children with the development of a Model of Care for otitis media.
- An expert panel of clinicians including Ear Nose and Throat specialists, public health physicians, community health nurses, speech pathologists, Aboriginal Health Workers, carers, General Practitioners, and other primary care providers will set direction to inform best practice and investment areas for children with ear health concerns.
- The Model of Care will be used to inform and strengthen an existing Memorandum of Understanding (2010-2013) between the Department of Education and the Department of Health for school health services.
- The Report's recommendation regarding the examination and subsequent treatment of children with middle ear infection is noted however currently there is legislative restriction on nurses in diagnosing illness and prescribing antibiotics preventing their capacity to provide an intervention of this type. Parents and guardians have the responsibility to give antibiotics, or consent to another person to give antibiotics to their children. School staff can administer antibiotics for children in their care if parents authorise and provide the medication.

- Linking to specialist services using telemetry including teleotoscopy is expanding. Assessments conducted by primary care providers including community health nurses raising concern will always be followed by a referral to an accessible service. This takes a number of forms including, telemedicine, utilising the Patient Assisted Travel Scheme for visits to metropolitan or regional specials and/or wait listing to be seen by a visiting specialist.
- The Department of Education has well defined responsibilities and protocols for school absences. These protocols do not use community health nurses. Community health nurses working in remote communities often are the only service providers with school, child and primary health care responsibilities.