



Royal College
of Nursing

An RCN toolkit for school nurses

*Developing your practice to
support children and young
people in educational settings*





Royal College
of Nursing

Acknowledgements

The RCN School Nurses Forum would like to thank their schools and primary care organisations for supporting the forum and contributing to the development of this toolkit.

Special thanks go to the forum committee for their hard work and contribution to this project:

Elizabeth Allan, former Chair, RCN School Nurses Forum

Elsa Chadaway

Sarah Day

Christine Etherington

Sue Payne

Barbara Richardson-Todd

Lesley Taylor

Joy Winks, Chair, RCN School Nurses Forum

Disclaimer

This publication contains information, advice and guidance to help members of the RCN. It is intended for use within the UK but readers are advised that practices may vary in each country and outside the UK.

The information in this booklet has been compiled from professional sources, but its accuracy is not guaranteed. While every effort has been made to ensure that the RCN provides accurate and expert information and guidance, it is impossible to predict all the circumstances in which it may be used. Accordingly, the RCN shall not be liable to any person or entity with respect to any loss or damage caused or alleged to be caused directly or indirectly by what is contained in or left out of this information and guidance.

Published by the Royal College of Nursing, 20 Cavendish Square, London W1G 0RN

© 2008 Royal College of Nursing. All rights reserved. Other than as permitted by law no part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means electronic, mechanical, photocopying, recording or otherwise, without prior permission of the Publishers or a licence permitting restricted copying issued by the Copyright Licensing Agency, Saffron House, 6-10 Kirby Street, London EC1N 8TS. This publication may not be lent, resold, hired out or otherwise disposed of by ways of trade in any form of binding or cover other than that in which it is published, without the prior consent of the Publishers.

An RCN toolkit for school nurses

Developing your practice to support children and young people in educational settings

Contents

Introduction	2	Chapter 3 Management and professional accountability	29
Principles	2	Writing policies and procedures	29
Chapter 1 School nurses' public health role	3	Document 10: writing policies and protocols	29
Delivering on health priorities	3	Risk assessment	30
School health profiles	3	Document 11: Example of a risk assessment	31
Document 1: Example of a school health profile	5	Lone worker policies	31
Healthy Schools Standard and PSHE	11	Document 12: Lone worker safety	31
Surveillance and health screening	11	Audits	32
Document 2: Screening at five plus	12	Document 13: Example audit form	33
Epidemiology, infection control, immunisation and travel health	13	Influencing commissioners	34
		Document 14: Good practice in influencing commissioners	34
Chapter 2 Children and young people with ongoing or particular health needs	14	Chapter 4 Working in independent schools	35
School nursing assessments	14	References	36
Document 3: School nursing assessment outline and assessment sheet	14		
Document 4: Example referral form to another service	18		
Document 5: Example referral to community school nursing service	19		
Document 6: Assessment framework	21		
Long term medical conditions and complex needs	22		
Document 7: Example training tool	23		
Safeguarding children	25		
Document 8: Safeguarding children	25		
Drop-ins, clinics and consultations	26		
Document 9: Setting up a drop-in clinic	26		

Introduction

This RCN toolkit provides school nurses with information, examples of good practice, and useful websites to support and develop their professional practice. It takes into account the variety of educational settings and varying policy and practice structures which apply to school nurses in the four countries of the UK.

School nursing principles

- 1) A school nurse is: “A registered nurse who has successfully completed a post registration graduate programme and is registered as a “Specialist Community Public Health Practitioner” [school nurse] on the third part of the Nursing and Midwifery Council’s Register”. (*School nurse practice development resource pack*, DH, 2006b)
- 2) The school nursing service should be a year round service, which incorporates team members of different grades who have a variety of skills and knowledge. Team members must have clearly defined roles and responsibilities, and robust job descriptions to support these roles.
- 3) School nurses are responsible for:
 - promoting the health, wellbeing and protection of all children and young people of school age (up to 19 years old), in any setting
 - identifying the health needs of individuals and communities, using appropriate assessment tools, and developing programmes to address these needs
 - planning work on the basis of local need, evidence and national health priorities, rather than on the basis of custom and practice
 - working with partners to influence public health policy at a strategic and local level
 - working with education colleagues and the wider multi-agency team to influence the National Healthy Schools and Extended Schools agenda or equivalent
 - undertaking service design and workforce planning which is underpinned by assessed need
 - using effective communication methods to facilitate information sharing, to create integrated care packages
 - ensuring safe and effective practice within the school health team, providing clinical supervision, management, teaching and mentoring
 - maintaining and enhancing their personal professional development in accordance with guidance from regulatory and professional bodies
 - using research to deliver an evidence-based service with clear outcomes, with audit and evaluation as an integral part.

This RCN toolkit complements the *School nurse practice development resource pack* produced by the Department of Health (DH, 2006b).

Chapter 1

School nurses' public health role

Public health is a way of looking at health that takes the population as its starting point. Public health and school nursing set out to build relationships with individuals, groups and communities so that people's health needs can be effectively assessed and agreed priorities identified (DH, 2006b).

Delivering on health priorities

National priorities for children and young people's health include:

- accidents
- alcohol and drugs
- smoking cessation
- mental health
- obesity, nutrition and physical activity
- sexual health and teenage pregnancy
- safeguarding and promoting children and young people's welfare.

These targets form a major part of a school nurse's role. The priorities will vary from area to area and be dependant on local, interagency and community profiling, of which the school health profile is an integral part.

Useful websites on national targets

Child accidents

www.capt.org.uk

Alcohol and drugs

www.parentlineplus.org.uk

www.drugs.homeoffice.gov.uk

Smoking cessation

www.drugs.homeoffice.gov.uk

www.healthscotland.com/scotlands-health/index.aspx

Mental health

www.youngminds.org.uk

Obesity, nutrition and physical activity

www.nphs.wales.nhs.uk

www.idea.gov.uk

www.dh.gov.uk/en/Policyandguidance/Healthandsocialcare/topics/Healthyliving/DH_073787

Sexual health and teenage pregnancy

www.everychildmatters.gov.uk/teenagepregnancy

Safeguarding and promoting welfare

www.everychildmatters.gov.uk

School health profiles

Whole school assessments of health (commonly known as health profiles) are part of a school nurse's role. An example of a school health profile is set out in *Document 1*.

A Scottish profile is available from:

www.healthpromotingschools.co.uk/aboutus/schoolhealthprofiling.asp

A Welsh profile is available from:

www.wales.nhs.uk/sites3/docmetadata.cfm?orgid=501&id=41223

You will also find more information about this in the Department of Health's *School Nurse Practice Development Resource Pack* (DH, 2006b).

Also see *Strategic direction in community nursing*

(DHSSPS, 2003b), this is available from

www.dhsspsni.gov.uk/nursing_strategic_direction.pdf.

Designing a school health profile tool

An assessment of a school population's health is a starting point for a school nurse or nursing team to plan, with others, how to address the population's needs and improve their health.

The school nursing team will need to develop a template or tool to help collect the data. The examples may help you

devise your own tool (if you use sections from the examples, please reference the source on your template).

