



Family Nursing & Home Care

School Nurse Team Policy and Procedures August 2023

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Version control / changes made

Date	Version	Summary of changes made	Author
July 2023	2	Review and update of previous School Health Nursing Policy and Standard Operating Procedures. Transferred to new template. Addition of School Nurse Team 5 point safety plan as appendix	Mo de Gruchy

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1. INTRODUCTION

1.1 Rationale

The School Nurse Team is represented by Specialist Community Public Health Nurses (SCPHN), Registered Mental Health Practitioners, School Nurse Staff Nurses and School Nurse Assistants. (The term School Nurse will be used generically throughout this policy unless otherwise stated). The School Nurse Service is provided by Family Nursing & Home Care (FNHC) who have a Service Level Agreement with Health and Community Services. Key Performance Indicators (KPIs) are used to measure service delivery.

The School Nurse Service is a central and accessible point of contact for children, young people and their families; working with both, health and non-health professionals, to promote and support their health needs using a bio-psycho-social model. It delivers year round nurse-led health provision to all children in education in Jersey; incorporating an age appropriate public health service spanning the age group of 5 to 19 years. The service offered will be dependent upon the holistic assessment of the child and family, which will determine whether the universal service is appropriate or further intervention is required.

The aim of this Policy is to ensure that the School Nurse Team work to agreed standards to provide a service that is safe, accessible and of a high standard. It incorporates guidance from the Healthy Child Programme to provide an evidence-based approach. The direction of service intervention is determined by local and individual identification of need, focusing on prevention and early intervention to break the cycle of health inequalities within families (IHE 2020).

It is expected that the registrant exercises professional judgement in deciding whether or not a child or young person receives additional support and/or intervention, targeted at different levels of identified need. A plan of intervention can then be made and who is best placed to deliver the intervention. The policy should be used in conjunction with the Healthy Child Programme, Working Together to Safeguard Children, Jersey Safeguarding Partnership Board Child Protection Procedures, Family Nursing procedures and policies.

The service provides public health and health promoting activities to children, young people, their families, groups and communities, based on identified needs, in line with the Healthy Child Programme. This is achieved through:

- Demographic and Community Profiling
- Health Needs Assessment of the local community

Working in partnership to improve the health outcomes of children and young people, the School Nurse Service aims to provide Universal, Targeted and Specialist intervention; safeguarding and protecting children at all levels of service, working in a range of settings, whilst achieving an organisational aim of:

- Providing services as we would want to receive them – high quality, caring and efficient
- Working with families to make sure they can access our services
- Valuing and developing the skills and experience of our staff
- Valuing the trust that families put in us

The Principles of Health Visiting underpin the practice of the Specialist Community Public Health Nurse:

- Search for Health Needs
- Stimulating Awareness of Health Needs
- Facilitation of Health-Enhancing Activities
- Influencing Policies Affecting Health

(CETHV 1977; Twinn & Cowley 1992; Cowley and Frost 2006)

1.2 Scope

This policy applies to all individuals working as part of the School Nursing Team.

1.3 Role and Responsibilities

Chief Executive Officer

The Chief Executive Officer (CEO) has overall responsibility for effective management of risk within the organisation. As accountable officer, the CEO is responsible for the effectiveness of the organisation's systems of internal controls.

Operational Lead Child and Family Services (CFS)

The Operational Lead CFS has responsibility for ensuring that the required structures and resources are in place to enable effective service delivery.

School Nurse Team Lead

The School Nurse Team Lead has responsibility to ensure that the staff are:

- Trained and have the competencies needed to undertake all elements of the role
- Aware of the School Nurse Team Lone worker 5 point safety plan (appendix 1)
- Know how to seek advice and guidance and access regular supervision in line with FNHC policy
- Have awareness and access to this document
- Act as a resource for children, young people and their families in the pursuit of care delivery
- Develop care pathways and practice guidelines using best evidence where it exists; ensuring that they are implemented, regularly updated and available to relevant staff
- Monitor quality through clinical audit, taking into account comments and complaints
- Work in partnership with other organisations (Commissioners; Allied Health Professionals; Education, Social Care & Community Services; other statutory and voluntary organisations)
- Provide health educational support and training programmes to school staff
- Deliver high quality and cost effective services

School Nurse Team

The School Nurse Team will promote the holistic health of the school aged population, thereby enabling them to achieve their full potential. They encourage children and young people to think about their health and become responsible for their own wellbeing as they progress through childhood and adolescence.

As specialist practitioners, School Nurses function as both health promoter and health educator. The School Nurse works in partnership with many agencies, professionals and families to promote and protect the bio-psycho-social health and wellbeing of children and young people, in the developing years. Working tirelessly to safeguard the needs of children and young people in Jersey, providing a fully confidential health service including: advice, guidance and support with physical and mental health; healthy lifestyle choices; childhood continence and toilet training; behaviour management and modification; and adolescent and sexual health; as well as providing specific support for families with complex needs within the school setting.

