

**Standard Operating Procedures**

**for Community Children’s Nurses based at Mont a L’Abbe (MAL) Primary and Secondary Schools**

June 2025

**Document Profile**

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**Version Control**

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| December 2021 | 2 | Minor Formatting and updating of template  P4 SOP amended to clarify that the child must be on the MAL/CCNT caseload for assistance with personal care to be given.  P9 amended to clarify that seeing a child at MAL clinic is at the discretion of the Paediatrician. |
| June 2025 | 3 | Change of title to SOP for Community Children’s Nurses based at MAL Primary and Secondary Schools  Registered Nurses changed to Community Children’s Nurses throughout document.  Minor changes made to improve readability and clarity.  Page 2 – Purpose - Comprehensive Nursing Assessment changed to Primary Nursing Assessment  Page 5 – Purpose – Changed to ‘Children with continence issues who are on the Community Children’s Nurse at MAL caseload need to be assessed...’  Page 7 – Immunisations – Whole page deleted, not required.  Page 17 and 18 Appendices removed |

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# Introduction

These standard operating procedures (SOPs) have been developed to guide the practice of Community Children’s Nurses working on the Mont a L’Abbe (MAL) primary and secondary school sites. They also provide a framework for the provision of safe and effective care.

**Principles**

These standard operating procedures do not replace professional judgement that should be used at all times.

A clear rationale should be presented in support of all decision making

Practice should be based on the best available evidence.

Appropriate escalation should be made when care needs have this requirement.

Where care is delegated to a Non-Registrant, the Community Children’s Nurse remains accountable for the appropriateness of the delegation and the overall outcome of the delegated task.

The safeguarding of children and young people underpin these SOPs.

It is acknowledged that children and young people with additional/complex needs are more at risk of harm.

**Please note other standard operating procedures are available including those that are part of policy and guideline documents.**

# SOP 1 Nursing Assessments

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| ***Purpose*** |

All children referred to the MAL nursing caseload need to have a Primary Nursing Assessment. This will identify their care needs and minimise risk to their health and wellbeing and to those around them.

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| ***Scope*** |

Assessment of care needs by the Community Children’s nurses working at MAL school sites.

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| ***Core Requirements/Procedure*** |

Children admitted to MAL nursing caseload will require a written referral from the Community Children’s Nursing Team (CCNT), a paediatrician, or the School Nurse Team

Where there is a concern about a child’s health needs raised by a member of the school nurse staff, a written referral should be made to the CCNT for allocations and clinical decision making by the CCNT Team Lead or deputy in liaison with the Community Children’s Nurse at MAL.

Triggers for assessment include:

* Nursery entry
* School entry at any of the year groups
* Deterioration in a child’s condition already known to the Community Children’s Nurse
* Identified nursing need in a child at school previously not on the nursing caseload
* At the school or family’s request where they think there is a nursing need.

The Community Children’s Nurse will complete a Primary Nursing Assessment.

**NB** for a child on the Children’s Palliative Care Pathway, the Holistic Needs Assessment will be in place and the Named Nurse for Palliative Care Must be informed if there are additional details for the nursing need to be met in school The Holistic Needs Assessment will be amended accordingly.

# SOP 2 Care Plans

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| ***Purpose*** |

Following assessment, a plan should be developed to meet the care needs of the child; minimising risk as far as is reasonably practical.

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| ***Scope*** |

The planning of care for children on the Community Children's Nurse at MAL caseload, care delivery and evaluation.

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| ***Core Requirements/Procedure*** |

The Community Children’s Nurse will write a nursing care plan using the information from the assessment and this will be agreed by the child (where appropriate) and the family.

The Community Children’s Nurse will deliver the nursing care required by a child within their role and responsibilities.

Where it is appropriate and, in the child’s, best interests, the Community Children’s Nurse will train and delegate care to the school staff, ensuring competency is achieved and maintained. Care will be delegated as per the ‘Nurses Delegating Care to Non-Registrants' standard operating procedure.

Where care is delegated, the care plan used will be ‘Supporting Delivery of Care’.

Care plans will be evaluated following every school half-term.

# SOP 3 Delivery of Personal Care

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| ***Purpose*** |

At MAL School it is expected that daily personal care is provided to an individual child as required, by school staff as part of their school plan to enable access to education. However, The Community Children’s Nurse will assist in personal care for children on the MAL/CCNT caseload when there is a need to do so. This includes assessment of pressure areas and skin integrity, assessment of a stoma, giving advice on positioning of the child for personal care, assessment of a child’s personal care in order to inform risk assessment.

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| ***Scope*** |

Community Children’s Nurses working on the MAL school sites. Assessment of care needs and where required, supporting school staff to deliver safe personal care. This SOP also includes delegation of care.