Points to consider when designing a school health profile tool:

- a description of the area where the school is
- local deprivation indices, and numbers of free school meals
- the ethnic profile of the school population. For ease, collect figures in the same format as the school uses
- is the school part of the Healthy School Standard/ Health Promoting Schools? If not, why not?
- the known current health needs (e.g. children with diabetic needs)
- do the teachers need any health training?
- does the school provide before or after-school activities (for example, breakfast club, cookery class, dance etc.)? Could the school nurse get involved?
- are there accident black spots near the school?
- playground facilities (e.g. shade, quiet areas, seats, zoned areas for different activities)
- what types of food and drink are provided/on sale at the school?
- what are the school's policies, for example, on medicines, drugs, smoking, food and bullying
- input from children or young people about how they perceive their health.

Make the tool easy to fill in.

The tool can be paper or computer based, but it is more practical if the same tool is used for one area or primary care organisations. Consider involving the audit department where you work so that information can be collected in such a way that it is easy to enter data onto one database covering all schools. This helps to compare data across a city or area. The profile can then be used to target resources to areas of greatest need. The tool can also assist managers and team leaders in looking at the workload of individual school nurses or teams.

After the tool has been completed, the school staff and school nurse/team should agree an action plan. This action plan will provide information on what the school nurse/team, with others, will do in the school community to improve health. When agreeing an action plan, it is important to be realistic about capabilities and capacity. If you identify a need that your team is unable to deliver, you should inform your line manager.

The action plan should include timescales and expected, measurable outcomes. At the end of the year, an audit should be held to establish if the action took place and if it produced the expected outcome.

DOCUMENT 1

Example of a school health profile

Supplied by kind permission of Coventry Teaching Primary Care Trust, Elsa Chadaway

School Health Profile

Name of School:

Type of School (please tick):

- Independent Faith
- MLD (moderate learning disabilities)
- EBD (emotional behavioural difficulties)
- Specialist Support Unit
- Infant Junior Primary Secondary

Add other or describe specialist unit:

Address and postcode:

Date Profile completed:

Updated:

Updated:

About school health profiling

Your school nurse will be contacting you regarding this health profile.

School profiling provides a unique opportunity to compile information relating to the health and social needs of a defined school population.

The aim of the profile is to identify the health needs and potential health needs of the school population in order to prioritise and plan school nursing interventions appropriately.

Assessing the health needs of the school age population means using health information and consulting with children, young people and others who work in the school and community.

The school health profile enables us to:

- learn more about the resources, need and priorities of the school age population
- identify inequalities in health which will impact on educational achievement
- prioritise groups of children in greatest need and plan and deliver the most effective care
- tailor health service resources in the most efficient way to benefit and improve the health of the population
- work collaboratively with the school and other professionals
- measure your impact on children and young people's health and educational outcomes
- influence policy and priorities
- develop local partnerships
- demonstrate the evidence for deciding priorities
- apply the principles of equity and social justice in practice.

Health profile questionnaire

Facilities

Do children have free access to drinking water? Yes No
 Water bottles in class Water fountains outside classroom Only at break times

Do children have free access to toilets?
 Only at break times No restriction

Are there adequate facilities for children to wash their hands (e.g. liquid soap and paper towels)?
 Yes No

Is there provision for sanitary towel disposal for the girls? Yes No

Can girls easily access sanitary towel provision? Yes No

If yes, how

Health issues

Do any children have specific health needs e.g. epilepsy, severe allergies? Yes No

Have relevant staff been trained in caring for these children? Yes No

Severe allergy training:

Date of training

Review date

Review date

Epilepsy:

Date of training

Review date

Review date

Additional information:

Consent form

I give consent for the School Nursing Service to share this document with other professionals, as appropriate.

Head Teacher

Date

School Health Profile Action Plan

Task	By whom	Timescale	Expected outcome

School Health Profile Action Plan

I have agreed the above actions with the Head Teacher. These will be carried out by members of the School Nursing Team.

School Nurse

Date

Head Teacher

Date

Review date

Plan completed successfully?

If yes, in what way?

If no, reasons?

School Nurse

Signature

Date

Healthy Schools Standard and PSHE

The Healthy Schools Standard is a national programme in England which requires schools to meet criteria in four themes:

- personal, social and health education (PSHE)
- healthy eating
- physical activity
- emotional health and wellbeing.

(Information at: www.wiredforhealth.gov.uk)

Scotland, Wales and Northern Ireland run a similar programme: Health Promoting Schools. Information can be found at: www.healthpromotingschools.co.uk

School nurses should support schools in achieving these four themes. This may include providing advice, being part of a task force, supporting the PSHE curriculum and facilitating group work (such as parenting, behaviour management, asthma clubs).

In PSHE, a school nurse's role is to complement teachers' work and not to replace the teacher's responsibility for covering PSHE. You will need the necessary knowledge and skills to provide classroom sessions. All sessions delivered must be part of a planned PSHE programme in line with the non-statutory PSHE framework (see www.qca.org.uk).

Useful websites for health education:

www.healthedtrust.com

Charity providing health education in the UK.

www.foodinschools.org

www.teachernet.gov.uk

All government documents.

www.buginvestigators.co.uk

Downloadable resources for children

www.ncb.org.uk

PSHE/citizenship information service

Surveillance and health screening

What surveillance and screening for school entry and older children and young people you carry out will depend on the local commissioning of core school nursing services.

Document 2 discusses screening children at the age of five.

See also the Department of Health's *National Service Framework for children, young people and maternity services*, www.dh.gov.uk and the Welsh Assembly Government's *National Service Framework for children, young people and maternity services* (DH, 2004b) and the Northern Ireland Department of Health, Social Services and Public Safety publication *Health for all children* (DHSSPS, 2006).

School nurses may be asked to participate in the collection of national data. For example in England; children's height and weights.

www.dh.gov.uk/en/Policyandguidance/Healthandsocialcare/topics

Document 2: Screening at five plus

The health and wellbeing of all children and young people is promoted and delivered through a co-ordinated programme of action which includes prevention and early intervention wherever possible, to ensure long term gain. It is led by the NHS in partnership with local authorities (DH, 2004a).

A note on consent

As a registered nurse or specialist community public health nurse, you must obtain consent before you give any treatment or before you take a child's weight and height measurements. This consent must be given voluntarily by an informed and legally competent person (NMC, 2004). For five plus screening, you or your team will require a consent form from the child's legal guardian.

Useful publications on consent include:

Department of Health, Social Services and Public Safety (2003a) *Seeking consent: working with children*, this is available from www.dhsspsni.gov.uk/consent-guidepart2.pdf (accessed 20 Nov 2008).

Department of Health (2001a) *Good practice in consent implementation guide: consent to examination or treatment*, which can be downloaded from www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4005762 (accessed 20 Nov 2008).

Department of Health (2001b) *Reference guide to consent for examination or treatment*, which can be downloaded from www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4006757 (accessed 20 Nov 2008).

Department of Health (2001c) *Seeking consent: working with children*, which can be downloaded from http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4007005 (accessed 20 Nov 2008).

School entry review

Reviewing a child's health at five years old, when they first enter school, provides an opportunity to check that their immunisations are up-to-date, and gives an opportunity to assess whether a child has access to primary and dental care. You can ensure that appropriate interventions are available for any physical, developmental or emotional

problems that may have been missed or not addressed (DH, 2004c).

