Royal College of Nursing

An RCN toolkit for school nurses

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

Acknowledgements

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Thanks must also be made to the Department of Health for supporting the revision of the toolkit to encompass information and resources to help school nurses support young carers.

This publication is due for review in January 2016. To provide feedback on its contents or on your experience of using the publication, please email publications.feedback@rcn.org.uk

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Introduction

The Department of Health (DH) in England recently published a document *Getting it right for children, young people and families* (DH, 2012). This gives the school nursing profession a framework of the services we can provide to children, young people and families. The school nursing programme has been developed to ensure alignment with the Health Visitor Implementation Plan and continuity of care from foundation years to school. This RCN toolkit complements the Department of Health's framework and documents such as the *School nurse practice development resource pack* (DH, 2006).

The professional lead at the Department of Health articulated the vision for school nurses across the country.

The Department of Health (November 2012) published fact sheets to support the implementation of the new school nurse service:

- School nurse fact sheet – health and social care professionals
- School nurse fact sheet – head teachers and governors

More recently a range of pathways to support school nurses in practice highlighting a child's transition from health visitor to the school nurse. Access the range of pathways from the Health visiting and school nursing programme at www.gov.uk/dh.

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) School nurses or specialist community public health nurses (SCPHN) are qualified nurses or midwives with specialist graduate level education in community health and the health needs of school-aged children and young people. The SCPHN qualification is recordable with the Nursing and Midwifery Council (DH, 2012). Information about the SCPHN programme can be found via the Nursing and Midwifery Council (NMC) website.

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 leading and delivering the Healthy Child Programme (HCP) 5–19 and the equivalents in Scotland, Northern Ireland and Wales:
   - 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 and 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.

The RCN developed a UK wide position statement in *The RCN UK's position on school nursing* (RCN, 2012a).

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The role of the school nurse

The role involves a range of skilled activities and communications at individual, group and community level. It includes health promotion, advice, signposting to other services, active treatment/procedures, education, support, protection, safeguarding and service co-ordination. School nurses need to work in partnership with other agencies and as part of a wider multidisciplinary team to support the health and wellbeing of school-aged children. School nursing is a service that understands the dynamic process of interaction between the child, the family, the child in school, (including alternative education providers) and the child in the community. The fundamental role of the school nurse is to improve children and young people's health and wellbeing (DH, 2012).

Delivering on public 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
- immunisation
- supporting young carers.

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

Information about public health priorities across the UK can be found at:

England

www.gov.uk

Scotland

www.healthscotland.com

Wales

www.publichealthwales.wales.nhs.uk

Northern Ireland

www.publichealth.hscni.net

For more information on national targets see Useful websites.

School health profiles

Whole school assessments of health (commonly known as health profiles) are part of a school nurse's role. School nurses identify the health needs of a given population and go on to provide a holistic service to whole communities, families and individuals.

An example of a school health profile is set out in Document 1.

A Scottish profile is available from: www.healthpromotingschools.co.uk

A Welsh profile is available from: www.wales.nhs.uk

A Northern Ireland position statement entitled *Strategic direcition in community nursing* is available from www.dhsspsni.gov.uk

For more information about school health profiles see *School nurse practice development resource pack* (DH, 2006).

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 school's local area
- 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 (or equivalent)? If not, why not?
- the known current health needs of pupils (for example, children with diabetic needs)
- do the teachers or school support staff 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 (for example 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
- school-focused indicators – absences, special needs, safeguarding, family of need and Common Assessment Framework (CAF) or equivalent.

Make the tool easy to fill in.

The tool can be paper or electronic based, but it is more practical if the same tool is used for one area or health care organisation. Consider involving your audit department so that information can be collected in such a way that it is easy to enter data into 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

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 equality 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 (for example, 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, for example, 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

Other agencies working in your school

Information for school nurse (For example: youth service, Connexions)

Agency	Activity/topic	Year group	Contact name/number

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 (or equivalent)

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 about the Healthy Schools Standard and toolkit can be found at www.education.gov.uk

Scotland, Wales and Northern Ireland run similar programmes. See www.educationscotland.gov.uk and www.wales.gov.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 or PSE (personal social education) 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 nonstatutory PSHE framework. See www.education.gov.uk/schools

Ask to see the schools' the PSHE (or equivalent) policy.

For more information on health education, please see Useful websites.

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.

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

The National Child Measurement Programme (DH,2013).

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 *Healthy Child Programme: 5-19*

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, 2013). For five plus screening, you or your team will require a consent form from the child's legal guardian. For more information on consent, please see Useful websites.

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 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.

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.

A good handover from the health visiting team is best practice and ensures a smooth transition between services during the first year of the 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.

All children at this stage will be sent for the hearing sweep test with an audiometrician or in some areas the school health assistant will carry out hearing and vision test. You should refer any anomalous results to the relevant professional, or book the child for a 12 month recall if indicated. Refer to your local protocol.

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. 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, SS and PS, 2006).

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.

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 services 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. For more information on epidemiology, please see Useful websites.

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 the school nursing service by a pupil, parent, teacher or other professional, the child's complete history should be taken 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: Example of a school nursing assessment outline and assessment sheet
- Document 4: Example referral to another service
- Document 5: Example referral to community school nursing service
- Document 6: Assessment framework.

See also *Managing children with health care needs: delegation of clinical procedures, training, accountability and governance issues* (Oct 2012).

For information on record keeping and electronic records see the following:

Personal health records and information management

Consent to create, amend, access and share eHealth records (003 593)

Finding, using and managing information (003 847)

Delegating record keeping and countersigning records: Guidance for nursing staff (004 337)

For health records including principles of record keeping, electronic record keeping, retention and destruction of records see: www.rcn.org.uk

Document 3: Example of a 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 hand to document and assess any relevant history.