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| ***Core Requirements/Procedure*** |

The Community Children’s Nurses will be involved in the ‘changing rota’ when there is an assessed nursing need e.g. protection of airway. The Community Children’s Nurse will be named on the changing rota following discussion with appropriate school staff.

The Community Children’s Nurse will provide oral feeding to a child where it has been discussed and agreed for them to do so with the Speech and Language Therapist and only where a Speech and Language Therapy Assessment and feeding plan is in place.

Delegation of care to school staff will be for a named child only. All delegation will be undertaken as per the SOP of ‘Delegation of Care to Non-Registrants'.

# SOP 4 Continence Assessment

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| ***Purpose*** |

Children with continence issues who are on the Community Children’s Nurse at MAL caseload need to be assessed at least annually with a view to promoting continence rather than containing the problem.

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| ***Scope*** |

This SOP encompasses the recording of continence assessments on EMIS, the development of toileting plans and the issuing of a ‘voucher’ where continence products are required.

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| ***Core Requirements/Procedure*** |

The Community Children’s Nurse will carry out annual continence assessments, as required, with consent from the parent. Assessment will be recorded in EMIS.

The outcome of the assessment will be fed back to the parent and this communication will be recorded in EMIS.

Where a toileting programme is required in school, this will be drawn up by the Community Children’s Nurse, in discussion with the parent and delivered in participation with identified teaching and teaching support staff at school.

Where the child has a toileting plan in place, the plan will be evaluated a minimum of annually, and feedback given to the parent and school staff involved with the individual plan. Any changes needed to the plan will be made by the Community Children’s Nurse and communicated to the identified school staff for implementation.

Where continence products are required, the Community Children’s Nurse will prepare a new Pharmacy Locale Product Voucher, using the information gained from the assessment. One copy of the voucher will be given to the parent, one copy emailed to New Era and one copy will be scanned or attached onto the child’s record on EMIS, along with the continence assessment.

Each stage of the continence programme will be documented in the child’s record on EMIS.

# SOP 5 Off Site

***Purpose***

There is generally only one Community Children’s Nurse on site at each school, therefore any plans for being ‘off site’ need to be anticipated so cover can be arranged.

***Scope***

Any requirement for the Community Children’s Nurse on either school site to be ‘off site’ during the school day. ‘Off site’ requirements may include;

* School trips
* Training
* Collecting products/equipment
* Medicines collection or delivery or administration
* Safeguarding meetings

Off site will exclude escorting a child from school to Accident and Emergency, or escorting/attending outpatient hospital appointments with children from MAL

***Core Requirements/Procedure***

Any requirement for the Community Children’s Nurse to be off site requires discussion with the Lead for CCNT or in their absence, the deputy.

The Team Lead will negotiate off site care, as appropriate, with the Community Children’s Nurse.

# SOP 6 Planning and Delivery of MAL Paediatrician Clinics

***Purpose***

Some children cannot access the out-patient's clinics at Jersey General Hospital and therefore require to be seen by the Paediatrician during school hours on the school site. This is at the discretion of the Paediatrician with the MAL nurse facilitating the appointment at a convenient time.

***Scope***

Identification of students requiring a review by the Paediatrician and administrative arrangements before and after clinics.

***Core Requirements/Procedure***

Identify students requiring clinic at school (those who cannot access outpatients at JGH).

Liaise and negotiate date for clinic with Paediatric Secretary.

The Paediatrician’s Secretary will arrange clinic times with the parent/guardian or identified student and send letters/emails of confirmation of date and time with Paediatric Secretary and parent/guardian.

Follow up post clinic: update care plans; complete referrals; liaise with relevant professionals/parents/guardian.

# SOP 7 Height and Weight Monitoring

***Purpose***

The ‘Healthy Child Programme’ (DoH, 2009) advocates that children’s height and weight is reviewed at certain key times. Outside of these times, height and weight monitoring may also be required where need is identified.

***Scope***

Height and weight monitoring in Reception and Year 6 as per the Jersey Child Measurement Programme and at other times where there is assessed need. It includes training requirements and approved equipment

***Core Requirements/Procedure***

All children in Reception and Year 6 to be offered a height and weight review in line with the ‘Healthy Child Programme’/Jersey Child Measurement Programme.

The Community Children’s nurse at MAL will support these children during the child measurement process.

Staff must be appropriately trained to undertake height and weight measurements using the approved equipment.

Only approved equipment will be used (Leicester Height measure and calibrated weighing scales)

Outside of the Child Measurement Programme, the Community Children’s nurse at MAL will also monitor the height and weight of any child for:

* Dietetic purposes
* Safeguarding purposes

Discuss with parents to gain consent prior to measuring their child’s height and weight.

Use approved and appropriate equipment depending on the child’s need and ability

Record results on EMIS

Report concerns to the appropriate professional as deemed necessary – e.g. Dietician, GP, Paediatrician.

