The School Nurse Survival Guide

Note

Health and social care practice and knowledge are constantly changing and developing as new research and treatments, changes in procedures, drugs and equipment become available.

The authors, editor and publishers have, as far as is possible, taken care to confirm that the information complies with the latest standards of practice and legislation.

The School Nurse Survival Guide

edited by

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A division of MA Healthcare Ltd

Quay Books Division, MA Healthcare Ltd, St Jude's Church, Dulwich Road, London SE24 0PB

British Library Cataloguing-in-Publication Data
A catalogue record is available for this book

ISBN-10: 1 85642 422 6
ISBN-13: 978 1 85642 422 7

Printed by Mimeo, Huntingdon, Cambridgeshire

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Foreword

Wendy Nicholson

There are about 11.3 million school-aged children and young people in England and their health and development are vital to individuals, families and society – they are our future. The current high focus on improving the health and wellbeing of children and young people provides an opportunity for school nurses to embrace their leadership role and strengthen the delivery of public health to school-aged children and young people. The Department of Health's *Healthy Lives, Healthy People* and the *Healthy Lives, Healthy People: Update and Way Forward* reinforces the importance of health in the early and developing years.

The public health programme for children and young people – the Healthy Child Programme – is designed to offer a core, evidence-based programme of health protection, improvement and support from 5 to 19 years. The *Healthy Child Programme from 5 to 19 years old* (2009) recognises the pivotal role of the school nurse in leading and providing services and recommends staged school nursing contacts at specific milestones in a child's life.

The specialist expertise that school nurses bring to children's lives is unique. School nurses as specialist community public health practitioners are crucial to the planning, delivery and coordination of the preventative health services that children and young people need during their school-age years in order to maximise their health and wellbeing and provide strong foundations for good health and wellbeing through into adult life.

It is essential to understand the unique role and skills that the school nurse brings in terms of prevention, support and (where necessary) treatment. Due to their unique positioning within schools and local community settings, school nurses and their teams can make a positive contribution to the health and wellbeing of all school-aged children and young people. They have a crucial role in providing early help and intervention services where needed. Intervening early and working with children, young people and families to build on strengths and improve self-esteem and cohesion and, where required, referring early for more specialist help,

is the most effective way of dealing with health, developmental and other issues within the family.

There is increasing knowledge about the importance of good mental health in the growing years to good outcomes in later life, and the school nursing service is holistic, seeking to address physical mental and emotional needs. Furthermore, the numbers of children and young people in mainstream education with disabilities and/or additional health needs are increasing, with much of the support falling to the school nursing services.

Getting It Right For Children, Young People And Families – Maximising the contribution of the school nursing team: Vision and Call to Action was launched by the Department of Health in 2012. The service vision and model for school offers a structured framework on which to build local services for school aged children and young people. We want a service that meets present and future needs: a service that is visible, accessible and confidential; a service which delivers universal public health and ensures that there is early help and advice available to young people at the times when they need it. School nurses need to be supported in their leadership role in the new public health system and to continue to work with children and young people ensuring they have a voice in developing services that are right for them.

This 'Survival Guide' provides comprehensive advice for existing practitioners and those new to school nursing. It offers practical and thoughtful assistance to school nurses in their work with children, young people and families. The solution-focused approaches included in this guide will assist practitioners to address challenges such as safeguarding children and the increasing number of children and young people with mental health issues. The book builds on good practice and provides an opportunity for school nurses to reflect on their practice and leadership role.

There is an opportunity for school nurses and their teams to reaffirm their role as specialist public health practitioners and to use their expertise to provide leadership to enhance the delivery of the healthy child programme, thus improving the health and wellbeing of children and young people.

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Rachel works as a school nurse practitioner and qualified as a practice teacher in 2011. She was a Project 2000 nurse and qualified as an RN (child) in 1993. She has worked in a variety of acute paediatric settings in the UK before coming into the community to work as a school nurse. Rachel also has experience of working abroad, teaching English to Nurse Lecturers in a school of nursing in Portugal.

