



Harrow Primary Care Provider

Service Specification for School Nursing Service

The Provider, Local Authority, Primary Care Trust and schools recognise that a high quality service can only be achieved through good understanding of the differing roles, through co-operation and partnership.

We therefore welcome the resulting Service Level Agreement between the Harrow schools, Harrow Primary Care Trust and the school nursing service provider, and believe that the agreement goes a long way towards ensuring the health needs of children and young people are met within the schools community.

Signature: _____

Date: _____

Director of Primary Care Harrow PCT

Signature: _____

Date: _____

Director of Provider Service

Signature: _____

Date: _____

Harrow Schools Representative

SERVICE AGREEMENT

Between

Harrow Primary Care Trust

(The Provider)

To be identified

1. INTRODUCTION

Name of the parties involved in the Agreement:

Date of the Agreement: ____/____/____

2. PURPOSE OF AGREEMENT

To facilitate the provision of a high quality school nursing service to the pupils of Harrow local authority schools and to provide some support in the form of information awareness and health campaigns and co-ordination to private schools.

3. SERVICE DEFINITION

Scope of the Agreement.

School nursing

*Linked to Standards 1,2,3,4,5,8,9 &10 of the Children, Young People and Maternity Services NSF (See **Error! Reference source not found.**)*

School nurses have 2 key responsibilities:

- To assess, protect and promote the health and well-being of school age children and young people
- To offer advice, care and treatment to individuals and groups of children and young people. Also to offer advice to the adults who care for them
- To ensure accurate and confidential health records are kept for all children under the care of school nursing.
- To participate in multi-agency planning and to co-ordinate multi-agency provision for the benefit of the children under the care of school nursing.

School nurses can offer services in 3 areas¹:

- **As the first point of contact for children, young people and parents or carers needing health advice or information** - assessing individual health needs, offering care and treatment, and referring on to other services as necessary. Many school nurses provide 'drop in' sessions in schools for this purpose
- **Supporting children and young people with ongoing or specific health needs** - this may include children with complex health needs or a learning and/or physical disability. Activities could include direct care and treatment, promotion of self-care, supporting parents and carers, referral to other specialists and co-ordination of a range of services.
- **Initiating and supporting activities for promoting health** across the school and community. These public health activities include contributing to Personal, Social and Health Education delivery, working with the school to achieve healthy school standard or advising on whole school programmes to address particular issues e.g. sexual health, healthy eating. School nurses may also work in the wider community to improve children's health. Activities of this sort are likely to develop with the expansion of children's centres and the extended schools programme.

Local projects that school nurses should assist with:

- Healthy schools- encouraging schools to join the programme, assisting with the implementation of healthy schools programmes
- Help identify school pupils likely to need BCG and/or mantoux and give appropriate immunisation or refer where appropriate e.g. T.B. clinic. Liaise with the PCT/ child's family/GPs to ensure all school children receive appropriate vaccinations/immunisations and implement new campaigns as the need arises
- Supporting the school's work and Child Protection Board's work in child protection matters
- Initiating and supporting activities to improve access to health services for children and young people - such as supporting the implementation of sexual health drop in clinics in schools
- Supporting PCT led health promotion projects: such as smoking cessation programmes, healthy eating, increasing physical activity, improving sexual health
- Supporting the work of the PCT's teenage pregnancy co-ordinator
- Supporting health protection activities with the Health Protection Agency and the PCT in terms of infection control in schools, seeking appropriate advice and supporting the management of disease outbreaks in schools
- Working closely with public health and health promotion teams to help implement PCT programmes e.g. weighing and measuring children
- Mental health promotion work

4. **STAFFING**

For the school year beginning September 2007

Named School Nurse:

Tel:

Base:

The School Nursing Team is based at a local Children's Centre or Clinic.

INSERT STRUCTURE

The name school nurse can be contacted at her clinic base:

.....Tel No:.....

The best time to make direct contact is 12.30 – 1.15pm, or messages can be left with the receptionist on the above number between 9.00am – 5.00pm, Monday – Friday (term time only).

5. MANAGEMENT and SUPPORT SERVICES

5.1 The School's Responsibilities.

To provide the school nurse with comprehensive class lists by year of class with name, D.O.B., address & GP, by the beginning of each new academic year and half termly updates throughout the year.

To inform the school nurse immediately of new admissions, especially where the child has identified medical conditions which require or may require treatment or monitoring during school hours.