It is important that the school nursing team is able to focus on early intervention, based on timely and comprehensive assessment of a child's needs (DH, 2004a) and completing the review in the first term of a child's school life.

The first tool in assessing a child's health is the school health questionnaire, which can contain details such as past medical history, details of vaccinations and relevant family history, along with consent to complete the initial screening (See chapter 2 for assessment and referral tools) You should take the height and weight of the child, and make a general health assessment. This information may then indicate that further intervention is necessary. Height and weight will allow calculation of the Body Mass Index (BMI), which is used as a public health indicator (DH, 2004c).

All children at this stage will be sent for the hearing sweep test with an audiometrician. If they have not had a two year sight test, the school nursing team will need to give them a distance vision test. You should refer any anomalous results to the relevant professional, or book the child for a twelve month recall if indicated.

Promoting good health

Because school nurses have regular contact with children who spend a significant proportion of their time in school, they can work with children in promoting, assessing and monitoring health and development (DH, 2006b). This work first starts during a holistic assessment of the child, possibly during an initial screening of height and weight. School nurses have an essential role to play in helping to meet targets for reducing childhood obesity, and in developing and supporting whole-school interventions according to need (DH, 2006b).

Equipment, tools and training

It is important that you ensure that the equipment required for assessing health is suitable for the task, regularly serviced and maintained, and can be safely transported. Staff must be trained and updated on how to use it.

School nurses are not solely responsible for delivering health programmes, and should be part of a team of members with different skills, where nurses and support

staff are competent for the roles they undertake. Whichever team member conducts the initial surveillance of a child's health, the results of abnormal surveillance tests and any necessary actions must be communicated sensitively with parents (NHS Scotland, 2003).

There are a variety of tools – starting with the school health questionnaire – for assessing individual and school health needs. Ideally, such tools should be developed and adapted locally, so your team has 'ownership' and so the tools reflect local circumstances (DH, 2001).

Epidemiology, infection control, immunisation and travel health

Part of your role is to help prevent the spread of infection in schools, and you should work closely with your local health protection agency (www.hpa.org.uk) and/or the local environmental health department. This work may include providing advice to young people, parents and teachers on infections and infestations, immunisations, hand-washing, personal hygiene and maintaining a clean environment.

Nurses working in boarding schools may be required to offer travel health advice and give vaccinations. Correct training and competency in these areas are vital, and you should work with the school medical officer to deliver these services.

Useful websites for epidemiology, infection control, immunisation and travel health:

www.dh.gov.uk

Immunisation against infectious disease

www.immunisation.nhs.uk

www.nathnac.org

National travel health

www.nhsdirect.nhs.uk

www.healthcare2z.org

www.nits.net

Community Hygiene Concern

www.nphs.wales.nhs.uk

National public health service for Wales

Chapter 2

Children and young people with ongoing or particular health needs

School nurses will need to monitor children with long term conditions, special learning needs or physical disability. Your activities with these groups will include direct care and treatment, promoting self care, supporting the referral of parents and carers to other specialists, and co-ordination of a range of services.

School nursing assessments

When a child or young person is referred to you by a pupil, parent, teacher or other professional, you will need to take the child's complete history to determine what is needed to improve their health.

An assessment tool is useful for this – see the Department of Health's *School nurse practice development resource pack* (DH, 2006b) – and the example documents given here:

- Document 3: School nursing assessment outline and assessment sheet
- Document 4: Example referral form to another service
- Document 5: Example referral to community school nursing service
- Document 6: Assessment framework

Document 3: Example school nursing assessment outline and assessment sheet

School nursing assessments: outline

When an appointment is planned, always have the child's community health records to document and assess any relevant history.

- 1) Give enough time, up to an hour may be needed.
- 2) Take a thorough history. As usual with an assessment, following a pre-set list of questions may not help you build a rapport with the child or their family, or find out what is really going on. The questions on the assessment sheet provide a guide to ascertaining key information, but you will need to give time for the parents and/or child to talk to you. By working with the parents and child, you should be able to develop a picture of what is happening in the family. You may find it helpful to end the appointment at this point, so all of you can think about the situation before the next appointment and before you make any suggestions for helping the child. It may be useful to give the family or young person a diary sheet to complete before your next meeting. Some children, parents and professionals have found it helpful to complete the assessment sheet together, or sometimes the sheet can be left with the child or parents.
- 3) In the second assessment appointment, take time to discuss everyone's thoughts since the previous appointment. This may inform your suggestions and sometimes the child or parents will have developed confidence to try new things. You may wish to suggest other ideas to try. The aim is to formulate a plan through negotiation with the child and parents. In order to do this, you will also need to consider at what level you will intervene, or whether it is necessary to refer the family to another service.
- 4) If appropriate, write suggestions for parents to try out and ask them to continue keeping a diary.
- 5) Arrange a follow-up appointment.

School nursing assessment sheet

Name of school nurse and date referral made:

Who requested contact with the school nurse?

Date and venue of assessment:

Name:

DOB:

Address:

Tel No:

Mobile No:

Postcode:

Male

Female

School:

Class/teacher:

Parent/carer name:

Relationship:

Family structure/significant others:

GP:

Address:

People present at assessment:

Who lives at home?

Presenting concern/problem:

How long has this been a problem and why seek help now?

What have you tried already and what was the outcome?

Brief medical history/current health needs/medication/other professionals involved with child and in what capacity?

Recent life changes/significant events:

Friendships/relationships at school/home:

If you had three wishes about your current situation, what would they be?

Parent:

Child/young person:

Other information (e.g. other agencies involved, parental circumstances, special needs, language, disabilities):

Action plan and person responsible for each point:

Referrals:

Consent for referral:

Follow-up:

Consent to share this information with:

GP

Child's school

Other

Specify:

Name of nurse:

Signature:

Date:

Contact number:

Document 4: Example referral to another service

Referral to Child Adolescent Mental Health Services (CAMHS) (Summary)

Consent for referral to CAMHS: YES

Consent for CAMHS to inform school nurse of outcome: YES

Parent's/carer's signature:

Parents aware of referral to CAMHS: YES NO

Reasons for referral:

What are the specific difficulties that CAMHS may be able to address?

Any previous involvement with CAMHS?

Any previous involvement with Social Services?

