



Royal College
of Nursing

Employing nurses in independent schools

RCN guidance for
nurses and employers



Royal College
of Nursing

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Introduction

Nurses who work in independent schools are responsible for the health and welfare of children, staff and visitors at the school. At the same time their personal and professional responsibility must be at the highest level of skill-based care. This Royal College of Nursing (RCN) guidance will show how independent schools can recognise, reward and develop the skills and expertise of this group of professionals.

In the past many independent schools were slow to adapt to change. As a result independent school nurses fell behind their National Health Service (NHS) colleagues in terms of their professional development. However, there has been rapid and dramatic change in recent years.

An encouraging number of schools are employing well-qualified nurses on salaries that are competitive with NHS pay. This is matched with contracts and conditions of employment, which allow nurses to work and develop professionally. In return the school gains from this investment by having a professionally accountable health centre, which offers pupils and staff a quality of care equivalent to that in the community.

Good employment practice

Contract

The contract of employment starts as soon as the nurse begins work. The employer may make a verbal declaration of terms and conditions at interview. If the nurse takes the job, the employer is bound by these terms.

An employer should supply the employee with a written job description together with a model of employment (see *Appendix A Specimen contract*). By law an employee must receive a written statement of the main terms of employment and an indication of disciplinary and grievance procedures within two months of starting work.

Part-time nurses have exactly the same employment rights as nurses working full-time. Nurses under fixed-term contracts generally have the same contractual rights as those working under open-ended contracts.

Employment relations

The Employment Relations Act (2002) introduced a new and significant package of employee and trade union rights. The legislation gives nurses employed by independent schools new rights of representation as well as new employee-friendly working conditions. This includes an individual's right to trade union representation at grievance and disciplinary hearings.

Useful reading

www.acas.org.uk

www.dti.gov.uk/er

www.rcn.org.uk/members/direct

Health and safety

Under health and safety regulations the employer has a duty to consult with employees on all matters relating to their health, safety and welfare at work. The regulations state that consultation must take place in good time and provide examples of when these obligations occur – for example, following the introduction of any measures that may substantially affect the health and safety of employees.

The employer must give employees access to relevant health and safety information under the Health and Safety at Work Act (1974) and associated regulations – for example, giving information to staff on risk assessments undertaken by the employer. The employer, as an implied term of every contract of employment, will take reasonable care for the health, safety and welfare of staff at work. A failure to do so may attract both civil and possibly criminal proceedings.

Employers must fully consult all staff about the planning and organisation of health and safety training. Under existing health and safety legislation, employers must also provide staff with information, instruction and supervision. For example, employers must ensure that staff are fully aware of the health and safety consequences of using new technology, and give information to staff on risk assessments undertaken.

Staff also have a responsibility to perform their duties in a safe manner, but it is the employer who is ultimately liable for the actions of employees.

Employers, for example, must ensure that all staff are competent to carry out their jobs safely. Employers should know that competency is judged on what is expected from an average practitioner in the role.

A nurse is not a health and safety expert. Without health and safety training they can only act as any other employee would under the health and safety legislation. Many nurses working in independent schools are involved in health and safety as representatives on health and safety committees. Nurses will be able to identify unsafe areas and practices in the school by referral to records.

Useful reading

www.hse.gov.uk

Indemnity cover

The RCN is the largest professional trade union with over 370,000 members. However, nurses may belong to other unions. The RCN is seen as the only union that specifically addresses issues for nurses employed in independent schools.

The RCN scheme protects any nurse against both clinical negligence (malpractice) and public liability claims, when performing a “professional nursing service” acceptable to the RCN. Further, the scheme will protect a member irrespective of their employment status (providing that, if self-employed, the nurse doesn’t employ other health care workers). A “professional nursing service” is very widely defined by the RCN, and would include almost all activities undertaken by a school nurse during the course of her employment, including activities out of school hours.

Job description

A well-researched, comprehensive job description is the cornerstone of any employment relationship. It identifies activities and skills required for the job, and specifies the experience and expertise needed. A job description ensures clarity of the role from the start, thereby avoiding problems. It also provides a tool to determine pay band and performance review, especially important with the implementation of Agenda for Change (see *Appendix F Agenda for Change*).

Consider the following points in formulating a job description:

1. **Identification of the job**
What is the current or proposed title for the job?
2. **Purpose**
What is the purpose of the job? State the objectives of the job in clear and unambiguous terms. Detail the activities involved and the way in which they are to be carried out. See *Roles and responsibilities*.
3. **Responsibilities**
What responsibilities will the post-holder have aside from delivering clinical services? See *Roles and responsibilities*.
4. **Relationships**
With whom does the post-holder liaise about their job? To whom are they accountable for their work? See *Line management*.
5. **Conditions of employment**
This includes: hours of work; annual leave entitlement; sick leave arrangements; on-call and sleeping-in arrangements; overtime arrangements; and pension scheme. Agenda for Change sets the pay, terms and conditions for nurses employed by the NHS. The RCN believes that independent

schools will need to provide nurses with a competitive pay and conditions package, if they wish to recruit and retain nurses with the skills to deliver a quality service (see *Appendix F Agenda for Change*).

6. Training

What are the nurse’s training needs? See *Training*.

Useful reading

RCN (2004) *Agenda for Change and nurses employed outside of the NHS*. London: RCN. (Publication code 002 246 - available to RCN members.)

www.rcn.org.uk/agendaforchange/implementation/preparing/updatingjobdescs.php

Pensions

The introduction of stakeholder pensions means that all schools should be able to provide access to a pension scheme. This should not preclude nurses from making their own arrangements.

Pay

The RCN believes that nurses in independent schools should have their jobs evaluated, and that their pay should be in line with NHS pay rates. Nurses should receive an annual cost of living increase in line with Pay Review Body recommendations – and there should be scope for nurses to move through the salary bands via annual incremental steps (see *Appendix F Agenda for Change*).

The NHS payscales are based on a full-time working week of 37.5 hours, 52 weeks per year. If schools wish to pro-rata salaries to take account of term-time-only working, the following calculations should be used:

- £ full-time salary/52/37.5 = £ hourly rate
- £ hourly rate x hours per week x term weeks + paid holiday weeks = salary.

There is no nationally agreed rate for sleeping-in, though payments average £18.00 for weekdays, and £22.00-£25.00 for weekends and public holidays.

Employers should consider the type of work that the nurse is doing. If a nurse teaches a number of hours unaccompanied, then the rate paid for that time should be a teacher’s rate. If a nurse runs personal, social and

health education (PSHE) within the school, then the allowance should be the same as a teacher's allowance. If a nurse works a basic 37.5-hour week, any extra hours worked should be recognised and paid accordingly – for example, covering rugby on a Saturday afternoon.

The Equal Pay Act (1970) implies an equality clause into every contract of employment. The effect is that the contractual terms and conditions, including pay, must be the same for those doing broadly similar work or, where the roles are different, work of equal value.

Useful reading

www.eoc.org.uk

Working time regulations

The Working Time Regulations (1998) are an example of health and safety legislation, of which all employers should be aware. *See Appendix G Working time regulations* for information specifically for independent schools.

Key aspects of the regulations include:

- provision for rest breaks where the working day is longer than six hours
- an entitlement to a minimum rest period of 11 consecutive hours per 24-hour period
- an average weekly working time of 48 hours.

Useful reading

www.acas.org.uk

www.dti.gov.uk

Professional issues

It is important that those who employ nurses understand the codes of conduct and legal requirements, which nurses are obliged to follow, as well as qualification and training issues. Ignorance of these areas will often be to blame for common misunderstandings that may occur.

Administering medicines

All schools should have a medicine policy. It is good practice to use a homely remedy protocol for the administration or supply of general sales list (GSL) medicines or the administration of pharmacy (P) medicines. If the school needs to supply P medicines or prescription-only medicines (POMs) without a medical colleague prescribing them, a patient group direction (PGD) would be required. However, the Medicines Control Agency (MCA) states:

PGDs do not extend to independent and public sector care homes or to those independent sector schools that provide health care entirely outside the NHS (MCA, part of the Medicines and Healthcare Products Regulatory Agency).