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Liz qualified as an adult nurse in 1994. She has had a variety of nursing jobs and came into the community in 1999 as a staff nurse in District Nursing. In 2003 she moved to school nursing as a community staff nurse and completed the SCPHN training in 2009, achieving a first class honours degree. Liz works as a school nurse practitioner and is particularly interested in developing care pathways for children with medical needs in schools. Liz is keen to share good practice and

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Kath has worked in the community as both a School Nurse Practitioner and a Community Practice Teacher, directing and delivering public health information and services for young people. She has also worked as a Senior Lecturer in Specialist Public Health Nursing and as a Pathway Leader for School Nursing. More recently, Kath has been involved with the school nurse development programme at the Department of Health. Kath presently owns and directs her own Nursing Consultancy Company and has had contracts across the UK and recognition at a global level for the creation of models, frameworks and training to support public sector workforce redesign and development. Website: http://www.thelancastermodel.co.uk/.

CHAPTER 1

Working in the community as a school nurse

Jane Wright

Key themes in this chapter:

- An introduction to the content of the book
- The development of school nursing practice
- How can building partnerships promote positive health and wellbeing?
- What risks should school nurses be aware of in the community?
- What are the professional responsibilities of the school nurse?
- Delivering the Healthy Child Programme (HCP) for 5–19 year olds
- Working with schools, children, young people and families
- 'A day in the life of a school nurse'

Introduction

This book provides practical advice to school nurses using current literature to support the discussions. It is based on the experiences of school nurses across the United Kingdom (UK), who have contributed to the content. It considers the latest government plans for the development of school nursing practice and how this fits with the public health agenda. There are a number of case studies throughout the book based on real-life experiences to illustrate the issues. All names have been changed to protect anonymity throughout the book.

In 2011, the Department of Health (DH) initiated a review of the contribution that school nurses make to the Healthy Child Programme (HCP) and a model of school nursing practice was developed (DH, 2012a) (see Figure 1.1).

Key knowledge and skills were identified and highlighted as crucial to the 'unique selling point' for school nurses – vital given the commissioning agenda and the changes to health and social care made by the coalition Government which came into power in May 2010. The new proposed structure to NHS England sees the planned abolition of Primary Care Trusts and the establishment of local