1) Allow 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 (eg 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)

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:
DOB:	Class/tutor group:
Address:	GP:
Parental/guardian consent given by: (name)	
Contact tel no:	
Reason for referral (please provide ALL relevant information. Continue on separate sheet if necessary):	
Referred by:	Signature of referrer:
Teacher / SENCo / EWO / parent / pupil Other (please state):	Date of referral:
	Referrer's contact tel. no.:

Community school nursing service referral form

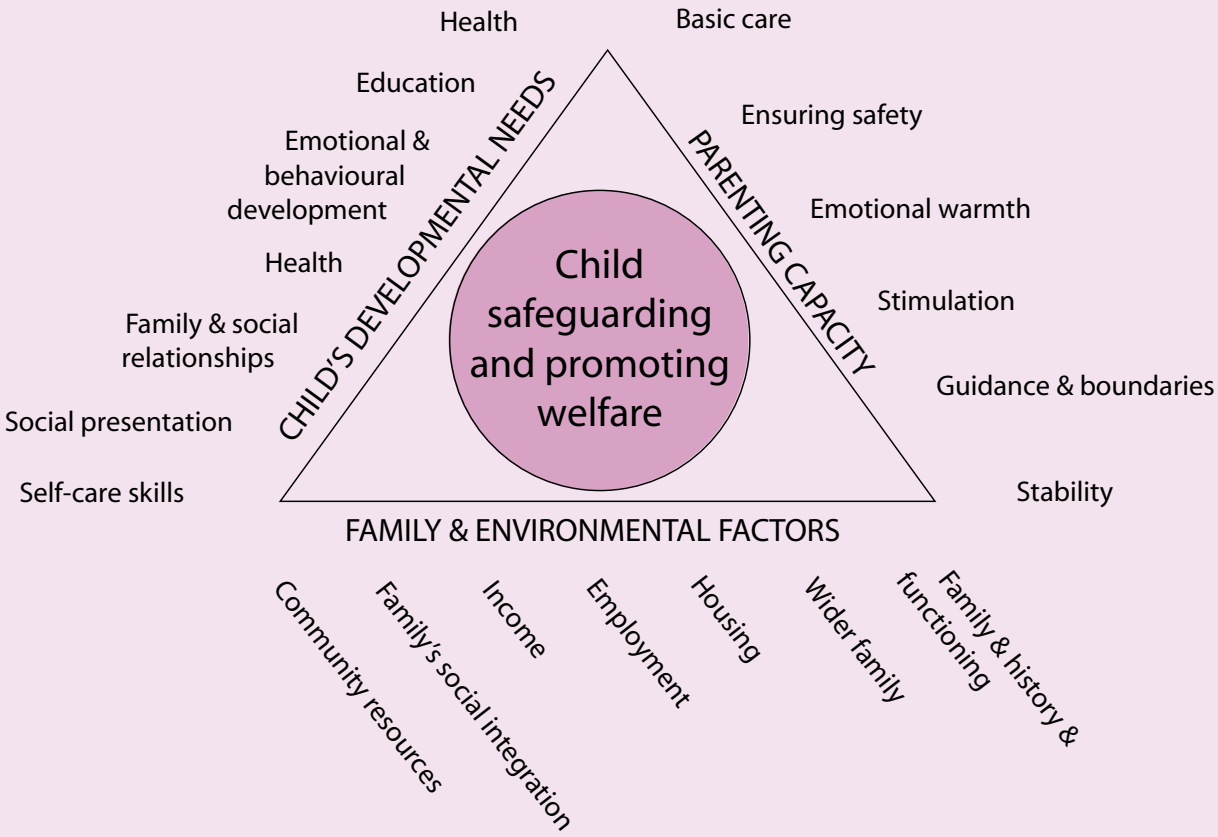
Additional information:

Does the pupil have a statement: ☐ Yes ☐ No	Does the pupil have additional education or health needs: ☐ Yes ☐ 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): ☐ High ☐ Medium ☐ Low	
Action taken: ☐ Telephone advice ☐ Appointment ☐ Home visit ☐ Staff training session ☐ Group session ☐ Other (please state):	
Acknowledgement letter sent to referrer: ☐ Yes ☐ No	Date:
Acknowledgement letter sent to parent: ☐ Yes ☐ No	Date:
Date commenced: Date completed: Work ongoing: ☐ Yes ☐ 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)

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Long-term medical conditions and complex needs

Children and young people's complex needs can include a whole range of conditions that 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 technological dependency. 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. School nurses will often work with other agencies to ensure expert guidance.

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 Equal Opportunity Act 2010."

For more information on managing health needs in schools, please see Useful websites.

Document 7: Example of a training tool

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 database 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 for (insert name of procedure here)

	Yes or No	**Parent/carer signature**	**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 Healthy Child Programme from 0-19 years highlights (DH, 2009). Every area has its own local safeguarding children board which has policies and procedures that must be adhered to. Training is mandatory nationally and local guidelines must be followed with regards to training, yearly updates and supervision. 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.

For more information on safeguarding children, please see Useful websites.

Document 8: Safeguarding children

Background of safeguarding

Lord Laming's report on the inquiry into Victoria Climbie's death was published in 2003 (Laming, 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. More recently the case on Baby Peter led to further reviews: www.education.gov.uk

Every child deserves the opportunity to achieve their full potential. The Healthy child programme follows on from Every Child Matters, which set 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.

More recently the Children and Young People's Health Outcomes Forum (DH, 2012c) highlighted improvements that were needed.

School nurses play a key part in promoting a focus on health outcomes, 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. Health 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 and help colleagues in schools 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
- ensure parents are aware of services available and work with them 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:

- sexual health
  The role of the school nurse providing emergency contraception services in education settings (RCN, 2012).
- enuresis
- mental health
  Children and young people's mental health – every nurse's business (RCN, 2014a) Publication code: 002 777
- substance misuse
- smoking
- obesity and exercise
- *You're Welcome: Quality criteria for young people friendly health services* (DH, 2011).

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 publication: *Use of digital technology. Guidance for nursing staff working with children and young people* (RCN, 2014b).

Students starting secondary school are encouraged to get to know their school nurse. There are presentations on the Department of Health website for school nurses to introduce services to young people.

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-judgemental, 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-judgemental 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 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.

Effective joint working for school nurses and youth workers

There is great concern about the sexual and emotional wellbeing of young people, particularly with regard to such issues as teenage pregnancy rates, sexually transmitted infections, rising HIV rates among both gay and heterosexual young people, and increasing levels of depression and suicide.

