

# Government Decree 338/2011

## on maternity and child health clinic services, school and student health services and preventive oral health services for children and youth

Issued in Helsinki on 6 April 2011

By decision of the Government on presentation by the Ministry of Social Affairs and Health, the following is enacted under section 23 of the Health Care Act (1326/2010):

### Chapter 1

#### General provisions

##### Section 1

###### *Purpose of the Decree*

The purpose of this Decree is to ensure that pregnant women and their families, children under school age and schoolchildren and their families, and students receive systematic health care counselling and health examinations in municipal health care services that are equal in quality and take the needs of individuals and the population at large into account.

##### Section 2

###### *Scope of application*

This Decree shall apply to the maternity and child health clinic services, school and student health services and preventive oral health services for children and youth referred to in sections 15, 16 and 17 of the Health Care Act (1326/2010).

##### Section 3

###### *Students entitled to student health care*

The following are the educational institutions referred to in section 23 of the Health Care Act, whose students shall be

provided student health care services by local authorities:

1) educational institutions referred to in the Act on Vocational Education (630/1998);

2) educational institutions referred to in the Act on Vocational Adult Education (631/1998);

3) educational institutions referred to in the General Upper Secondary Schools Act (629/1998);

4) educational institutions referred to in sections 2(3) and 2(5) of the Act on Liberal Adult Education (632/1998);

5) universities of applied sciences referred to in the Polytechnics Act (351/2003);

6) universities referred to in section 1 of the Universities Act (558/2009);

7) police training institutions referred to in the Act on Police Training (68/2005);

8) educational institutions referred to in the Act on the Training Institute for Prison and Probation Services (1316/2006);

9) the National Defence University, regarding students engaged in studies other than the military and professional studies required to qualify as a serving officer; and

10) emergency services colleges referred to in the Act on the Emergency Services College (607/2006) and educational institutions providing basic vocational education in the rescue services referred to in section 15(2) of the Rescue Act (468/2003).

A student at any of the educational institutions referred to in subsection 1 above engaged in studies qualifying for financial aid for students pursuant to the Act on Financial Aid for Students (65/1994) shall be

considered a student at such an institution for the purposes of this Decree.

A local authority may, however, provide student health care also for students beyond those referred to in subsection 2 above.

#### Section 4

##### *Organisation of services*

The authority responsible for public health matters in a municipality must adopt a uniform action plan for maternity and child health clinic services, school and student health services and preventive oral health services for children and youth in that municipality. This action plan must be drawn up in cooperation with the social welfare and education authorities.

Health examinations and the health care counselling based thereon must constitute a systematic service enabling the participation of the individuals and families concerned. The developmental environments of children and adolescents must be taken into account in organising services. Health examinations and health care counselling must be provided multi-professionally as necessary.

Monitoring information on the health and well-being of the local population obtained through health examinations and health care counselling shall be used as a basis for service planning.

#### Chapter 2

### **Content and number of health examinations**

#### Section 5

##### *Health examinations*

The local authority shall organise regular health examinations for all members of pre-determined age groups or year classes or other similar groups, and also health examinations determined by individual needs. Public health nurses, midwives,

physicians, dentists, oral hygienists and dental nurses are required to try to establish what the need for support is of those persons who fail to attend regular health examinations. A health examination may be conducted by a public health nurse, a midwife or a physician. An extensive health examination shall be conducted by a public health nurse or a midwife together with a physician. An oral health examination may be conducted by a dentist, an oral hygienist or a dental nurse.

#### Section 6

##### *Content of health examinations*

Health examinations shall explore the growth, development and well-being of individuals as necessary for the individual's age and personal needs, through interviews, clinical examinations and other means as necessary. The well-being of a family shall be investigated through an interview. The requests and opinions of the individuals being examined shall be invited and taken into account in accordance with their developmental level.

An estimate of an individual's state of health and the need for any further examinations, support or treatment shall be made together with the individual and, if the individual's age so requires, the individual's guardian(s). Where necessary, a personal health and well-being plan shall be drawn up, or an existing such plan updated.

#### Section 7

##### *Content of extensive health examinations*

Extensive health examinations for families expecting a baby shall involve an examination of the health of the mother and the foetus and also an investigation of the well-being of the family through an interview and other means as necessary.

Extensive health examinations for children of under school age and for schoolchildren shall involve an interview with the parents and an investigation of the well-being of the family insofar as this is necessary for

estimating the child's need for health care, medical care or support, and for organising and providing same.