To ensure the school nurse has up to date information regarding key school personnel, such as SENCO, PSHCE coordinator, and Designated Teacher for child protection

To include the named school nurse in any school based inter agency service meetings / healthy schools meetings / open evenings / school governor meetings where health topics are on the agenda

To communicate, with at least 4 weeks notice, the dates of the annual review of children with statements of special educational needs, in order that the School Nursing team can provide health advice where appropriate.

To provide the school nurse with accommodation in a confidential setting in order to see parents and children for screening , review monitoring and selective health interviews and medicals with the school **doctor** as well as suitable accommodation to carry out large scale immunisation programmes.

To provide ancillary support for pupils during screening sessions.

To provide the School Nurse with teacher / ancillary support. This staff member will attend regular SN led training sessions, especially in Primary school campaigns and ensure that staff are familiar with the Health

Protection Unit's guidance on infection control in schools. The school to retain a copy of this guidance on site and follow the procedures set out in it

To facilitate the attendance of parents at immunisation sessions where children involved are in Year 2 or younger

To provide a system for the distribution and return of completed health questionnaires to the school nurse and clerical support

To inform school nurse immediately of any known infectious diseases causing high level of absenteeism within school

To assist with data collection on children participating in health campaigns.

5.2 The Provider's Responsibilities.

To undertake all School Nursing personnel management, employment and deployment procedures.

To provide professional development and support to ensure that the School Nursing team keep updated on current good practice.

To ensure that the School Nursing service works within the remit laid down by legislation, both by DOH and DfES

To ensure that schools have an awareness of the role of the members of the School Nursing team and their differing responsibilities.

To provide school staff with awareness sessions re immunisations and school staff support responsibilities regularly & especially during campaigns in primary schools

To ensure that School Nursing staff work with school staff and their Health & Safety Incident/Accident reporting systems.

To ensure that the School Nursing team provide a service to meet the health needs of the pupils (4-19 yrs) that is responsive to the individual health needs to students

To invite local private school nurses to participate in relevant training sessions as appropriate

To provide a named responsible clinician with information on new refugee & asylum seekers who are attending school

To liaise with local GPs and the PCT to keep updated with regard to relevant health issues and specialist practitioners

To liaise with Harrow Healthy Schools and Extended Schools and link with

Children's Centres as appropriate

5.2.1 Data collection/reporting:

The school nursing service will collect data as agreed by the local Children's Strategic Partnership Board and report to Harrow Primary Care Trust's Director of Public Health on a quarterly basis against the agreed targets.

They will also report directly to the Department of Health and DfES on required targets.

5.2.2. Governance:

The following relevant Harrow Primary Care Trust policies will be followed as standard:

- Serious adverse incidence
- Clinical governance
- Child Protection Policy
- Clinical Records Policy
- Community Visits Safety Guidelines
- Complaints Policy
- Confidentiality Policy
- Consent to Examination or Treatment Policy
- Incident Policy
- Medicines Management Policy
- Risk Assessment and Management of Harm Policy.
- Transportation of patients in private vehicles policy
- Clinical Supervision guidelines
- Infection Control Policy
- Immunisation Policy

This list is not exclusive and will be added to and amended as appropriate.

5.3 Communication

The aim is to work in partnership in planning programmes of care for individual children. In order to facilitate this it is recommended that termly meetings take place to discuss particular health needs between the School Nursing team and the SENCO, or other members of the school staff nominated by the Head Teacher.

It is the Provider's aim to work in partnership with regard to Child Protection issues, and to ensure a climate of co-operation where information can be shared between the school nurse, designated teacher for child protection and all the other professionals, in a confidential environment on a 'need to know' basis, with regard to both Education and Health Child Protection procedures.

Any change to timetables or rooms for school nurse sessions or medicals, should be discussed with the school nurse in advance, to enable re-scheduling of her work. Similarly, any changes to the School Nurses timetable will be discussed by the SN, with

the Head teacher at the earliest opportunity.

6. ACCOMMODATION AND EQUIPMENT

6.1 The School will:

Provide a designated room (clean, away from constant noise, and with a hand wash basin if possible) for confidential consultations between the School Nurse and/or visiting paediatrician, and the pupils, in line with current legislation (Education and Health & Safety Act). It is expected that this accommodation can be multi purpose for days other than for the designated days. Negotiations between school and school nurse should facilitate this.