A joined-up service can offer:

- more choice about where, when and how they get health advice, sexual health services and/or emotional support
- services tailored to their needs
- more adults available to offer them support and advice.

Research shows that having at least one supportive adult available to them means young people are more likely to delay sexual activity and/or avoid unprotected sex.

Youth workers may be located in many settings, including youth centres, schools and colleges, as well as undertaking detached or street work. They can help young people to get health information and advice, and often work with particularly vulnerable or marginalised groups (for example, young women, young gay men and lesbians and young people from black or ethnic minority communities), some of whom may not regularly attend school. Youth workers can help these groups by:

- advocating on their behalf
- providing sexual health information
- supporting access to sexual health services.

School nurses can benefit from working jointly:

- through youth workers you are more likely to come into contact with young people who need health care and advice but would normally not seek it
- youth workers are highly trained in communicating with young people and may be able to help you in broaching the subject of sexuality and relationships
- you can gain credibility in young people's eyes through your association with a youth worker
- you can gain outreach and detached working skills from youth workers and thereby increase your points of access to young people.

For youth workers working jointly with school nurses means they can:

- gain access to a health professional who has expertise in sexual health issues and to whom they can refer young people in need of advice
- refer young people to school nurses for confidential contraceptive/sexual health advice and sometimes clinical services
- be connected with local schools – mainstream and independent.

Joint working ensures more effective use of resources, effective information sharing and robust feedback from young people. Often there is concern due to a lack of understanding of each others roles, competition for resources and a lack of management support.

Find out where youth workers are in your area and explore opportunities for collaborative working, the pooling of resources and local intelligence.

Supporting young carers

Young carers are children who help look after a member of their family, who is sick, disabled or has mental health problems, or is misusing drugs or alcohol. Their responsibilities often include cooking, cleaning, shopping, providing nursing and personal care, and giving emotional support. As a result their school and day-to-day life is impacted.

The number of young carers is increasing:

- in 2013 nearly a quarter of a million children in England and Wales were caring for a relative
- figures from the Office for National Statistics (ONS) suggest 244,000 people under 19 are carers – about 23,000 are under nine
- according to the ONS, there are 149,000 young carers aged between 15 and 19 – about twice as many as in the 10 to 14 age range
- girls are slightly more likely to be carers than boys. Among 15 to 19-year-olds, about 5 per cent of girls are carers and about 4 per cent of boys
- nearly 15,000 children up to the age of 17 are providing more than 50 hours of care every week (9 per cent of young carers are providing care for 50 hours or more). It's not unusual for young carers to spend more than 15 hours a week caring, or to miss school to care for a parent or sibling
- the number of five to seven year old young carers in England has increased by around 80 per cent over the last decade to 9,371.

Document 10: The long-term impact of being a young carer

A recent study by the Children's Society *Hidden from View* highlights that young carers are lagging behind in school and missing out on their childhood because of the demands placed on them. The findings highlighted that in comparison with their peers they achieved less educationally which impacted on future job opportunities and were more likely not to be in education, training or employment between the ages of 16-19. In addition they were often less likely to be in contact with social services or educational welfare services than their peers, yet young carers are one and a half times more likely to have a long-standing illness or disability or special educational need than their peers.

There are an estimated 700,000 young carers in the UK and as many as this are hidden. Children and young people do not realise they are a young carer or they are not recognised as being a young carer by professionals.

Children and young people's stories

The Children's Society has captured a range of stories from young carers in Young Carers Focus.

Tips from young people

- Recognise that our responsibilities as young carers can affect our education, school work, health and social life.
- Think about our health needs. We might be too busy thinking about our family's to think about our own.
- We need to know who our school nurse is and how we might contact them.
- Try to listen to us and ask if you don't understand – don't just nod.
- Don't leave us unnoticed because problems will develop.
- See us on our own, be understanding and supportive.
- Don't judge and patronise us.
- Don't pressure us to tell you things.

Projects providing support for young carers

There are a range of projects aimed at young carers. These are aimed at:

- helping the family to find the support they need so that a child's caring responsibilities can be reduced
- supporting young carers to use local services such as sports clubs, support groups, and health centres
- providing advice and emotional support through counselling, drop-in sessions and webchats
- liaising with schools so that teachers can better support their students
- providing opportunities for young carers to take a break from their caring responsibilities, spend time with other young carers and share experiences
- providing opportunities for young carers to learn more about their parent's illness or disability.

Integrated working between school and community nurses and young carers services

The Department of Health pathway provides key messages for professionals working with young carers and outlines options for service delivery and maximising support for young carers.

For more information on young carers see Useful websites.

Document 11: Emerging good practice

Case studies: early intervention

Working with secondary schools to support young carers

Since 2004, Winchester and District Young Carers has employed an education worker. This resource ensures Winchester and District Young Carers work in partnership with schools and as a result the majority of schools have engaged with and implemented a young carer's policy which requires identification for a designated lead within school to be responsible for young carers. The leads receive training from Winchester and District Young Carers. The designated lead delivers an annual assembly highlighting young carers, this is supported by the service. This approach has generated a huge increase in referrals from education with early intervention and support being delivered to young carers at an earlier stage, avoiding crisis situations. The Schools and Support Co-ordinator runs staff training, school assemblies, 'exploration' groups, drop-in groups and other activities to identify and support young carers in secondary schools across Winchester.

Case studies: Wakefield

In a rural Secondary school in Wakefield a multi-agency team provides Space Out at Kineton High School (SOKHS). Since 2006 the School Health Service, with the Targeted Youth Support Team and Young Carers Team provides lunchtime and after-school drop-in sessions every Tuesday for pupils attending the Secondary school. These sessions are based within an on-site youth centre. The team uses the hour between lunch and the after-school session for the support of individual and small groups of young carers who attend the secondary school. This multi-agency approach provides the opportunity to support young carers through early identification of emerging issues, promoting their individual health and wellbeing and providing social activities. The multi-agency team links directly with a key member of the pastoral support team within the school. The multi-agency team also successfully combine 'The Base', a health clinic for teenagers, with the after-school session. The SOKHS sessions occur after school and a late bus is provided to facilitate transport home for all the pupils who choose to join in.