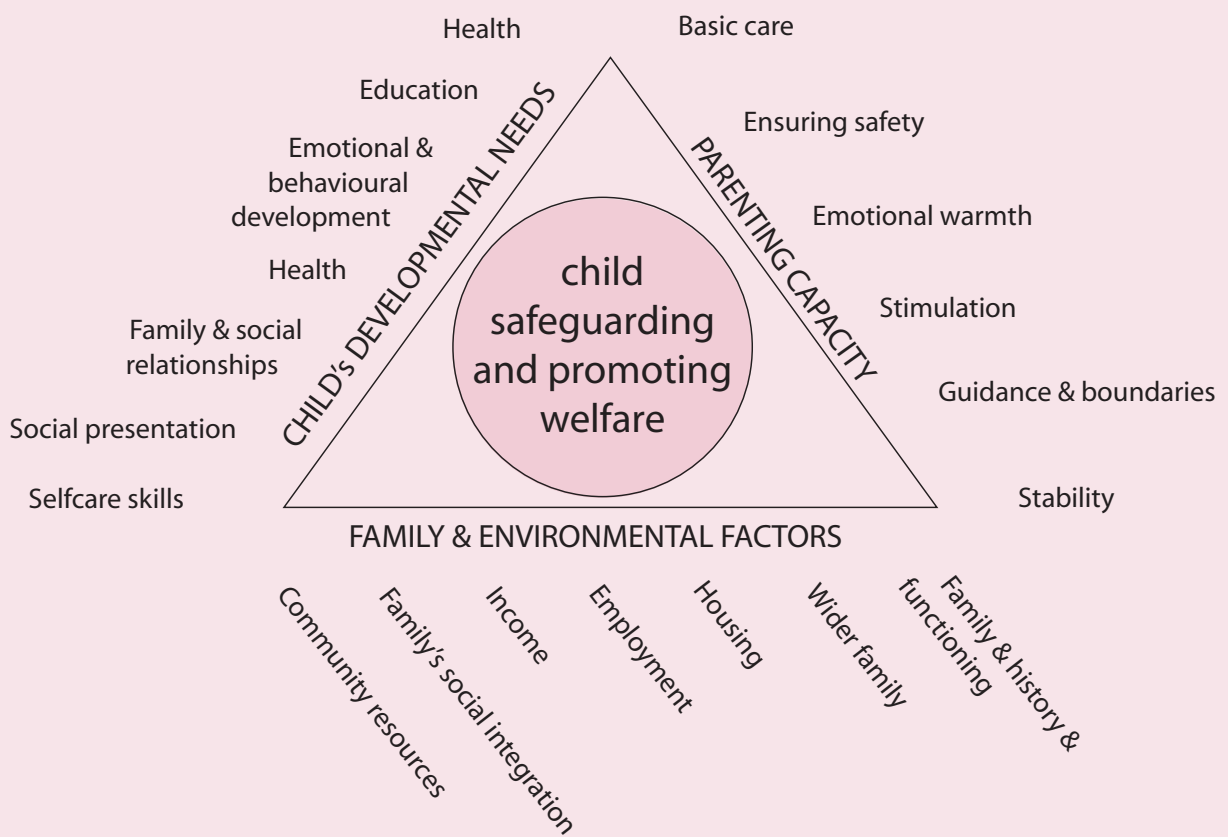
If the problem presents itself at school, what has been the school's involvement and what action has been taken?

Document 5: Example referral to Community School Nursing Service

Community School Nursing Service Referral Form	
Child's Name: (please print)	School:
Date of Birth:	Class/Tutor Group:
Address:	GP:
Parental/Guardian consent given by: (name)	
Contact Tel. No.:	
Reason for Referral (please provide ALL relevant information. Continue overleaf if necessary):	
Referred by:	Signature of Referrer:
Teacher / SENCo / E.W.O. / Parent / Pupil	Date of Referral:
Other (please state):	Referrer's Contact Tel. No.:
Additional Information:	
Does the pupil have a Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the pupil have additional education or health needs: <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Statement:	
Behaviour at School:	
Behaviour at Home:	
Attendance at School:	Academic Progress:
Other Agencies involved (please list):	

For School Nursing Service use only:	
Date referral received:	Allocated to:
Priority for assessment (please circle and give target date):	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Action taken: <input type="checkbox"/> Telephone Advice <input type="checkbox"/> Appointment <input type="checkbox"/> Home Visit <input type="checkbox"/> Staff Training Session <input type="checkbox"/> Group Session <input type="checkbox"/> Other (please state):	
Acknowledgement letter sent to referrer: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Acknowledgement letter sent to parent: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Date commenced:	Date completed: Work ongoing <input type="checkbox"/> Yes <input type="checkbox"/> No

Document 6: Assessment framework



Source: Department of Health *Framework for the Assessment of Children in Need and their Families*, London: The Stationery Office (2000)

© Crown copyright material is reproduced with permission of the Controller of HMSO and Queen's Printer for Scotland.

Long term medical conditions and complex needs

Children's and young people's complex needs can include a whole range of conditions that can affect their access to education. They may not have a statement of special educational needs, and they may not be "disabled".

Children with particular health needs can be receiving their education in any type of educational setting, and their conditions will range from mild, seasonal asthma to technologically dependant. It is part of our work as school nurses to offer equitable access to all these children and young people. Adaptations must be made to local policies, protocols and guidelines to enable this group's access to education.

The National Service Framework for Children (Standard 8, 2.4) says: "Disabled children and young people are first and foremost children, with all the rights, needs and aspirations of all children and young people. Ensuring their rights are met requires providing services for them that are in line with the United Nations Convention on the Rights of the Child; the Human Rights Act 1998 and the Disability Discrimination Act 1995."

Some useful references for managing health needs in schools:

- Department for Education and Science and Department of Health (March 2005) *Managing Medicines in Schools and Early Years Settings*, London: DfES.
www.teachernet.gov.uk/wholeschool/healthandsafety/medical/
or www.dfes.gov.uk for more information
- Welsh Assembly Government (1997) *Supporting pupils with medical needs in schools*, Cardiff: WAG.
<http://new.wales.gov.uk/docrepos/40382/4038232/4038211/481647/3497-e.pdf?lang=en>
- Welsh Assembly Government (May 2005) *Designed for life: creating a world class health and social care for Wales in the 21st century*. Cardiff: WAG
- Welsh Assembly Government (July 2005) *National Service Framework for Children, Young People and Maternity services*
- *Every Child Matters* – NSF for Children sets standards for children's health and social services
www.dh.gov.uk/en/Healthcare/NationalServiceFrameworks/ChildrenServices/Childrenservicesinformation/index.htm
www.everychildmatters.gov.uk
www.scotland.gov.uk
- *Managing long term medical conditions* (2007) Tool for health care professionals, produced by leading organisations in asthma, epilepsy, diabetes and anaphylaxis at: www.medicalconditionsatschool.org.uk
- Department of Health, Social Services and Public Safety (2007) *Complex needs. The nursing response to children and young people with complex physical healthcare needs*, Belfast: DHSSPS.

Useful websites:

Anaphylaxis Campaign: www.anaphylaxis.org.uk

Asthma Campaign: www.asthma.org.uk

Barnardos: www.barnardos.org.uk

Brook Advisory Centres: www.brook.org.uk

Diabetic Association: www.diabetes.org.uk

Disability:
www.direct.gov.uk/en/DisabledPeople/index.htm

Epilepsy Action: www.epilepsy.org.uk

Eating Disorders Association: www.edauk.com

National Children's Bureau: www.ncb.org.uk

Shared care network for disabled children:
www.sharedcarenetwork.org.uk

Document 7: Example of a training tool for school nurses training carers in clinical tasks

Tool for training carers in clinical tasks

This training is undertaken voluntarily. There is no time limit on the training.

Carers will not be expected to undertake the procedure unsupervised, until both the carer and trainer are confident in the procedure.

Method

- Verbal explanation of procedure.
- Observe procedure until confident to move on.
- Supervised practice of procedure.
- Competent for unsupervised practice of procedure.