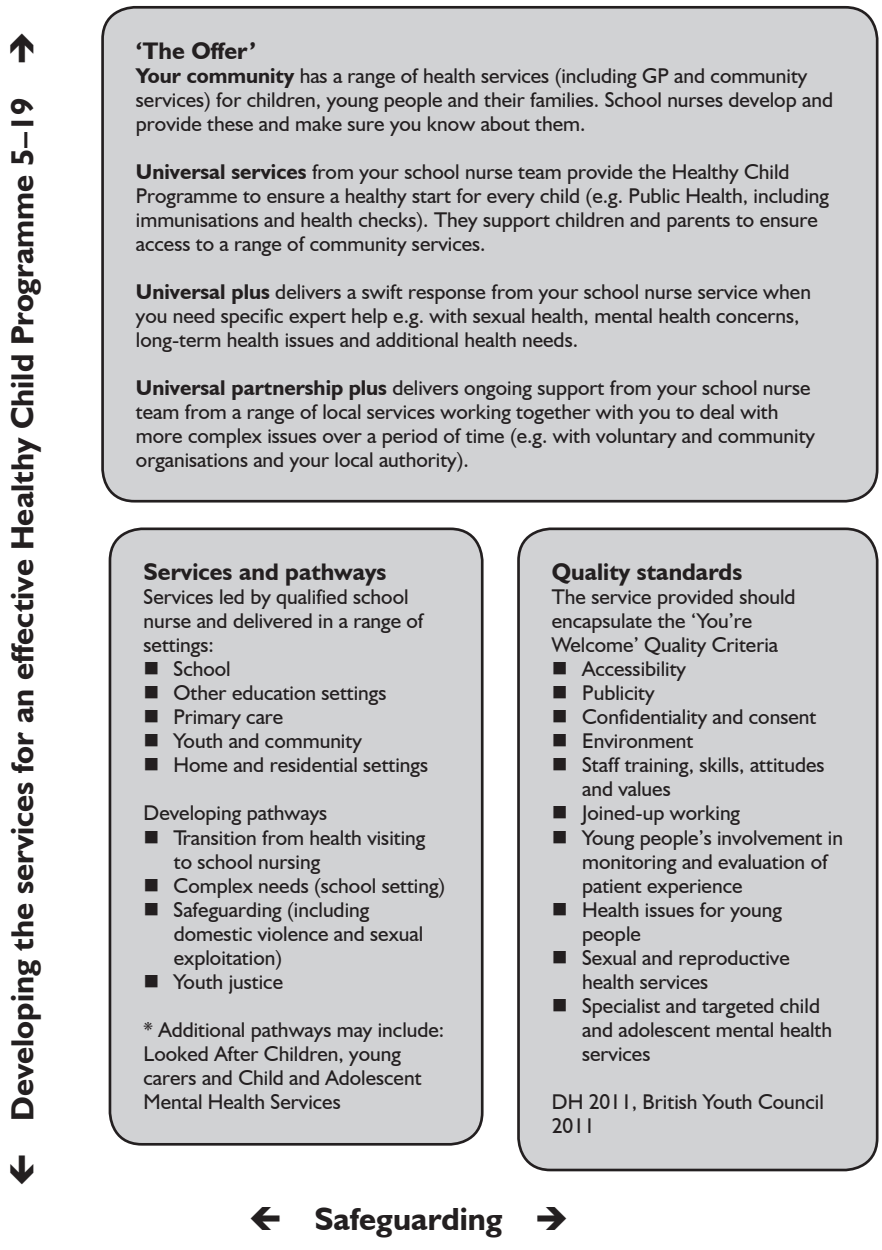

Figure 1.1 School nursing for improved health and wellbeing for children and young people

Developing the services for an effective Healthy Child Programme 5–19 →

Public Health White Paper Update and Next Steps
Professionals such as health visitors and school nurses will have a role in helping to develop local approaches to public health, provide links between public health and the NHS and leadership in promoting good health and addressing inequalities.

***Outcomes: leading & contributing to:**

- Improved health and wellbeing and a reduction in health inequalities.
- Promoted healthy lifestyles and social cohesion by reaching and influencing the wider community.
- Improved planning of local services to reduce health inequalities

Success measures: school nurses leading & contributing to 'healthy, happy children and young people'

- Increased access to evidence-based interventions through the Healthy Child Programme to children and families and tailored to specific need.
- Young people reporting a high level of satisfaction and clinical effectiveness with school nursing service.
- Reduced numbers of children requiring formal safeguarding arrangements – achieved through early identification and intervention.
- Increased public health work to promote healthy lifestyles and social cohesion.
- Increased uptake of early help and access to evidence based preventative services, which are tailored to meet individual and family needs, including support for parental needs e.g. mental health concerns.
- Increased uptake from children, young people and families, of preventative services tailored to their needs and all families access evidence-based programmes.
- Reduction in school absence due to poor health and/or additional health needs or complex needs.
- Improved mental health and wellbeing including reduced bullying.
- Improved co-ordination of training delivered to school staff to support pupils with complex health and/or additional needs.
- Reduced incidences of obesity and positive lifestyle changes through improved coverage of National Child Measuring Programme.
- Children and young people feel supported and able to make positive changes to their health and wellbeing.
- Reduction in prevalence of chlamydia in 15–24 year olds and reduction in under 18 year olds conception rates.
- Reduction in proportion of young people who frequently use illicit drugs or alcohol or that smoke.

← **Safeguarding** →

Figure 1.1 (*continued*)

Developing the profession to lead and deliver seamless services for children, young people and families

The unique role of the school nursing service:
Delivering public health services to children and young people should be led by a Specialist Community Public Health Nurse (SCPHN) supported by a team with an appropriate skill mix to reflect local need. The school nursing service will improve children and young people's health and wellbeing by:

- Leading, delivering and evaluating universal Public Health programmes for school-aged children and young people, both within school and community settings.
- Taking an evidence based approach to delivering cost effective programmes or interventions which contribute to children and young people's health and wellbeing e.g. reductions in childhood obesity and under 18-year-old conception rates.
- Referring and delegating within the team to maximise resources and utilise expertise of other skilled professionals.
- Supporting seamless transition into school, from primary to secondary school and transition into adulthood.
- Leading support for children and young people with complex and/or additional health needs including education, training and support for families, carers and school staff.
- Identifying children and young people in need of early help and where appropriate providing support to improve their life chances and prevent abuse and neglect. This includes working with children and young people at risk of becoming involved in gangs or youth violence;
- Contributing as part of a multi-agency team, to support children, young people and families, particularly those with multiple needs;
- Supporting vulnerable children including children in care and support for their carers (including young people in contact with Youth Justice system).