Provide adequate lighting (2 x 100 watt bulbs) for eye tests, and a wall mirror, if the room measures less than 20ft.

Provide space for filing cabinets (usually 4 drawer) for confidential health records and precision weighing scales in a lockable room.

Provide access to a telephone, which can be used confidentially, for the school nurse while on school premises for essential business relating to pupils of school.

Provide a notice board which is accessible to students and parents for communication/information/Health Promotion and for the use of School Nursing Service (notices and posters, general health information) n.b. all posters will be discussed with the school before being put on display.

6.2 The Provider will:

Provide lockable filing cabinets for storage of Child Health records.

Provide, maintain and replace other equipment needed by the nurse to fulfill the terms of this agreement (i.e. staedimeters, audiometers, vision charts, weighing scales).

Provide stationery and health forms needed by the nurse for distribution to pupils.

Provide up-to-date information for notice board and school to home information as required.

7. SERVICE LOCATIONS

7.1 School Premises

The School Nursing team conducts the School Nursing programme

mainly on the school site, in order to reduce the time needed for a pupil to be away from lessons. This includes where appropriate screening (for example Mantoux test) and immunizations.

7.2 Provider Premises

Sometimes children are seen in the clinic or children's centre setting after school if this is thought to be more appropriate, or is requested by the parent.

Occasionally the School Nurse may decide to undertake a home visit, alone or jointly with Social Services or Education. Schools will be kept informed of this intent where relevant.

8. QUALITY ASSURANCE

The School Nursing team works to agreed professional guidelines and standards.

The School Nursing Standards – (see Appendix 1), are attached for information.

8.1 Quality of service provided will be monitored by:

An audit of meetings between Head teacher or designated teacher which take place once per term will be kept to inform the commissioner

Regular analysis of data on the uptake of immunisation and child health surveillance will be carried out

Monitoring of relevant screening targets (in response to agreed National Health Improvement targets and individual identified health needs) will be carried out and shared with stakeholders

Monitoring of local targets agreed by the Strategic Children's Partnership Board will be carried out and shared quarterly with stakeholders

School Nursing profiles conducted jointly on a minimum of bi annual basis by the service lead and shared with the commissioner

Both parties will monitor Service Agreement performance and review after one year.

9. LIABILITY

The head teacher has overall responsibility for Health and Safety on school premises. Members of the School Nursing team are also individually responsible for their own practice to their relevant professional body.

The Provider remains liable for the actions of its staff in the execution of this agreement to the same extent that it is liable for their actions in delivery of the NHS service agreement.

10. VARIATIONS OF SERVICE AGREEMENT TERMS

- 10.1** There may be circumstances during the year which prevent the full discharge of the Service Agreement through no fault of either party. These will include:

Significant changes in the case mix of the anticipated workload.

Major developments in the way the service is provided.

- 10.2** Cover for staff absence can only be provided within the financial constraints and resources available to the Provider.

During periods of prolonged absence contact will be maintained at least weekly with the school by the clinical service manager /relief school nurse, and a reduced programme will be agreed according to circumstances at the time, but will be no less than a weekly visit if absence lasts longer than a full half term.

In such circumstances, both parties will discuss how they can continue to meet the Service Agreement requirements and in the case of difficulty, priorities will be agreed and both parties will inform their respective management bodies.

- 10.3** This service level agreement is based on current school nursing standards and where DoH legislation or policy overrides the details, will need to be re-negotiated within the financial year, with costs reviewed against agreed data collection.

11. DURATION and RE-NEGOTIATION

The Service Agreement will be for the next academic year commencing September 2007 and is renewable either every 3 years or when there is a revision of the School Nursing programme – which ever is the sooner.

Negotiations on renewing the Service Agreement will begin in June of each 3rd year. Final arrangements will be agreed by the end of September and signed for. This process may be initiated by the Provider, Commissioner or Local Authority in collaboration with individual schools.

12. REMEDIES for UNDER PERFORMANCE

In the event of the failure of the school or the Provider to perform to the agreed terms of the Service Agreement, the following procedures(s) will apply:

Where one party considers that the other party has not met its obligations, that party will instigate a meeting with the other party within 14 days.

Following the meeting, the party which has not performed adequately will be given 12 weeks to resolve the issue to the satisfaction of the other party. It is assumed that there will be joint discussion between both parties to reach a mutually acceptable outcome. Unresolved issues will be discussed further with the Lead Officers for Harrow PCT and Lead contact for LEA.