Case studies: joint commissioning

Health needs assessment

Wakefield District Young Carers informs the school nursing service when a child or young person is referred to them. School nurses offer an annual health needs assessment to all young carers within schools. The assessments occur on an annual basis so young carers remain supported and assessed following discharge from young carer service. Wakefield District Young Carers works in partnership with school nurses when specific health needs are identified, such as personal hygiene and sexual health. This partnership approach has successfully supported over 250 young carers to date.

Sustainability

The Children's Society initiated a joint approach in Basingstoke. This initiative involved all stakeholders in the area in the setting up phase (both voluntary and statutory) in scoping a young carers' project and finding funding. Partners included the local council, education representatives from school, youth services, school health, Basingstoke Voluntary Services (BVS) and The Rotary Club. This successful project has acquired sustainability, funded through charities via BVS with a growing number of young people accessing clubs out of hours and projects in schools. The project is supported by the young carer manager in schools. This initiative also supports young people to attend the annual Young Carers Festival.

Virtual support for professionals

The Children's Society, commissioned by Hampshire County Council, created a virtual staff room where school staff, including school nurses, can access resources to support young carers. These resources include:

- information on tracking progress/monitoring pupil's attendance through SIMS (school monitoring system)
- hampshire multi-agency guidance in supporting young carers within a whole-family working model.

Case studies: measuring outcomes

In Oxfordshire

As part of the initiative, data was collected on the attainment and school attendance of young carers. This analysis formed part of a wider mapping of young carers by the local authority, carried out in order to better understand the needs of young carers in the county of Oxfordshire. This example of practice is part of a suite of practice collated and showcased by Carers Trust at http://professionals.carers.org

- *The Manual for Measures of Caring Activities and Outcomes for Children and Young People* (Joseph, S, Becker, F, Becker, S, 2012) contains a range of tools relevant for assessment and evaluation work with young carers. These tools should not be used in isolation rather they can complement what is already known about a young person and their family including existing information gathered in the course of formal assessment processes, for example, a Common Assessment Framework or a core assessment.

Outcome data can therefore encompass:

- individual and quantitative data: attendance data from school. The school nurse should liaise with the child's school to measure differences
- school attainment: pre- and post-young carer support should include well structured measures which are demonstrable
- individual and qualitative: where mental health difficulties are experienced by young carers, use a pre- and post-scale eg moods and feelings questionnaire which can be administered by a school nurse or a CAMHS nurse specialist
- evaluation of service to be completed by service user and family
- monthly audit and feedback of results to agencies
- regular evaluation and adaptation of service provision.

Young carer feedback

Wakefield District Young Carers use scales at the beginning and end of their work – these ask the young carer to place themselves on the scales for: confidence, emotional health, physical health, education, social life and how they feel about being a young carer. There are outcomes on which the young carer is scored throughout the working period. These include:

- reduced impact of caring
- increased resilience
- reduced victimisation/discrimination
- understanding of parent or child's illness or disability
- positive/improved family relationships
- satisfactory school/college attendance
- ability to do homework
- ability to enjoy activities/short breaks
- ability to voice opinions.

Child sexual exploitation

What is child sexual exploitation?

'The sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (for example, food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing, and/or others performing on them, sexual activities.

Child sexual exploitation can occur through use of technology without the child's immediate recognition, for example, the persuasion to post sexual images on the internet/mobile phones with no immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.'
(The National Working Group for Sexually Exploited Children and Young People, 2008)

Statistics

There is a growing body of research about the prevalence of child sexual exploitation. The Office of the Children's Commissioner (OCC) estimates that between August 2010 and October 2011, around 2,409 children were confirmed as having been sexually exploited, with a further 16,500 being identified as at risk. However, as it is largely hidden, evidence suggests numbers may be far greater.

Document 12: Child sexual exploitation

Signs to watch out for

Grooming and sexual exploitation is difficult to identify, with many early warning signs being mistaken for 'normal' adolescent behaviour. They often present to health practitioners but this can be with vague symptoms or physical concerns. Many do not recognise they are being exploited but lack the competence to understand what is happening. It is important that the nurse is respectfully curious about their relationships. Signs to watch out for include:

- inappropriate sexual or sexualised behaviour, including sending sexualised images by mobile phone ('sexting')
- experiencing health problems, including sexually transmitted infection testing, pregnancy testing, abortions and miscarriages
- going missing from home or from care for periods of time, or regularly returning home late
- self harming behaviour
- bullying and being bullied
- skipping school or being disruptive, or missing from class
- appearing with unexplained gifts and unaffordable possessions that can't be accounted for
- unexplained changes in behaviour such as mood swings and changes in temperament
- use of drugs and alcohol
- involvement in crime or anti-social behaviours
- having older boyfriends or girlfriends
- injuries resulting from physical assault, physical restraint and sexual assault such as bruising and cigarette marks.

Who sexually exploits children?

While people of all backgrounds and ethnic groups are involved in sexually exploiting children, most are male. Women sometimes befriend victims and in some instances young people are sexually exploited by criminal gangs (Beckett, 2012). It is closely linked to missing (Sharp, 2012)

and trafficked children. Recent reports highlight an increase of sexual exploitation and grooming by peers.

Risk factors

Research undertaken by the OCC highlights that risk factors associated with child sexual exploitation include:

- parental substance use, domestic violence and parental mental health issues
- history of abuse and/or neglect
- bereavement or loss
- links to a gang through relatives, peers or intimate relationships, or living in a gang-affected neighbourhood
- associating with young people who are sexually exploited
- homelessness or missing from home
- learning and communication difficulties
- lacking friends from the same age group
- low self-esteem or self-confidence
- being a young carer
- leaving care.

(Berelowitz et al., 2012)

The impact of child sexual exploitation

Child sexual exploitation has a life-long affect on the young person's life chances, health and wellbeing. Young people do not always recognise that they are being exploited until they are older. Difficulties faced by those that have been sexually exploited include:

- isolation from family and friends
- teenage parenthood
- failing examinations or dropping out of education altogether
- unemployment
- mental health problems, including depression and suicidal behaviour
- suicide attempts
- alcohol and drug addiction
- aggressive behaviour
- criminal activity.