Skills:

- Graduate workforce;
- Clinical;
- Leadership;
- Partnership and collaborative working;
- Communication and negotiation;
- Coaching and mentoring;
- Children and young people Public Health specialist, skilled in:
  - Assessment;
  - Needs analysis and population data;
  - Evaluation and review;
  - Developing and implementing care plans.

Knowledge

- Outcome-focused approaches;
- Experts for wider health and wellbeing; for prevention and public health; for building family and community capacity.

Figure 1.1 (*continued*)

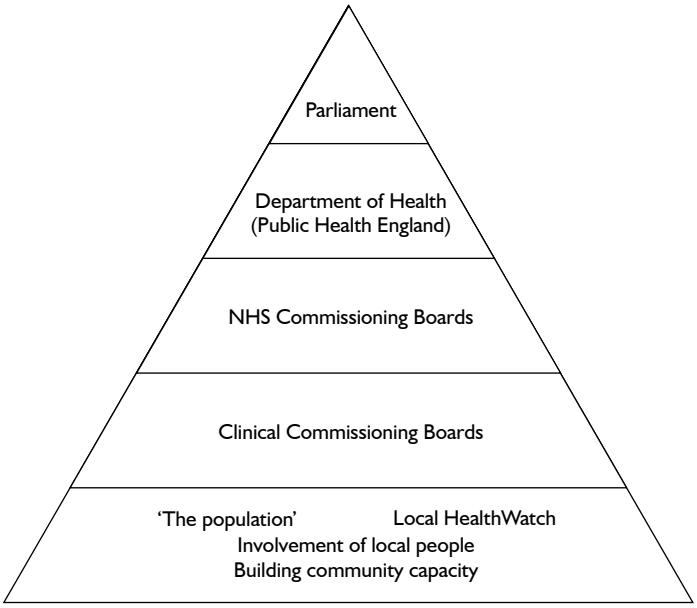

Figure 1.2 The proposed structure of the NHS in England (2011).

Clinical Commissioning Groups (CCGs), with the NHS Commissioning Board overseeing and organising the commissioning framework (Figure 1.2).

The commissioning framework will focus on the productivity of services, where productivity may be defined as the 'measure of the efficiency of the product'. The 'product' in the NHS, one could argue, is improved health outcomes for individuals. The aims of the public health outcomes framework (DH, 2012b) are to increase healthy life expectancy and reduce the differences in healthy life expectancy across communities (i.e. reduce inequalities). These are not new public health aims and school nurses have been contributing to this agenda for many years, the difference is that they will need to be able to demonstrate the effectiveness of what they do (see Chapter 7).

A common theme running through national policy in health, public health, education and social care is the devolvement of responsibility for services to local areas (DH, 2012b). This has both positive and negative consequences. It enables local areas to interpret guidelines according to the needs of the local population, but it also means that 'standardised services' are less likely across the country. The school nurse development programme attempts to offer a standardised service that

still provides a flexible service to children and young people according to local need (DH, 2012a).

The school nurse role has become specialised following the introduction of the third part of the register and the production of the four domains, 10 principles and 24 standards of proficiency (Nursing and Midwifery Council [NMC], 2004) (see Box 1.1).

Box 1.1 The four domains, 10 principles and 24 standards of proficiency

Domain A – The search for health needs

A1 – Surveillance and assessment of the population's health and wellbeing.

A1.1 Collect and structure data and information on the health and wellbeing and related needs of a defined population.

A1.2 Analyse, interpret and communicate data and information on the health and wellbeing and related needs of a defined population.

A1.3 Develop and sustain relationships with groups and individuals with the aim of improving health and social wellbeing.

A1.4 Identify individuals, families and groups who are at risk and in need of further support.

A1.5 Undertake screening of individuals and populations and respond appropriately to findings.

Domain B – Stimulation of awareness of health needs

B1 – Collaborative working for health and wellbeing.

B1.1 Raise awareness about health and social wellbeing and related factors, services and resources.

B1.2 Develop, sustain and evaluate collaborative work.

B2 – Working with, and for communities to improve health and wellbeing.

B2.1 Communicate with individuals, groups and communities about promoting their health and wellbeing.

B2.2 Raise awareness about the actions that groups and individuals can take to improve their health and social wellbeing.

