

<b>Torbay School Nursing Service Drop in Sessions in Torbay Primary &amp; Secondary Schools (No.15)</b>	
<b>Standard Operating Procedure (SOP)</b>	
<b>Ref No: 2018</b> <b>Version: 2</b>	
<b>Prepared by:</b> School Nurse (SN) Team Leader & Service Manager Professional Lead Specialist Community Public Health Nursing (SCPHN)	
<b>Presented to:</b> Care and Clinical Policies Group	<b>Date:</b> 21 June 2017
<b>Ratified by:</b> Care and Clinical Policies Group	<b>Date:</b> 21 June 2017
	<b>Review date:</b> 21 July 2020
<b>Relating to policies:</b> <ul style="list-style-type: none"><li>· South West Safeguarding and Child Protection Group Guidelines <a href="http://www.proceduresonline.com/swcpp/">http://www.proceduresonline.com/swcpp/</a> (accessed 24/05/2017)</li><li>· TSDFT Safeguarding Adults Multi-Agency Policy and Procedure</li><li>· TSDFT Lone Working Policy</li><li>· SCPHN SOP No.9 School Entry</li><li>· SCPHN SOP No. 10 NCMP</li></ul>	

## 1 Purpose of this document:

- 1.1 This document provides best practice guidance for the delivery of school based drop in sessions facilitated by Torbay School Nurse (SN)
- 1.2 The School Nursing Drop-in sessions described in the Healthy Child Programme 5-19 (HCP) 2009 will be the Universal Service and interventions to be provided to all children, young people and their families educated within Torbay.

## 2 Scope of this SOP:

- 2.1 This Standard Operating Procedure (SOP) must be followed by all the Torbay and South Devon NHS Foundation Trust (TSDFT) Specialist Community Public Health Nurse (SCPHN) staff, School Nurses teams.
- 2.2 This SOP is applicable to:
  - All children aged 5-19 who are home educated who are residents, permanently or temporary in the Borough of Torbay.
  - All children aged 5-19 attending a school in the Borough of Torbay.

### 3 Competencies required:

- 3.1 The SN will be aware of the South West Child Protection Procedures [www.swcpp.org.uk](http://www.swcpp.org.uk) (accessed 24/05/17) and how to refer to the safeguarding HUB using the Child's Journey Threshold Matrix.
- 3.2 The SN will be competent to ask the Routine Enquiry questions on domestic abuse following training by the iHV Domestic Abuse Champions or comparable training.
- 3.3 The SN will be competent to complete the CSE Toolkit and make appropriate referrals.
- 3.4 The SN will be competent in using Gillick competency and Fraser guidelines when deciding whether a child is mature enough to make a balanced decision considering children's rights and wishes with their responsibility to keep children safe from harm.
- 3.5 The SN will be able to use consultation skills, purposeful listening skills and guided questions (motivational interviewing skills).
- 3.6 The SN will be competent in undertaking audiometry testing and know how to refer to the TSDFT audiology service.
- 3.7 The SN will be competent in using UK – WHO growth centile charts 2 – 18 years
- 3.8 The SCPHN SN Practitioner will be competent to offer advice, support on a range of health interventions and know when to sign post and refer to other agencies. These include:
- School age Immunisations
  - Emotional, psychological, mental health and behavioural issues
  - Healthy weight
  - Puberty
  - Substance misuse
  - General health advice
  - Long standing illness and disability
  - Enuresis, encopresis, daytime wetting and soiling
  - Sleep difficulties
  - Sexual health including C Card training.
  - Smoking cessation

### 4 Procedure / Steps:

- 4.1 The SN allocated to each school will have a termly meeting with a designated representative from each school and agree the frequency of the SN drop in service.

