

The Transfer of Children and Young People into and out of the School Nursing Service (SCPHN SOP No 16)

Standard Operating Procedure (SOP)

Ref No: 2127

Version: 6

Prepared by: School Nurse Team Leader (SN T/L)
School Nurse Team Leader (HV T/L)
Service Manager Professional Lead Specialist Community Public Health Nursing (SCPHN)

Presented to: Care and Clinical Policies Group

Date: 18 January 2017

Ratified by: Care and Clinical Policies Group

Date: 18 January 2017

Review date: 10 March 2020

Relating to policies:

Torbay and South Devon NHS Foundation Trust (TSDFT)

- South West Child Protection Procedures
- TSDFT Procedure Policy for the Protection of Adults at Risk from Abuse 21/10/15 V2
- TSDFT Child Protection Supervision Policy
- TSDFT Lone Working Policy and Guidance No 55
- The Record Keeping Standard for SCPHN Health visitors and School Nurses: April 2016
- School Entry Screening by the SCPHN SN Team Standard Operating Procedure No 9: June 2016
- The Transfer of Children from the HV service to the SN Service Standard Operating Procedure No 8. Jan 2015.

1. Purpose of this document:

This document has been written to provide best practice guidance for TSDFT School Nurses (SN) when a child or young person registers or leaves a school in the Borough of Torbay or moves into or out of the Borough of Torbay and is home educated.

2. Scope of this SOP:

This Standard Operating Procedure (SOP) must be followed by all the TSDFT Specialist Community Public Health Nurse School Nurse teams.

3. Competencies required:

3.1 SCPHN school nurse are expected to have knowledge and understanding of child development, and of factors that influence health and well-being.

3.2 TSDFT staff will be aware of the South West Child Protection Procedures www.swcpp.org.uk (last accessed 13/12/2016) and how to refer to the Multi- Agency Safeguarding Hub (MASH) using the Child's Journey Threshold Matrix.

3.3 School nurse team members will have attended training on The Signs of Safety

3.4 School nurses will have completed the Early Help training and have knowledge of the process.

3.5 School nurses will have attended training on using the TSDFT Family Health Needs Assessment (FHNA) tool.

3.6 School nurse team members will need consultation skills, purposeful listening skills and guided questions (motivational interviewing skills).

3.7 School nurses will have attended Solihull Approach training and be expected to have knowledge of this to use in practice.

4. Procedure / Steps for children and young people transferring into Torbay

4.1 When the school nurse teams receive a referral for a child or young person transferring to a school in the Borough of Torbay or who move into the Borough of Torbay who are home educated the refer will receive a response within 5 working days. Contact will be made with the child, young person, family or their carer within 10 working days this can be a face to face contact with the child, young person, family or carer or the school entrance screening questionnaire can be posted to families (Appendix 1).

4.2 Any children or young person transferring into the area that fall within routine new entrant age range will be managed in line with the process identified in the SCPHN SOP No 9.

4.3 The SN team will request the child or young person's school nursing records from the area they have moved from through the Child Health Information Service (CHIS).

-
- 4.4 Urgent referrals, including all safeguarding referrals, the referrer will receive a response the same day or next working day and the child, young person, family or carer will be contacted within 2 working days. A Family Health Needs Assessment will be completed at the first contact.
- 4.5 The school nurse teams will have a termly meeting with each of the schools allocated to the team where transfers in and will be routinely discussed.
- 4.6 When the School Nursing Service identify children under the age of five they will inform the relevant Health Visiting Team.
- 4.7 On receipt of the completed School Entrance Screening Questionnaire the school nurse will ensure that any additional health needs are identified and should it be necessary a Health Care Plan completed (Appendix 2).
- 4.8 On receipt of the school nursing records from the previous area the School Nurse will review the records identifying any previous health or social care concerns.
- 4.9 The School Nurse will verify the child's or young person's immunisation and Tuberculosis (TB) status and refer to the Heart and Lung Unit, TB Nurse Specialist, Torbay Hospital (01803 655117) for further assessment if necessary.
- 4.10 All children and young people will be offered height, weight and hearing screening either within the school or home setting.
- 4.11 A further questionnaire should be sent to the home address after six weeks if there has been no response to the initial questionnaire (Appendix 3). A teacher questionnaire will be sent if there is no response following a further six week period (Appendix 4). The School Nurse should consider whether there should be a safeguarding response and gain safeguarding supervision if necessary.
- 4.12 All interactions will be recorded as per the TSDFT SCPHN Health Visiting and School Nursing record keeping standard.
- 4.13 The school nurse team will consider consent when working with children and young people using the below guidance:
The Children's Act 1989 sets out persons who may have parental responsibility.