B2.3 Develop capacity and confidence of individuals and groups, including families and communities, to influence and use available services, information and skills, acting as advocate where appropriate.

B2.4 Work with others to protect the public's health and wellbeing from specific risks.

Domain C – Influences on policies affecting health

C1 – Developing health programmes and services and reducing inequalities.

C1.1 Work with others to plan implement and evaluate programmes to improve health and wellbeing.

C1.2 Identify and evaluate service provision and support networks for individual's families and groups in the local area or setting.

C2 – Policy and strategic development and implementation to improve health and wellbeing.

C2.1 Appraise policies and recommend changes to improve health and wellbeing.

C2.2 Interpret and apply health and safety legislation and approve codes of practice with regard for the environment, wellbeing and protection of those who work with the wider community.

C2.3 Contribute to policy development.

C2.4 Influence policies affecting health.

C3 – Research and development to improve health and wellbeing.

C3.1 Develop implement and evaluate and improve practice on the basis of research evidence and evaluation.

Domain D – Facilitation of health enhancing activities

D1 – Promoting and protecting the population's health and wellbeing.

D1.1 Work in partnership with others to prevent the occurrence of needs and risks relating to health and wellbeing.

D1.2 Work in partnership with others to protect the public's health and wellbeing from specific risks.

D2 – Developing quality and risk management within an evaluative culture.

D2.1 Prevent, identify and minimise risk of interpersonal abuse or violence safeguarding children and other vulnerable people initiating the management of cases involving actual or potential abuse or violence where needed.

D3 – Strategic leadership for health and wellbeing.

D3.1 Apply leadership skills and manage projects to improve health and wellbeing.

D3.2 Plan, deliver and evaluate programmes to improve the health and wellbeing of individuals and groups.

D4 – Ethically manage self, people and resources to improve health and wellbeing.

D4.1 Manage teams, individuals and resources ethically and effectively.

There has been an enduring misconception that the school nurse works in a school and only undertakes first-aid and checks attendance registers. The qualified Specialist Community Public Health Nurse (SCPHN) role is very different. These nurses work as a leader of the school health team delivering the Healthy Child Programme (5–19 years) across a diverse range of settings (DH/Department for Children Schools and Families [DCSF], 2009). There are different models of practice across the country and some nurses are based in mainstream schools or special schools while others are based in the community. Qualified SCPHNs have been specifically trained to a minimum of degree level and have specialist knowledge that enables them to contribute to the four domains of public health practice (DH, 2012b):

- Improve the wider determinants of health
- Health improvement
- Health protection
- Healthcare, public health and preventing premature mortality

Research was done in 2011 by the British Youth Council (BYC) to contribute to the school nurse development plan. It found that many young people had not had experience of their school nurse, but those that had valued the experience:

> Nearly three quarters of young people (73%) haven't visited their school nurse for anything other than immunisations. Yet those who had visited their school nurse told BYC that they have had a very positive experience – eight out of ten said their school nurse was approachable and friendly. Young people think more pupils need to know that their school nurse can provide advice on top teen health worries and help young people before they reach 'crisis point'.
>
> Young people want their school nurse to become a familiar face in their school. At the moment, nearly half are unsure who their school nurse is. All schools in England do have a school nurse who visits their school to offer care, advice and treatment; often one school nurse will work with several primary and secondary schools (BYC, 2011).

This chapter gives an overview of some of the issues around working in the community as a public health practitioner and considers the challenges of leading the Healthy Child Programme (HCP) (DH/DCSF, 2009). A key question is how work can be prioritised given the potential workload of the school health teams across the country. The subsequent chapters in the book will explore more fully the role of the school nurse:

- Chapter 2: Essential skills for school nurses
- Chapter 3: Dealing with difficult situations
- Chapter 4: Child protection
- Chapter 5: Contributing to Personal, Social, Health and Economic education (PSHE)
- Chapter 6: Setting up and running a health drop-in
- Chapter 7: Developing school nursing practice