The role is varied and includes:

- Keeping children and young people safe from harm and protecting them from abuse, in accordance with Jersey Safeguarding Partnership Board Child Protection Procedures and Family Nursing & Home Care policies
- Offering health advice and universal health surveillance, incorporating early intervention and support to children, young people and their families. The School Nurse Team works in partnership with allied health professionals; colleagues in education, social care other community services; other statutory and voluntary sectors, children, young people and families
- Reviewing the health status of children and young people and facilitating health care plans as required
- Promoting early intervention to support children, young people and families to reach their full potential

The School Nurse Team works with schools and local communities, offering advice, information, health promotion, health education and signposting to other agencies as required. School Nurses have an understanding of the local health needs and this facilitates strategic planning and analysis of any gaps in provision.

School Nurses advertise their service and promote access to the team through leaflets, posters, drop in sessions and the FNHC website and each school has an identified named nurse (BYC 2013).

The School Nurse Team support training of both pre-registration and post registration students, maintaining links with the relevant local and national higher educational establishments.

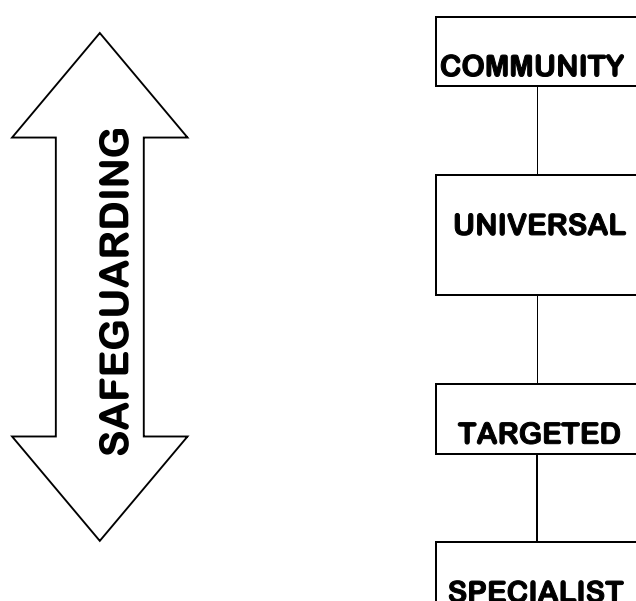
2. POLICY

2.1 Healthy Child Programme Overview

The Healthy Child Programme is evidence based early intervention and prevention public health programme that lies at the heart of universal services for children, young people and families. The Healthy Child Programme's 'universal in reach' (Healthy Child Programme, Department of Health 2009, updated 2021) provides an opportunity to identify families that are in need of additional support, and children and young people who are at risk of poor outcomes.

The Healthy Child Programme sets out the good practice framework for prevention and early intervention services for children and young people aged 5-19 years; and recommends how health, education and other partners, working together across a range of settings, can significantly enhance a child's or young person's life chances.

The evidence based programme for a universal service promotes optimal health and wellbeing, targeting additional services where there is further identified need. The School Nurse Team will deliver Targeted and Specialist intervention as needs indicate.



Universal Contacts:

- Reception, age 4 to 5 years ~ School Entry Questionnaire, Selective Health Assessment and Child Measurement Programme
- Year 6, age 10 to 11 years ~ Child Measurement Programme

Targeted and Specialist Contact:

- Referral from another agency
- Parental request or self-referred
- Child with Complex or Additional Needs

- Child with Early Help Plan
- Child with a Child in Need Plan
- Child with a Child Protection Plan
- Child Looked After