Extensive health examinations may include, with the written consent of the child's guardian, the obtaining of an estimate from day care or preschool teaching personnel on how the child is coping in the case of a child of under school age, or from a teacher on the performance and well-being of the child in the case of a pupil at school. Such an estimate shall contain the data necessary for estimating the child's need for health care, medical care or support, and for organising and providing same.

A summary of extensive health examinations shall be used as input in evaluating, together with student welfare services, the state of the classroom community and the school community and the need for any further action. Such a summary must not contain any personal data.

#### Section 8

##### *Content of oral health examinations and who conducts them*

Oral health examinations involve investigating the health of the mouth, its development and need for treatment, and drawing up a personal health plan if necessary.

For families expecting their first baby, the state of the family members' oral health and need for treatment shall be estimated by a health care professional through an interview, and other means as necessary. Oral health examinations for children under school age shall be conducted by an oral hygienist or a dental nurse, and if necessary by a dentist. Regular oral health examinations for schoolchildren shall be conducted by a dentist, an oral hygienist or a dental nurse with supplementary training. Oral health examinations for schoolchildren shall always include dentist's appointments, allocated as needed. Also, specialist oral health examinations shall be conducted as necessary.

Children at particular risk of mouth diseases shall be provided with enhanced preventive oral health care and individually designed health examinations.

#### Section 9

##### *Regular health examinations*

Local authorities shall provide:

1) at least one extensive health examination for each family expecting a baby;

2) at least nine (9) health examinations for each child during the first 12 months of life; these shall include six health examinations conducted by a public health nurse, two health examinations jointly conducted by a physician and a public health nurse when the child is 4 to 6 weeks old and 8 months old, and an extensive health examination when the child is 4 months old;

3) at least six (6) health examinations for each child between the ages of 1 and 6, including extensive health examinations at the ages of 18 months and 4 years; one of these health examinations shall include a public health nurse's estimation of the child's oral health;

4) a health examination for schoolchildren during each school year, of which the examinations in the 1<sup>st</sup>, 5<sup>th</sup> and 8<sup>th</sup> grades shall be extensive health examinations;

5) for students at educational institutions referred to in section 3(1) paragraphs 1 to 4, inclusive, or engaged in studies referred to in paragraph 10 not leading to a bachelor's degree: a health examination conducted by a public health nurse during the first year of study, and a health examination conducted by a physician during the first or second year of study, unless such an examination has already been conducted in connection with student enrolment; however, a health examination conducted by a physician must always be provided during the first year of study for students who are in special needs teaching or whose state of health or studying capacity must be investigated because of their area of studies or future occupation;

6) for students at educational institutions referred to in section 3(1) paragraphs 5 to 9, inclusive, or engaged in studies referred to in

paragraph 10 leading to a bachelor's degree: a health questionnaire during the first year of study, leading to a health examination if necessary.

The extensive health examination conducted for schoolchildren in the 8<sup>th</sup> grade shall include an assessment of their special needs with regard to choice of occupation and further studies, and any support measures needed shall be planned.

#### Section 10

##### *Regular oral health examinations*

Local authorities shall provide:

- 1) at least one estimation of oral health and need for care for each family expecting its first baby;
- 2) oral health examinations for each child under school age at the age of 1 or 2 years; and at the age of 3 or 4 years; and at the age of 5 or 6 years;
- 3) an oral health examination for schoolchildren in the 1<sup>st</sup>, 5<sup>th</sup> and 8<sup>th</sup> grades;
- 4) for students: an oral health examination at least once during their studies to establish their need for oral health care counselling and services.

#### Section 11

##### *Specialist examinations in school health care*

Local authorities shall organise the following specialist medical examinations for determining a pupil's state of health if necessary:

- 1) an eye or ear examination by a relevant specialist, and any further examinations that specialist may deem necessary;
- 2) an examination by a child or youth psychiatrist to determine mental health status; and
- 3) an examination by a psychologist.

#### Section 12

##### *Health and safety in the school community and the study environment*

Health and safety in the school community and the study environment shall be inspected together with the participation of the educational institution, its pupils or students, school or student health services personnel, the health inspector, personnel occupational health care employees, occupational safety and health personnel, and other experts as required. Any shortcomings noted in these inspections shall be corrected and the corrections monitored on a yearly basis.

#### Section 13

##### *Identifying needs for and providing special support*

Health care counselling and health examinations must be organised so as to enable early detection of needs for special support in children under school age, in schoolchildren, in students and in families, and any support needed shall be provided without delay. The need for special support must be investigated if factors that may jeopardise healthy growth and development are discovered in children under school age, schoolchildren, students, families or the environment.