These include:

- the child's mother;
- the child's father if he was married to the mother at the time of birth;
- unmarried fathers, who can acquire parental responsibility in several different ways -
for children born before 1st December 2003, unmarried fathers will have parental responsibility if they marry the mother of their child or obtain a parental responsibility order from the court or register a parental responsibility agreement with the court or by an application to the court;
- the child's legally appointed guardian;
- a person in whose favour the court has made a residency order concerning the child;
- a local authority designated in a care order in respect of the child.

Reference Guide to Consent for Examination or Treatment:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/138296/dh_103653_1.pdf

(site accessed 19th May 2016) (Department of Health, 2nd edition July 2009)

5. Procedure / Steps for children and young people transferring out of Torbay

5.1 When a child or young person 5 -19 years of age moves out of Torbay, or changes school to one not in the Borough of Torbay the school nurse must ensure that the child or young person's records are transferred to the new School Nurse within 2 weeks of notification.

5.2 Children and young people in receipt of a universal or universal Plus level of service the SN records will be transferred out via the Child Health Department, Torbay Hospital.

5.3 When Children and young people are in receipt of a universal partnership plus level of service the school nurse will contact the receiving School Nursing team in the receiving area to hand over the child or young people on a Child Protection Plan.

5.4 Any child or young person on a Child Protection Plan or when there are safeguarding concerns will be transferred out via Child Health, Vowden Hall, Torbay Hospital, Newton Road, Torquay TQ2 7AA. The records will include a written summary from the named school nurse using the form in ([Appendix 5](#)).

5. Monitoring tool:

Standards:

Item	%	Exceptions
Annual audit of children transferring into the area are contacted within specified days	95%	90%

Equality Statement:

Torbay and South Devon NHS Foundation Trust (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.

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 [Equality and Diversity Policy](#)

References:

- i. Working Together to Safeguard Children: A Guide to Inter-Agency Working to Safeguard and Promote the Welfare of Children (Department of Health, 2010)
- ii. Health Visiting to School Nursing Programme: Supporting Implementations of the New Service Model No.2: School Nursing and Health Visiting Partnership – Pathways for Supporting Children and their Families (Department of Health, 2013)

Appendix: *i.e. Flowchart, diagrams etc.*

1. School Entrance Screening Questionnaire
2. Healthcare Plan
3. Standard follow up letter to non-responders
4. Teacher's School Health Questionnaire
5. Safeguarding concern form

Amendment History

Issue	Status	Date	Reason for Change	Authorised
1		Oct 2014	Draft	
2		Dec 2014	Transposed onto current template	
3		Jan 2015	Draft	
4		July 2016	UPDATE/review	S Reddington-Bowes
5		Dec 16	Draft	C Timmon, N Aldridge & V Wilks
6	Ratified	10 March 2017	Revised	Care and Clinical Policies Group
5		12 February 2018	Review date extended from 2 years to 3 years	

Appendix 1

SCHOOL ENTRANCE SCREENING QUESTIONNAIRE

Child's Name: DoB:

Parent's Surname (if different from child):

Address:

.....

Post Code:

Home Tel: Mobile Tel:

School: Class/Teacher:

Family Doctor: GP Surgery:

Health Visitor:

Is your child fully immunised? YES / NO (please circle – if NO or UNSURE please contact your GP)
If your child has not had two MMR vaccinations please contact your GP

**Supporting You and Your
Child:**

Please take time to access information available on NHS websites
for advice, guidance, and support on various health issues:

· www.nhs.uk

<http://www.nhs.uk/pages/home.aspx>

Additionally, talk to your child's school teachers. They also have links to various resources and referrals
such as Speech and Language Therapy and Educational Psychology to support your child.

Urgent concerns need to be directed immediately to your GP.

Does your child have a medical condition that may affect them at school? YES /
NO
(If YES please give details)

Is your child under the care of a Doctor or other specialist for this or any other condition? YES /
NO
(If YES please give details)

Is your child on any medication? YES /
NO
(If YES please give details)

Is your child registered with a Dentist?
(If YES please give details)

YES / NO

The **BCG** (for Tuberculosis) is not given as part of the NHS routine vaccination schedule. We are, however, running a selective vaccination programme for those children who may have been exposed to Tuberculosis (TB). Please complete the following questions: depending on the responses you give, the School Nurse Team may share this information with a specialist nurse who will contact you for further assessment.

Has your child already had the BCG vaccinations?

YES / NO

If you answered YES, there is no need to re-vaccinate.