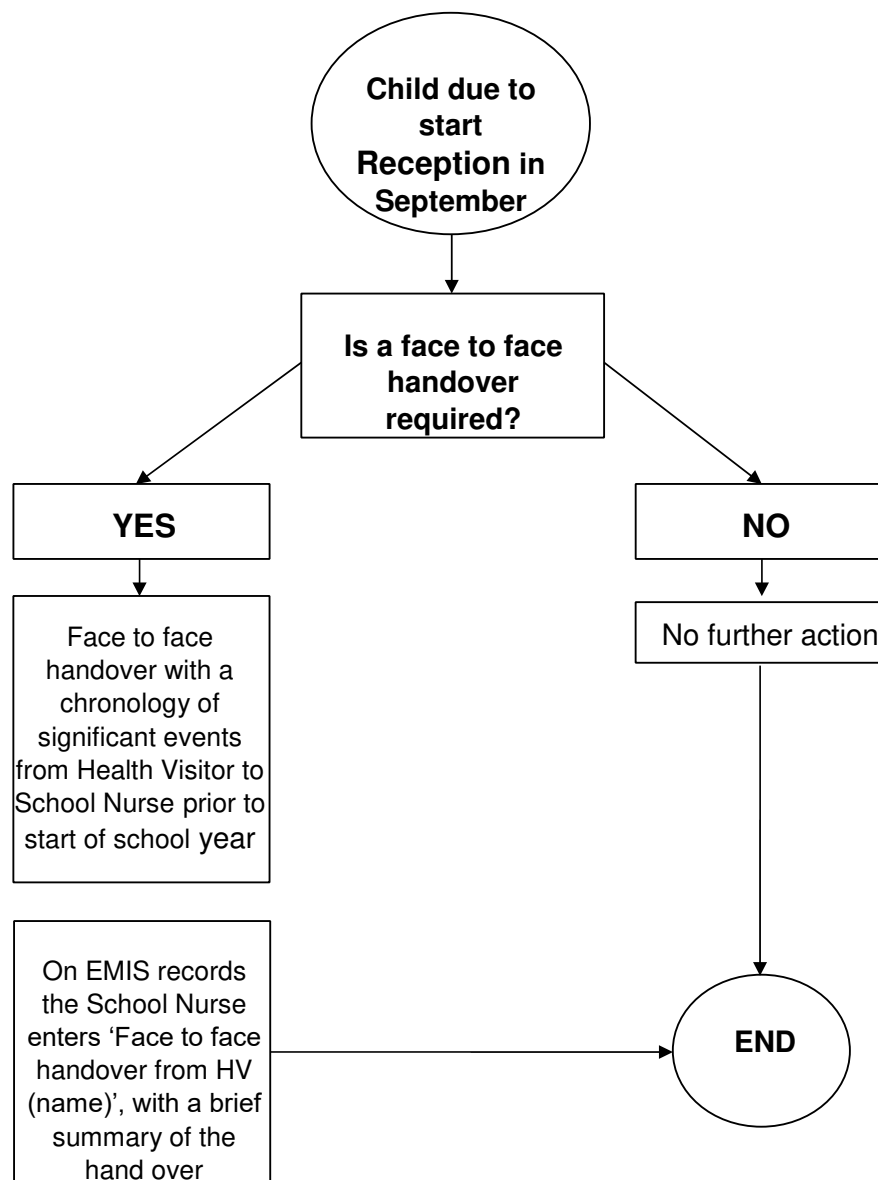
The list is not exhaustive and is meant as a guide but professional judgement will override this with all Targeted and Specialist services being led by the needs of the child.

3. PROCEDURE

3.1 Pre-school Information

The Healthy Child Programme recommends that pre-school information is collected about health via the Health Visiting Team (as per the 0-5 Healthy Child Programme). Working in partnership with the Health Visitors during the transition of children in to school will identify those families who may have additional needs.

This flowchart illustrates the transition between the Health Visiting Service to the School Nurse Service.



3.2 Healthy Child Programme Core Requirements

Core Content	Core Requirements	Expected Outcomes	Further Action
<p>Selective Health Assessments</p> <p>In accordance with the Healthy Child Programme the health status of all children is reviewed on entry to school.</p>	<p>Introduction to the School Nurse Service will include:</p> <ul style="list-style-type: none"> • Assessment of children's health status • Assessment and review of children with additional needs • Identifying problems which may affect the child's ability to learn and access the national curriculum <p>To include explanation of:</p> <ul style="list-style-type: none"> • School Nurse role • School Nurse Team • Multi agency working • Voluntary services • Contact details • Confidentiality of information <p>In addition, where children's health conditions are identified before school entry, the School Nurse Team may liaise with other professionals in health and education to support meeting the needs of the individual child with educational setting</p>	<p>Identification of children requiring Targeted or Specialist intervention</p>	<ul style="list-style-type: none"> • Liaise with specialist service • From assessment a plan and/or intervention is developed for each child on an individual basis • Refer as needs indicate • Child and/or family signposted to another service • Safeguarding risks will be considered
<p>Health Assessments</p>	<p>The School Nurse Team will respond to the following:</p> <ul style="list-style-type: none"> • Child Looked After • Child with a Child Protection Plan • Child with a Child in Need Plan • Child with Early Help Plan • Child with complex needs 	<p>Identification of children requiring Targeted or Specialist intervention</p>	<ul style="list-style-type: none"> • Liaise with specialist service • From assessment a plan and/or intervention is developed for each child on an individual basis • Refer as needs indicate

Core Content	Core Requirements	Expected Outcomes	Further Action
	<ul style="list-style-type: none"> • Referral from another agency • Parental request or self-referred • Repeat admission for wheeze/asthma • Injuries resulting from risk taking behaviour • Intentional self-harm • Diagnosis of a new condition or syndrome • Admission to Children's Intensive Care Unit • Any life-threatening episode <p>The list is not exhaustive and is meant as a guide but professional judgement will override this.</p>		<ul style="list-style-type: none"> • Child and/or family signposted to another service • Safeguarding risks will be considered
<p>Promoting Healthy Weight</p> <p>The School Nursing Team undertakes annual measuring of children in line with the National Child Measurement Programme (NCMP); including promoting healthy weight and preventing obesity, in partnership with parents, schools, communities and allied health professionals.</p>	<p>The School Nurse Team will:</p> <ul style="list-style-type: none"> • Weigh all children at Reception stage, Year 6 and targeted children, using recommended scales • Input measurements onto EMIS records • Support parents/carers with feedback information of children whose weight falls outside the healthy BMI range • Offer Targeted and/or Specialist interventions where children's weight falls outside the healthy BMI range • Provide Targeted and/or Specialist support to children and their families • Promote Healthy Lifestyles and choices 	<ul style="list-style-type: none"> • Reduction levels of overweight, obese and underweight children • Increase physical activity and healthy eating • Early detection and support for children with eating disorders 	<ul style="list-style-type: none"> • Liaise with specialist service • Refer as needs indicate • Child and/or family signposted to another service • Safeguarding risks will be considered