(PACE, 2013; Safe and Sound, 2013; Berelowitz, 2012).

Hear from young people themselves

Watch video clips from Barnado's: www.barnardos.org.uk/

Further help and information

The National Working Group Network

The National Working Group (NWG) provides support, advice, updates on the latest child sexual exploitation developments, research, policy and practice resources. It also organises awareness-raising activities and influences the development of national and local policy as informed by practice. It holds regular forums for health professionals. NWG has developed 'Our Voice' a forum for young people affected by child sexual exploitation to enable their voices to be heard. www.nwgnetwork.org

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. A school nurse should also be able to access professional support and advice from a senior nurse or RCN representative.

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. In relation to the supply and administration of medicines, group protocols are now called patient group directions (PGDs).

Patient group directions can not be used by nurses working in independent schools or by those employed directly by an educational establishment unless they have a contract with the health service provider in the area (NELM, 2012). 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 The Medicines Control Agency (MCA), which is part of the Medicines and Healthcare Products Regulatory Agency (MHRA), 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'.

Although this 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 by:

- administering the medicine under doctor's directions using a patient specific direction (PSD)
- if the independent school nurse is 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 (one mg in one ml), chlorpheniramine and hydrocortisone are among those substances listed under article seven of the prescription only medicine (POM) order for administration by anyone in an emergency for the purpose of saving life (Prescription Only Medicines (Human use) Order 1997).

Protocols can support 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 13 contains information about writing policies and protocols.

Document 13: 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 Fiern 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?

5) Advice

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

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

6) Recording/documentation

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

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

7) Audit

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

8) References

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

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.

Most employing authorities will have their own preferred policy and template for risk assessment available on their intranet site.

Document 14 on this page shows an example of a risk assessment for immunisations and medications in schools.

Document 14: Example of a risk assessment for immunisations/ medications in schools

Sheffield example – IMMS protocol

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 *You're not alone* (RCN, 2007), and *Five steps to risk assessment* (HSE, 2012). As per risk assessment, most employing authorities will have their own preferred policy for lone workers available on their intranet site.

Document 15, overleaf, contains suggestions of what to include in a lone worker policy.

Document 15: 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 the 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.cfsms.nhs.uk 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.cfsms.nhs.uk).

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 in to 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 16.

Document 16: Example audit tool

Audit form for referral process

No. of referrals received half term:

No. of inappropriate referrals:

No. of redirected referrals:

Priority:

	School nurse	Staff nurse	Nursery nurse	Admin	Total
No. of high					
No. of medium					
No. of low					

Action team:

Telephone advice	Appointment	Home visit	Staff training	Group session	Other

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 numerous 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 or your organisation 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 17 below.

Document 17: Good practice in influencing commissioners

Managers and commissioners of services have recently highlighted that a clear service model linking to good health outcomes was needed to inform future commissioning and that a range of commissioners will need to be influence in the future.

The above resources will help nurses be aware of the changes to the way the NHS commission and provide services, and explains how they might be affected as services change to be commissioned by a range of organisations including local authorities.

Influencing commissioners

Nurses need to be proactive in finding out about the local commissioning process and organisations, 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, for example RCN and the NHS.

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 employer's key performance indiators (KPI) targets and priorities are in improving children and young people's health. See *Report of the Children and Young People's Health Outcomes Forum* (DH, 2012c) and *Public Health Outcomes* (DH, 2012b)
- think about how your service could be redesigned to assist in meeting those KPI 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 for example teenage pregnancy boards, obesity working groups, etc.
- network with influential people for example director of public health, healthy schools co-ordinator, children's fund manager, etc
- have extensive knowledge of local health needs, for example what are the smoking rates, what are the teenage pregnancy rates, etc
- read public health reports
- be able to pinpoint your 'high need' schools and be able to back it up with evidence to support why it is high need, for example, free school meals or local authority
- collect extensive data on everything your team does and complete audits on all referrals into the team and outcomes; all group/session work; drop-in sessions and outcomes; the National Child Measurement Programme (NCMP) or equivalent; child protection work, numbers and outcomes etc; immunisations.
- collect children's stories, outcomes, evaluations and participation responses from children, young people, parents and carers
- 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. Complete risk assessments on work that could be dropped
- be creative in your thinking about how you could deliver services differently
- involve parents, children and young people, 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.

4

Working in independent schools, free schools and academies

For nurses employed directly by a school

While there are some specific issues pertinent for nurses working in independent schools, free schools and academies much of the content of earlier chapters is also relevant. You are therefore advised to read other sections as appropriate.

Professional qualifications

The minimum qualification for an independent school, free school or academy nurse should be a first level registered nurse on part 1 of the NMC register. Ideally nurses will be registered children's nurses or hold a specialist community public health practitioner qualification. Further training in emergency nursing, practice nursing, mental health or teacher training are valuable. Post-registration courses to gain further expertise and competency may include: first aid at work (FAW), contraception/sexual health, asthma, counselling, vision and hearing testing, dermatology, travel health, anaphylaxis, diabetes, epilepsy, health and safety. Nurses employed by schools must maintain clinical supervision and continuing professional development in order to retain their registration on the NMC register.

Requirements for maintaining your registration

To maintain their registration, a nurse needs to declare every three years that they have completed:

- 450 hours of registered practice in the previous three years and
- 35 hours of learning activity (continuing professional development) in the previous three years.

Nurses are also required to keep a portfolio containing details of their professional development. If a nurse has 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 they will need to complete a return to practice course.

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 by telephone on 020 7333 9333 or at www.nmc-uk.org.

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. Residential school medical facilities are inspected against national standards by the Independent Schools Inspectorate and registered with Ofsted and the Department for Education. Health facilities within schools must comply with health and safety requirements, enable confidentiality to be maintained and have access to facilities to wash hands and clean wounds where required, as well as to undress and examine a pupil if necessary while ensuring privacy and dignity at all times.