Where non performance has not been rectified within the agreed time scale, the other party will have the right of recourse to arbitration. However, each party to the service agreement will endeavour to avoid the need for arbitration through regular and constructive dialogue.

13. PUBLIC AVAILABILITY & CONFIDENTIALITY

This agreement is a public document and may be made available for onward distribution to interested persons. However, any confidential information acquired by either party under this agreement shall not be communicated to any third person without prior agreement. Confidential information, particularly children's' records, will be protected from unauthorised access under Caldicott regulations.

14. POINTS OF CONTACT – Professional Liaison

- a) The designated Consultant Paediatrician for Special Needs is:
- b) The Professional Facilitator for School Nursing is:
- c) The Schools Education Adviser Harrow is:

Review Date 2010

ANNUAL SCHEDULE

This agreement identifies agreed targets for health care and health promotion between Harrow Primary Care Trust and School Nursing Service Provider in partnership with the Local Authority. It incorporates a schedule and timetable for each academic year divided up into the 3 school terms and should be agreed for each term. It is expected that, all children in the relevant year groups, will have the opportunity to access School Nursing via each target.

The schools have between a _____ and _____ form entry which is equivalent to approximately _____ children per year group.

Target 1

The School Nurse will visit each school on the same day each week as far as possible during term time. A session is identified as from 9-12 midday or 1-3pm, but will be flexible to account for the school's routine timetable, school nurse availability and client request. Breakfast and After School Clubs as well as parent evenings may present opportunities for the school nurse to work with the wider community on behalf of the children

Target 2

Joint meetings between School Nursing Team and School staff should be arranged each term to discuss the school children's general health needs and school queries. Specific new information about a child requested by the school will be facilitated by the school nurse with the parent. Government initiatives such as Healthy School initiatives must involve school nurses.

Target 3

Under 5S

The school nurse will have responsibility for all children in schools from reception class entry. During this transition year, a programme will be set up jointly with reception class teachers, which includes age appropriate activities and, which, in turn link with group work undertaken with the parents of this year group. The introduction of 'Parental Prompts' and referral booklet supports the opportunity to target children with unmet needs. Persona Dolls are available to be used in the classroom to support keeping safe programmes, peer respect and sharing, transition (from nursery to reception) to combat bullying & discrimination.

Programme content may include:

Children	Parents
Accidents at home and school / crossing the road	Accident Prevention / Road Safety
Stranger Danger / saying `No`	Keeping Children Safe / Child Protection
Different Foods we eat/ which ones are good for us	Healthy Eating / Packed Lunches
Self Esteem / liking other people and being nice to them / sharing	Listening skills/ Behaviour & Emotional difficulties/Bullying
Teeth brushing	Dental health and Hygiene
Hand washing	Children's Personal Hygiene

Target 4

Surveillance programme

ACTIVITY	TARGET GROUPS
VISION	Selective Reception & routine at 5 years
AUDIOLOGY (hearing)	Selective Reception & routine at 5 years
GROWTH	Selective Reception & routine at 5 years
OBESITY	Height and weight at reception and year 6
Selective HEALTH INTERVIEWS and REVIEWS	5 years / 11/ 14 years

The sweep screening programme of children not previously identified may be undertaken by either the SN or SNA. All problems found by the SNA must follow the referral criteria & be referred to the named SN.

Target 5

Monitoring of identified health needs on a regular basis to ensure appropriate care and needs are being met.

TARGET GROUPS	ACTIVITY	
Those with outstanding health needs	Asthma Assessments	✓
	Nocturnal Enuresis Assessment	
Needing school nurse ongoing monitoring of children with Health Limiting conditions	Asthma	
	Diabetes	
	Epilepsy	
	Sickle Cell & Thalassaemia	
	Cystic Fibrosis	
	Anaphylaxis	
	Other 1)	
2)		

Target 6

Health promotion for children

Related to a School Nursing Policy and National Curriculum:

Key Target Areas	Target Group	Plan of Activities	Professional Involved
Specific medical conditions			
Persona dolls activity			
Keeping safe			
Personal & social hygiene			
Accident prevention			
Sun know how			
Healthy eating / exercise			
Growing Up			
Child & Adolescent mental health			
Sex & relationships			
Simulator baby programme			
'Difficult Relationships'			
Drug & alcohol misuse			
Active & Passive Smoking			