Provide written and verbal feedback to parents and where required, give advice and support as appropriate.

# SOP 8 Record Keeping

***Purpose***

Record keeping is an integral part of the child’s care. FNHC have a range of policies and procedures to support good record keeping practice.

***Scope***

This SOP covers record keeping, training and information security including the safe storage of electronic devices.

***Core Requirements/Procedures***

EMIS electronic records will be kept up to date in accordance with NMC guidance.

Secure storage of electronic devices will be maintained to ensure client confidentiality, staff should follow all relevant local policies e.g. Mobile Device Policy, Data Protection Policy, Record Keeping Policy.

Records should meet the requirements of the FNHC Record Keeping audit criteria.

The Community children’s nurses at MAL will attend Record Keeping training where this is identified as a requirement for their ongoing professional development.

# SOP 9 Nurses Delegating Care to Non-Registrants

***Purpose***

To provide guidance for the Community Children’s Nurses at MAL who are delegating care to non-registrants and assessing the competence of non-registrant staff to perform specific interventions.

***Scope***

Appropriate delegation and the assessment of the competence of the non-registered staff by the Community Children’s Nurses. This SOP differentiates between non-registrants working in FNHC Community Children’s Nursing Team and those who do not.

***Core Requirements/Procedures***

NMC Registrants should be clear about the principles of accountability and delegation and should refer to The Nursing and Midwifery Council’s (NMC) Code (2015) in relation to this. The Royal College of Nursing also provides guidance on accountability and delegation

Delegation of care must always be in the child’s best interests.

Prior to delegating care, the registrant must ensure that the non-registrant has the necessary skills and competence to safely perform the delegated task/s.

Prior to the assessment of competence, the non-registrant must have received appropriate training that includes theoretical and practical components.

A full record of training (including dates) should be recorded and sent to the FNHC Education and Development Department.

The assessment of competence should be documented, ideally against recognised standards e.g. National Occupational Standards ([www.skillsforhealth.org.uk)](https://www.skillsforhealth.org.uk) and should include assessment of the non-registrant's knowledge as well as of their practical skills.

Wherever possible, QCF accredited modules (or similar accredited vocational training) should be utilised, and nurses should encourage other organisations whose staff they may be delegating care to, to consider this training.

The registrant remains responsible for developing a care plan for the delegated care. This plan should be explicit regarding the expectations of when the non-registrant should report deviations from acceptable parameters e.g. blood sugar levels above or below a certain level.

Where care is delegated, the care plan used will be ‘Supporting Delivery of Care’.

Care plans will be evaluated following every school half-term.

The non-registrant must have access to this care plan.

Care plans must explicitly indicate that the care can be delegated to a non-registrant and the frequency for review by a Community Children’s Nurse. When review of the child’s care needs is required, the Registrant must consider whether delegation of care remains appropriate and is in the child’s best interest.

It is important that the registrant recognises that they are delegating part of the child’s care to a non-registrant but they are not delegating **ALL** of the child’s care needs to the non-registrant. The child will still require ongoing care/contact with a registrant.

EMIS should reflect the date/s when reassessment of competence of the non-registrant/s is due.

**Delegating care to FNHC Non-Registrants working in the CCNT**

When it has not been possible/appropriate for a QCF type module to be completed this needs to be reflected in the relevant ‘Delegation of Nursing Tasks’ documentation. An electronic copy should be sent to the Education and Development Department and the original kept in the staff member’s portfolio.

Competence to carry out a specific intervention should be reassessed annually, or more often if required.

Once deemed competent to carry out a specific intervention, non-registrants working in CCNT will not have to have their competence reassessed every time they are delegated the care of a new child. However, it is good practice to accompany the staff member the first time they undertake care for the child/young person to ensure that they are fully aware of the care required and how this is carried out.

**Delegating care to a non-registrant not part of a FNHC CCNT.**

**N.B.** Care can only be delegated to a non-registrant who is not part of FNHC CCNT if they are employed by the Education Department or other approved provider of care.

Before training and assessing the competence of non-registrants who are not working as part of the CCNT, the registrant must be aware of the individual’s employer/Head Teacher in relation to the delegation and their requirements for the recording of competence.

Where possible, staff being delegated to should be encouraged to undertake the appropriate accredited vocational training module.

The relevant documentation for ‘Delegation of Nursing Tasks to a non-registrant who is not part of FNHC’ will need to be completed once the non-registrant has been deemed competent to carry out the intervention.

The original, fully completed documentation should be saved to the child’s records.

The assessment of competence must only be undertaken on a **child-specific basis.**

**N.B.** FNHC staff cannot ‘sign off/deem competent non-FNHC staff where an intervention is not being delegated by a FNHC Community Children’s Nurse.

Competence to carry out a specific intervention should be reassessed annually, or more often if required.