- 4.2 The SN drop in sessions and contact details will be advertised in each individual school.
- 4.3 A suitable venue on school premises will be negotiated for the SN drop in service with consideration given to privacy.
- 4.4 The SN Pod where possible covers any planned SN drop in sessions and notifies the school when the drop in sessions is cancelled.
- 4.5 Details of all contact with families, carers, children and young people will be documented in the Health Paris records in accordance with TSDFT Record Keeping Policy.
- 4.6 Consent will be gained from the parent or carer, however in addition to parental consent, where Fraser guidelines has been established (Appendix 1), informed consent through discussion with the young person involved could be obtained and recorded on Health Paris.
- 4.7 All children and young people will be offered a confidential service; however the SN will explain that this could be overridden in accordance to the Nursing and Midwifery Council Code (2015). Information may be shared with the parents or carers or if deemed necessary to the school where the child or young person has given explicit consent.
- 4.8 The SN team will provide support and advice appropriate to the role and signpost and refer where appropriate. The health and well-being concerns raised may include the following:
- **Routine childhood Immunisations:** When a parent/carer requests information on immunisations including missing vaccinations the family should be referred to the family GP. Young people who have missed immunisations in school will be referred to the immunisation coordinator.
  - **Emotional, Psychological, Mental Health and Behavioural Issues:** The SN will respond to any health and well-being concerns raised and recognise symptoms of any incipient mental health problems or disorders. The SN should be familiar with ways in which distress can present as physical illness and should consider this when deciding what additional support required, with appropriate referrals to mental health services. The SN can obtain guidance from CAMHS when required or at CAMHS supervision.
  - **Promoting Healthy Weight:** If a child, parents/carers raise concerns, the SN will undertake an assessment of underlying health issues and co-morbidities as appropriate. The SN team will give appropriate information on the importance of a healthy balanced diet, making healthy food choices and the importance of exercise in maintaining a healthy weight.

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The SN will make a referral to an appropriate weight management services to enable the child to move towards and maintain a healthier weight. A member of the SCPHN SN team will monitor the child's weight if appropriate.

- **Puberty:** The SN will provide support and evidence based advice to young people requesting support with health and social issues related to puberty.
- **Substance Misuse:** The SN team should be aware of the indicators of substance misuse when talking to young people. The SN will provide relevant information advice and support relating to the issue and refer appropriately with parental consent. If concerns are regarding a parent or carer the SN can offer assessment screening to assist in identifying concerns and signpost or refer to the Drug and Alcohol Team. The Multi-Agency Substance Misuse Screening Tool should be undertaken if indicated to facilitate the referral of the young person to local specialist services as part of a multi-agency strategy.
- **General Health:** A family, carer, child or young person wanting to discuss health concerns will be offered appropriate advice, guidance and support with healthy lifestyles promotion, making referrals as required.
- **Long Standing Illness or Disability:** If there are concerns raised by the child, young person or parents/carers about a long-standing illness or disability, a member of the SN team may advise or support appropriately in regard to the child's concern working with other involved professionals to develop an individualised health care plan, reviewed annually, to address the child's changing needs. Referrals will be made to appropriate services should this be required.
- **Enuresis, Encopresis, Daytime Wetting and Soiling:** The SN will follow the NICE guidelines (2014) completing an assessment and providing level 1 advice and support. When appropriate the SN will make a referral to the Paediatric Bladder and Bowel Specialist Team notifying the family GP.
- **Sexual Health:** The SN will offer contraception and sexual health services, including:
  - Discussing choice of effective contraception and offer pregnancy testing when necessary, with referral to sexual health services as appropriate.
  - Promoting and increasing access to condoms to prevent Sexually Acquired Infections (SAIs) using the Torbay Condom Distribution Policy.
  - Encourage Chlamydia screening whilst applying the Policy for the implementation of the National Chlamydia Screening Programme in Torbay.
  - Unbiased support and advice for unintended pregnancy, and referral of young person for appropriate specialist advice and support from the sexual health service.
  - Offer referral to Torbay Sexual Medicine Service where appropriate

- **Smoking Cessation:** The SN will offer on smoking cessation using the ‘3A’ (AAA) approach to supporting young people who smoke and wish to quit:-
  - **A**sk if they smoke
  - **A**dvice them about stopping and the efficacy of the Torbay Stop Smoking Service
  - **A**ct by offering a referral to the Torbay Stop Smoking Service

4.9 The SN will offer advice on dental health and when necessary signpost families, cares, children and young people to local dental services.

4.10 The SN will listen to children and young people reporting family problems offering support and encouraging children and young people to discuss concerns with their families where appropriate.

4.11 The SN will consult with the Children’s Safeguarding Health Team if they have a safeguarding concern at the drop in sessions and make a verbal referral to the Multi Agency Safeguarding Hub (MASH).

4.12 The SCPHN SN will gain feedback from the children and young people via the School Nurse feedback sheet or via the friends and family questionnaire.