Target 7

Drop in/self referral sessions

These sessions should be negotiated and agreed together between Harrow PCT and school in line with the Harrow PCT SN Open Door Protocol (2003):

Frequency of sessions:	
Day of the week:	

Target 8

Immunisations

a) Secondary Schools – annual requirement

Antigen	Year Group	Term required	No. of sessions

Leavers Booster	Year 10/11		
Opportunistic for those that missed with year group			
MMR Opportunistic referral to GP			
Mantoux followed by BCG if appropriate for those identified as not having received neonatally			
Campaigns as identified by DoH/NHS London or following major incidents			

b) Primary Schools

Opportunistic for pre school booster;

- b.1) school nurses will attempt to ensure all new entrants are protected in accordance with Department of Health guidelines and advice on outstanding course of immunisations for children to visit clinic after school.
- b.2) The Health Visitor and School Nurse may facilitate session in nursery class if considered appropriate to do so.

Target 9

Health promotion/training for Education staff and other adults connected with school activity.

Training on health matters for teachers and ancillary staff (5 inset days)

Topics required:- please tick boxes as required

Asthma		Sickle Cell		Medications	
Anaphylaxis		Thalassaemia		Headlice	
Diabetes		Hygiene		Infection Diseases	
Epilepsy		HIV & Aids		Cystic Fibrosis	
Health & Safety		Ringworm		Bullying	
Child Protection		Neglect		Children in Need	
LAC		Transition		Other	

Talks at P.T.A. meetings

Topics required:- please tick boxes as required

Asthma		Sickle Cell		Medications	
Anaphylaxis		Thalassaemia		Headlice	
Diabetes		Hygiene		Infection Diseases	
Epilepsy		HIV & Aids		Cystic Fibrosis	

Health & Safety	Ringworm	Bullying
Children in Need	Child Protection	Neglect
Other a)	b)	c)

a) **Talks at open afternoon / evenings for new parents:**

Introduction to School Nursing:- Summer Term
 Distribution of leaflets
 Health Visitor / School Nurse liaison

b) **Liaison with school governors:**

Topics to be addressed:- please tick boxes as required

Asthma	Sickle Cell	Medications
Anaphylaxis	Thalassaemia	Headlice
Diabetes	Hygiene	Infection Diseases
Epilepsy	HIV & Aids	Cystic Fibrosis
Health & Safety	Ringworm	Bullying
Child Protection	Neglect	Children in Need
Other a)	b)	c)

Target 10

Joint development (education & health)

The School Nursing Service will support schools in drafting policies relating to health promotion, specific health needs and care plans for management of medical conditions in school in line with DfEE/DOH good practice guide and circular 14/96.

Topics to be considered:

Topics:	Date policy completed:
Asthma	
Medications in Schools	
Bullying	
Sex Education	
Anaphylaxis	
Drugs and Alcohol	
Other	

Target 11

Development, disability and vulnerability

The school nurse has a role in helping to identify, and contribute towards the care of children with:

- physical disability
- learning difficulties
- sensory loss
- Clinical care plans
- psychological problems
- emotional / behaviour difficulties
- autistic spectrum disorders
- Child Protection Concerns
- LAC issues

Other professional such as teachers, health visitors and **doctors** will help the school nurse to do this by keeping her informed of their concerns (with parental consent as necessary). The school nurse's main role will include liaison with other professionals or agencies.

Children with disability	Nos. needing daily nursing care	Nos. needing school nurse management advice & support
Physical disability		
Learning disability		
Sensory loss		
Clinical care plans		
Psychological difficulties		
Emotional / behavioral difficulties		
Autistic Spectrum Disorders		
Transition planning		
Child protection Concerns		
LAC reviews		

To support education the School Nursing team can provide training to meet the following needs.

- a) awareness sessions about specific medical conditions
- b) awareness regarding care plan for an individual child's needs.
- c) multidisciplinary training sessions regarding care of children with profound special needs might include relevant personnel from CDT (Consultant Paediatricians, Physio, Speech Therapist, Occupational Therapist) CCN G.Ps) together with school nurse.
- d) halt year on year increases in obesity amongst children under 11 by 2010
- e) increase the no. of children (5-16 years) doing at least 2 hours of good quality PE each week

- f) healthy schools target
- g) reduce average alcohol consumption among children
- h) reduce % children who are regular smokers
- i) increase % children consuming 5 portions of fruit and vegetables a day
- j) reduce teenage conceptions
- k) increase access to sexual health services for young people
- l) meeting the requirements of the Children, Young People and Maternity services NSF

Target 12

Selective medical programme

The school will receive a minimum of one visit per term from the named school doctor, for liaison with school nurse and education staff (SENCO, Head Teacher).