Core Content	Core Requirements	Expected Outcomes	Further Action
Mental Health and Wellbeing	<p>The School Nurse Team will:</p> <ul style="list-style-type: none"> Promote good mental health and wellbeing during school years Direct referrals with an emotional or mental health component for triage by the Mental Health Practitioners (MHP) in line with the MHP SOP Work towards improving self-esteem, anger management, stress management, friendships and relationships Signpost or refer to specialist support where required and promote uptake of appropriate service Ensure family centred approach 	<ul style="list-style-type: none"> Early intervention for improved outcomes Empowerment to support positive change Provide strategies to cope with challenging life events Timely referrals to specialist and voluntary services 	<ul style="list-style-type: none"> Liaise with specialist service From assessment a plan and/or intervention is developed for each child on an individual basis Refer as needs indicate Child and/or family signposted to another service Safeguarding risks will be considered Liaise with pastoral care team
Continence Care To support parents and children to access support and information about management of continence.	<p>The School Nurse Team will:</p> <ul style="list-style-type: none"> Provide parents/carers, children and young people with information and guidance and refer them to the ERIC website where appropriate www.eric.org.uk Complete a continence assessment Provide specialist nurse led individual assessment, advice and on-going support Provide enuresis alarms Work in partnership with the Paediatric Team Promote continence following the Childhood Continence pathway (Appendix 1) 	<ul style="list-style-type: none"> Early identification of physical abnormalities To empower parents/carers, children and young people to utilise best practice in the management of continence Minimise emotional impact of continence issues 	<ul style="list-style-type: none"> Liaise with specialist service From assessment a plan and/or intervention is developed for each child on an individual basis Refer as needs indicate Child and/or family signposted to another service Safeguarding risks will be considered

Core Content	Core Requirements	Expected Outcomes	Further Action
		Achieve continence or timely referral to specialist services as needs indicate	
Personal Hygiene Health and Development	<p>The School Nurse Team will:</p> <ul style="list-style-type: none"> • Give information about basic personal hygiene and developmental changes • Respond to individual referrals and offer support to meet individual need 	<ul style="list-style-type: none"> • Improved self-care skills and self-esteem <p>Timely awareness and understanding of physical and emotional changes associated with development</p>	<ul style="list-style-type: none"> • Liaise with specialist services • Refer as needs indicate • Safeguarding risks will be considered
Duty, Liaison and MASH	The School Nurse Team will share responsibility for Duty and MASH cover:	Standard Operating Procedures Multi Agency Safeguarding Hub (MASH) - Health Processes	<ul style="list-style-type: none"> • Liaise with specialist services • Refer as needs indicate • Liaise and work in partnership with allied health professionals, key workers within the safeguarding arena
Child Looked After (CLA)	The School Nurse Team will work in partnership with Children's Social Care and the CLA Paediatrician to meet the health and wellbeing of children looked after.	Standard Operating Procedures Children Looked After - Internal Processes	To work with children who are looked after on a needs led basis to improve health outcomes
Emergency Department Attendance and/or Hospital Admission The School Nurse will respond by letter or telephone contact	<p>The School Nurse Team will consider the need for follow up on:</p> <ul style="list-style-type: none"> • Child with a Child Protection or Child in Need Plan (if relevant or significant) • Child with complex needs (if relevant or significant) • Child with Early Help Plan (if relevant or significant) • Repeat admission for wheeze or asthma 	<ul style="list-style-type: none"> • The child and family will feel supported by a contact from the School Nurse • The School Nurse can assist in the provision of a care plan for school • Unmet health needs can be identified and appropriate support provided from 	<ul style="list-style-type: none"> • Liaise with specialist services • Refer as needs indicate • Liaise and work in partnership with allied health professionals, key workers within the safeguarding arena