**Monitoring tool:**

Standards:

Item	%	Exceptions
The SN will give users of the service an evaluation tool to assess the user satisfaction with the intervention offered by the SN: This will be audited quarterly and reported to the commissioners of the service.	95%	90%
<p><b>Equality Statement.</b>                      The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): Sexual Orientation; Gender; Age; Gender Reassignment; Pregnancy and Maternity; Disability; Religion or Belief; Race; Marriage and Civil Partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.</p> <p>The Trust is committed to ensuring all services, policies, projects and strategies undergo equality analysis. For more information about equality analysis and Equality Impact Assessments please refer to the <a href="#">Equality and Diversity Policy</a></p>		

## References:

- Children’s Workforce Developments Council (2009) – Early identification, Assessment of Needs and Intervention; Common Assessment Framework for Children and Children Practitioners Guide - London
- Department for Children Schools and Families (2003) - Every Child Matters - London
- Department of Education (2015) – Working Together to Safeguard Children: A Guide to Inter- Agency Working to Safeguard and Promote the Welfare of Children - Crown, London
- Department for Education (2015) – Supporting pupils at school with medical conditions – Crown, London
- Department of Health (2009) Healthy Child Programme - Crown, London
- Laming W (2009). The Protection of Children in England: A Progress Report – London
- National Institute for Health and Clinical Excellence Guidelines (2009) – When to Suspect Child Maltreatment
- National Institute for Health and Clinical Excellence Guidelines (2014) – Bedwetting in children and young people. <https://www.nice.org.uk/guidance/gs70> (accessed 24/05/2017)
- Nursing and Midwifery Council (2015) The Code for nurses and midwives. <https://www.nmc.org.uk/standards/code/> (accessed 23/05/2017)
- The Children Act (2004) <http://www.legislation.gov.uk/ukpga/2004/31/contents> (accessed 29/03/2017)
- South West Safeguarding Children’s Board (2016) - <http://www.proceduresonline.com/swcpp/> (accessed 24/05/2017)

## Appendices

### [Appendix 1 – Establishing Fraser Competency](#)

## Amendment History

Issue	Status	Date	Reason for Change	Authorised
1	Ratified	March 2015		
2	Ratified	21 July 2017	Revised	Care and Clinical Policies Group
2		19 February 2018	Review date extended from 2 years to 3 years	

## Establishing Fraser Competency

It is considered good practice for doctors and other health professionals to follow the criteria outlined by Lord Fraser in 1985, in the House of Lords' ruling in the case of Victoria Gillick v West Norfolk and Wisbech Health Authority and Department of Health and Social Security. These are commonly known as the Fraser Guidelines:

- The young person understands the health professional's advice;
- The health professional cannot persuade the young person to inform his or her parents or allow the doctor to inform the parents that he or she is seeking contraceptive advice;
- The young person is very likely to begin or continue having intercourse with or without contraceptive treatment;
- Unless he or she receives contraceptive advice or treatment, the young person's physical or mental health or both are likely to suffer;
- The young person's best interests require the health professional to give contraceptive advice, treatment or both without parental consent.

Developed by a Multi-Agency Working Group in Cumbria & Lancashire and incorporating the Lancashire ACPC Protocol on Working with Sexually Active Young People <https://www.nspcc.org.uk/preventing-abuse/child-protection-system/legal-definition-child-rights-law/gillick-competency-fraser-guidelines/> (accessed 24/05/2017)

## The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

**“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)**

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

[http://icare/Operations/mental\\_capacity\\_act/Pages/default.aspx](http://icare/Operations/mental_capacity_act/Pages/default.aspx)

## Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

**Quality Impact Assessment (QIA)**

<i>Please select</i>				
<b>Who may be affected by this document?</b>	Patient / Service Users	<input checked="" type="checkbox"/>	Visitors / Relatives	<input type="checkbox"/>
	General Public	<input type="checkbox"/>	Voluntary / Community Groups	<input type="checkbox"/>
	Trade Unions	<input type="checkbox"/>	GPs	<input type="checkbox"/>
	NHS Organisations	<input type="checkbox"/>	Police	<input type="checkbox"/>
	Councils	<input type="checkbox"/>	Carers	<input type="checkbox"/>
	Staff	<input type="checkbox"/>	Other Statutory Agencies	<input checked="" type="checkbox"/>
	Others (please state):			

Does this document require a service redesign, or substantial amendments to an existing process?	<input type="checkbox"/>
<i>If you answer yes to this question, please complete a full Quality Impact Assessment.</i>	