Clinical medical sessions will be organized to ensure all children requiring a developmental / medical assessment or review as per selection criteria are seen within that term as far as possible.

Children may also be offered their appointment (on parental request, or in order to meet statutory time constraints) with the school doctor at the clinic base.

The clinic base is usually preferred when a formal assessment of special educational needs is required.

Target 13

Accommodation requirements

The school is required by law to provide suitable accommodation for the School Nursing team when they visit.

TARGETS	MONITORING	
	YES	NO
The room should be:		
Clean		<input type="checkbox"/>
Away from excessive noise		<input type="checkbox"/>
Suitable for confidential consultations without interruptions or immunisation campaigns		<input type="checkbox"/>
Suitable temperature		<input type="checkbox"/>
Suitable lighting		<input type="checkbox"/>
With hand washing facilities		<input type="checkbox"/>
There should be sufficient space for:		<input type="checkbox"/>
Filing cabinets (for records)		<input type="checkbox"/>
Examination of children		<input type="checkbox"/>

Use of equipment e.g:- - weighing scales) - Stadiometers - Audiometers	<input type="checkbox"/> <input type="checkbox"/>
The room should ideally be near to:	<input type="checkbox"/>
Toilet facilities Comfortable waiting area	<input type="checkbox"/> <input type="checkbox"/>

n.b: Where accommodation requirements are agreed less than adequate please comment below as to plans to improve situation:

Issue	Date identified	Date by which to be resolved

We confirm this service level agreement has been discussed jointly and agreed by both parties for the maximum of 3 years starting September 2007. This agreement will be reviewed in the September term 2010 unless either party requests a review at an earlier date

Signed:..... Signed:.....
On behalf of the Provider. On behalf of Harrow tPCT

Date: ____/____/____

Appendix 1

School nursing service standards

The School Nursing service is part of the National Health Service. Its aim, working together with parents and school staff, is to provide a comprehensive efficient and accessible service, to help children be healthy during their school days and for the rest of their lives and to ensure that educational potential is not hampered by unmet health needs.

The service also provides advice on health issues to children, parents, teachers, and other school staff, education welfare officers, careers officers and to the local education authority.

The service is provided by school nurses and **doctors** who work closely and together with GPs, Community Children's Nurses, Health Visitors, Dentists, Chiropodists, Speech Therapists, Physiotherapists, Occupational Therapists, Psychologists and Dietitians and other specialist advisers, and can refer direct to them as appropriate.

The service seeks to work in partnership with Education, Social Services and other agencies, as and when appropriate to meet a child's needs.

Each school has a named school nurse with whom parents and education staff can discuss any special concerns. School nurses are qualified nurses with additional training which specifically relates to the health needs of children (4-19 years) (ideally Part 1 and Part 3). The nurse is the key health worker in schools and is in a unique position to identify early problems which may affect health and development. They are able to liaise with other health professionals and refer on where necessary. Children will be encouraged and enabled to take responsibility for their own health and adopt a healthy life style.

The school nurse visits her named schools on the same day each week and can be contacted there during school hours or at her children's centre base at other times. Children no longer have an appointment to see the school **doctor** for routine medical. Where health concerns are identified by parents, teachers or following routine surveillance, which are not being attended to by the G.P or elsewhere, an appointment with the community paediatrician may be offered. Sometimes, it may be considered in the child's best interest for a certain aspect of their health to be checked urgently, and this can be arranged. Parents and GPs will be kept informed at all times of School Nursing involvement and of any action considered necessary. Any referrals thought necessary will only be made following full consultation with the parents/carers (in line with Children Act 1989).

General health surveillance

Reception

Care of children in school transfers from the HV at reception entry. The use of Health

Promotion sessions and Parental prompts determines which children may need to be seen individually by the SN in their first year. All children partake in SN led Circle Time opportunities relating to Safety; Hygiene and Healthy Eating. Sometimes, group sessions for parents can be facilitated in the summer term before the child enters reception class. Everyone will also be given a school nursing leaflet which describes the service offered.