To evaluate the need for special support and to provide the support, further appointments and home visits shall be organised as needed. A well-being and health plan must also be drawn up together with the person requiring special support and, depending on that person's age, his/her family. Implementation of the plan shall be monitored and evaluated. Cooperation with various actors in local government – day care, home services, child welfare services, pupil and student welfare services, specialist medical care and others – shall be undertaken to evaluate the need for and provide special support, as necessary.

#### Chapter 3

### **Health care counselling**

#### Section 14

##### *General health care counselling*

Local authorities shall provide health care counselling as referred to in section 13 of the Health Care Act in accordance with the individual needs and developmental attainments of local residents, in cooperation with individuals and their families so as to enable them to strengthen their resources, apply information in practice and take responsibility for their own health. Health care counselling shall include evidence-based information. Health care counselling may be provided individually, in groups or in communities.

Health care counselling must support parenthood and intimate partner relationships and also enhance the social support networks of families. It must also support the promotion of the health, including mental health, and psychosocial well-being of individuals and their families at least in the following areas:

- 1) growth, psychosocial and physical development;
- 2) human relationships, rest and leisure time, the importance of the media for health and safety, ergonomics, nutrition, exercise, weight control, oral health and sexual health including contraception;
- 3) prevention of domestic and intimate partner violence, accidents and smoking and the use of alcohol and other intoxicants;
- 4) vaccinations in accordance with the national vaccination programme and infection prevention;
- 5) social security as applicable, and social welfare and health care services.

#### Section 15

##### *Supplementary health care counselling*

Families expecting their first baby shall be provided with multi-professional family training including parents' group activities. A home visit shall be paid on families expecting their first baby or who have recently had their first baby. Other home visits shall be made as necessary.

Health care counselling for families expecting a baby shall be offered to both parents. This counselling shall include information on pregnancy and related risks,

on childbirth, on child care and on potential mental health changes related to pregnancy and delivery. The counselling shall support early interaction between child and parent and ensure that the mother has the strength to breast-feed.

Health care counselling for children under school age, schoolchildren and their families shall ensure that the children develop properly, that they are cared for and educated, and that there is interaction between child and parent. The parents' well-being, coping and interaction shall also be supported.

Health care counselling for schoolchildren and students shall support and promote independence, studying capacity, a healthy lifestyle and good physical functional capacity and mental health, besides preventing bullying at school. Students shall also be provided information on the requirements of their chosen occupations and health hazards related to particular jobs and occupations.

#### Section 16

##### *Contraception and other sexual health counselling*

Counselling supporting the sexual maturing and development of children under school age, schoolchildren and students shall be incorporated in health care counselling and health examinations in accordance with the developmental attainment of the children and adolescents concerned. Contraception counselling and other sexual health counselling shall be given as part of maternity and child health clinic services and school and student health care services. Such counselling may also be provided in connection with other services.

#### Chapter 4

##### **Organising health care and medical care services for students**

## Section 17

*Health care and medical care services*

In addition to the health examinations and health care counselling provided for in chapters 2 and 3, the following are health care and medical care services belonging to student health care services as referred to in section 17(2) paragraph 3 of the Health Care Act:

1) early detection of eventual mental health and substance abuse problems, treatment and referral to further treatment;

2) services promoting sexual health, including counselling on sexuality and intimate relationships, infertility, contraception, sexual and gender orientation support, prevention of venereal diseases, prevention of sexual violence and other counselling related to sexual health and, if necessary, referral to further treatment;

3) oral health care services, including health care counselling, individually determined examinations and treatment of individuals' mouths and teeth, and the drawing up of a treatment plan, including self-care, by a health care professional on the basis of a health examination;

4) other basic health care and medical care services, and referral to further treatment.

Actions intended to promote the health of students and to prevent diseases on the one hand, and health care and medical care services on the other, must form a coherent

entity to promote the health, well-being and studying capacity of students.

## Chapter 5

**Miscellaneous provisions**

## Section 18

*Obligations under the Child Welfare Act*

The Child Welfare Act (417/2007) contains provisions concerning the notification obligation regarding investigation of a potential need for child welfare services, requests for an investigation of a potential need for child welfare services, the monitoring and promoting of the well-being of children and adolescents jointly by local government authorities, and the drawing up of a plan to promote the well-being of children and adolescents and to organise and develop child welfare services.

## Section 19

*Entry into force*

This Decree shall enter into force on 1 May 2011.

Measures necessary to implement this Decree may be taken before the Decree enters into force.

Helsinki, 6 April 2011

Minister of Health and Social Services *Paula Risikko*

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