The development of school nursing practice

Florence Nightingale suggested in the 19th century that nursing should be concerned with public health and improving the conditions which impact on health (Nightingale, 1860). School nursing arose out of a need to improve the conditions of children at a time of health and social reform during the Victorian era (BBC, 2010). The emphasis on public health and health promotion introduced by Florence Nightingale has laid the foundations for specialist community public health nursing practice today (Nightingale, 1860). The Manchester and Salford Reform Association was established in 1852, following closely on from the 1848 Public Health Act. This introduced 'sanitary visitors' to the evolving public health agenda and their initial role was didactic, giving information to families on issues of hygiene, food and standards of cleanliness in the home. They later became known as health visitors and Florence Nightingale set up the first training courses in Buckinghamshire in 1890 (Robothom and Frost, 2005). The first school nurses emerged at the same time, with a role in gathering information in the school setting, but it was not until the start of the 20th century that the school health service was formally established. Until 1944, school nursing and health visiting were closely linked with the same training, the distinction between them being through the authority by which they were employed. The 1944 Education Act made the distinction that:

> The nursing staff consists of a number of nurses under a senior or nursing superintendent.
>
> These, for the most part, act as school nurses under the education authority and as health visitors under the public health authority, and a Regulation recently made under the Education Act, 1944, is to the effect that every nurse to be appointed by the education authority for the purpose of the school health service shall possess the qualification prescribed for a health visitor... (Underwood, 1946)

History shows that the career trajectory of health visiting from then was very different from that of school nursing. The following decades saw school nurses as largely the handmaidens of the school medical officers and their role continued to be one of inspection and screening. Screening for head lice became a key memory in the minds of many children growing up during the 1950s and 1960s and one which endures even today, much to the frustration of many school nurses (Wright, 2011).

There have been many changes to the role of school nurses over the last few decades. Like other areas of nursing practice, they have become professional, autonomous practitioners who lead teams to promote the health and wellbeing of school-age children. Today, there are few school medical officers involved in school health, and school nurses have moved away from a medical model to a broader approach encompassing a variety of disciplines. Their training came into line with other community nurses in 1984 and their role is continuing to evolve; they have both an important public health role and a clinical role one which sets them apart from other health professionals (Wright, 2011).

Some newly-qualified school nurses will have worked as community staff nurses before qualification, and therefore have insight into the challenges of working in the community setting. Others may not have worked in that environment before and will have come from a range of nursing backgrounds into school nursing. Whatever their background, the role of a qualified school nurse is one that requires specific knowledge, skills and attitudes in order to lead teams in promoting child public health. A diversity of backgrounds for school nurses is invaluable to the service and those coming from all three branches of the nursing profession – child, adult and mental health – have a contribution to make to the role and to school health teams.

The key responsibilities of the school nurse have evolved across the UK in response to local need and the role varies across the country. However, it is also important to ensure that the key roles and responsibilities are clearly defined. The school nurse development programme (SNDP) *Getting it Right for Children, Young People and Their Families* (DH, 2012a) provides a clear model for future school nursing practice, with an emphasis on leadership and child public health. School nurses form a key part of the school health team and must work within a broader community in order to effectively promote the health of children and young people.

How can building partnerships promote positive health and wellbeing?

Building partnerships is crucial to the role of school nurses, particularly given limited resources. The number of connections that school nurses make will impact

on their ability to reach groups that are most vulnerable and in need of services and therefore, on their ability to contribute to reducing inequalities. They are identified as leaders and, as such, need to be at the forefront of developing sustainable local public health services; they cannot work alone in achieving this. They will work with a wide range of groups, including statutory and voluntary services as well as local communities.

School nurses work within a multidisciplinary team and should be aware of who they work most closely with in order to act in the best interests of children, young people and their families. As well as working with communities, parents, carers, children and young people, there are a wide range of professionals with whom the school nurse will come into contact with. Here are just a few:

- **General practitioners (GPs)**: The relationship with GPs varies across the country. Some school nurses are based in GP surgeries, which means that they have clear access and good communication links with them. Those who are not based in GP surgeries should endeavour to make strong links, particularly around sharing information about specific children and families (see 'A day in the life of a school nurse'– p. 32).
- **Health visitors**: Theoretically, school nurses work most closely with health visitors. Their training is the same, with the same standards of competencies which are applied to the under-fives. The Healthy Child Programme includes recommendations for good communication with and transitions between health visitors and the school health teams.
- **Teachers**: A good relationship with teachers is essential for the foundation of good, multi-agency working. Referrals from teachers form a cornerstone of school nurse practice. The head of PSHE is also an important link.
- **Head teachers**: It is important to have good links to the head of a school. No changes or initiatives can be introduced without their cooperation.
- **School governors**: Projects such as setting up health drop-ins will require the support of school governors.
- **Special educational needs coordinators (SENCOs)**: A health input to statements of special needs is important.
- **Speech and language teams (SALT)**
- **Audiology staff**
- **Community paediatricians**
- **Child and Adolescent Mental Health Services (CAMHS)**
- **Social Services**
- **Community children's nurses**
- **Dietitians**