Although the MCA prevents independent school nurses using PGDs there are methods by which a nurse may administer medicines that would normally be given under PGD in the NHS.

1. Administer the medicine under doctor's directions. A patient specific direction would satisfy this condition.
2. If the independent school nurse was contracted by the local primary care organisation (PCO) to administer vaccines to a patient who is normally an NHS patient, they would be able to administer under the PCO's own PGDs.

Certain medicines can be given or supplied without the direction of a doctor and without a PGD for the purpose of saving life. For example the parenteral administration of adrenaline (1 mg in 1 ml), chlorpheniramine and hydrocortisone are among those substances listed under Article 7 of the POM Order for administration by anyone in an emergency for the

purpose of saving life (Prescription Only Medicines (Human use) Order, 1997).

Nurses who issue medicines under protocol should be sure of their competence to do so. They should act in accordance with the Nursing and Midwifery Council (NMC) *Code of professional conduct* (NMC, 2002a) (available on the NMC website at www.nmc-uk.org) and *Guidelines for the administration of medicines* (NMC, 2002b).

References

Nursing and Midwifery Council (2002a) *Code of professional conduct*. London: NMC.

Nursing and Midwifery Council (2002b) *Guidelines for the administration of medicines*. London: NMC.

Useful reading

Royal College of Nursing (2001) *Patient group directions*. London: RCN. Publication Code 001 370.

www.mca.gov.uk/inforesources/saleandsupply/pgd.htm

www.nmc-uk.org

www.groupprotocols.org.uk

www.nurse-prescriber.co.uk

<http://medicines.mhra.gov.uk>

Appraisals

Teachers in independent schools have regular appraisals enabling them to assess their work and training needs. Nurses, as fellow professionals, should receive the same. The head teacher, head of pastoral care and bursar do not have the relevant knowledge to assess a nurse's competencies and needs.

The school doctor, where there is one, will not understand nursing issues and ways to update or advance a nurse's practice. Ideally, a more senior nurse should appraise a nurse. There are several potential options:

- some nurses have contacted their local primary care organisation and the school has paid for a senior nurse to carry out the appraisal

- some schools have linked into their local NHS school nurse system and paid for an appraisal
- some schools use the school doctor's general practice and link in with their practice nurses.

It is useful for the nurse to be appraised by the head teacher or head of pastoral care in order to cover school-based issues. Ideally, a joint appraisal should take place.

Budget control

Most schools issue a departmental allowance to the health centre in the same way as to other departments within the school. The senior nurse should be responsible for demonstrating the efficient and effective use of that resource. They should agree with their line manager what the allowance is expected to cover – for example, training costs, the cost of hiring the surgery, equipment, uniform and medical stock.

Child protection issues

The school should have a policy on child protection and on how to respond to allegations or suspicions of abuse. This should be in line with local Area Child Protection Committee (ACPC) procedures and should be known by all staff. Each school should have identified a lead for child protection issues.

The school nurse should be aware of the name and contact details for the local designated and named nurse for child protection. The RCN recommends that all nurses receive training on child protection issues at induction and thereafter on an annual basis. Training can be accessed via the ACPC or local primary care organisation.

Communications and networking

It is important that employers consider communication and networking issues as the school nurse can often feel isolated. You may wish to consider the following points.

- Establish the nurse's line manager – the RCN advises that this is the head teacher. Ensure all school staff are aware of reporting structures. Regular meetings will improve communications.
- Sometimes nurses miss out on important information about pupils if they are on the wrong list (for example, non-teaching staff).
- Nurses gather important information which needs to be shared, taking into account confidentiality issues.
- Nursing staff should be included on committees at which pupils are discussed. Often a pupil with academic problems will show medical problems as well.
- Nursing staff should be part of the health and safety committee.
- Nursing staff should be invited to all staff meetings.
- Nurses can become isolated from school life. Their busiest time with pupils is when teachers are at break, so nurses cannot join the common room at break times. Other opportunities to socialise with teaching staff need to be explored.
- If nurses are willing to join in with non-nursing activities, it can help to involve them in the general life of the school. They will get to know pupils and staff when they are well, rather than when they have a problem or are ill. In this way, the pupils and staff also get to know the nursing staff.
- Teaching staff will need to be aware of some medical conditions and the nurse should be able to run INSET training on topics such as anaphylaxis.
- Some nurses are qualified to teach first aid to both staff and pupils. Some are also willing to teach health-related topics as part of the personal social and health education (PSHE) curriculum.
- Email is used very effectively in some schools and the health centre should be included on any school systems.
- To network outside the school system – with other health professionals or parents – nurses need their own facilities to maintain confidentiality. They need direct access to email (not the school address that comes through the main office) and direct access to fax facilities (often the best way to gain parental consent for medical treatments). An answerphone is also a useful facility to help communication.

- The nurse is responsible for liaising with the school doctor, dentist, physiotherapist and any other medical personnel attached to the school.
- The nurse should be encouraged to network outside the school with relevant organisations – for example, the local eating disorders group.

Confidentiality

As part of their Professional Code of Conduct, nurses are obliged to uphold medical confidentiality. A breach of confidence by a nurse may render them liable to disciplinary proceedings by the Nursing and Midwifery Council (NMC). Nurses also have a legal (common law and statutory) duty of confidentiality to pupils.

The pupil has legal rights to confidentiality, which depend on their level of development, intelligence and ability to understand. The nurse will always seek the child's consent to disclose confidential health information to parents and, in appropriate circumstances, the school head teacher. If consent is withheld, there is a *prima facie* legal duty of confidentiality that forbids disclosure.

Within a school this can cause a conflict of interest, and calls for a certain amount of understanding on both sides. Although employed by the school, the nurse's (and also the school doctor's) obligation is ultimately to the patient. It is necessary to establish what is reasonable information to divulge to a third party on a 'need to know' basis.

It is reasonable to expect that parents/guardians will be informed of all cases of illness and accident. But there are some sensitive health matters, about which the pupil may not wish their parents or the school to know. Legally the nurse has to respect this, while at the same time trying to persuade the pupil that it will be better for them to discuss the matter with their parents/guardians. These situations often arise about contraception issues, other sexual health matters, and alcohol and drug misuse.

Rarely, if the nurse considers that it is in the pupil's best interests to disclose information to the school or parents, then they must inform the pupil before doing so and be prepared to fully justify their actions at a later date if necessary. For example, if child abuse is

suspected the nurse has a duty to share concerns with the relevant authorities as per Area Child Protection Committee (ACPC) procedures.

Every school should have a policy, of which parents and teaching staff are aware, that covers the nurse's professional and ethical obligations, including confidentiality. It is important to remember that the duty of confidentiality to the patient is greater than that owed to the school which employs the nurse. The only times when this confidentiality may be breached are if:

- the child consents to disclosure in writing
- a Court of Law requires disclosure
- disclosure is justified in the public interest or in the child's best interests, as in the case of child protection issues.

Useful reading

Department of Health (England only) (2003) *Confidentiality: NHS code of practice* (England only), London: Department of Health.

The Royal College of General Practitioners and Brook (2000) *Confidentiality and young people: Improving teenagers' uptake of sexual and other health advice. A toolkit for general practice, primary care groups and trusts* London: The Royal College of General Practitioners and Brook. (Note: The legal framework referred to in this publication does not fully apply to Northern Ireland) (endorsed by the Royal College of General Practitioners, the General Practitioners Committee, the British Medical Association, the Royal College of Nursing and the Medical Defence Union)

UKCC (2001) *UKCC position statement on the covert administration of medicines* (available on the NMC website www.nmc-uk.org or from: NMC 23 Portland Place London W1B 1PZ).