Core Content	Core Requirements	Expected Outcomes	Further Action
<p>where it is identified that support may be required or where there may be concerns of a safeguarding nature.</p> <p>The list is not exhaustive and is meant as a guide but professional judgement will override this.</p>	<ul style="list-style-type: none"> • Injuries resulting from risk taking behaviour, including alcohol/drug use and exploitation • Intentional self-harm • Overdose • Diagnosis of a new condition or syndrome, if life changing, or if the child may need a care plan for school • Serious or life threatening injuries including fractures, road traffic accidents, drowning or near drowning • Repeated admissions with physical injury • Constipation • Incidents where supervision is an issue and carers may need support • Gun or knife injuries • Head Injuries where X-ray or scan is indicated, where a fracture is sustained or the child is concussed • Burns/scalds including all firework injuries • Ingestions or insertion of foreign body including inhalations • Frequent attendances • Parent/child/young person with mental health problems • Domestic abuse • Assault or bullying of child or under 18 	<p>School Nurse Team or other professional</p> <ul style="list-style-type: none"> • The child and family can be signposted for further support • Safeguarding risks can be identified through multi-agency collaborative working and liaison 	

Core Content	Core Requirements	Expected Outcomes	Further Action
	<ul style="list-style-type: none"> • Child/young people with disabilities/special educational needs and long term medical needs as identified on ED notification • Newly diagnosed medical conditions that may require support from School Nurse • Delayed presentation • Unknown or lack of clarity of mechanism of injury or inconsistent histories/clinical presentation is in question • Falls on stairs or from one height to another • Parent/children/young people who do not wait/self-discharge if significant injury or concerns exist <p>Where it is recognised from ED attendance and/or on accessing records from the criteria above children are:</p> <ul style="list-style-type: none"> • Looked After (CLA) • Subject to a Child Protection Plan • Previously been subject to a Child Protection plan • Child in need • On an Early Help Plan • Children/young people not attending an educational establishment up to 16yrs of age 		
		•	•
School Nurse Drop In Sessions in Schools	The School Nurse Team will:	<ul style="list-style-type: none"> • From assessment a plan and/or intervention is 	<ul style="list-style-type: none"> • Liaise with specialist services and refer as needs indicate • Work in partnership with Schools

Core Content	Core Requirements	Expected Outcomes	Further Action
	<ul style="list-style-type: none"> • Offer School Nurse drop in sessions in secondary schools 	<p>developed for each child on an individual basis</p> <ul style="list-style-type: none"> • Advise and support on health issues affecting young people • Offer advice to parents and carers 	<ul style="list-style-type: none"> • Safeguarding risks will be considered
<p>Long Term and Life Limiting Conditions</p> <p>The service supports children and young people living with long term conditions to help manage the physical and emotional impact and support them to achieve their full potential</p>	<p>The School Nurse Team will:</p> <ul style="list-style-type: none"> • Advise and support on health issues to children and young people with ongoing or specific health needs • Offer advice to parents and carers • Support training of school staff • Refer to specialist services for training where appropriate <p>Mont a L'Abbe nurses based in school are line-managed by School Nurse Team Lead who will take the safeguarding lead and the Children's Community Nurse Team Lead who will take the clinical lead</p>	<ul style="list-style-type: none"> • School communities feel confident to support ongoing and specific needs • Promotion of self-care and management of condition, supporting children, young people, parents and carers • The child or young person is enabled to reach their full potential through inclusive education 	<ul style="list-style-type: none"> • Liaise with specialist services • Refer as needs indicate • Liaise and work in partnership with School Nurses based at Mont a L'Abbe school as needs indicate • Safeguarding risks will be considered
<p>Support for Parents and Carers</p>	<p>The School Nurse Team will:</p> <p>Provide parenting guidance advice and support to parents and carers where required</p>	<p>Early intervention to improve family outcomes</p>	<ul style="list-style-type: none"> • Provide appropriate advice and support • Multi-agency working as appropriate • Signpost to another service • Safeguarding risks will be considered

Core Content	Core Requirements	Expected Outcomes	Further Action
		<ul style="list-style-type: none"> Parents/carers will have improved knowledge and skills Timely referral to specialist and voluntary services Improved emotional wellbeing To increase and improve the likelihood of the child or young person reaching their full potential 	
Sexual Health The service contributes to improved sexual health outcomes of school aged young people.	The School Nurse will: <ul style="list-style-type: none"> Consider safeguarding risks Promote the message to delay onset of sexual activity Signposting of contraception including emergency hormonal contraception Provide information and signposting for prevention of sexually transmitted infections Provide wider holistic health advice 	All young people will be signposted to confidential sexual health services e.g. Brook, YES, GP and Pharmacist Delayed onset of sexual activity To keep young people safe from sexual exploitation, prostitution, forced marriages and female genital mutilation Young people will have increased control over	<ul style="list-style-type: none"> Liaise with specialist services Refer as needs indicate To support young people where health inequalities are identified Safeguarding risks will be considered

Core Content	Core Requirements	Expected Outcomes	Further Action
		<p>their sexuality</p> <p>Young people will have an awareness of legal implications</p> <p>Reduce the number of teenage conceptions</p> <p>Reduce prevalence of sexually transmitted infections</p>	
Safeguarding	<p>The School Nurse will:</p> <p>Identify children and young people in need of support and protection, acting in compliance with the Jersey Safeguarding Partnership Board Standards and Procedures https://safeguarding.je/</p> <ul style="list-style-type: none"> • Refer to Child and Family Hub where safeguarding concerns are identified 	<ul style="list-style-type: none"> • Protecting children from maltreatment • Preventing impairment of children's health and development • Ensuring that children grow up in circumstances consistent with the 	<ul style="list-style-type: none"> • Liaise with specialist services • Work in collaboration with professionals to safeguard the child in order to reduce risks • Refer as needs indicate • From assessment a plan and/or intervention is developed for each child on an individual basis