If NO please answer the following:

Was your child born in, ever lived in, or visited for longer than 3 months, a country with a high incidence of TB?
(see attached list of countries**)

YES / NO

If YES, which country?

Does your child have a parent or grandparent who was born in a country with a high incidence of TB?
(see attached list of countries**)

YES / NO

If YES, please give details:

Has there been a family history of TB within the last five years? **YES / NO**

Please also let your child's teacher know about any health difficulties such as, vision, hearing, asthma, epilepsy, etc., as we may need to work together to set up a Health Care Plan for your child whilst in school.

Please tick this box if your child is being seen for any hearing concerns:

Please give details:

I understand that the School Nursing Service will see my child at school for screening of height, weight and hearing and I give consent for this to take place.

Signed: (Parent / Guardian) Date:

Please note that this screening process may be undertaken separately throughout the academic year and you will be informed of the results in a timely manner.

Thank you for your help.

Everyone working for the NHS has a legal duty to keep your information confidential, and anyone who receives that information from us is also under a legal duty to keep it confidential. If you are receiving care from other people as well as the NHS, we may need to share relevant information to enable us all to work together for your benefit.

**COUNTRIES (World Health Organisation, 2011)		
Afghanistan	Guam	Papua New Guinea
Algeria	Guatemala	Paraguay
Angola	Guinea	Peru
Armenia	Guinea-Bissau	Philippines
Azerbaijan	Guyana	Qatar
Bahrain	Haiti	Rep. of Korea
Bangladesh	Honduras	Rep. of Moldova
Belize	India	Romania
Benin	Indonesia	Russian Federation
Bhutan	Iraq	Rwanda
Bolivia	Kazakhstan	Sao Tome and Principe
Bosnia and Herzegovina	Kenya	Senegal
Botswana	Kiribati	Sierra Leone
Brazil	Kyrgyzstan	Solomon Islands
Brunei	Laos PDR	Somalia
Burkina Faso	Latvia	South Africa
Burundi	Lesotho	Sri Lanka
Bulgaria	Liberia	Sudan
Cambodia	Libyan Arab Jamahiriya	Suriname
Cameroon	Lithuania	Swaziland
Cape Verde	Madagascar	Tajikistan
Central African Republic	Malawi	Thailand
Chad	Malaysia	Timor-L'Este
China	Mali	Togo
China (Hong Kong SAR)	Marshall Islands	Turkmenistan
China (Macao SAR)	Mauritania	Tuvalu
Congo	Micronesia	Uganda
Cote D'Ivoire	Mongolia	Ukraine
Djibouti	Morocco	UR Tanzania
Dominican Republic	Mozambique	Uzbekistan
DPR Korea	Myanmar	Vanuatu
DR Congo	Namibia	Vietnam
Ecuador	Nepal	Yemen
Equatorial Guinea	Nicaragua	Zambia
Eritrea	Niger	Zimbabwe
Ethiopia	Nigeria	
Gabon	Northern Mariana Islands	
Gambia	Pakistan	
Georgia	Palau	
Ghana	Panama	

Appendix 2:

Health Care Plan

Name of school			
Child's name			
Class			
Date of birth			
Child's address			
Medical condition			
Date		Review Date	

Family Contact Information

Name			
(home)			
(mobile)			

Name			
(home)			
(mobile)			
Name			
(home)			
(mobile)			

Clinic/Hospital Contact

Name			
Phone no.			

G.P.

Name	
Phone no.	

Describe medical needs and give details of child's symptoms:

Daily care requirements (e.g. before sport/at lunch):

Describe what constitutes an emergency for the child, and the action to take if this occurs:

Follow up care:

who is responsible in an emergency (state if different for off-site activates)

SIGNING OFF SHEET

Health Care Plan Agreed by:

<u>Health Care Plan Agreed by:</u>		
PARENT/GUARDIAN:	Signature	Date
CHILD/YOUNG PERSON	Signature	Date
HEALTHCARE PROFESSIONAL/OTHER	Signature	Date

Appendix 3

STANDARD FOLLOW UP LETTER TO NON-RESPONDERS



Torbay School Nurse Team

4th Floor Union House	Midvale Road Clinic	Brixham Hospital
Union Street	14-16 Midvale Road	Greenswood Road
TORQUAY TQ1 3YA	PAIGNTON TQ4 5BD	BRIXHAM TQ5 9HW

(Date)

Dear Parent/Guardian of:

We recently sent you a school health questionnaire, which included consent for the school nurse service to see your child for screening of height, weight, and hearing in school. We have not as yet received your completed form. In the event that the questionnaire may have been lost or mislaid, I enclose a second questionnaire for you to complete and return as soon as possible.