Consent

This issue can be a real cause for concern among nurses, teaching staff, pupils and parents. Where a child is under the age of 16, the doctor or nurse is responsible for assessing the pupil's competence to give consent to treatment using the Frazer guidelines (Gillick v West Norfolk and Wisbech AHA, 1985). If they feel that the pupil is competent to give consent, then the pupil can do so. Both nurses and teaching staff should be fully conversant with the legal issues around obtaining valid consent to treatment.

Useful reading

Department of Health (2001) *Seeking consent: working with children*, London: DH. Available from: Department of Health, PO Box 777, London SE1 6XH. Tel. 08701 555455 www.dh.gov.uk

Department of Health (England) (2001) *12 key points on consent: the law in England*, London: DH. Available from: Dept of Health, PO Box 777, London SE1 6XH. Tel. 08701 555455 www.dh.gov.uk

Department of Health (England) (2001) *Consent - what you have a right to expect: A guide for parents*, London: DH. Available from: Dept of Health, PO Box 777, London SE1 6XH. Tel. 08701 555455 www.dh.gov.uk

Department of Health (England) (2001) *Good practice in consent implementation guide: consent to examination or treatment*, London: DH. Available from: Dept of Health Publications, PO Box 777, London SE1 6XH. Tel. 08701 555455 www.dh.gov.uk

Department of Health (2002) *Reference guide to consent for examination or treatment*. London: DH. Available from: Dept of Health, PO Box 777, London SE1 6XH. Tel. 08701 555 455 www.dh.gov.uk

Cover for school sports fixtures

There are a variety of ways in which schools provide cover for sports fixtures. This depends on the number of children involved, the location of the playing fields and whether the school doctor is available, or the St John Ambulance/Red Cross or paramedics are hired for the events. For example:

- some schools have isolated health centres or playing fields and the school nurse attends at the touchline
- in some schools the nurses are in the health centre and the physical education (PE) staff are first-aid trained and refer to the nurse if needed
- some schools hire St John Ambulance or paramedics for touchline duties
- some school doctors or physiotherapists cover either in the health centre or on the touchline
- some schools have two nurses on duty for match afternoons – one at touchline and one in the health centre
- one school employs a male nurse who is at touchline for all sporting events while another nurse is in the health centre.

The RCN recommends that the nurse does not leave the field/health centre to accompany an injured player and schools need to ensure adequate personnel cover. Policies should detail the person who would accompany an injured pupil to hospital if required. Ideally, the accompanying adult should be someone known to the child.

Drug testing

All schools should have a drug policy, which includes a section on drug testing. This policy should be agreed by the governing body, and clearly state the nurse's role. The RCN agrees with the Medical Officers of Schools' Association (MOSA) that the school nurse should not be responsible for the drug testing process. Drug testing is essentially a discipline procedure and therefore not part of a nurse's role. Some nurses do agree to provide a venue for the drug test and to be present as an advocate for the pupil, to ensure that the test is carried out correctly.

MOSAs (1998) *The handbook of school health* covers these subjects. It lists the most commonly used drugs, and signs and symptoms of use. It also gives advice on health education and a school drug policy.

References

The MOSA handbook (1998) *The handbook of school health*. London: Medical Officers of Schools Association, Trentham Books Ltd.

Health surveillance/medical checks

Many pupils in independent schools have an entrance medical examination. This medical takes the form of screening tests for height and weight, hearing, vision (and in boarding schools, urine), and a physical examination by the school doctor.

A leavers' examination is carried out, usually in year 11, when an assessment is made of pupils' fitness for types of work. General health issues such as breast and testicular cancer can also be addressed at this time. Some independent schools do not carry out medicals and there is no statutory duty for them to do so. In these circumstances parents should be advised to take their child to their general practitioner for these examinations to be carried out.

Line management

This is an important area, which influences communication and working relationships. The RCN recommends that the nurse's line manager should be the head teacher rather than the bursar. This is on the grounds that the nurse deals with pupil-related pastoral care issues and therefore needs to be on the teacher's communication list rather than the bursar's administration list.

National Healthy School Standard (NHSS)

This scheme is available to all schools in England although, in some areas, independent schools are asked to pay to participate. The strength of the scheme is that it combines health and education on a national and local level. The scheme is designed to give as much practical support as possible to schools to complement the personal social and health education (PSHE) curriculum. In every area there is a local co-ordinator who leads the local programme. Information can be found on the website www.wiredforhealth.gov.uk Scotland has a similar scheme called Health Promoting Schools and information is available at www.healthpromotingschools.co.uk

Off-site transportation issues

Every school should have arrangements in place for accompanying pupils to appointments or to A&E departments. It is advisable that the nurse is not the one to do this task, unless additional nursing cover has been arranged.

Post-registration education and practice (PREP)

Currently four elements are required for a nurse to maintain their professional registration to practise with the Nursing and Midwifery Council (NMC). They are:

- completing a notification to practise form every three years (or when their area of professional practice changes, requiring a different qualification to register)
- a minimum of five days or equivalent study activity every three years
- keeping a professional profile containing details of their professional development

- a return to practice programme if they have not practised for a minimum of 750 hours or 100 working days in the five-year period leading up to the renewal of their registration (NMC, 2002).

Legally a person cannot work using the title "nurse" if they are not currently registered with the NMC. It is essential that the NMC personal identification number (PIN) registration is checked before employing a nurse and at periodic intervals thereafter. Contact the NMC for confirmation of registration on telephone 020 7333 9333.

As with any person employed by a school, a Criminal Records Bureau check should be carried out before they start work. For boarding schools the Boarding Schools' Association (BSA) produces information on further obligatory checks.

References

Nursing and Midwifery Council (2002) *Guidance for employers on NMC standards for post-registration education and practice* (PREP). London: NMC.

Useful reading

Boarding School's Association (2002) *Boarding Briefing Paper One: Safer staff recruitment*. London: BSA

Professional accountability for nurses

Nurses have two main reference points for their professional accountability which are issued by the Nursing and Midwifery Council (NMC) – *the Code of professional conduct* (NMC, 2002a) and *Scope of professional practice* (NMC, 2002b).

The NMC is charged through an Act of Parliament to maintain the standards of the profession and the *Code of professional conduct* is a binding document, to which nurses must adhere. Transgression risks a finding of professional misconduct. However, these documents are not primarily intended to be rulebooks – they provide the framework within which nurses can develop their practice to best meet the needs of patients.

Nurses should remember that there is no such thing as vicarious professional accountability. The *Code of professional conduct* and *Scope of professional practice* make it clear that each individual nurse, regardless of employment situation or geographical location, is responsible for their actions. The nurse must determine

the scope of practice, the limits of the work they can take on, and their competency to undertake that work.

The *code of professional conduct* stresses that if a nurse feels at any time that they are being asked to undertake work for which they have not been properly trained, then they must not carry out the work.

Every school nurse should be familiar with the content of both these documents and should use them to ensure the best possible care for patients.

References

Nursing and Midwifery Council (2002a) *Code of professional conduct*. London: NMC. (available on NMC website www.nmc-uk.org)

Nursing and Midwifery Council (2002b) *Scope of professional practice*. London: NMC. (Available on NMC website at www.nmc-uk.org).

Useful reading

Nursing and Midwifery Council (2002) *Guidance for employers on NMC standards for post-registration education and practice (PREP)*. London: NMC. www.nmc-uk.org

Qualifications

Ideally nurses should be registered nurses (RN Child) either on part 8 or 15 of the NMC register with relevant post-registration experience or on part 1 (RN Adult) with a specialist practitioner school nurse qualification. The minimum qualifications for an independent school nurse should be a first level registered nurse on part 1 (RN Adult) of the NMC register, with appropriate post-registration experience/ qualifications in the areas listed below. In both cases knowledge and experience of providing first aid and caring for children with chronic illnesses is an advantage.

There is a need for competence in a wide range of clinical practice areas. The NMC (2002) Code of professional conduct states that: “as a registered nurse.... you are personally accountable for your practice.” As such nurses are responsible for ensuring that they have the appropriate training, skills and experience for the duties they undertake.