5 Years

All children not referred to the SN during reception year will be screened for Growth, Visual Acuity and Colour, and Hearing by either the SN or SNA. Any problems arising will, if necessary, be referred as appropriate, with parents' permission. We will encourage parents to liaise with the school regarding any health issues that may have a direct bearing on a child's learning ability. Outstanding immunisation i.e: pre-school Booster/MMR/Men C/BCG. status will be confirmed during reception/Year 1.

7-9 Years

An opportunity to review a child's health needs is undertaken. Children's vision will be checked if there are any concerns, and time will be made available to parents to discuss any concerns they may have. Any necessary referrals will only be made with parental permission. Group health promotion sessions cover personal hygiene, safety, healthy eating and growing up and 'Sun Know How'.

11 Years

From this age students are encouraged to take more responsibility for their own health. A health questionnaire session will be arranged for all students with the school nurse. This includes selective vision tests, group health education, plus a chance for the students to discuss life skills and any problems they may have. Parents are advised about the programme by letter.

14 Years

A health interview may be arranged for students who have on going health needs, where they can also discuss any adolescent/health concerns. "A What's What Sex and Drugs" is available for pupils now, and discussed in groups, if not given out earlier (where considered appropriate). The "Leaving School Soon" booklet is given to each student in this year group ; this includes local help lines, together with information on sexual health issues, drugs help lines and general advice regarding traveling abroad and access to GPs and Dentists.

Immunisation Programmes in Secondary School

Students in Secondary School may give informed consent. Parents are kept informed of immunisation sessions arranged in school. Certificates are given to students to confirm this.

14-16 Years

A 'Leavers' booster immunisation, against diphtheria, tetanus and polio, is offered to all

secondary school children. A health promotion awareness session should be arranged for all those eligible. A certificate is given to each student and they are asked to then notify their GP. Any student who misses their appointment will be given a second appointment and/or deferred till the following year group where this is possible. Students who miss this opportunity before they leave school can go to their GP, but if they do they must provide evidence of this to the SN. Pupils are also encouraged to make sure their MMR status is complete, especially if they are going to college or university

Health Promotion

Throughout school, school nurses take every opportunity to discuss personal health, healthy eating and safety with the children. More specifically their work includes all the Public Health targets as directed by Choosing Health White paper & Harrow PCT's Steering Group – Childhood Obesity & Coronary Heart Disease, Smoking Prevention, Reduction of Teenage Pregnancies and STIs, Cancers, Accident Prevention, Sexual Health and Emotional and Mental Health - and to that end work together with Health Promotion Advisors, and Healthy Schools initiatives developing age appropriate "fun" material, in order to deliver the current message in the best way, to achieve the most positive long lasting outcome.

Special Needs

Medication and Treatment care plans are agreed for each special needs child individually, following discussions with parents and GPs, therapists, community paediatric and hospital consultants as appropriate. This then supports school welfare and nursing staff on a daily basis.

Any child with special needs will have an individual care plan arranged and will be seen by the school **doctor** and other members of the Child Development team as appropriate to their statement. The school nurse/doctor will have information on help groups and the availability of special equipment and can refer direct to the Consultant Paediatrician if required. Young people with identified special needs requiring ongoing specialist health care as an adult, will be offered a transition health assessment in their final year at school.

General Advice

The school nurse may advise parents or will know where parents can receive help on many health matters including the following:

- * Accident Prevention and Child safety
- * Adolescence
- * Bed-wetting and soiling
- * Behavioural problems
- * Bullying/Emotional Support
- * Child Protection
- * Healthy Eating
- * Immunisations
- * Sexual Health
- * Vision and Hearing problems
- * Management of conditions such as: Anaphylaxis, Asthma, Cystic Fibrosis,

Diabetes, (types 1&2), Epilepsy, Obesity, Sickle Cell and Thalassaemia, Tay Sachs etc.

Where special units exist in mainstream schools or there is an individual care assistant, liaison between them and the School Nursing team should be facilitated and be given high priority.

Close liaison regarding all health matters is expected between the school nurse, the child's G.P, and all other agencies and disciplines where they are involved. Parents are kept informed of all liaison by the School Nursing team. Confidential Information will be shared with the school usually directly by the parent, and SNs will facilitate this. Where in exceptional circumstances there are unresolvable difficulties with this, and refusal by the parent might hinder appropriate care in school, the SN will advise the parent of their responsibilities to do so, and provide information to the school on a need to know basis following Caldicott regulations.

