

SCPHN Standard Operating Procedure No. 9

Title:	SCHOOL ENTRY SCREENING BY THE SPECIALIST COMMUNITY PUBLIC HEALTH NURSE (SCPHN) SCHOOL NURSE (SN) TEAM		
Prepared by:	Lisa Jeffery		
Presented to:	Care & Clinical Policy Group	Date:	March 2015
Ratified by:	Care & Clinical Policy Group	Date:	March 2015
Review date:	2 years	March 2017	
Links to Policies:			
<ul style="list-style-type: none"> • Torbay and Southern Devon Health and Care NHS Trust (TSDHCT) SCPHN Record Keeping Policy • South West Safeguarding and Child Protection Group Guidelines Torbay Safeguarding Adults Multi-Agency Policy and Protocol • TSDHCT Supervision Policy • TSDHCT Lone Working Policy • NCMP Standard Operating Procedure 			

1. Purpose of this Document:

- 1.1 This document has been written to provide best practice guidance for the delivery of school entry screening to ensure that all school aged children and their families are offered and supported through the universal school nursing service and that any additional needs are identified.

2. Scope of the Standard Operating Procedure (SOP):

- 2.1 This SOP refers to the Specialist Community Public Health Nurse (SCPHN) School Nurse (SN) Team employed by Torbay and Southern Devon Health and Care NHS Trust (TSDHCT).

3. Competencies Required:

- 3.1 SCPHN SNs delivering the Healthy Child Programme (HCP) are expected to have knowledge and understanding of child development, and of factors that influence health and well-being of school aged children.
- 3.2 **Safeguarding:**
- 3.2.1 If the SCPHN SN has concerns about the safety or welfare of a child or young person 0 – 19 years, or unborn baby, those concerns must be referred to Children's Services. Under Section 47 of the Children Act (Department of Health, 1989) the Local Authority (Children's Services) has a duty to make enquiries where it has reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm.
- 3.2.2 If the SCPHN SN has concerns that a vulnerable adult may be at risk of abuse, they must

contact the Safeguarding Adults Team on (01803) 219700 or email safeguarding.alertstct@nhs.net. A vulnerable adult is a person “who is or may be in need of Community Care services by reason of mental or other disability, age or illness, and who is or may be unable to care for him/herself, or unable to protect him/herself against significant harm or exploitation”.

- 3.2.3 There is a clear link between domestic abuse and child abuse (HM Government 2006). The Adoption and Children Act 2002 (implemented February 2005) extends the meaning of ‘harm’ as defined in the Children Act (1989) to include the harm that children suffer by “seeing or hearing the ill treatment of another”. This puts obligations on all practitioners when considering the needs of a child and the risk of significant harm, to consider the impact of hearing or witnessing Domestic Abuse on the child’s emotional and psychological wellbeing. SCPHN HVs should be familiar with the SOP Domestic Abuse Guidelines for Routine Enquiry (<http://www.torbaycaretrust.nhs.uk/publications/TSDHC/Domestic%20Abuse%20Guideline%20for%20Routine%20Enquiry.pdf>).
- 3.2.4 The SCPHN SN should recognise the impact that parental behaviour or ill health (for example mental ill health, parental substance misuse) has on the welfare of children.
- 3.2.5 The SCPHN SN can also refer to the South West Safeguarding and Child Protection Group guidelines – Managing Individual Cases (www.swcpp.org.uk).
- 3.2.6 In all cases where there are concerns about the safety or welfare of a child, the SCPHN SN must liaise with the Safeguarding Children Team at Torbay Safeguarding HUB and their own Child Protection Supervisor, or the Named Nurse on (01803) 874089 / 07826874089.
- 3.3 The SCPHN SN practitioners need to have undertaken training and have knowledge on a range of health interventions to enable discussion with children and parents / carers to include:
- Immunisation Advice
 - Emotional, Psychological, Mental Health and Behavioural Issues
 - Promoting Healthy Weight
 - Puberty
 - Substance Misuse
 - General Health Advice
 - Long Standing Illness and Disability
 - Enuresis, Encopresis, Daytime Wetting and Soiling
 - Sleep Difficulties
- 3.4 The SCPHN SN practitioners need consultation skills, purposeful listening skills and guided questions (motivational interviewing skills).
- 3.5 The SCPHN SN practitioners need to be able to recognise the range of normal development.
- 3.6 The SCPHN SN practitioners need to be able to use up to date growth charts.
- 3.7 The SCPHN SN practitioners need to be able to use specified audiology equipment.
- 3.8 The SCPHN SN practitioners need knowledge of agencies working within the school population.
- 3.9 The SCPHN SN practitioners need knowledge of care pathways.
- 3.10 The SCPHN SN practitioners need training (Level 3) and knowledge of Safeguarding, policies and procedures
- 3.11 The SCPHN SN practitioners need training and awareness of Domestic Abuse risks.
- 3.12 The SCPHN SN practitioners need knowledge of up to date Healthy Child Programme 5-19 schedules (October2009).