Nurses are not necessarily first aiders. If they are to undertake first aid they should have a First Aid at Work (FAW) certificate. If they are to teach first aid, they

must be a qualified first aid instructor.

Areas where independent school nurses should gain further expertise and/or qualification include:

- FAW certificate
- school nursing training
- sports injuries training
- A&E nursing
- practice nurse training
- contraception/sexual health training
- teacher training
- asthma training
- counselling training
- mental health training.

Knowledge is needed about:

- vision testing
- hearing testing
- acne
- eating disorders
- head lice
- enuresis
- tropical medicine
- anaphylaxis
- eczema
- diabetes
- immunisations
- growth patterns in childhood
- epilepsy.

References

Nursing and Midwifery Council (2002) *Code of professional conduct*. London: NMC. (available on NMC website www.nmc-uk.org)

Record keeping/accident reporting

Nurses should follow the NMC (2002) *Guidelines for records and record keeping*. The following records should be considered:

- a daily record book, in which every visit/consultation is recorded under the headings: date; time; name of patient; nature of problem; treatment/advice given; and signature
- a Cardex system, kept as above

- NHS records – health authority guidelines must be followed
- individual record cards with background information on the pupils
- computer records security is paramount
- an accident book – required by the Health and Safety Executive.

Any system of preserving and destroying school health records should be based on the Department of Health (1999) Guidance HC 1999/053 *For the record: managing records in NHS trusts and health authorities*. This advises that paediatric health records may be destroyed after the patient reaches their 25th birthday (26th birthday if the young person was 17 at the conclusion of treatment), or eight years after the patient's death, if death occurred before their 18th birthday. The guidance is available from the Department of Health website at www.dh.gov.uk

Systems for archiving health records in minimal storage space include:

- jacket microfilming – this is probably the method most commonly used throughout the NHS
- roll microfilming
- optical disc storage.

References

Department of Health (1999) Guidance HC 1999/053 *For the record: managing records in NHS trusts and health authorities*. London: DH.

NMC (2002) *Guidelines for records and record keeping*. London: NMC.

Useful reading

www.dh.gov.uk

Roles and responsibilities

The following list includes potential duties of the school nurse. The precise role and duties will vary according to the needs of the school.

- Conducting surgeries with or without a doctor.
- Administration of medications under protocols.
- Managing the health centre and providing day-to-day care for the pupils.

- Managing pupils with chronic illnesses.
- Handling accidents including sports injuries and substance abuse.
- First aid, acting as a first aider but also teaching staff and pupils.
- Health education and promotion – working in partnership with the teaching staff to produce and deliver effective health education, including sexual health and drug education, and promote a health promoting school. Being a part of the National Healthy School Standard (NHSS) within the school.
- Administration of immunisations and advice on travel health.
- Undertaking health checks and maintaining appropriate records.
- Participation in pastoral care, working with teaching/boarding staff and parents.
- Providing a recognised and confidential counselling advice service.
- Involvement in child abuse issues, including bullying.
- Responsibility for writing medical protocols, assisting in writing school health policies.
- Involvement in health and safety issues, reporting accident black spots.
- Budgetary control and maintenance of medical store/equipment and first aid boxes.
- Training and supervision of support staff.
- Teaching pupils in a classroom as part of the personal social and health education (PSHE) within the school.

It is not envisaged that one nurse would cover all of the above areas. Appendix D is a specimen job description for the school nurse role.

Staffing levels

There are no legal requirements for a school to employ a nurse. However, the National Care Standards Commission minimum boarding standards, Medical Officers of Schools' Association (MOSA) and the Boarding Schools' Association (BSA) recommend that a nurse is employed in boarding and residential school settings.

There are no regulations as to how many nurses should be employed for a set number of boarders. Each school is advised to assess where the need is greatest and take into consideration the European Working Time Directive. A NHS nurse works a 37.5 hour week. If long hours are to be worked, provision should be made for breaks to be taken away from the workstation. The latter can cause problems if only one nurse is employed. Employers should note that extremely long hours and fatigue lead to an increased risk of errors.

The following provides a rule-of-thumb guidance.

- If a school wants seven-day week, 24-hour full cover, then at least 4.5 nurses will be needed to cover the hours.
- If a school wants seven-day weekday and evening cover with on-call night cover, at least three nurses will be needed.
- If a school requires weekday cover only, then one or 1.5 nurses will be needed, the hours to be assessed according to need. A FAW first aider should be available to cover the nurse when she is not working.
- If a nurse is required to teach, then a nurse should be employed to provide medical cover while the nurse is teaching.
- Two nurses may be required to cover sporting fixtures.
- Special schools will require more nursing cover, depending on the requirements of pupils and any potential risks.

Many independent day schools employ a school nurse who fulfils a valuable role within the school. A FAW-trained first aider can deal with emergency situations but is not trained to provide care for chronic illnesses, administer medication or vaccinations, provide counselling or give contraceptive advice. A nurse in a day school should have time to have input into health education within the school and many take part in the personal social and health education (PSHE) curriculum. (There is a new certificate for community nurses taking part in PSHE/sex and relationship education (SRE) within their working role.) Many local education authority (LEA) community colleges now employ their own nurse.

Supplying and administering contraception

This is potentially a contentious issue. The governing body of the school should agree the policy for their school. However, the following should be noted:

- some independent school nurses who have received specific training in family planning can distribute contraception to their pupils
- other nurses can administer contraception using a patient group direction (PGD) with agreement of their school doctor and local pharmacist
- other nurses can refer their pupils to the school doctor who will then prescribe and administer contraception. This can be done even if the pupil is not registered with the school doctor.

Training

A nurse is required to carry out a minimum period of study to remain on the Nursing and Midwifery Council (NMC) register. It would be reasonable to expect the school to allow time for this training to take place and, if attending a course, to provide funding. It is in the school's interest to have a nurse who is up-to-date in current practice.

There are many opportunities for nurses to attend training. Nationally the Boarding Schools' Association offers professional development programmes, which particularly apply to nurses in independent schools:

- a three-day residential course for nurses in member schools during the summer holidays
- a two-year university-validated Professional Development Certificate in Boarding Education
- a series of one-day courses on counselling and pastoral care issues.

Full details of all courses are found at www.boarding.org.uk

The RCN runs a one-day conference for independent nurses during the summer holidays. Biannually the RCN joins with the Medical Officers in Schools Association (MOSA) to run a joint study day for doctors and nurses.

Other organisations such as the National Sports Medicine Institute (NSMI) run relevant study days and courses.

Locally there will be many opportunities for nurses to join in training events, perhaps linking to local NHS school nurses and primary health care teams.

The RCN have local networking groups for independent school nurses, some of which hold regular meetings with speakers. These are often free or at a very low cost. Many schools have been very generous in providing a venue and food for these occasions.

Working with pupils with special medical needs

Many pupils in schools have special medical needs. The care of these pupils is essentially a nursing rather than an employment issue. However, it is important to mention the following issues that sometimes cause misunderstandings.

- A pupil has a legal right to confidentiality about any medical condition. However, most pupils accept that staff need to know about any possible life-threatening medical problems. Epilepsy, diabetes, anaphylaxis and asthma are the most common. Staff would not need to know about a day pupil who has a stoma for instance.
- Nurses should liaise with other professional staff and parents about the care of pupils with special medical needs. To maintain confidentiality, they need their own facilities to do this – including direct access to email (not the school address) and direct access to fax facilities (often the best way to gain parental consent for medical treatments especially from parents who live abroad). An answer phone is also a useful facility to help communication.
- Nurses should provide care plans for the daily and emergency treatment required for each pupil with medical needs. These should be available to staff on a need-to-know basis.
- Nurses are in an ideal position to provide teaching staff with general training about the initial care of pupils with medical needs.