After training

- Carer name to be added to school data base of staff trained.
- Support from nursing staff accessed as necessary.
- Updates on individual pupil's needs discussed and written in care plan as necessary.
- Review of competence date set with carer.
- Yearly general update for all staff (could be part of an inset day, if applicable).

Individual Training Record

• TRAINING RECORD FOR

Procedure

		Yes or No	Carer signature	Parent/nurse signature	Date
1	Have you been given a copy of the written procedure?				
2	Has the procedure been fully explained to you?				
3	Have the potential problems/difficulties been explained?				
4	Has the procedure been demonstrated to you (if so how many times)?				
5	Have you undertaken the procedure with supervision?				
6	Do you have access to the pupil's care-plan, containing contact numbers for help/support?				
7	Would you know what to do if you came across a problem?				
8	Are you happy to undertake the procedure unsupervised?				
9	Review date set (one year maximum from signing)				Review date:
10	Do you have any further comments?				

Safeguarding children

School nurses, along with anyone who works with children and young people, are responsible for safeguarding children - as the National Service Framework *Every child matters* highlights. Nurses working outside the NHS in schools must ensure that they link into local Safeguarding Children Boards or equivalents and the named nurse for child protection/safeguarding children and young people.

New ways of delivering services across the UK have been developed, all of which can be found on the Every Child Matters website at www.everychildmatters.gov.uk and include:

- common assessment framework (CAF)
- contact point (information sharing)
- common core of skills and knowledge.

Useful reading

Carlisle A (2002) *Too serious a thing. The review of safeguards for children and young people treated and cared for by the NHS Wales*, Cardiff: WAG.

Department of Health, Social Services and Public Safety (2006) *Our children and young people – our shared responsibility. Inspection of child protection services in Northern Ireland, overview report*, Belfast: DHSSPS.

Document 8: Safeguarding children

Background of safeguarding

Lord Laming's report on the inquiry into Victoria Climbié's death was published in 2003. Recommendations from his report reshaped the way in which child protection cases are managed. Lord Laming stated that mistakes had been made. The Royal College of Nursing responded to this by producing an action plan. This plan acknowledged that the profile of child protection needed to be increased and that nurses play a vital role in relation to this.

Safeguarding – entails protecting children and young people from abuse and neglect ensuring they are well cared for and safe.

“The overarching aim of safeguarding work is to make sure that children and young people are able to reach their potential and enter adulthood successfully.” (HM Government, 2006)

Every child deserves the opportunity to achieve their full potential. The National Service Framework for England, *Every Child Matters*, sets out the five outcomes that are most important to children and young people:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic wellbeing.

To achieve these outcomes, a network of reliable relationships is needed to support children and their families. School nurses are a part of this network, with a varied and extensive role covering a range of activities from health monitoring to health promotion. The most important part of their role is to safeguard and promote the welfare of children. Children and young people need to feel valued and loved.

School nurses have the knowledge and skills of child health development to ensure that assessment, promotion and monitoring of children's health development is in line with government guidelines. These guidelines and policies are important in the child protection process, and you must be aware of them. You need to ensure that they are followed across your trust or area. Primary care organisations have a duty to safeguard and promote the welfare of children and young people.

What can a nurse do to safeguard children?

- Be aware of signs of abuse or neglect, helping colleagues in schools also to be aware of them
- Keep chronologies of all events involving a child or young person
- Offer support to children, young people and their families
- Participate in regular training and updating
- Liaise with other professionals involved with the child and family
- Know who to access for further expert help and advice.

If a child is identified as being at risk of abuse, neglect or suffering:

- Ensure action is taken to safeguard and promote that child's welfare

- Contribute in child protection conferences, core group meetings and any other multidisciplinary meetings which promote the child's safety
- Support parents:
 - ensure they are aware of services available to them
 - work together to promote the child's wellbeing
- Give help and advice to support schools when dealing with identified children.

Drop-ins, clinics, consultations

Individual appointments with young people and/or parents occur in a variety of settings: for example: home, clinic or drop-in venue. Document 9 has information about setting up a drop-in clinic.

Topics discussed at these appointments may include (list below includes helpful websites):

- Sexual health
www.ncb.org.uk/sef
www.brook.org.uk
www.rcn.org.uk/publications *The role of the school nurse providing emergency contraception services in education settings* (RCN, 2006a).
- Enuresis
www.eric.org.uk
- Mental health
www.youngminds.org.uk
- Substance misuse
www.drugs.homeoffice.gov.uk
- Smoking
www.ash.org.uk
- Obesity and exercise
www.nice.org.uk

You can explore innovative ways of working with young people to improve communication – at www.rcn.org.uk/publications, for example, you will find the document: *Use of Text messaging services. Guidance for nurses working with children and young people* (RCN, 2006b).

Document 9: Setting up a drop-in clinic

Before you establish a drop-in service, you need to do your research on what your school needs, and whether there is a successful drop-in nearby to which you could link.

Assessing need is important to identify and assess the potential for a young person's drop-in service. Involve young people themselves, not just in consultation about what they want to see, but in participation in setting up and evaluating services.

Points to consider in advance

- Why set up a drop-in?
- What do I want to do with it?
- How do I want to run it?
- When do I wish to offer a service?
- Where do I offer the service?
- Who will I work with?
- Is the environment suitable?
- Is it welcoming and friendly?
- Does it offer the chance to be private allowing the client confidentiality?
- At what stage should I consider either closing the clinic or enhancing current service availability?

(Somerset Coast PCT, 2000)

Requirements of a drop-in service

- To provide a free, informal advice and information support network to young people on all health issues
- To involve young people in the further development of their own health education
- To operate an accessible, friendly, confidential, trusting and safe environment and service
- To open and further promote channels of communication and liaison with young people
- To have a trained professional with appropriate knowledge, skills and a genuine interest and enjoyment of working with young people.

Aim of a drop-in service

A free, confidential, non-judgmental, open access service for young people, parents and carers, which provides help, support, guidance and advice on a wide range of health issues.

Objectives

- To improve young people's access to health services, information, advice and support
- To provide a confidential service for young people
- To provide a non-judgmental environment in which a young person can feel safe
- To allow the young person to discuss worries, concerns or problems however trivial they may seem
- To improve young people's sexual health and help them make informed choices
- To give young people an opportunity to take responsibility for their own behaviour, health care and lifestyle
- To improve general health and wellbeing of young people
- To attempt to influence behavioural change
- To listen to, act upon and promote the views of young people
- To improve, develop and promote the services provided
- To signpost or refer to other services as necessary.

Guidelines

- The drop-in must be based on the principle that the interests and the welfare of the child are paramount
- There may be differences in individual and agency philosophies with respect to maintaining confidentiality. Issues around confidentiality need to be discussed and understood
- It is vital to ensure protocols and are guidelines are in place beforehand so that staff involved were aware of their position regarding issues around safeguarding, confidentiality and accountability.

Confidentiality

Absolute confidentiality, as required when working as a registered nurse under the Nursing and Midwifery Council (NMC) rules, is the most important factor for young people as it is the basis for a trusting relationship. You will need to establish how to set up and maintain a confidential system of recording consultations and documentation, for legal and ethical requirements, alongside relevant and necessary data collection for present and future monitoring and evaluation.