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 assessment, health promotion and education – working in partnership with the teaching staff
- involvement in health and safety issues, such as the control of infection, reporting accident black spots, incidents related to the fabric of the building, activities or potential health risks, ensuring Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) risk reporting is undertaken
- managing a health centre/medical room
- administration of medications under protocols. This may include vaccinations under PSD or PGD only if agreed with the primary care provider.
- assessing, planning, implementing and evaluating care on a day-to-day basis for pupils with minor ailments, chronic illness, accidents and injuries, and supporting emotional wellbeing and mental health
- providing a confidential service of advice, counselling and referral as appropriate
- participation in pastoral care including involvement with child protection/safeguarding issues
- writing medical protocols and assisting in writing school health policies
- maintaining confidential health records
- liaising and networking with external agencies, including the local school nursing team and the named and designated nurse for safeguarding/child protection
- maintaining and enhancing their personal professional development in accordance with guidance from regulatory and professional bodies.

Professional accountability

You should remember that there is no such thing as vicarious professional accountability. The *The Code: Standards of conduct, performance and ethics for nurses and midwives* (NMC, 2008) makes it clear that each individual nurse, regardless of employment situation or geographical location, is responsible for their actions. You must determine the scope of practice, the limits of the work you can take on, and your 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.

Document 18: Professional issues

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 competency and needs.

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

- where there are several nurses in the school, for the senior nurse to undertake the appraisal of more junior nurses
- some nurses have contacted their local health care organisation and the school has paid for a senior nurse to carry out the appraisal, and also to provide regular clinical supervision to ensure the nurse is up to date and practice is maintained at a high standard
- 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.

Communication 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 communication.

- 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. Ideally the nurse should be able to set time aside to have regular meetings with the special educational needs co-ordinator as well.
- Nursing staff should be part of the health and safety committee.
- Nursing staff should be invited to all staff meetings and be given the opportunity to talk about their role at the new parents evening/information meetings for parents and pupils.
- 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 or self-harm.
- 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 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 or scanning 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, CAMHS 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 *The Code: Standards of conduct, performance and ethics for nurses and midwives* (NMC, 2008), nurses are obliged to uphold medical confidentiality. A breach of confidence by a nurse may render them liable to disciplinary proceedings by the 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 encouraging 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, emotional and mental health issues, and alcohol and drug misuse. Speaking to the school doctor or other health professionals for advice and support on these issues is important, while maintaining confidentiality.

Rarely, if the nurse considers that it is in the pupil's best interests to disclose information to the school or parents, 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 local safeguarding children's boards or equivalent.
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.

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 and where and how the drug testing is undertaken.

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.

MOSA's (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.

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. For some schools the child's own GP undertakes these screening tests dependent upon the parents wishes.

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 or the head of pastoral care 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.

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.

Staffing levels

There are no legal requirements for a school to employ a nurse. However, the 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, the number of pupils, the need to ensure handover to others where needed and to take into consideration the European Working Time Directive. An 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 per week, 24-hour full cover, then at least 4.5 nurses will be needed to cover the hours.
- If a school wants seven-day daytime 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 and others 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.

Document 19: The Working Time Regulations

The Working Time Regulations, which are the UK implementation of the European Working Time Directive, came into effect on 1 October 1998. This European law seeks to protect the health and safety of workers by reducing the health and safety risks associated with long working hours and lack of rest periods during and between shifts.

The regulations are complex to understand and to implement as there are a number of aspects where the regulations can be varied through agreement. As school nursing covers a variety of workplaces and employment situations this guidance is generic.

This guidance should not be read as an authoritative statement of law as case law is evolving and will help with the further interpretation of the regulations. What's more, the results of ongoing negotiations between European employer and employee representative bodies may result in further changes to the directive and regulations.

For the most up to date information on the regulations can be found on the Government's website and Health and Safety Executive website.

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. Nurses have been covered by the Working Time Regulations since the regulations came into force in 1998. The regulations apply to nurses working in schools as they do to nurses working in hospitals. In 2009 the regulations were fully applicable to junior doctors' working hours.
2. **How does 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. 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 at working time?**
   Working time is defined as when the employee is working, at his employer's disposal and carrying out his activity or duties. In early 2000, the European Court of Justice held that time spent on-call at the workplace is classified as working time (even where the worker is resting or sleeping). Time when you are on call away from the workplace is not counted as working time. The key question is what is defined as the workplace, for example, where a worker is provided with residential accommodation on site, their accommodation may be defined as the workplace. This is a complex and evolving situation and subject to individual working arrangements and employment contracts. Members who have residential accommodation within their workplace and are concerned that they are not able to take their entitlements are advised to seek further advice from the RCN.

   However, where a worker is called out to respond to an emergency and is unable to take their daily rest entitlements, they are subject to the requirements of compensatory rest. (See question 9 for further information)
4. **What rest breaks am I entitled to?**
   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.

   There are some circumstances where entitlement to rest breaks may vary (see question 9 for further information)
5. **Can I opt out of the 48 hour average weekly working hours maximum limit?**
   Yes, as an individual you can opt out of the 48 hour limit. If you do so, there must be an agreement in writing with your employer with notice arrangements to bring the agreement to an end. However, nobody can be coerced into signing an opt out agreement.

6. **How does my employer know what hours I have worked?**
   Reporting procedures for hours worked need to be in place 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.
7. **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. A worker is also entitled to a free health assessment before commencing night work and at regular intervals thereafter. Details of the assessment are confidential to the worker but a simple fitness for work statement can be provided to the employer.
8. **What holiday am I entitled to?**
   Under the regulations, full time workers are entitled to 28 days annual leave. Additional annual leave may be agreed as part of the employment contract. Part time workers will be entitled to a pro-rata leave period. Paid public holidays are included in the 28 day entitlement.
9. **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 a period of 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. The Government's website recommends that compensatory rest is taken during the same or following working day. In exceptional circumstances, if this is not possible the employer must provide other appropriate protection. If you feel that your work routine does not provide adequate rest then you should raise this with your employer.
10. **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 arrangements for these workforce agreements. The employer cannot therefore impose changes to the regulations as any change must be by way of an agreement.
11. **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, as a member you should contact RCN Direct for further advice. If you need specific advice about your individual circumstance please contact RCN Direct on 0345 772 6100.

Document 20: 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 ie the number of weeks per year that the nurse will be paid – term times only or term time + three 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 _____

Document 21: 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 selfdevelopment; willingness to attend appropriate ongoing training/updating.
- **Teamwork**: flexible, co-operative, helpful; selfaware; 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 tothe NMC *The Code: Standards of conduct, performance and ethics for nurses and midwives* 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 proceduresfor 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 dispensingof 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 healthadvisers 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.