- Under the Disability Discrimination Act (1995) a school cannot refuse to accept a pupil on the grounds of disability and is obliged to make any reasonable facilities available. The nursing staff may require support in obtaining equipment.

The Disability Discrimination Act introduced new measures aimed at ending the discrimination faced by many disabled people. It protects disabled people in the areas of:

- employment
- access to goods, facilities and services
- the management, buying or renting of land or property
- education.

Service providers (businesses and organisations)

- Since December 1996 it has been unlawful to treat disabled people less favourably than other people for a reason related to their disability.
- Since October 1999 service providers have had to make reasonable adjustments for disabled people, such as providing extra help or making changes to the way in which they provide their services.
- From 2004 they may have to make reasonable adjustments to the physical features of their premises to overcome physical barriers to access.
- For education providers new duties came into effect in September 2002 under Part IV of the Disability Discrimination Act as amended by the Special Educational Needs and Disability Act (SENDA). These require schools, colleges, universities, and providers of adult education and youth services to ensure that they do not discriminate against disabled people.
- Under Part IV of the Disability Discrimination Act, as amended by the SENDA, the duty to provide auxiliary aids, by way of reasonable adjustment came into force in September 2003.

Useful reading

www.drc-gb.org

Appendix A

Specimen contract

Outlines details of the terms and conditions of employment as an independent school nurse.

Statement of terms of employment

This is a statement (which satisfies the requirements of the Employment Rights Act 1996) to set out the terms and conditions of employment agreed between:

1.1
of

and you, Mr/Mrs/Miss/Ms

of

1.2 Your job title is
(the duties of this job are set out in the job description attached to this statement)

Work address

1.3 Your employment starts on

Any previous periods of employment are not deemed to be continuous with this post.

1.4 Your salary is £ payable in arrears of (one week/month) on the date/day each month/week

The hourly rate is £ (in accordance with those recommended for nursing staff employed on national conditions of service in the NHS).

Information on both Clinical Grading and Agenda for Change pay bands is available at www.rcn.org.uk

Your salary band is £ to £ and is based on the NHS pay band for .

Your salary will be reviewed annually and adjusted in line with changes in the pay scales of NHS nursing staff.

1.5 The incremental date for your salary is with your first incremental date on

1.6 Your basic hours of work are per week, and your normal hours of attendance are

[Account needs to be taken here of rotas to cover hours required]

[Account needs to be taken here of pro rata employment i.e. the number of weeks per year that the nurse will be paid – term times only or term time + 3 weeks.]

1.6.1 The hourly rate for weekends/on call/sleep-in is £ per hour/night

1.6.2 From time to time, nursing staff may be required to work overtime to cover for colleagues who are, for example, ill or absent. This will be remunerated at the normal overtime rate calculated as the normal hourly rate plus a half/two thirds/one of normal rate.

1.7 Paid annual leave entitlement is weeks per year.

- 1.8 Statutory sick pay (SSP) will be paid by the employer to all employees who meet the eligibility criteria for SSP.
- 1.8.1 You will be paid your normal basic remuneration (less the amount of any statutory sick pay or social security sickness benefit to which you may be entitled) for working days in total in any one sick pay year. This runs from to Entitlement to payment is subject to notification of absence and production of medical certificates as required below.
- 1.8.2 Notification of absence due to sickness must be made as soon as possible on the first day of absence, with medical certification submitted if it continues beyond seven working days. The usual procedures for self-certified leave apply for sick leave under seven days.
- 1.8.3 Any accident or injury to a pupil, member of staff or public must be reported and entered in the accident book by the appropriate person.
- 1.9 In the event of a dependant falling ill, giving birth or being injured (as defined in Section 57A Employment Rights Act 1996, as amended by the Employment Relations Act 1999), compassionate paid leave may be granted. Paid leave should not generally exceed three days, but may be extended in cases of exceptional hardship by up to a further three days. This right is independent of your statutory entitlement to unpaid time-off for domestic emergencies provided in Section 57A Employment Rights Act 1996.
- 1.10 You will be entitled to parental and maternity leave in accordance with the relevant statutory provisions.
- 1.11 [If there is one] You are eligible to join the schools non teaching staff pension scheme. Ask your employer for details.
- 1.12 The length of notice that you are obliged to give to terminate your employment is

The length of notice that you are entitled to

receive from to terminate your employment is until you have been continuously employed for and thereafter notice entitlement increases by

- 1.13 It is the school's policy to provide a safe and healthy workplace, and to enlist the support of all employees towards achieving this end. It is recognised that overall responsibility for health and safety rests with the employer. However, employees should be fully aware of the potential health and safety hazards in the practice environment.
- 1.14 If you have a grievance regarding your employment you should refer to the grievance procedure where the disciplinary rules and disciplinary procedure are set out.

Please acknowledge receipt of this statement by completing the tear-off slip below and returning it to:

I acknowledge that I have received a statement of the details of my employment as required by the Employment Rights Act 1996 Section 1. I confirm my agreement that these constitute my contract of employment with

Signed _____

Dated _____

Appendix B

Model disciplinary procedure

1 Introduction

- 1.1 The aim of a disciplinary procedure is to ensure consistent treatment between one individual and another, and between one group of staff and another. It ensures justice for individual employees, provides protection for the efficient and smooth running of the school, and makes sure that management, unions and employees are aware of their rights and obligations in respect of the disciplinary process.
- 1.2 The procedure applies to all staff employed under a contract of service to (name of employer).
- 1.3 It is important that any disciplinary panel should include a nurse to provide professional direction on any professional issues.

2 Agreement

- 2.1 Both parties agree to abide by the Advisory, Conciliation and Arbitration Service (ACAS) code of practice on disciplinary practice and procedures in employment. Disciplinary procedures are not solely a means of imposing sanctions, but are a mechanism for investigating allegations and deciding on appropriate action.
- 2.2 Individuals have a statutory right to be accompanied by a colleague or trade union representative of his or her choice at all stages of the procedure. Any warning given in this procedure will have lapsed after one year's satisfactory conduct.

3 The procedure

- 3.1 The breaches of discipline covered by this procedure fall into three main categories: minor offences and gross misconduct.
- 3.2 The employer decides who has a responsibility to administer disciplinary procedures. Each employee should be informed in writing on appointment, or as soon as possible afterwards, about whom has this responsibility.

- 3.3 Formal disciplinary action should not be instigated until the manager proposing the action makes personal enquiries, and is satisfied that a prima facie (sufficient evidence) case for action is established.
- 3.4 When it is decided that disciplinary action might be necessary, an employee will first be notified in writing of the complaints against him/her. The employee will then be given the opportunity to prepare and state a case, accompanied by a recognised representative of a recognised trade union. The employee will be given at least five working days' written notice of the date and time set for the hearing, to allow him/her to discuss the matter with his/her representative.
- 3.5 No disciplinary action will be taken against a recognised representative of a trade union, or safety representative, until the circumstances of the case have been discussed with a full-time officer of the organisation concerned. There may be occasions when it is necessary to suspend a representative on full pay, and in such cases the circumstances must be reported immediately to the appropriate full-time officer.
- 3.6 When determining the disciplinary action, the manager should bear in mind the need to satisfy the test of reasonableness in all the circumstances. As far as possible, account must be taken of any mitigating factors.
- 3.7 Where grounds for disciplinary action are established, the following disciplinary action may be appropriate:
 - counselling
 - first written warning
 - final written warning
 - downgrading and/or transfer
 - dismissal.

- 3.8 The individual must be provided with a notice signed by the employer detailing the disciplinary action. It must contain a clear statement of the reasons for the action against the employee, together with an indication of the rights of appeal.
- 3.9 The procedure must apply to all employees irrespective of sex or race, religion or sexual orientation.
- 3.10 Management accepts that it is their responsibility to ensure each employee is aware of the standards, work performance and conduct expected of him/her, and to assist in meeting the standards by providing adequate induction, information, training and advice.