Core Content	Core Requirements	Expected Outcomes	Further Action
	<ul style="list-style-type: none"> • Health Assessment to be completed if appropriate and relevant information to be shared with Social Worker or key worker • Engage with Safeguarding, Child in Need and Early Help 	<ul style="list-style-type: none"> • provision of safe and effective care • Taking action to enable all children to have the best outcomes (DfE 2015) 	
Jersey's Children First Right Help, Right Time	<p>The School Nurse will:</p> <ul style="list-style-type: none"> • Identify children and young people in need of support • Refer to Child & Family's Hub where concerns are identified <p>And/or</p> <ul style="list-style-type: none"> • Offer support through the Jersey's Children First, Early Help process • Lead on Early Help where appropriate • Support and/or contribute to the Early Help Plan if not identified as the Lead 	<ul style="list-style-type: none"> • Preventing impairment of children's health and development • Ensuring that children grow up in circumstances consistent with the provision of safe and effective care • Taking action to enable all children to have the best outcomes (DfE 2015) 	<ul style="list-style-type: none"> • Liaise with specialist services • Work in collaboration with professionals to improve outcomes for children • Refer as needs indicate • From assessment a plan and/or intervention is developed for each child on an individual basis • Safeguarding risks will be considered

Core Content	Core Requirements	Expected Outcomes	Further Action
Record Keeping	<p>The School Health Paper and Electronic Records will:</p> <ul style="list-style-type: none"> • Be stored securely in order to maintain client confidentiality, in accordance with FNHC Data Protection & Caldicott policy • Be kept up to date in accordance with NMC Record Keeping: Guidance for Nurses and Midwives • Meet FNHC audit standards and policy • Staff will attend Record Keeping Training as per FNHC Education and Training policy 	<ul style="list-style-type: none"> • An accurate and up to date record of client details is maintained • Records will contain school entry questionnaire and immunisation history with evidence these have been checked on school entry, or evidence of follow up if not in records • An accurate reflection of contact with the client or parent/guardian, observations made, conversation had, advice given and plan of action 	<ul style="list-style-type: none"> • Staff training and support • Minimum of quarterly record keeping audit

4. CONSULTATION PROCESS

Name	Title	Date
Michelle Cumming	Operational Lead Child and Family Services	04.04.2023
Jo Davies	Deputy Operational Lead Child and Family Services	04.04.2023

5. IMPLEMENTATION PLAN

Action	Responsible Person	Planned timeline
Email to all staff	Secretary/Administration Assistant (Quality and Governance Team)	Within two weeks of ratification
Policy to be placed on organisation's Procedural Document Library	Secretary/Administration Assistant (Quality and Governance Team)	Within two weeks of ratification

6. MONITORING COMPLIANCE

Compliance and effectiveness of practice can be monitored through the use of quality assurance tools, such as audit, and evaluation of service and outcomes can be captured through service user voice.

7. EQUALITY IMPACT STATEMENT

Family Nursing & Home Care is committed to ensuring that, as far as is reasonably practicable, the way services are provided to the public and the way staff are treated reflects their individual needs and does not discriminate against individuals or groups on any grounds.

This policy document forms part of a commitment to create a positive culture of respect for all individuals including staff, patients, their families and carers as well as community partners. The intention is to identify, remove or minimise discriminatory practice in the areas of race, disability, gender, sexual orientation, age and 'religion, belief, faith and spirituality' as well as to promote positive practice and value the diversity of all individuals and communities.

The Family Nursing & Home Care values underpin everything done in the name of the organisation. They are manifest in the behaviours employees display. The organisation is committed to promoting a culture founded on these values.

Always:

- ✓ Putting patients first
- ✓ Keeping people safe
- ✓ Have courage and commitment to do the right thing
- ✓ Be accountable, take responsibility and own your actions
- ✓ Listen actively

- ✓ Check for understanding when you communicate
- ✓ Be respectful and treat people with dignity
- ✓ Work as a team

This policy should be read and implemented with the Organisational Values in mind at all times. See appendix 3 for the equality impact assessment for this policy.

8. GLOSSARY OF TERMS

None

9. REFERENCES

British Youth Council (2013) *British Youth Council: Annual Review 2012/2013*. Available at: http://www.byc.org.uk/media/221408/byc_ar_2013_final.pdf

Council for the Education and Training of Health Visitors (CETHV) (1977) *An investigation into the principles of health visiting*. London, CETHV.

Cowley, S.; Frost, M. (2006) *The Principles of Health Visiting: opening the doors to public health practice in the 21st century*. London: Amicus.