Multi-agency drop-ins

Some of the agencies which could take part in a drop-in include: youth worker, drug and alcohol advisor, counsellor, Connexions, sexual health nurse, police and young carers.

Partnership working

A partnership agreement needs to contain:

- the agreement, including staff resources, support, referrals, confidentiality, data sharing, accommodation and information resources
- the delivery plan – objective or action, who is involved, how will success be measured, when, by whom?
- signatures of those involved, agreeing to implement the actions in the partnership agreement
- statement of equal opportunities
- directory of contacts.

The group involved must discuss and agree:

- general aims for the project
- specific objectives (if different for each partner, these can be specified here)
- duration of project
- how the project will be funded
- age range of target group
- who is in the partnership

- how young people will be involved in consultancy and planning
- whose policies will the project work to (on confidentiality, safeguarding, health and safety, service policies)?
- how the work will be recorded, and by whom
- who will report on the work and to whom
- aspects of the work to be undertaken, and who will do what
- how the work will be evaluated (if partnership meetings are needed, specify how often and who will be involved)
- the basis on which young people can participate (voluntary/by direction/other)
- how young people will be referred between partners
- if staff are appointed, who will recruit, induct and line manage, and cover recruitment costs.

Promoting the drop-in

Appropriate and adequate advertising and promotion of the drop-in service is important in the initial stages of setting it up. Getting young people involved in designing and producing posters and leaflets gives a sense of ownership.

For a drop-in clinic to be successful, the service has to be well publicised at regular intervals. Don't forget that word of mouth is the most economical, efficient and effective form of advertising the service.

Chapter 3

Management and professional accountability

School nurses are capable of working alone, and able to make independent judgements about priorities and conduct. They are accountable to a line manager, who could be a nursing or NHS manager or a head teacher.

A school nurse also has a professional accountability and a code of conduct to adhere to, which guides their practice. All nurses are personally accountable to their regulatory body, the Nursing and Midwifery Council (www.nmc-uk.org). You should also be able to access professional support and advice from a senior nurse or RCN representative or adviser.

Writing policies and protocols

A protocol is formal written guidance agreed between professionals. It will be derived from practice policies, and will provide guidance to individual nurses and teams (RCN, 2005). In relation to the supply and administration of medicines, group protocols are now called patient group directions (PGDs).

Patient Group Directions. Guidance and information for nurses. RCN. 2001/2004 Publication code 001 370. www.rcn.org.uk/publications

PGD or Not to PGD? A guide to choosing the best option for individual situations (NELM, 2007). www.portal.nelm.nhs.uk/wpresources/DownloadDoc.aspx?id=1898

Patient group directions can not be used by nurses working in independent schools or employed directly by an educational establishment unless they have a contract with the area health service provider. See the publication, *The use of patient group directions for nurses working in independent schools or employed directly by an educational establishment* (RCN Independent School Nurses Group, 2006), www.rcn.org.uk/1234.

Detailed guidance on the requirements of PGDs in both the NHS and independent sectors is available on the Medicines and Healthcare Products Regulatory Agency (MHRA) website www.mhra.gov.uk.

Protocols are helpful to support the advance of quality patient care by providing an evidence-based standard of practice specific to a certain client group.

Nurses may be required to contribute to or write policies and protocols to ensure that pupils receive proper care and support at the school. Document 10 contains information about writing policies and protocols.

Document 10: Writing policies and protocols

Consider the following points when you are writing a protocol or policy for your school.

1) Legalities/responsibility

Whatever the level of protocol, a practitioner remains accountable for their actions when caring for a client. However, failure to follow a protocol will not necessarily constitute negligence (*Bolam v Friern Hospital*). The protocol should therefore state the level of competency and training required to perform the task.

2) Consent

How should client consent be obtained and recorded? The law insists that consent is, in the vast majority of cases, a prerequisite to the treatment of a client. What action should you take if consent is not obtained?

3) Client inclusion/exclusion

Which group of clients are to be included in a protocol? What contra-indications and special considerations should you take into account?

4) Description of treatment

a) The protocol should include details of any medication to be supplied/administered: its legal status, quantity, dosage, route of administration and side effects.

b) What equipment, preparation and technique should be used? What disposal arrangements are required?

c) How, what and where should any medication, samples or equipment be stored?

4) Advice

Is written patient advice required? What form will it take?

Is follow up advice required? How will this be delivered?

5) Recording/documentation

In line with NMC guidelines, how, what, where should the intervention be recorded?

What is the identification, management and reporting procedure for any adverse reactions or occurrences.

6) Audit

When will the protocol be reviewed? What audits are required and who is responsible?

7) References

Any references/links to other local or national policies, guidance etc should be included

References

Bolam v Fiern Hospital Management Committee 1957, RAUER118 . Accessed via RCN legal department 2006.

Department of Health (1996) *Immunisation against infectious diseases*, accessed at: www.dh.gov.uk

Risk assessment

A risk assessment is nothing more than a careful explanation of what, in your workplace, could cause harm to people, so that you can weigh up whether you have taken enough precautions or should do more to prevent harm (www.hse.gov.uk).

A useful tool for making any risk assessment is to follow the Health and Safety Executive's five steps to risk assessment:

- 1) Look for hazards
- 2) Decide who might be harmed and how
- 3) Evaluate the risks and decide whether the existing precautions are adequate or whether more should be done.
- 4) Record findings
- 5) Review your assessment and revise it if necessary.

(From *Five steps to risk assessment* (HSE, 1999) at www.hse.gov.uk/pubns/raindex.htm)

Document 11 shows an example of a risk assessment for immunisations and medications in schools.

Document 11: Example of a risk assessment

Risk Assessment for immunisations/medications in schools

Immunisations by school nurses will usually be administered under a patient group directive or patient specific direction. A PGD is a legal protocol based on risk assessment. A patient specific direction is a medication/immunisation prescribed by a doctor, pharmacist or a nurse prescriber. Nurses following a patient specific direction should still follow local/national protocol for administration of medication/immunisation.

Remembering their accountability, a risk assessment using the Health and Safety Executive's five steps should also be made with each client before any intervention.

- 1) Environment: is it suitable for procedure? Availability of emergency equipment drugs? Staff training?
- 2) Details of client: name, history of allergy reaction to previous medications, contraindications, current health, understanding of procedure/medication.
- 3) Details of drug: type, dose, route of administration, date of expiry, after care/observation of client, follow up advice.
- 4) Record and sign details as appropriate.
- 5) Report and review any errors, special occurrences.

Lone worker policies

School nurses should be protected by a policy concerning working alone. A lone worker policy should cover visits, communication and risk assessments. All workers are responsible for adhering to policies, safe working practices and reporting any potential risks. (See the RCN's 2007 document, *You are not alone* publication code 003 172 www.rcn.org.uk/publications).

Document 12 contains suggestions of what to include in a lone worker policy.

Document 12: Lone worker safety

- Ensure your car is insured for business use and you are a member of a breakdown recovery scheme. When parking, be mindful to choose safe well lit public areas.
- It is wise to ensure that all equipment and documents are locked out of sight in the boot.
- Observe your local lone worker policy; ensure your colleagues are aware of your planned visit and expected time of return. Plan your visits in consultation with a colleague or manager who can act as a phone contact if the visit is at the end of your working day and you are not returning to your base.
- Carry a functioning, charged, mobile phone with emergency number programmed in, and a personal alarm.