4 Suspension

- 4.1 Suspension on full pay, where the individual receives pay at the same level as if at work, should not be regarded as a disciplinary measure but a holding action pending enquiries. Suspension should only be implemented to enable a thorough examination of the facts, and/or when it is clearly undesirable for the employee to remain on duty.

5 Counselling

- 5.1 The common response of a manager to instances of unsatisfactory conduct or poor standards of performance will be counselling on a one-to-one basis. This is not part of the formal disciplinary procedure and would not be recorded on the employee's record. This type of counselling would follow instances of carelessness, minor misconduct or incompetence. Disciplinary action would only follow where such instances continued.
- 5.2 Counselling should be regarded as an important aspect of the manager's role. It could prevent future disciplinary action by highlighting the need for training at an early stage. Counselling should be carried out by a senior nurse. The school could seek support/advice from the local RCN office, which may be able to assist. Or contact a local senior school nurse via the primary care organisation.

6 First written recorded warning

- 6.1 In cases where a minor offence is repeated or a serious offence does not justify summary dismissal, an employee may be issued with a formal written warning.
- 6.2 The warning includes:
- a clear statement of the reasons for the action against the employee, together with an indication to the right of appeal and, where appropriate, an indication of what is expected of the individual in the future
 - an explanation that it is a formal initial warning that will be entered on the employee's record, and a notification that any further offence(s) will result in the issue of a final warning, unless there are mitigating circumstances
 - an assurance that the warning will be automatically deleted from the employee's record after six months from the date of the warning, and then totally disregarded.

7 Final written warning

- 7.1 In cases where the misconduct is sufficiently serious not to be tolerated a second time and therefore warranting a single, final warning.
- 7.2 A final warning includes:
- a clear statement of the reasons for the action against the employee, together with an indication to the right of appeal and, where appropriate, an indication of what is expected of the individual in the future
 - an explanation that it is a final warning and will be entered on the employee's record, and a notification that any further offence(s) or unsatisfactory performance will result in dismissal, unless there are mitigating circumstances
 - an assurance that the warning will be automatically deleted from the employee's record after six months from the date of the warning and then totally disregarded.

8 Downgrading and/or transfer

8.1 Both as an alternative to dismissal and in addition to disciplinary warning, down grading and/or transfer may be considered as appropriate, provided that:

- no employee shall be subject to these sanctions unless he/she has been given an opportunity for stating a case accompanied, if required, by a recognised trade union representative
- when notified in writing of the sanctions to be applied, the employee will also be notified of the right of appeal against the decision, and the reasons for the action being taken.

9 Dismissal

9.1 Dismissal following a written warning

Except in cases of gross misconduct, where an employee has committed a further offence following the issue of a final warning, he/she shall not be dismissed unless:

9.2 A full investigation of the latest incident has been carried out in order to establish the facts. This should be carried out by a senior nurse. The school could seek support/advice from the local RCN office, which may be able to assist. Or contact a local senior school nurse via the primary care organisation.

- The employee has been given an opportunity for stating a case accompanied, if required, by a recognised representative of a nationally recognised negotiating body or by a fellow employee of his/her choice.

9.3 Dismissal following gross misconduct

9.3.1 In cases of gross misconduct that lead to dismissal, the following conditions must be satisfied:

- The nature of the offence is such that it affects the relationship between the employee and the employer, or between the individual and a colleague, pupil, parent, or member of the public, so that the employee can no longer be retained in his/her present post, or in other suitable alternative employment with the school.

- The employee has been given an opportunity for stating a case accompanied, if required, by a recognised trade union representative.

9.3.2 Where conclusive evidence of gross misconduct is produced some time after the event (for example, as a result of an inquiry committee), the individual may be dismissed irrespective of whether formal warning in writing has previously been given.

10 Appeals against disciplinary action

Procedure

- Any employee or former employee who is unhappy with disciplinary action has the right of appeal.
- It is important that appeals should be made and heard quickly. An appeal by an employee should be lodged in writing with the employer within 21 calendar days of the receipt of the written notice. An appeal hearing should take place within five weeks of the appeal's receipt by the employer. Either party, with the consent of the other, may in exceptional circumstances be entitled to extend this period. The employee will be given at least 14 calendar days notice of the date for the hearing.
- Membership of the employer's side of the appeal hearing will not include anyone who has been directly involved in the circumstances leading to disciplinary action.
- The employee has the right of appearing personally at the appeal hearing accompanied by the recognised representative of a recognised trade union or a fellow employee of his/her choice.
- The ACAS code of practice Managing discipline will be adopted as standard practice.
- It is important that the outcome of appeals is known quickly. There should be a report back to both parties the same day or, if more time is needed for additional evidence or to consider the facts, in writing within five working days.

Appendix C

Model grievance procedure

The formal procedure to resolve grievances and disputes is set out in this document. Management and staff are encouraged to pursue the informal approach vigorously to resolve issues amicably before using the formal procedure.

Matters should be dealt with on a day-to-day basis as they occur, and be settled as near to the point of origin as possible, and as quickly as is reasonably possible. It is in the interests of both the employer and its employees that formal procedures exist for resolving grievances or disputes speedily. Throughout this procedure, the employee has the right to be represented by a recognised trade union representative.

Procedure

- 1 A grievance is defined as any matter affecting employees' conditions of service. This includes the working environment and working practices within the working environment.
- 2 From time to time an employee may be unhappy with a decision taken by his/her manager. If the matter cannot be resolved with that manager, then the employee should lodge the grievance with the next level of management.
- 3 It is in everybody's interest to resolve matters as quickly as possible. Depending on the size of the school, the number of stages a grievance may pass through will need to be agreed and the point of final decision identified.
- 4 If agreement cannot be reached after exploring all available stages of the internal grievance procedure, the issue should be referred to ACAS:
 - by either party to the dispute for conciliation, or
 - by joint agreement of the parties for arbitration.
- 5 This procedure, which is mainly designed to deal with individual grievances, is also applicable where a group of staff have a common grievance. In complex and/or collective grievances, it is possible to bypass the earlier stages of the procedure by mutual agreement.
- 6 Every employee has the right to seek redress for a grievance against sexual or racial harassment or discrimination. In such instances, because of the difficulty an employee may have in approaching his/her immediate superior, a nominated person should be the first point of contact.
- 7 A *status quo* agreement is an integral part of this procedure. This means that while a grievance is being processed no changes in existing procedure or practices will occur, except where this would constitute an urgent hazard.

The decision of ACAS will be binding on both parties.

Appendix D

Specimen job description

The following job description will require adapting to the specific school and post involved. The suggested posts are of a school nurse working on their own, a school nurse in a team and a school nurse in charge of a team. Account also needs to be taken of the type of school as suggested below.

Job title: School nurse/School nurse in charge

Responsible to: Head teacher/ Deputy head teacher/Head of pastoral care

Accountable to: Head teacher and school governors

Professionally accountable to: Designated senior nurse

Professionally relates to: The School Medical Officer (MO), practice partners of MO, practice nurses of MO (or if no MO, a designated senior nurse).

Organisationally relates to: Head teacher, Deputy head teacher, Bursar, Head of pastoral care, Head of boarding, house matrons, sports coaches.

Purpose: To provide a clinically effective, high-quality service of nursing care to pupils and first aid care to all members of the school community.

Senior nurse

The post holder will use research-based practice to plan, deliver and evaluate school nursing interventions throughout the school. The post holder will also be responsible for the strategic development of the health centre in line with recommended best practice guidelines from the RCN, Boarding Schools' Association (BSA) and Commission for Social Care Inspection (CSCI) (from 01/04/04).

Description of the school: (as appropriate).