Department for Education (2015) *Working Together to Safeguard Children*. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf

Department of Health (2009) *Healthy Child Programme from 5-19 years old*. Available at: http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/p rod_cons um dh/groups/dh_digitalassets/documents/digitalasset/dh_108866.pdf

Department of Health/Department for Education (2017) *Transforming children and young people's mental health provision: a green paper*. Available at: [Transforming children and young people s mental health provision.pdf \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/625112/Transforming_children_and_young_people_s_mental_health_provision.pdf)

Educational Resources for Improving Childhood Continence (ERIC) www.eric.org.uk

Institute of Health Equity (2020) *Health equity in England: the Marmot review 10 years on*. Available at: [the-marmot-review-10-years-on-executive-summary.pdf \(instituteofhealthequity.org\)](https://www.instituteofhealthequity.org/publications/marmot-review-10-years-on-executive-summary).

Jersey Safeguarding Partnership Board (2015) *Child Protection Procedures*. Available at: <http://jerseyscb.proceduresonline.com/>

NICE Guidance (2010) *Bedwetting in under 19s: Clinical guideline*. Available at: www.nice.org.uk/guidance/cg111

Nursing and Midwifery Council (2018) *The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates*. Available at: [The Code \(nmc.org.uk\)](https://www.nmc.org.uk/standards/the-code/)

Public Health England (2018) *Working Together to Safeguard Children: Statutory Guidance* Available at:

Public Health England (2021a) *Guidance Health visiting and school nurse service delivery model*. Available at: [Health visiting and school nursing service delivery model - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/96411/Health_visiting_and_school_nursing_service_delivery_model_-_GOV.UK.pdf)

Public Health England (2021b) *Healthy child programme 0 to 19 health visitor and school nurse commissioning*. Available at: [Healthy child programme 0 to 19: health visitor and school nurse commissioning - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/96411/Healthy_child_programme_0_to_19_health_visitor_and_school_nurse_commissioning_-_GOV.UK.pdf)

Twinn, S.; Cowley, S. (1992) in: *The Principles of Health Visiting: a Re-examination*. London Health Visitors Association and United Kingdom Standing Conference. UNCRC: How we protect children's rights with the UNCRC. Available at: <https://www.unicef.org.uk/what-we-do/un-convention-child-rights/>

10. APPENDIX

Appendix 1 School Nurse Team 5 Point Safety Plan

- A weekly off duty is available to view in the School Nurse office and staff are requested to keep Outlook/EMIS up to date, so their whereabouts can be identified
- All team members have the on call manager's number in their phone and advised to share this with their partners/NOK
- Staff to check EMIS for any alerts prior to first visit and/or, if risks are identified at any visit, risk assessment to be initiated; discuss with line manager; and alert to be added to EMIS
- Staff to highlight concerns regarding alerts and potential risks, with line manager and colleagues
- Staff inform one another if they have a late afternoon appointment and call an agreed colleague to inform them when they are out of the appointment and staff telephone or text if not returning to the office at the end of the day

Appendix 2 Childhood Continence Pathways

Children/young people with constipation should have a full assessment before idiopathic constipation is diagnosed.

If constipation is diagnosed refer to a paediatrician if underlying causes of constipation and/or red flag symptoms are identified.

Refer children and young people with idiopathic constipation to GP to receive oral Macrogol as first-line treatment.

Children/young people with idiopathic constipation starting a disimpaction regimen should have their treatment reviewed by a healthcare professional within 1 week to establish whether the treatment has worked and help prevent relapse.

Children and young people with idiopathic constipation starting maintenance regimen should have their first treatment review by a healthcare professional within 6 weeks.

Children and young people with idiopathic constipation starting Macrogol treatment should receive written information about Macrogol so that they know how to take their medication and what to expect when taking laxatives.

Provide tailored follow-up to children/young people and their parents according to the child/young person's response to treatment, measured by frequency, amount and consistency of stools, use the Bristol Stool Form Scale (see below) to assess this. Initial follow-up is after 2 weeks, then monthly for 3 months.

Children/young people with idiopathic constipation that does not respond to initial treatment within 3 months should be referred to a paediatrician.