Assessing situations

- Ensure that you are aware of any previous information relating to the risks of visiting a particular home, for example: domestic violence, large dogs, etc. Any previous concerns should be recorded and acted upon according to local policy.
- Visit the NHS Security Management Service website at www.nhsbsa.nhs.uk/security The Suzy Lamplugh Trust (www.suzylamplugh.org) also offers further advice about safe working.

Communication

- Be aware of your body language – how do you present yourself to people? Trust your assessment or instincts if you feel someone's body language or eye contact is challenging or confrontational.
- Assess the environment continuously – the area, the house, the people.

You should wait to be invited in. If you are not, carry out your consultation at the door.

Making house calls

Most families are welcoming, but you must remain mindful of your own safety.

If, when you are in a client's home, you feel uneasy, terminate the visit and leave. Always keep yourself between the family and the door, so that you have a clear, quick exit route if you need it.

Keeping contact with base

All practitioners should complete an up-to-date commitment sheet with a record of the expected time of return to work place. A buddy system can be established to ensure that all staff are accounted for at the end of a working day.

Alarms/mobiles

It is best practice that lone workers carry a fully charged, functioning mobile phone, with emergency numbers programmed into speed dial keys. There are also many approved alarm devices available to employers to allow staff to summon support (see www.nhsbsa.nhs.uk/security).

Recording and documentation

You are responsible for any records that you create or use – remember, other people may have to rely on them. They must be legible, accurate, and auditable, and give a clear factual record of any visits, contacts, and care or interventions undertaken. It is important that these are written, timed and signed as soon after the consultation as possible.

Audits

One definition of an audit is a planned, independent and documented assessment to determine whether agreed upon requirements are being met.

Clinical audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care and implementation of change.

There are numerous areas school nurses should audit, such as record keeping, referrals into the team, screening processes and administration of medication.

The document *Principles for Best Practice in clinical audit* provides a useful framework for clinical audit and can be accessed from www.nice.org.uk

An example audit tool for the referral process is shown in Document 13.

Document 13: Example audit tool**AUDIT FORM for referral process**

No. of referrals received/ 1/2 term:

No. of inappropriate referrals:

No. of redirected referrals:

Priority:

	School nurse	Staff nurse	Nursery nurse	Admin	Total
No. of high	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
No. of medium	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
No. of low	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Action Team:

Telephone advice	Appointment	Home visit	Staff training	Group session	Other
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

No. of missed appointments:

No. **NOT** seen within allocated timeframe:

No. of completed referrals:

No. requiring ongoing work:

No. of referrals which could have been allocated to but had to be allocated to another due to team composition

 School nurse Staff nurse Nursery nurse Admin

Influencing commissioners

School nurses work in a variety of settings and are employed by a variety of employers. Irrespective of the type of employer, however, someone will be responsible for purchasing or commissioning your service, directly from you for the local population. It is essential that nurses inform this commissioning process, because they have the expertise and knowledge of local health needs. See Document 14 .

Document 14: Good practice in influencing commissioners.

Note: The Primary Care Group of the London Network of Nurses and Midwives produced this *Commissioning a patient led NHS: A toolkit for nurses* in response to the Department of Health publications *Commissioning A Patient Led NHS* (2005a), *Creating A Patient Led NHS* (2005b) and *Practice-based commissioning: a practical guide* (2006).

This toolkit helps nurses be aware of these changes to the way the NHS commission and provide services, and explains how they might be affected.

Influencing commissioners

Nurses need to be proactive in finding out about their commissioning process, even if they are not normally invited to be part of it. Have the confidence to get involved by developing your influencing skills. Skills development, political training and leadership courses are available from a variety of providers.

The following points may be useful to consider when getting ready to meet the commissioning team:

- map your service and be precise and clear what you currently provide and why
- find out what your employers' targets and priorities are in improving children and young people's health
- think about how your service could be redesigned to assist in meeting those targets (it is better to have a say in how services are redesigned, rather than being told)

- make your service visible, by networking, providing presentations and finding powerful champions who will speak up on your behalf
- get invited onto cross agency strategy groups e.g. teenage pregnancy boards, obesity working groups, etc.
- network with influential people e.g. director of public health, healthy schools co-ordinator, children's fund manager, etc.
- have extensive knowledge of local health needs, e.g. what are the smoking rates, what are the teenage pregnancy rates, etc.
- read public health reports
- be able to pinpoint your "needy" schools and be able to back it up with information to support why it is needy
- collect extensive data on everything your team does. Complete audits on:
 - 1) all referrals into the team and outcomes
 - 2) all group/session work
 - 3) drop-in sessions and outcomes
 - 4) height and weight sessions
 - 5) child protection work, numbers and outcomes, etc.
- collect children's stories, outcomes, evaluations and participation responses from clients
- think about and record "what it is that only a school nurse can do? What is unique about the role of the school nurse?"
- if there are work pressures, think about what can safely be dropped. Do risk assessments on work that could be dropped
- be creative in your thinking about how you could deliver services differently
- involve parents and children, ask them what they need.

Remember the commissioners may not be clinicians, so be clear and don't use jargon – they won't have the time to find out what the jargon means, so tell them.

Chapter 4

Working in independent schools

For nurses employed directly by a school:

- 1) The minimum qualification for an independent school nurse should be a first level registered nurse on part 1 of the NMC register. Ideally nurses will be registered children's nurses or be a specialist community public health practitioner.
- 2) Further training in emergency nursing, practice nursing, mental health or teacher training are valuable.
- 3) Post-registration courses to gain further expertise and competency may include: first aid at work, contraception/sexual health, asthma, counselling, vision and hearing testing, dermatology, travel health, anaphylaxis, diabetes, epilepsy, health and safety.

Roles and responsibilities

A nurse employed directly by a school or college should be able to lead, respond to, and influence the health agenda for a school environment. They should work directly alongside heads, teachers, governors, and parents to promote the health and wellbeing of the pupils.

The principles and practice are the same as those for all school nurses, except that those working directly for a school will work in a closer, single community. The precise role and duties will vary according to the needs of the school but may include:

- involvement in health promotion and education – working in partnership with the teaching staff and the National Healthy School Standard
- involvement in health and safety issues, such as reporting accident black spots or potential health risks
- managing a health centre
- administration of medications under protocols. This may include vaccinations under patient specific direction or patient group direction if agreed with the primary care provider. See *PGDs in independent schools* (RCN Independent School Nurses Group, 2006)
- assessing, planning and implementing care on a day to day basis for pupils with minor ailments, chronic illness, accidents and injuries
- administration of medications under protocols. This may include vaccinations under patient specific direction or patient group direction if agreed with the primary care provider (see *PGDs in independent schools* RCN, 2006)
- provide a confidential service of advice, counselling and referral as appropriate
- participation in pastoral care including involvement with child protection issues
- writing medical protocols and assisting in writing school health policies
- liaising with and networking with external agencies
- maintaining and enhancing their personal professional development in accordance with guidance from regulatory and professional bodies.