4. Clients Covered:

- 4.1 This SOP is applicable to all school aged children educated in Torbay and their parents / carers.
For school nurse services in Southern Devon or other areas contact details can be obtained from Child Health 01803 655 815

5. Procedure:

- 5.1 At school entry, it is recommended that a member from the SCPHN SN Team will:
- Send out health questionnaires ([Appendix 1](#)) to parents/carers, via school, in their first term. This is also the written consent for the child to be screened in school.
 - Make an assessment of the returned health questionnaires and screening outcomes, and decide appropriate next steps, i.e. the necessity of completing a health care plan to offer continued health support in school ([Appendix 2](#)).
 - Follow up non responders within two months with a second health questionnaire and a standard letter ([Appendix 3](#)) posted to home address by the school nurse team. If no response is received from parent/carer, a teacher's questionnaire ([Appendix 4](#)) will be given to the teacher to complete. If concerns are highlighted it may be necessary to consider whether this is a safeguarding issue.
 - Review immunisation status as part of the health questionnaire, website links provided to review required immunisations.
The parent/carer is advised to attend GP surgery for any outstanding immunisations.
 - Review registration with dental care and primary care as part of the health questionnaire. Every effort should be made to ensure they are registered and appropriate information given.
 - Provide information on specific health issues to children, parent/carers, primary care and other agencies where parental consent has been given. For safeguarding concerns: see appropriate information-sharing protocol.
 - Measure and record height and weight, notify parents/carers of results. This measurement (dependent on parental consent) will form part of the National Childhood Measurement Programme (NCMP) as per SCPHN SOP No 10 (NCMP Policy).
 - Ensure that hearing screening is carried out by trained SN team members.
 - Record all contacts and plans in the child health records.
 - Signpost to relevant services as appropriate.

5.2 Consent:

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 (Author DH, second edition July 2009) can be viewed at

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

6. References, Bibliography and Internet Links:

- 6.1 www.swcpp.org.uk – Local Safeguarding Children’s Board (2010)
- 6.2 www.gov.uk/government/uploads/system/uploads/attachment_data/file/293399/NCMP_summary_of_nutrition_and_healthy_weight_regional_events_2013.pdf
- 6.3 Healthy Child Programme 5-19 publication date 27/10/2009 Author DH/DCSF
- 6.4 http://www.local.gov.uk/adult-social-care/-/journal_content/56/10180/6105532/ARTICLE

7. Appendices:

1. School Health Questionnaire
2. Health Care Plan
3. Standard Follow up Letter to Non Responders
4. Teacher’s School Health Questionnaire (in respect of Non Responders)

8. 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”.