<b>Are there concerns that the document could adversely impact on people and aspects of the Trust under one of the nine strands of diversity?</b>	Age	<input checked="" type="checkbox"/>	Disability	<input type="checkbox"/>
	Gender re-assignment	<input type="checkbox"/>	Marriage and Civil Partnership	<input type="checkbox"/>
	Pregnancy and maternity	<input type="checkbox"/>	Race, including nationality and ethnicity	<input type="checkbox"/>
	Religion or Belief	<input type="checkbox"/>	Sex	<input type="checkbox"/>
	Sexual orientation	<input type="checkbox"/>		
<i>If you answer yes to any of these strands, please complete a full Quality Impact Assessment.</i>				
<b>If applicable, what action has been taken to mitigate any concerns?</b>				

<b>Who have you consulted with in the creation of this document?</b>  <i>Note - It may not be sufficient to just speak to other health &amp; social care professionals.</i>	Patients / Service Users	<input type="checkbox"/>	Visitors / Relatives	<input type="checkbox"/>
	General Public	<input type="checkbox"/>	Voluntary / Community Groups	<input type="checkbox"/>
	Trade Unions	<input type="checkbox"/>	GPs	<input type="checkbox"/>
	NHS Organisations	<input type="checkbox"/>	Police	<input type="checkbox"/>
	Councils	<input type="checkbox"/>	Carers	<input type="checkbox"/>
	Staff	<input checked="" type="checkbox"/>	Other Statutory Agencies	<input checked="" type="checkbox"/>
	Details (please state):			

**Rapid Equality Impact Assessment** *(for use when writing policies and procedures)*

<b>Policy Title (and number)</b>	<b>Torbay School Nursing Service Drop in Sessions in Torbay Primary &amp; Secondary Schools (No.15)</b>		<b>Version and Date</b>	<b>Version 2 June 2017</b>	
<b>Policy Author</b>	School Nurse Team Leader & Service Manager Professional Lead SCPHN				
An equality impact assessment (EIA) is a process designed to ensure that a policy, project or scheme does not discriminate or disadvantage people. EIAs also improve and promote equality. Consider the nature and extent of the impact, not the number of people affected.					
<b>EQUALITY ANALYSIS:</b> How well do people from protected groups fare in relation to the general population? <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>					
<b>Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)</b>					
Age	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sexual Orientation	Yes <input type="checkbox"/> No <input type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gender	Yes <input type="checkbox"/> No <input type="checkbox"/>	Religion/Belief (non)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gender Reassignment	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pregnancy/ Maternity	Yes <input type="checkbox"/> No <input type="checkbox"/>	Marriage/ Civil Partnership	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population?</b> (substance misuse; teenage mums; carers <sup>1</sup> ; travellers <sup>2</sup> ; homeless <sup>3</sup> ; convictions; social isolation <sup>4</sup> ; refugees)					
Yes <input type="checkbox"/> No <input type="checkbox"/>					
<b>Please provide details for each protected group where you have indicated 'Yes'.</b>					
<b>VISION AND VALUES:</b> Policies must aim to remove unintentional barriers and promote inclusion					
Is inclusive language <sup>5</sup> used throughout?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Are the services outlined in the policy/procedure fully accessible <sup>6</sup> ?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Does the policy/procedure encourage individualised and person-centered care?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Could there be an adverse impact on an individual's independence or autonomy <sup>7</sup> ?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If 'Yes', how will you mitigate this risk to ensure fair and equal access?					
<b>EXTERNAL FACTORS</b>					
<b>Is the policy/procedure a result of national legislation which cannot be modified in any way?</b>				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>What is the reason for writing this policy?</b> (Is it a result in a change of legislation/ national research?)					
<b>Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?</b>					
<b>ACTION PLAN:</b> Please list all actions identified to address any impacts					
<b>Action</b>	<b>Person responsible</b>		<b>Completion date</b>		
<b>AUTHORISATION:</b>					
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them					
<b>Name of person completing the form</b>	School Nurse Team Leader	<b>Signature</b>			
<b>Validated by (line manager)</b>	Service Manager Professional Lead SCPHN	<b>Signature</b>			

**Please contact the Equalities team for guidance:**

For South Devon & Torbay CCG, please call 01803 652476 or email [marisa.cockfield@nhs.net](mailto:marisa.cockfield@nhs.net)  
For Torbay and South Devon NHS Trusts, please call 01803 656676 or email [pf.dshct@nhs.net](mailto:pf.dshct@nhs.net)

**This form should be published with the policy and a signed copy sent to your relevant organisation.**