Personal qualifications

- **Knowledge/qualifications:** professional nursing qualification - a registered nurse either on part 8 or 15 of the NMC register with relevant post-registration experience or on part 1 and possessing a specialist practitioner school nurse qualification. Knowledge and experience of providing first aid and the care of children with chronic illnesses.
- **Management:** experience and skills (for senior school nurse posts where leading a team).
- **Communication:** clear, concise, timely and appropriate oral and written communication.
- **Sensitivity:** listens well and understands others' needs and perspectives.
- **Self-motivation:** meets objectives on own initiative; committed to continuous self-development; willingness to attend appropriate on-going training/updating.
- **Teamwork:** flexible, co-operative, helpful; self-aware; collaborates well; ability to work alone and as part of a team.
- **Organisation:** systematic; efficient; meets agreed priorities.
- **Response to change:** investigative; adaptable; prepared.
- **Technical skill:** good basic keyboard skills.
- **Physical:** able to undertake all the physical requirements of the post and use equipment, according to health and safety guidelines.

Key responsibilities:**1. Management/professional (most of this section would be applicable to a nurse working on their own or a senior nurse).**

This will include to:

- adhere to the NMC *Code of professional conduct and be conversant with the Scope of professional practice* and other NMC advisory papers
- use evidence-based practice to develop and maintain a high quality of nursing care to the pupils
- ensure that a code of confidentiality is developed and adhered to.

Senior nurse responsibilities

- Be responsible for appropriate development of protocols and patient group directions.
- Act as a role model and motivator for other members of the team.
- Be responsible for the smooth and efficient running of the health centre, ensuring efficient systems and processes are in place.
- Be responsible for the recruitment and development of nursing staff.
- Ensure that all nursing staff have personal development and appraisal plans.

2. Nursing

To provide a high standard of service within NMC guidelines to pupils, members of staff and any visitors while on site. This will include to:

- organise and run nurse drop-in clinics during span of duty (within agreed level of competence)
- ensure care plans are developed and written for pupils requiring them, in liaison with pupils, parents, and (boarding house staff)
- provide first aid and emergency care and treatment as necessary - this includes maintaining stock of all school first aid kits
- provide a confidential counselling and health advice service as appropriate
- carry out child and adolescent surveillance

programmes in conjunction with the rest of the nursing and medical team

- follow good practice and specific directives on immunisation procedures relevant to the school population and individuals
- operate procedures for control of infectious diseases
- follow procedures for the safe disposal of clinical waste
- be aware of recommended safe storage, usage and disposal of medical supplies and drugs
- maintain treatment room stock, hygiene and tidiness

Boarding school

- organise doctors' surgeries, including advising pupils to attend and referring to MO as appropriate
- arrange for boarding children to attend any medical, dental or other health appointments as necessary
- assess, implement and evaluate in-patient care of pupils admitted to health centre (within agreed levels of competence)
- maintain safe storage, usage and disposal of medical drugs and supplies.

3 Health education

This will include to:

- promote health education throughout the school population
- take part in the delivery of PSHE, to support teaching staff as appropriate
- to ensure the provision of and access to a range of publicity materials on issues relating to student health
- keep up-to-date with current health promotion initiatives
- teach first aid as appropriate.

4 Administrative

This will include to:

- maintain medical records accurately, confidentially and safely
- keep nursing records to a high standard ensuring the accurate and rapid retrieval of information
- record dispensing of drugs following drug protocols
- maintain general office procedures.

Senior nurse

- set up and organise school medical examinations and other surveillance audits.

5 Health and safety

This will include to:

- have an involvement and awareness of health and safety issues within the school affecting staff, children or the environment
- keep records of reported accidents.

6 Liaison

Internal

This will include to:

- work closely with other members of the health centre team to ensure seamless and continuous care, and with parents, academic staff, and school office staff and all other departments as necessary.

Boarding school

- Boarding and day housemasters/mistresses, junior boarding staff.

External

- School health advisers and other members of the primary health care team.
- Social services where appropriate.
- Doctors, health centre staff and pharmacy (as appropriate).

Boarding school

- Appointments and admission staff for consultants, orthodontics, dentist and opticians.

Hours of work – for example, to include:

This job is open to job share.

This is a full-time position and the post holder is expected to manage their own time, working flexibly to meet the needs of the service. The hours involved are Holiday entitlement is It is expected that the post holder will work the week before term starts to ensure that the health centre is prepared for the necessary service provision during the term.

Useful reading

www.rcn.org.uk/agendaforchange/implementation/paring/updatingjobdescs.php

This RCN website provides sample job descriptions.

Appendix E

Specimen job advert

LOGO

Name of school/college

is a [insert type of school/college] for pupils aged

School nurse

Full-time/Part-time or hours of work

Salary scale - pro rata

The health centre provides a high standard of health care and welfare support for our pupils. We are seeking to recruit an enthusiastic registered nurse to join our team providing a holistic approach to the care of pupils, which includes health promotion, PHSE and minor injury assessment.

Suitable applicants will be registered nurses (RN Child) either on part 8 or 15 of the NMC register with relevant post-registration experience or on part 1 (RN Adult) and possess a specialist practitioner school nurse qualification. Knowledge and experience of providing first aid and the care of children with chronic illnesses will be advantageous

Informal discussions about the opportunity are welcomed. Please telephone

Interviews will be held on

An application pack can be obtained by

Appendix F

Agenda for Change

Agenda for Change (AfC) is a radical new pay and conditions package covering the million plus employees working in the NHS staff. It offers greater opportunities for personal development through continuous professional development (CPD) and provides a framework for developing an enhanced career pathway. The AfC package will be implemented for all NHS staff from December 2004.

What is Agenda for Change?

AfC is a comprehensive pay and conditions package negotiated and agreed between the Department of Health, the NHS Confederation and health service unions, including the RCN.

Agenda for change covers the following:

- job evaluation
- pay structure
- move from grades to bands
- recruitment and retention
- terms and conditions of service
- career and pay progression
- NHS knowledge and skills framework
- pay review bodies.

Job evaluation

The job evaluation (JE) scheme has been developed specifically for the NHS. The purpose of the scheme is to ensure a fair reward for all staff and to ensure the principles of equal pay for work of equal value underpin the NHS pay scheme. The majority of NHS jobs will be assimilated onto the new pay bands with reference to nationally agreed job profiles. The RCN is currently working on job profiles for nurses working in independent schools. These will be made available via the RCN website – www.rcn.org.uk/agendaforchange/implementation/preparing/updatingjobdescs.php

Pay structure

Under AfC there will be three payspines in the NHS containing a series of pay bands – these will be broader than the current Whitley grades. All staff in the NHS will, on assimilation, be assigned to one of these pay bands on the basis of Job Weight measured by the NHS Job Evaluation Scheme. Clinical grading will be replaced by this new system.

There will be several pay points within each pay band and it is expected that staff will progress up one pay point each year. By the time a nurse has reached the top of their pay band, they should be fully developed within their post with their pay remaining at the top pay point for that pay band.

At present an NHS school nurse will go to band 6.

RCN: Agenda for Change – job profiles

(information courtesy Department of Health www.dh.gov.uk)

A school nurse:

- carries out immunisation programmes for school age children
- undertakes health assessments and screening, and any necessary follow-up action
- undertakes child protection investigations and attends case conferences
- undertakes health education work with school age children.