References

- Bolam v Fiern Hospital Management Committee 1957, 1 WLR 583.
- Department for Education and Skills (2006) *Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children*, London: DfES.
- Department of Health (1996) *Immunisation against infectious diseases*, London: DH. (accessed at: www.dh.gov.uk)
- Department of Health (2000) *Framework for the assessment of children in need and their families*, London: TSO.
- Department of Health (2001a) *Good practice in consent implementation guide: consent to examination or treatment*, London: DH.
- Department of Health (2001b) *Reference guide to consent for examination or treatment*, London: DH.
- Department of Health (2001c) *Seeking consent: working with children*, London: DH.
- Department of Health (2001d) *The Health Visitor and School Nurse Development Programme. School nurse practice development resource pack*, London: DH.
- Department of Health (2004a) *Core Standards. National Service Framework for Children, Young People and Maternity Services*, London: DH.
- Department of Health (2004b) *Every Child Matters. National Service Framework for England*, London: DH.
- Department of Health (2004c) *Key issues for Primary Care. National Service Framework for Children, Young People and Maternity Services*, London: DH.
- Department of Health (2005) *Commissioning a patient-led NHS*, London: DH.
- Department of Health (2005) *Creating a patient-led NHS – delivering the NHS improvement plan*, London: DH.
- Department of Health (2006a) *Practice-based commissioning: a practical guide*, London: DH.
- Department of Health (2006b) *School nurse Practice development resource pack: specialist community Public Health Nurse*, Nottingham: DfES.
- Department of Health, Social Services and Public Safety (2003a) *Seeking consent: working with children*, Belfast: DHSSPS.
- Department of Health, Social Services and Public Safety (2003b) *Strategic direction in community nursing*, Belfast: DHSSPS.
- Department of Health, Social Services and Public Safety (2006) *Health for all children. Guidance and principles of practice for professional staff*, Belfast: DHSSPS.
- Health and Safety Executive (1999) *Five steps to risk assessment*, London: HSE.
- Laming, Lord (2003) *The Victoria Climbié Inquiry: report of an Inquiry by Lord Laming*, CM 5730, London: TSO.
- National Electronic Library for Medicines (2007) *PGD or Not to PGD? A guide to choosing the best option for individual situations* (London: NELM). www.portal.nelm.nhs.uk/wpresources/DownloadDoc.aspx?id=1898 (Web) (Accessed 30/10/08)
- NICE (2002) *Principles for Best Practice in clinical audit*, Abingdon: Radcliffe Medical Press Ltd.
- Nursing and Midwifery Council (2004) *The NMC Code of Professional Conduct: standards for conduct, performance and ethics*. London: NMC.
- Nursing and Midwifery Council (2008) *The NMC Code of Professional Conduct: standards for conduct, performance and ethics*, London: NMC.
- NHS Scotland (2003) *A Scottish framework for nursing in schools*, Edinburgh: TSO.
- Royal College of Nursing (2005) *Signpost guide for nurses working with young people. Sex and relationships education*, London: RCN. Publication code 002 021.
- Royal College of Nursing (2006a) *The role of school nurses in providing emergency contraception services in educational settings*, London: RCN. Publication code 002 772.
- Royal College of Nursing (2006b) *Use of text messaging services: guidance for nurses working with children and young people*, London: RCN. Publication code 003 035.

Royal College of Nursing (2008) *You're not alone – the RCN campaigning to protect lone workers*, London: RCN. Publication code 003 172.

Royal College of Nursing Independent School Nurses Group (2006) *The use of patient group directions for nurses working in independent schools or employed directly by an educational establishment*, London: RCN. Available from www.rcn.org.uk/1234

Welsh Assembly Government (2004) *Children and Young people. Right to Action*, Cardiff: WAG.

Welsh Assembly Government (2005) *National Service Framework for children, young people and maternity services*, Cardiff: WAG.

Other useful guidance

Royal College of Nursing publications

These publications are available to download from www.rcn.org.uk/publications. Copies may be available to purchase from RCN Direct on 0845 772 6100.

Royal College of Nursing (2004) *Employing nurses in independent schools*, London: RCN. Publication code 002 301.

Royal College of Nursing (2004) *Agenda for Change and nurses employed outside of the NHS*, London: RCN. Publication code 002 246.
www.rcn.org.uk/support/pay_and_conditions/agendaforchange

Royal College of Nursing (2006) *Getting it right for children and young people. Assessment tool for nurses*, London: RCN. Publication code 002 777.

See www.rcn.org.uk, children and young people's community for resources, publications and discussion zone.

Nursing midwifery Council (NMC)

The NMC provides an A-Z advice and guidance on all matters pertaining to professional registration and practice.

Downloads available from www.nmc-uk.org

Department for Education and Skills (DfES) now Department Children, Schools and Families(DCSF) publications

(1998) *Guidance on first aid in schools*

(2005) *Managing medicines in schools and early years*

(2005) *Common core of skills and knowledge for the children's workforce*

(2006) *Working together to safeguard children*

(2006) *Common assessment framework managers and practitioners guide*

(2006) *Information sharing practitioners guide*

Department of Health (DH) publications

(2002) *Good practice in consent implementation*
www.dh.gov.uk

(2002) *Boarding schools national minimum standards inspection regulations*
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4006331

Also see www.everychildmatters.gov.uk and www.teachernet.gov.uk for publications.

Useful supporting agencies/web addresses

Anaphylaxis Campaign
www.anaphylaxis.org.uk

ASH (Action on Smoking and Health)
www.ash.org.uk

Boarding Schools Association (BSA), provides support, conferences and briefing papers on all matters pertaining to boarding. Membership is by school.
www.boarding-school.org

Brook Advisory Centres
www.brook.org.uk

Diabetic Association
www.diabetes.org.uk

Disability
<http://www.direct.gov.uk/en/DisabledPeople/index.htm>

Epilepsy Action
www.epilepsy.org.uk

Eating Disorders Association
www.edauk.com

Education and resources for Improving Childhood
Continence (Eric)
www.eric.org.uk

Every Child Matters
www.everychildmatters.gov.uk

Family Planning Association
www.fpa.org.uk

Health and Safety Executive, for health and safety at work
and associated regulations.
www.hse.gov.uk

Medical Officers of Schools Association (MOSA), provides
guidance, support and joint meetings for school doctors
and nurses. Nurses can be associate members.
www.mosa.org.uk

National Asthma Campaign
www.asthma.org.uk

National Children's Bureau
www.ncb.org.uk

National Institute for Health and Clinical Excellence
www.nice.org.uk

Shared care network for disabled children
www.sharedcarenetwork.org.uk

Tackling drugs, saving lives
www.drugs.homeoffice.gov.uk

TeacherNet
www.teachernet.gov.uk

Young Minds
www.youngminds.org.uk



Royal College
of Nursing

December 2008

Published by the
Royal College of Nursing
20 Cavendish Square
London
W1G 0RN

020 7409 3333

www.rcn.org.uk

RCNONLINE
www.rcn.org.uk

RCNDIRECT
www.rcn.org.uk/direct
0845 772 6100

*The RCN represents nurses and nursing, promotes
excellence in practice and shapes health policies.*

ISBN 978-1-904114-86-84

Publication code 003 223