Drop In Sessions

School Nurses linked to secondary schools are encouraged to negotiate the implementation of drop in sessions with schools, where students can access the school nurse on a 1:1 ad hoc basis for confidential discussions about any health related matter ranging from spots to serious risk taking behaviors

Care must be taken to ensure that such sessions are conducted away from the main corridor of school activity and that advertising of such sessions gives no cause for gossip amongst other students. If it is in agreement with the school these sessions may include visiting rotational additional professionals for consultation for the students. School Nursing fairs can be arranged if sufficient planning time is afforded

School health/education joint working to support pupils with medical needs

School Nursing staff will provide for Education staff on school site awareness sessions about specific conditions and any relevant training required concerning management of these conditions, during school hours. These sessions will be facilitated through either staff meetings, inset days or after school sessions. Training and support will be provided in the following ways:

1. Awareness sessions about any specific medical conditions and their management, to all school staff involved with such children and pupils when appropriate.
2. Named School Nursing staff will provide annually, at a mutually agreed time, updates on all medications, currently in use on that school's premises.
3. Named School Nursing staff will provide annual Anaphylaxis awareness for Education staff. Where the use of Epipens is known to have been prescribed for individual children, staff will be trained and updated as to their use and function.
4. Training sessions relating to children with complex medical needs, their

treatment, medication and long term care will be arranged on an 'as needed' basis. These training sessions will be supported by involved health professionals, for example, Community Children's Nurses, Consultant Paediatricians and therapists.

5. That evaluation of the level of knowledge/competence and confidence of education staff will be undertaken on a regular basis. How often, this happens will be determined by need and complexity of care, but to be no less than 6 monthly.
6. The School Nursing team will work with education staff, to draw up comprehensive Care Plans for children in conjunction with parents. This will involve liaison with social services, GP's and other health professionals as appropriate.
7. The named School Nurse will provide a copy of a Health Care plan (jointly agreed with parent) for the school file to a designated member of school staff, where there are medical conditions needing care management during school hours.

Outcome Monitoring

Target	Measure	Audit & Date	Comment
Every school has a named school nurse with regular sessions	Quarterly monitoring of weekly attendance at school by nurse		
Every child at a Harrow school has access to a school nurse	Activity figures quarterly according to each practitioner		
Obesity	Every child in Harrow L.A. school in reception and year 6 has height and weight measured and is supported re. healthy lifestyle – yearly activity data		
Immunisations including Mantoux/BCG	Programmes implemented according to local and national policy – yearly activity data and reporting on missed children		
Health Promotion and General	Nos of education sessions, nos. of drop in sessions, nos. of HCAs supporting		

	<p>special schools, nos. of child protection cases, nos. of children with identified health needs, nos. of teaching/education/PSE sessions.</p> <p>Nos. of sexual education/safe sex sessions.</p> <p>Nos. of health lifestyle sessions.</p> <p>Nos. of opportunistic contacts.</p> <p>Nos. located at children's centres and days attending.</p> <p>Nos. of meetings with school staff</p> <p>Nos. of referrals to other professionals</p>		
Skill Mix	<p>Grades of nurses. Nos. on level 1 and 3</p> <p>Nos. of WTEs</p> <p>Nos. of vacancies</p> <p>Nos. of admin support</p> <p>Nos. of managers</p> <p>Nos. of professional leads</p> <p>Access to medical practitioners/community paediatricians</p> <p>Nos. of HCAs</p> <p>Nos. of other e.g. nursery nurses</p> <p>No. of ongoing support/contacts to children with chronic disease</p>		
Quality Standards	<p>Nos. of complaints</p> <p>Nos. of compliments</p> <p>Adverse/Serious Incidents reported</p> <p>Level of staff absence</p> <p>Training plan for staff – professional development plan</p> <p>- service development plan</p> <p>- involvement in inter-professional meetings</p>		

	<ul style="list-style-type: none"> - audit of record keeping - audit of telephone contacts - access to IT/internet - implementation of CAF/Rio - length of wait re. child health records/consultation with school nurse 		
Clinical Supervision	<ul style="list-style-type: none"> Access to group supervision Access to 1 – 1 supervision as required Support re. child protection cases 		
Other as appropriate	<ul style="list-style-type: none"> New targets may arise in response to policy changes – service to implement within 6 months and demonstrate 		