Factor	Relevant Job Information	JE level
Communication and relationship skills	Communicates complex information: empathy & reassurance; barriers to understanding Communicates condition-related information to children, parents and carers	4
Knowledge, training and experience	Expertise across a specialism, underpinning theory Professional knowledge acquired through degree/ state registration, specialist diploma, supplemented by short courses, CPD	6
Analytical and judgmental skills	Complex facts, interpretation, range of options Skills for assessing child clients, including child protection issues; range of options	4
Planning and organisational skills	Complex activities, adjustment of plans Plans own workload; plans immunisation and health education programmes	3
Physical skills	Manipulation of fine tools Dexterity, co-ordination for taking bloods	3(b)
Responsibility for patient/client care	(a) Develops programmes of care; (c) provides specialist advice Assesses health needs, develops care programmes in relation to e.g. contraception	5(a) (c)
Responsibility for policy/service development	Proposes changes to working practices Contributes to service/policy development	2
Responsibility for financial & physical resources	(1) Personal duty of care; (2c) maintains stock control (1) Responsibility for equipment used in course of duties; (2) orders supplies	1- 2(c)

Factor	Relevant Job Information	JE level
Responsibility for human resources	Demonstrates duties; (2a) day-to-day supervision (2b) clinical supervision Supervises work of recently qualified school nurses/nursing assistant(s)/ students	1-2(a) (b)
Responsibility for information resources	Records personally generated clinical observations Updates records	1
Responsibility for research & development	(1) Occasional, (2a) regular R&D activity Participates in research programmes	1-2(a)
Freedom to Act	Clearly defined occupational policies Accountable for own professional actions: not directly supervised	3
Physical Effort	(b) Frequent light effort, several short periods (b) Carrying screening & other equipment	2(b)
Mental Effort	(a) Frequent concentration, predictable pattern (a) Daily concentration on client assessment, immunisations	2(a)
Emotional Effort	(2) Occasional (3a) frequent distressing situations (3a) Occasional highly distressing Imparts unwelcome news, (3b) child abuse cases	2-3 (a) (b)
Working Conditions	(a) Occasional unpleasant conditions (a) Smells, lice, verbal aggression	2(a)
JE Band		Band 6

Useful reading

Nurses with RCN membership will have access to the RCN website where there is a special AfC area.

www.rcn.org.uk/agendaforchange

An RCN publication about Agenda for Change outside the NHS is available on the RCN website www.rcn.org.uk (publication code 002 246).

Appendix G

Working Time Regulations

Introduction

The Working Time Regulations, which are the UK implementation of the European Directive, came into effect 1 October 1998. The regulations are complex to understand and to implement, as there are a number of aspects where the regulations can be varied through agreement. There is likely to be case law, which will help with the interpretation of the regulations. This guidance should not be read as an authoritative statement of law – it sets out the RCN’s view about the application of the regulations to school nurses working in independent schools.

A guide to the regulations is available from the Department of Trade and Industry.

Your questions answered.

1. *Do the Working Time Regulations apply to me?*

The regulations apply to individuals who have a contract of employment and to temporary staff. They are likely to apply to all school nurses working in independent schools.

2. *How will the 48-hour average weekly maximum apply to school nurses?*

An employer is required to take all reasonable steps to ensure that workers do not work more than an average of 48 hours per week over a 17-week period. Although the standard reference period for averaging out is 17 weeks, there is the possibility of extending this to 26 weeks. The 48-hour limit applies except where an individual chooses to work more than this limit. If they do so, there must be an agreement in writing with the employer with notice arrangements to bring the agreement to an end. The employer must keep a record of the actual hours worked by each employee who has an opt-out agreement. Nobody can be coerced into signing an agreement. Each employer must take reasonable steps to ensure that if the employee is also working for another employer, the total working time does not exceed 48 hours.

3. *What is counted as “working time”?*

Working time is defined as when the employee is working, at his employer’s disposal and carrying out his activity or duties. Where a nurse is “on call” but free to pursue their own activities, this would not be counted as working time unless the employee was called to work. Guidance from the Department of Trade and Industry states that when the employee is sleeping, though available to work if necessary, this would not count as working time. Once the nurse is disturbed and called on to work, this then becomes working time and a record should be kept. The regulations specify that relevant training is working time and that additional periods of time could be included as working time if they are covered by a relevant agreement (see later). For school nurses some issues may be in relation to the provision of holiday cover or courses run during holiday time. If this time meets the criteria then it must be included in the calculation for the average weekly working time.

NB. Recent European Court of Justice decisions on doctors’ on-call arrangements may lead to changes in the working time directive relating to the definition of working time – a review is imminent.

4. *How does my employer know what hours I have worked?*

It is likely that new reporting procedures for hours worked will be needed so that employers can calculate the average weekly working hours. This can either be done as consecutive periods of 17 weeks or rolling periods. It will be important to record all time worked including times which should have been rest periods but which were unable to be used as rest, so that compensatory rest can be arranged.

5. *What are the entitlements on rest breaks?*

You are entitled to:

- a rest break of at least 20 minutes if the working day is longer than 6 hours. This is to be taken away from the workstation. The regulations are silent on whether this is paid time but the RCN recommends that the break should be paid
- an uninterrupted rest break of at least 11 hours in every 24-hour period
- a rest period of not less than 24 hours in each 7 day period. This could be taken as one break of 48 hours in 14 days.

Current working patterns may mean that these rest breaks cannot be taken – for example, where there is only one nurse employed – and these working arrangements will need to be reviewed in the light of the Working Time Regulations.

6. *Are there any restrictions on night work?*

A night worker's normal hours of work shall not exceed an average of eight hours in each 24-hour period. The hours are averaged out over a reference period of 17 weeks. Paragraph 3 refers to sleep-ins and on call. These night work restrictions are separate from the maximum weekly working hours requirement.

7. *What is the entitlement to annual leave?*

Entitlement is four weeks annual leave. Payment in lieu of leave is not allowed unless the contract is terminated and salary is owing in respect of untaken leave. Some school nurses will have existing contracts which provide a salary, split over 12 months so that payment is made during periods of school holidays. Others may have "term time only" contracts which currently do not provide for any paid annual leave and these nurses should now receive the statutory entitlement.

8. *How can parts of the regulations be varied?*

The regulations identify some special cases which mean that certain parts of the regulations do not apply. One of these is "where the workers' activities involve the need for continuity of service or production as may be the case in relation to services relating to the reception, treatment or care

provided by hospitals or similar establishments, residential institutions and prisons". The regulations subject to this qualification are length of night work, daily rest, weekly rest and the in-work break where the working day is longer than six hours. However, these are all subject to the requirement to provide compensatory rest. This means that where the actual provisions of these parts of the regulations are excluded, the employer must allow the employee to take an equivalent period of rest. In exceptional circumstances, if this is not possible the employer must provide other appropriate protection. The Department of Trade and Industry guidance states that the compensatory rest should be provided within two weeks for daily rest and two months for weekly rest.

9. *Can my employer impose changes which are different to the regulations?*

Where employees do not have their terms and conditions set by collective agreements, the regulations state that workforce agreements are to be used to agree modifications to the regulations. The employer can make the agreement with all the employees or arrange for the election of representatives who can negotiate on behalf of others. The regulations set out the arrangements for these workforce agreements. The employer cannot therefore impose changes to the regulations as any change must be by way of an agreement.

10. *What can I do if I am not allowed to take the entitlements within the regulations?*

If you believe that you are being denied any of the entitlements due to you, you may complain to an Employment Tribunal. The RCN can represent school nurses, who should contact their local RCN office for further advice.

Appendix H

Sample form

School trip health information and consent

Event:

Name of pupil:

Date of birth:

Home address:

In an emergency

Contact telephone number:

Family doctor

Name:

Address:

Telephone number:

Date of last tetanus vaccination:

Hospital consultant (if applicable):

Do they suffer from asthma, chest complaint, wheezing or hay fever, migraine, fits or faints, bad period pains, diabetes, nervous disorders, any other illness or disability?

YES/NO

If YES, please give details overleaf

Are they allergic to anything? (Antibiotics, any particular food or medication etc.)

YES/NO

If YES, please give details overleaf

Are they receiving any medical treatment at present?

YES/NO

If YES, please give details overleaf

Do they administer their own medication?

YES/NO

Medication required should be given to the teacher in charge, clearly marked (in its prescription container

if applicable) with name and full instructions for use. The pupil should keep inhalers and Epipens with spares given to the teacher in charge.

The following medications will be available if required. Please indicate which may be used for your child.

_____	YES/NO
_____	YES/NO
_____	YES/NO
_____	YES/NO
_____	YES/NO
_____	YES/NO
_____	YES/NO
_____	YES/NO

Emergency permission

I authorise (Teacher in charge): _____

to give permission for my child to receive medication as instructed above and any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.

Signed: _____ Date: _____
Parent/guardian

Further details: _____



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