Document 22: Specimen job advert

School 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

Document 23: Sample 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 (parent/guardian): Date:

Further details:

References

Beckett H, Brodie I, Factor F, Melrose M, Pearce J, Pitts J, Shuker L and Warrington C (2012) *Research into gang-associated sexual exploitation and sexual violence: interim report*. Luton: University of Bedfordshire.

Berelowitz S, Carlene Firmin, Gareth Edwards and Sandra Gulyurtlu (2012) *"I thought I was the only one. The only one in the world." The Office of the Children's Commissioner's inquiry in to child sexual exploitation in gangs and groups: interim report*. London: Office of the Children's Commissioner.

Bolam v Fiern Hospital Management Committee 1957, 1 WLR 583

Dearden, C and Becker, S (2004) *Young Carers in the UK: The 2004 report* www.lboro.ac.uk (Accessed January 2014)

Department for Education (2013) *Working together to safeguard children*, London: DfE.

Department of Health (2013) *Immunisation against infectious diseases*, London: DH. www.gov.uk (Accessed January 2014)

Department of Health (2012a) *Getting it right for children, young people and families.* Maximising the contribution of the school nursing team: vision and call to action.

Department of Health (2012b) *Public Health Outcomes*, London: DH. www.gov.uk (Accessed January 2014)

Department of Health (2012c) *Report of the Children and Young People's Health Outcomes Forum*, London: DH. www.gov.uk (Accessed January 2014)

Department of Health (2011) *You're Welcome: Quality criteria for young people friendly health services* London: DH. www.gov.uk (Accessed November 2014)

Department of Health (2009) *Reference guide to consent for examination or treatment*, London: DH. www.gov.uk (Accessed January 2014)

Department of Health (2006) *School nurse practice development resource pack*, London: DH. www.gov.uk (Accessed January 2014)

Department of Health (2004) *Core Standards. National Service Framework for Children, Young People and Maternity Services*, London: DH. www.gov.uk (Accessed January 2014)

Department of Health (2002) *Good practice in consent implementation guide: consent to examination or treatment*, London: DH. www.health.wa.gov.au (Accessed January 2014)

Department of Health (2001) *Seeking consent: working with children*, London: DH. www.health.wa.gov.au (Accessed January 2014)

Department of Health, Social Services and Public Safety (2003a) *Seeking consent: working with children*, Belfast: DHSSPS. www.dhsspsni.gov.uk (Accessed January 2014)

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. www.dhsspsni.gov.uk (Accessed January 2014)

Health and Safety Executive (2012) *Five steps to risk assessment*, London: HSE. www.hse.gov.uk/risk/fivesteps.Htm (Accessed January 2014)

Health and Safety Executive (2013) *Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)*, London: HSE. www.hse.gov.uk/riddor (Accessed January 2014)

Independent Schools Inspectorate (2013) *Boarding Schools National Minimum Standards*, London: ISI. www.gov.uk (Accessed January 2014)

Independent Schools Inspectorate (2012) *Integrated Handbook – Framework*, London: ISI. www.isi.net (Accessed January 2014)

Laming, Lord (2003) *The Victoria Climbié Inquiry Report*, CM 5730, London: TSO. www.publications.parliament.uk (Accessed January 2014)

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

Munro (2011) *The Munro review of child protection: A child centred system* www.gov.uk (Accessed January 2014)

National Electronic Library for Medicines (2012) *PGD or Not to PGD? A guide to choosing the best option for individual situations*, London: NELM. www.medicinesresources.nhs.uk/en/Communities/NHS/PGDs/ (Accessed January 2014)

National Institute for Health and Care Excellence (2002) *Principles for Best Practice in clinical audit*, Abingdon: Radcliffe Medical Press Ltd. www.nice.org.uk (Accessed January 2014)

National Working Group for Sexually Exploited Children and Young People (2008) Definition of child sexual exploitation. Available at: www.nwgnetwork.org/who-we-are/what-is-child-sexual-exploitation (Accessed October 2014)

NHS Scotland (2003) *A Scottish framework for nursing in schools*, Edinburgh: TSO. www.scotland.gov.uk/Publications (Accessed January 2014)

Nursing and Midwifery Council (2008) *The Code: Standards of conduct, performance and ethics for nurses and midwives* London: NMC. www.nmc-uk.org (Accessed January 2014)

Nursing and Midwifery Council (2013) *Regulations in practice: consent* www.nmc-uk.org (Accessed January 2014)

Parents against Child Sexual Exploitation (PACE) (2013) *The impact of child sexual exploitation*. Leeds: PACE.

Personal Social Health and Economic Education (2007) *Certificate for community nurses*, London: PSHE. www.pshe-association.org.uk

Royal College of Nursing (2014a) *Children and young people's mental health – every nurse's business*, London: RCN, www.rcn.org.uk/publications (Accessed November 2014)

Royal College of Nursing (2014b) *Use of digital technology. Guidance for nursing staff working with children and young people*, London: RCN, www.rcn.org.uk/publications (Accessed November 2014)

Royal College of Nursing (2012a) *The RCN's UK position on school nursing* www.rcn.org.uk/a/433282 (Accessed January 2014)

Royal College of Nursing (2012b) *The role of school nurses in providing emergency contraception services in educational settings*, London: RCN. www.rcn.org.uk/a/78665 (Accessed January 2014)

Royal College of Nursing (2007) *You're not alone – the RCN campaigning to protect lone workers*, London: RCN. www.rcn.org.uk/a/78761 (Accessed January 2014)

Surrey County Council (2005) *Surrey Healthy Schools. PSHE Certification* www.surreyhealthyschools.co.uk (Accessed January 2014)

Safe and Sound Derby (2013) *The impact of child sexual exploitation.* Derby: Safe and Sound.

Sharp N (2012) *Still hidden? Going missing as an indicator of child sexual exploitation*. London: Missing People.