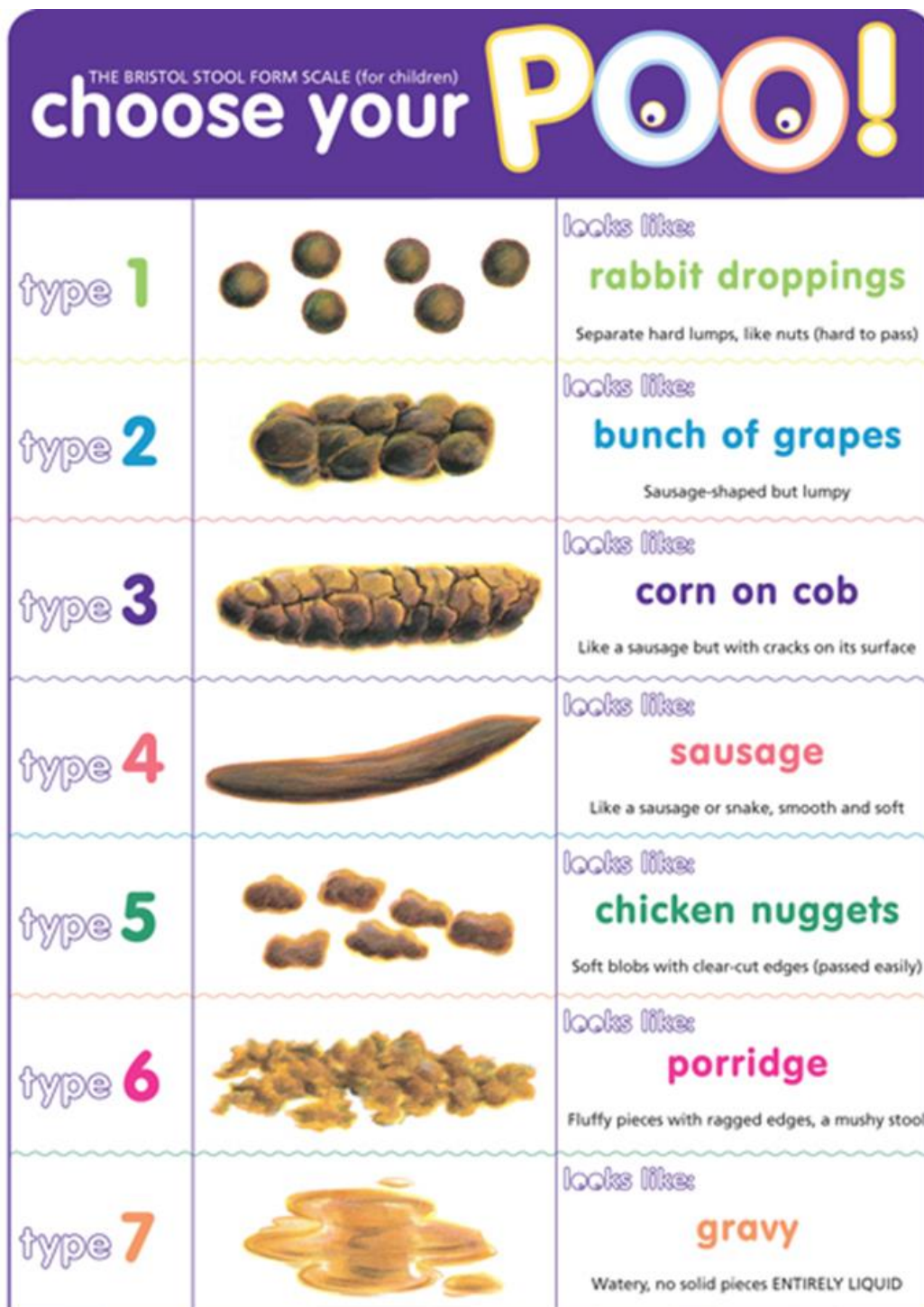
Follow up can include telephoning or face-to-face talks.

Provide detailed information and continence plans about the condition and its management.

Give written information and signpost to ERIC website (www.eric.org.uk).

Give information about how the bowels work, how to take the medication, what to expect when taking medication, how to poo, origins of constipation, criteria to recognise risk of relapse (such as worsening of any symptoms, soiling) and the importance of continuing treatment until advised otherwise by the healthcare professional.

Offer children/young people with idiopathic constipation and their families a point of contact with school nurses and give ongoing support.



Concept by Professor DCA Candy and Emma Davy,
based on the Bristol Stool Form Scale produced
by Dr KW Heaton, Reader in Medicine at the
University of Bristol.
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Limited

Appendix 3 Equality Impact Screening Tool

Stage 1 - Screening			
Title of Procedural Document: School Nurse Team Policy and Procedures			
Date of Assessment	July 2023	Responsible Department	Child & Family Division
Name of person completing assessment	Jo Davies	Job Title	Deputy Operational Lead
Does the policy/function affect one group less or more favourably than another on the basis of :			
	Yes/No	Comments	
• Age	No		
• Disability Learning disability; physical disability; sensory impairment and/or mental health problems e.g. dementia	No		
• Ethnic Origin (including hard to reach groups)	No		
• Gender reassignment	No		
• Pregnancy or Maternity	No		
• Race	No		
• Sex	No		
• Religion and Belief	No		
• Sexual Orientation	No		
If the answer to all of the above questions is NO, the EIA is complete. If YES, a full impact assessment is required: go on to stage 2			
Stage 2 – Full Impact Assessment			
What is the impact	Level of Impact	Mitigating Actions (what needs to be done to minimise / remove the impact)	Responsible Officer
Monitoring of Actions			
The monitoring of actions to mitigate any impact will be undertaken at the appropriate level			