- **Hospital staff**
- **Educational welfare officers/Education social workers**
- **Youth services including youth offending services**
- **Voluntary agencies**
- **The wider community**

Building community capacity

School nurses have a role to play in working with local communities to improve health and wellbeing; this is explicit in the NMC competencies (Box 1.1). The term 'capacity building' originates from work done worldwide in developing communities, where it is deemed important to build the skills and competencies of local people to sustain themselves rather than rely on aid from other countries (United Nations Development Programme [UNDP], 2012). This concept is now used in other contexts, and in the UK, building community capacity is about utilising individuals, groups, organisations and networks in projects that are identified through local needs assessments. This is an important way to use or develop the skills and competencies of local people in addressing a community issue and may be crucial given finite resources. There are a number of advantages to building community capacity, including issues around the sustainability of projects. Projects which have been generated and developed locally are more likely to succeed over time, and this relates to the investment that individuals or groups have in the project. This may be an emotional investment, where people feel strongly about a problem or issue and are prepared to give their time, knowledge, skills or expertise to improve a situation. A good example of this is the aftermath of the riots in London in the summer of 2011, where local communities united to help others.

Other examples of community projects include:

- Supporting and training parents to set up local parenting groups
- Setting up drop-in advice services for parents, children and young people
- Working to address alcohol-related problems in local areas
- Working with the community to address anti-social behaviour and crime
- Working with young people who are excluded from school
- Setting up sexual health services in rural areas
- Contributing to support groups for children and young people with specific needs

Critical to forming good partnerships are clear lines of communication and awareness of the network of groups in local areas. Newly-qualified school nurses

should start to build a resource and contact pack that will enable them to build a directory of professionals, local services and community groups which they can utilise to build community capacity. It is also good practice to take the opportunity early in the role to make time for an introductory visit to different professionals and agencies – this may be valuable later.

Autonomous decision-making

Although school nurses work as part of the multidisciplinary team, they are also responsible for autonomous decisions. As qualified nurses of course, school nurses work to a code of conduct (NMC, 2008) and are accountable for their actions. They therefore work within a professional framework which protects the public, but also gives definition to the autonomous decision-making processes. In addition to this, local frameworks for working with children, young people and families are also in place with specific guidelines, protocols and procedures. These should be available and accessible in all school health team bases and new staff should be made aware of them at induction.

Working in the community means having to make independent, informed decisions, but this should not mean the same as making isolated decisions. School nurses and their teams need to be supported in the decisions they make by regular training, team meetings, clinical supervision and appraisals. It is the responsibility of all school nurses to ensure that they are up to date with their practice and to raise concerns if they feel unsupported. The first year in practice for newly-qualified school nurses can be a stressful time and they should be supported by preceptors (NMC, 2006). School nurses who have undertaken the degree qualification have demonstrated competence in the four domains of specialist community public health nursing (SCPHN) (NMC, 2004). This means that they have specific training in working with individuals and groups and work to a public health agenda. School nurses are accountable to their professional body, but they are also accountable to the schools, managers, colleagues, parents and children within their sphere of work. Qualified SCPHNs have the knowledge to develop the skills of making decisions with young people which is based on four fundamental ethical principles (Nuffield Council on Bioethics, 2007):

- Beneficence – to do good
- Non-maleficence – the ‘no harm’ principle
- Respect for autonomy – understanding the need for choices balanced against acting in the best interests of children and young people
- Justice for all – considering the broader implications to others when decisions are made

Decisions are not always easy and school nurses can consider the balance of these four principles to help them make appropriate decisions which promote the health of children and young people. Decision-making skills are discussed further in Chapter 3. The code of conduct is a key source of guidance for school nurses (NMC, 2008).

What risks should school nurses be aware of in the community?

School nurses can be classed as 'mobile workers working away from their fixed base' (Health and Safety Executive [HSE], 2009, p. 2). There are two main pieces of legislation that should protect workers in this situation.