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/MCA.aspx

Monitoring Tool:

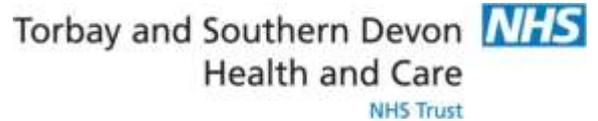
Standards:

Item	%	Exceptions
Safety: this document serves as a summary/checklist/reminder of the main points for the School Nursing Team undertaking a new school entrant assessment.	100	
Governance: the School Nursing Team undertaking a new school entrant should ensure they follow this protocol.	100	
Patient Focus: the School Nursing Team is able to respond to clients' requirements in an appropriate and timely manner.	100	
Accessible and Responsive Care: the School Nursing Team are able to respond to clients' requirements in an appropriate and timely manner.	100	
Public Health: provides a framework for the timely and appropriate identification of clients who require interventions.	100	
➤ HOW WILL MONITORING BE CARRIED OUT?	<i>By a record keeping audit</i>	
➤ WHEN WILL MONITORING BE CARRIED OUT?	<i>Annually</i>	
➤ WHO WILL MONITOR COMPLIANCE WITH THE GUIDELINES?	<i>Record keeping auditors</i>	

Amendment History:

Version	Status	Date	Reason for Change	Authorised
1	Draft	Dec 2014	Update by L Jeffery	

Appendix 1: SCHOOL HEALTH QUESTIONNAIRE



Torbay School Nurse Team

4th Floor Union House
Union Street
TORQUAY TQ1 3YA

Midvale Road Clinic
14-16 Midvale Road
PAIGNTON TQ4 5BD

Brixham Hospital
Greenswood Road
BRIXHAM TQ5 9HW

Dear Parent / Carer

SCHOOL HEALTH QUESTIONNAIRE

I would like to take this opportunity to introduce you to the School Nursing Service. During your child's time at school it would be beneficial for us to undertake a standard hearing assessment and a measurement of your child's height and weight.

Would you kindly complete both sides of the enclosed questionnaire, sign and return it to your child's school, in a sealed envelope, within two weeks.

We hope that you will contact us should you wish to discuss any aspects of your child's health, now or in the future. Your school nurse is _____ who can be contacted through school or on telephone number /01803 696758 (admin).

Yours sincerely

Torbay School Nurse Team

enclosure

SCHOOL HEALTH 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

Please refer to School Nurse website for required vaccinations

Supporting You and Your Child:

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

- www.nhs.uk
- http://www.torbaycaretrust.nhs.uk/yourlife/childrenandfamilies/school_nursing/Pages/Default.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.

continued over the page

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? YES / NO

- (If YES please give details).....

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:

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. 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.



South Devon Healthcare NHS Foundation Trust &
Torbay and Southern Devon Health and Care NHS Trust

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: CHILD'S HEALTH CARE PLAN

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.

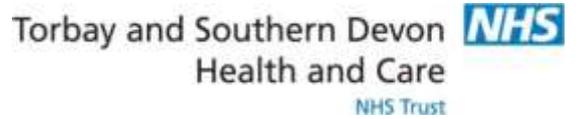
Name			
Phone no.			

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 activities) SIGNING OFF SHEET

Health Care Plan Agreed by:

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
Union Street
TORQUAY TQ1 3YA

Midvale Road Clinic
14-16 Midvale Road
PAIGNTON TQ4 5BD

Brixham Hospital
Greenswood Road
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.

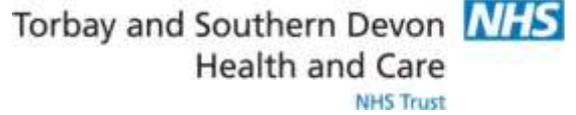
Should you choose not to complete and return the enclosed school health questionnaire, we will be unable to carry out these health checks. However, we will liaise with other professionals involved with your child.

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

Yours sincerely

School Nurse Team

Appendix 4: TEACHER’S SCHOOL HEALTH QUESTIONNAIRE



Torbay School Nurse Team

4th Floor Union House
Union Street
TORQUAY TQ1 3YA

Midvale Road Clinic
14-16 Midvale Road
PAIGNTON TQ4 5BD

Brixham Hospital
Greenswood Road
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