Should you choose not to complete and return the enclosed school health questionnaire, we will be unable to carry out these health checks. However, we will liaise with other professionals involved with your child.

Should you have any queries or concerns, please do not hesitate to contact a member of the school nurse team on telephone number 01803 219704 or 01803 219814.

Yours sincerely

School Nurse Team

enclosure

Appendix 4

TEACHER'S SCHOOL HEALTH QUESTIONNAIRE

Torbay School Nurse Team

4th Floor Union House

Midvale Road Clinic

Brixham Hospital

Union Street

14-16 Midvale Road

Greenswood Road

TORQUAY TQ1 3YA

PAIGNTON TQ4 5BD

BRIXHAM TQ5 9HW

(Date)

Dear Teacher

Re:

In order to adhere to current guidelines for safeguarding children, school nurses are required to monitor all children and young people who transfer in to school. Currently, the School Nursing Service sends a health questionnaire to parents/guardians for them to complete, which grants permission for their child to be seen in school by a member of our team.

Unfortunately this child's parent / guardian have not returned the questionnaire to us. Therefore we require your assistance in answering the following questions:

Are you aware of any:	(please circle)	Please give details or request a meeting
Health problems?	YES / NO	
Learning difficulties?	YES / NO	
Family/social problems?	YES / NO	
Other issues in school?	YES / NO	

Teacher's

Name:

Signature:

Date:

If you wish to discuss any issues further, your school nurse can be contacted at:

THANK YOU FOR YOUR ASSISTANCE IN COMPLETING THIS QUESTIONNAIRE. PLEASE RETURN IT TO:

Yours sincerely

Torbay School Nurse Team

Appendix 5

Form to be completed for transfer of all records where there are
Safeguarding Concerns
Send completed form and records to:
Child Health, Vowden Hall, Torbay Hospital, Newton Road, Torquay, TQ2
7AA

Child's Name and NHS number	DOB	Subject of CP Plan? Indicate Category	CAF instigated?	Child In Need?	Child Looked After?

Parent/Carer's Name	DOB	Indicate whether has Parental Responsibility (if known)

Current Address	New address if known

Current Health Visitor/School Nurse:	New Health Visitor/School Nurse
Address:	Address:
Telephone Contact:	Telephone Contact:
Current GP:	New GP:
Current School:	New School:

Direct contact with new practitioner made?	Yes	No
State who contact was between:		
Date:		

Please give details of CP Plan/Care Orders/CAF etc including background and dates, and outline any key current interventions

Other agencies involved:	
Social Worker:	
Education SENCO:	
Police:	
CAMHS:	
Drugs& Alcohol:	
Other:	

Date sent to Child Health :

Date Transferred out:

Form Completed by:

Name:

Signature:

Date:

Contact Number:

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

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.

Rapid (E)quality Impact Assessment (EqIA) (for use when writing policies)

Policy Title (and number)		Version and Date			
Policy Author					
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.					
Who may be affected by this document?					
Patients/ Service Users <input type="checkbox"/> Staff <input type="checkbox"/> Other, please state... <input type="checkbox"/>					
Could the policy treat people from protected groups less favorably than the general population? <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>					
Age	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gender Reassignment	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"/>	Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>	Religion/Belief (non)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gender	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"/>
Is it likely that the policy could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)					Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'.					
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion					
Is inclusive language ⁵ used throughout?					Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are the services outlined in the policy fully accessible ⁶ ?					Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Does the policy encourage individualised and person-centered care?					Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?					Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
EXTERNAL FACTORS					
Is the policy a result of national legislation which cannot be modified in any way?					Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)					
Who was consulted when drafting this policy?					
Patients/ Service Users <input type="checkbox"/>		Trade Unions <input type="checkbox"/>		Protected Groups (including Trust Equality Groups) <input type="checkbox"/>	
Staff <input type="checkbox"/>		General Public <input type="checkbox"/>		Other, please state... <input type="checkbox"/>	
What were the recommendations/suggestions?					
Does this document require a service redesign or substantial amendments to an existing process? <i>PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below</i>					Yes <input type="checkbox"/> No <input type="checkbox"/>
ACTION PLAN: Please list all actions identified to address any impacts					
Action				Person responsible	Completion date
AUTHORISATION:					
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them					
Name of person completing the form				Signature	
Validated by (line manager)				Signature	

Please contact the Equalities team for guidance:

For South Devon & Torbay CCG, please call 01803 652476 or email marisa.cockfield@nhs.net
For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pfd.sdhct@nhs.net

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