The Health and Safety at Work Act 1974: Section 2 sets out a duty of care on employers to ensure the health, safety and welfare of their employees whilst they are at work.

The Management of Health and Safety at work Regulations 1999: Regulation 3 states that every employer shall make a suitable and sufficient assessment of:

- the risks to the health and safety of his employees to which they are exposed whilst they are at work; and
- the risks to the health and safety of persons not in his employment arising out of or in connection with the conduct by him of his undertaking

Employers have a responsibility to ensure their employees' safety, and all local areas will have guidelines and policies around working in the community. This is based on a risk assessment for these types of workers and this should be available to all staff in their bases. It is important that there is an induction for new members of staff to clarify these procedures.

Personal safety

There are some common sense approaches to personal safety such as:

- Tell someone where you are going and when you will return and keep them informed if there is a change of plan.
- Keep a mobile phone on, charged and accessible at all times (on silent if necessary).
- Have a separate work mobile and don't give out personal numbers.
- Keep car keys accessible if visiting people in their own home.
- Make sure you have easy access to the exit.
- Don't visit known problem families on your own.
- Ensure that you are fully aware of any individual school policies.

- Consider any consent issues when talking to children and young people (this is discussed later in Chapters 3 and 6).

Violence and aggression

There are personal risks as a professional in any setting and there will always be the potential to be hurt in any situation. It can be particularly problematic in the community because school nurses may be dealing with difficult situations, such as child protection, domestic violence and confidential information. Anger, fear, anxiety and frustration can lead normally rational people to behave in an unpredictable way. This may include aggressive behaviour. Understanding how to defuse situations is important and the ability to read the early verbal and non-verbal cues that alert you to a problem is crucial. This means that good communication skills are essential and they have been a fundamental part of nurse training for some time. In the community, these skills need to be particularly developed and the ability to negotiate and manage conflict is explored in Chapter 2.

Intimidation

Individuals and parents in particular can become intimidating if they feel threatened or undermined. School nurses may be talking in confidence to young people about personal problems that they are not obliged to talk to parents about (see the Fraser guidelines in Chapter 6). This has the potential for parents to become very angry (see Case study 1.1).

Case study 1.1

Anna, a 15-year-old girl at an upper school, tells the school nurse that she is pregnant and a pregnancy test confirms this. Anna says that she thinks she is about 16 weeks pregnant. The school nurse discusses the options with her, encouraging her to talk to her parents. However, Anna states clearly that she does not want to talk to her mother as 'she would kill me'. Anna says she wants a termination and the school nurse again discusses the options with her and gives her relevant contacts at the British Pregnancy Advisory Service. Anna comes back the following week. Anna has not approached anyone about a termination and the school nurse has the feeling that Anna wants to keep the baby but is frightened of her mother. The dilemma for the school nurse is maintaining confidentiality while protecting Anna's safety. The decision is taken out of the school nurse's hands when Anna's

friend tells Anna's mother about the pregnancy. The mother is very angry and comes into school threatening both the school nurse and the school. She has to be escorted off the premises. The mother also continues to threaten the school nurse through the health centre. The school and the school nurse's manager fully support the school nurse as she has followed clear guidelines in this case and the mother is threatened with legal action. The threatening behaviour then ceases.

Anna is persuaded by the mother to have a late termination of pregnancy.

School nurses need to be very clear about the policy on aggression, violence and intimidation and never give personal details to any child, young person or their family. Some areas, recognising the value of Information Technology (IT), use text messaging services or emails as a valuable means of communicating with young people. This must be done in a professional way at work rather than at home, and local protocols must protect individuals from harm.

What are the health and safety issues around immunisation in schools?

Working with Patient Group Directives

Nurses working on the immunisation programmes work with Patient Group Directives (PGDs). These are group prescriptions signed by a local committee/ panel of senior nurses, doctors and pharmacists and relate to a defined group of people. Those who are eligible to administer the immunisations are listed within the group prescription and this is regularly updated. Regular training and updating for school nurses should be part of continuing professional development (see Chapter 2).

PGDs can be provided for other drugs, such as emergency contraception, which may be necessary for school nurses providing sexual health services. Some training education establishments have introduced the community nurse prescribing course within the degree programme, enabling school nurses to prescribe drugs from a community formula. This has some limitations and other school nurses undertake the non-medical prescribing course as part of their continuing professional development. This is dependent on local needs and local agreements.