Welsh Assembly Government (2004) *Children and Young people. Right to Action*, Cardiff: WAG. www.assemblywales.org (Accessed January 2014)

Welsh Assembly Government (2005) *National Service Framework for children, young people and maternity services*, Cardiff:WAG. www.wales.nhs.uk (Accessed January 2014)

Further reading

Barnardo's (2012) *Cutting them free: how is the UK progressing in protecting its children from sexual exploitation*. London: Barnardo's.

Barnado's (2011) *'Not a World Away': the sexual exploitation of children and young people in Northern Ireland* – provides an overview of the legislative and policy context in Northern Ireland.

Barnardo's (2011) *Puppet on a string: the urgent need to cut children free from sexual exploitation*. London: Barnardo's.

Child Exploitation and Online Protection Centre (CEOP) (2011) *Out of mind, out of sight: breaking down the barriers to child sexual exploitation: executive summary*. London: CEOP.

Department for Education (DfE) (2011) *Tackling child sexual exploitation: action plan*. London: DfE.

Department for Education (DfE) (2012) *Tackling child sexual exploitation: action plan: progress report July 2012*. London: DfE.

Department of Health (2014) *Health Working Group Report on Child Sexual Exploitation*. London: Department of Health.

HM Government (2013) *Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children*. London: Department for Education (DfE).

Home Office (2011) *Missing children and adults strategy*. London: Home Office.

Ofsted (2013) *Not yet good enough: personal, social, health and economic education in schools*. London: Ofsted.

Scottish Government (2012) *Exploring the scale and nature of child sexual exploitation in Scotland*.

Sexual Offences Act 2003. London: The Stationery Office (TSO).

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 0345 772 6100.

Royal College of Nursing Agenda for Change 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. www.rcn.org.uk/a/78668

Royal College of Nursing (2013) *Defining staffing levels in children and young people's services* www.rcn.org.uk/a/78592

Children and young people's staying healthy forum www.rcn.org.uk/development/communities

School nurse online community www.rcn.org.uk/development/communities

Royal College of Nursing online guidance

Available from www.rcn.org.uk/support/rcn_direct_online_advice

School nursing
Patient group directions
PSD
Clinical commissioning
Confidentiality
Consent: children and young people
Staffing levels
Working time
On-call
Rest breaks
48 hour week
Your working time

Nursing midwifery Council (NMC)

The NMC provides standards and guidance on matters pertaining to professional registration and practice.

Downloads available from www.nmc-uk.org
The Code of professional conduct
Record keeping guidance
Staying on the register

Department for Education

(2009) *Common assessment framework managers and practitioners guide*
http://webarchive.nationalarchives.gov.uk
and http://www.education.gov.uk/childrenandyoungpeople

(2012) *Guidance on first aid in schools*
www.education.gov.uk/schools

(2011) *Information sharing practitioners guide*
www.education.gov.uk/childrenandyoungpeople

(2005) *Managing medicines in schools and early years*
http://webarchive.nationalarchives.gov.uk/20130401151715/
https://www.gov.uk/government/publications

(2013) *Working together to safeguard children*
http://webarchive.nationalarchives.gov.uk/20130401151715/
https://www.gov.uk/government/publications

Department of Health

(2012) *Getting it right for children, young people and families. Maximising the contribution of the school nursing team:vision and call to action.*

(2002) *Good practice in consent implementation*

(2009) *Healthy Child Programme (from 5 – 19 years old)*

(2012) *Healthy Lives, Healthy People, Improving outcomes and supporting transparency. Part 1: A public health outcomes framework for England 2012– 2016*

(2011) *Healthy Lives, Healthy People: update and way forward*

(2011) *Healthy Lives, Healthy People White Paper: Our strategy for public Health in England*

Useful websites

Consent

British medical association children and young people toolkit
www.bma.org.uk

General Medical Council consent guidance
www.gmc-uk.org

Epidemiology

Immunisation against infectious disease
www.gov.uk

National travel health
www.nathnac.org

NHS Choices
www.nhs.uk

Healthcare A2Z
www.healthcarea2z.org

Community Hygiene Concern
www.nits.net

National public health service for Wales
www.nphs.wales.nhs.uk

Health education

Health education trust
www.healthedtrust.com

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

Food and cooking in the primary curriculum
www.foodinschools.org

PSHE association
www.pshe-association.org.uk

Managing health needs in schools

Anaphylaxis Campaign
www.anaphylaxis.org.uk

Asthma Campaign
www.asthma.org.uk

Barnardos
www.barnardos.org.uk

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

Ask Brook
www.brook.org.uk

British Youth Council
(2011) *Our School Nurse,* Young people's views on the role of the school nurse.
www.byc.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.eatingdisordersni.co.uk

Education and Resources for Improving Childhood Continence (Eric)
www.eric.org.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 Centre for Eating Disorders
http://eating-disorders.org.uk

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

National Eating Disorders Association
www.nationaleatingdisorders.org

NHS Confederation
Join strategic needs assessment.
www.nhsconfed.org

School and Public Health Nurses Association
www.saphna-professionals.org

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

National targets

Child accidents
www.capt.org.uk

Alcohol and drugs
www.familylives.org.uk
www.homeoffice.gov.uk/drugs
www.drinkaware.co.uk
www.talkaboutalcohol.com

Smoking cessation
www.healthscotland.com/scotlands-health/index.aspx
www.nhsggcsmokefree.org.uk
ASH (Action on Smoking and Health) www.ash.org.uk

Obesity, nutrition and physical activity
www.noo.org.uk
www.nphs.wales.nhs.uk
www.nhs.uk/change4life

Sexual health and teenage pregnancy
www.sexeducationforum.org.uk
Family Planning Association
www.fpa.org.uk

Young carers

The Association of Directors of Children's Services
Working together to support young carers
www.adcs.org.uk

Carers Trust
Commissioning services for young carers and their families
www.carers.org.uk

Children's Society
Includes links to find local young carers services.
www.youngcarer.com

The Princess Royal Trust for Carers
www.carers.org

Young carers hub – NHS Choices
www.nhs.uk/carersdirect/young

Young Minds
www.youngminds.org.uk

Royal College of Nursing

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

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RCN Online
www.rcn.org.uk

RCN Direct
www.rcn.org.uk/direct
0345 772 6100

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