# Health Appraisals Guidance for School Nurses and Paediatricians

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**Responsible Directorate:**
Children’s Services

**Replaces (if appropriate):**
N/A

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**NHSCT Mission Statement**
To provide for all the quality of services we would expect for our families and ourselves
HEALTH APPRAISALS

GUIDANCE

For

SCHOOL NURSES

And

PAEDIATRICIANS

(includes pupils in P1, Year 9 and all new entrants)
Introduction

In January 2005 the community paediatric medical service commenced a review of the services provided to children in the community. Following the amalgamation of several Units of Management into Homefirst Trust there had continued to be a difference in service provision across the then Homefirst locality. There was clearly a need to develop uniform practice across the Trust.

One of the areas reviewed was the service provided to children within schools. Traditionally the Paediatrician had visited schools jointly with the School Nurse to undertake the medical examination. Often the person with parental responsibility did not attend or if they did, the appointment was too short; the facilities poor and detailed assessment could not take place. The paediatricians determined that this form of assessment was out-dated and did not represent best practice.

Recommendations were therefore made that the traditional school medical should take place in community facilities – many advantages of this were noted: the paediatricians would largely be able to work independently of the school nurses; the issue of consent would be overcome as the parent would attend the appointments with their child thus the appointments would be much more meaningful and longer appointments could be offered to a smaller, more targeted group of children.

The intention was that a system of partial booking would be introduced in an attempt to control the non-attendance rate however due to resource issues this has not been possible.

Previously the Paediatrician could not go into schools with the School Nurse until the School Nurse had completed the immunisation, vision and hearing screening programmes. This often occurred in the third term and the Paediatricians often found themselves neglecting their preschool responsibilities in favour of the school responsibilities. With this new approach to delivering the service, the Paediatrician would be able to schedule appointments throughout the year independently of the School Nurse.

These guidelines have been developed to facilitate both the School Nurse and the Paediatrician in carrying out their duties. They are not intended to replace professional judgement.

The chapter headings are related to the current CHS forms CHS24R (rev. July 05) and CHS25R (rev. July 07).

Not all children will require to be seen by a Paediatrician and there will be certain situations where the School Nurse will be able to make direct onward referrals – it is hoped with time that these occurrences will increase in frequency. Already, agreement has been reached for School Nurses to make direct referrals to dietitians and to ENT consultants within Northern Trust.
Primary School Health Appraisals
With effect from 2008/09 all newcomers in primary school will be offered a health appraisal where there has been no evidence of a previous health appraisal.

To date, the school nurses have had limited guidance as to who should be referred to the paediatrician and it is hoped that these guidelines will endeavour to fill that gap.

Post Primary Health Appraisals
For a number of years the school health service input into the post primary schools was very limited owing to the fact that the issue of health questionnaires had largely become a paper exercise and limited action was taken with the information.

In 2006/07 following Health For All Children (Hall 4), DHSSPS(NI)\(^1\) decreed that all post primary children should have a health appraisal. Former Homefirst Trust was one of a few Trusts to have discontinued this exercise but in order to provide consistence across the Province have been required to reintroduce the process. Guidance was therefore needed for the nurses in relation to the action to be taken following the completion of the CHS25R. It is generally considered by the Trust staff that current CHS25R is not fit for this purpose and should be re-written to suit the year 9 (12/13) age group – this should be regionally driven.

In 2007/08 the DHSSPS(NI) in Priorities for Action identified a new target namely the collation of statistics relating to BMI. This target taxed both the Paediatricians and the School Nurses for quite sometime and for 2007/08 was conducted purely as an information gathering/data collection exercise much to the disquiet about the ethical issues of many staff.

Child Health Promotion Programme Northern Ireland (CHPP) is to be launched during 2010 and will recommend health appraisals taking place in both P1 and Year 9.

Immunisation Teams
2008/09 saw the introduction of a new immunisation programme – HPV vaccine for girls – this vaccine will require three injections. This programme requires to be administered in addition to the TB Risk assessment programme introduced in 2006/07 and the existing school leaving vaccination programme (Year 11).

The Northern Health and Social Care Trust introduced a school’s immunisation team (SIT) in 2008/09 dedicated to delivering these various vaccination programmes and to release the School Nurses to undertake their screening tasks, health promotion activities and become more involved in the management of chronic illness.

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\(^1\) Health for All Children – Guidance and Principles of practice for Professional staff – October 2006
Multi-Agency Support Teams for Schools (MAST Service)
These teams were introduced in 2007/08 and are available to those schools who have elected to utilise their services.

It is anticipated that there will be much stronger links between this service and the Community Paediatric Medical Service and School Nursing Service.

Details of this service can be obtained from:

MASTS Service
1 Steeple Road
Antrim
BT41 1AF
Ph: 028 9442 7676
Fax: 028 9442 7689

Note about Terminology:
Throughout this document the term parent/carer is used to indicate Person with Parental Responsibility

A child is considered to be any person who is a pupil in school rather than a higher education establishment

Consultation
This document was issued to school nurses and community paediatricians in September 2009 and the consultation period ended at 31 March 2009.

This version incorporates all comments received by that date.
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- Guidance Notes for School Nurses
Children previously known to the Community Paediatric Medical Service (this will include those children with a statement and those coded with ‘V’ or ‘S’ on CHS)

1. Following health appraisal at either primary or post primary school, school nurse must discuss these children with the Paediatrician and have available all results of health appraisal. If possible, the nurse should also check with the child’s teacher if they are experiencing any particular problems.

2. Children who are new into the area will not necessarily have been known to local community Paediatricians and will need to be discussed.

Paediatrician’s Guidance

1. The reason for discussion with the Paediatrician is to determine if and when the child needs a medical appointment

   a. If a child has a statement and attends any of the special schools refer to procedural document “Protocol for Health Appraisals and Medical Examinations for Children in Special Schools and Learning Support Centres”

   b. Other children who may have codes ‘V’ or ‘S’ but no statement should be selected to see the Paediatrician where there are associated medical needs which are likely to impact on education.
Primary and Post Primary School Health Appraisal
Guidance Notes for School Nurses

Does the child require Epipen or nebuliser in school?

Yes
Contact Paediatrician re need for care plan, training (Paediatrician &/or CCN), and annual review

No
Do the symptoms impact on attendance/participation in school?

Yes

ACTION
1. Seek permission to liaise with teachers
2. Advise parent to discuss with prescribing agent

No
Continue with present arrangements - no indication to see Paediatrician

Yes

ACTION
Advise parent how to contact SN in event of future concerns
Wheeze/Asthma, Persistent Cough
Guidance Notes for School Nurses

Primary Health Appraisals (CHS24R)
1. The headings, which may be circled, are asthma, chest trouble, wheeziness or persistent cough.
2. Parents may refer to attendance at relevant clinics (question 6).
3. Where there is additional concerning information at questions 6, 7, 8, 9 and/or 10, the school nurse will discuss the impact of the condition at face-to-face interview. In the absence of a parent, the school nurse will endeavour to make telephone contact with the person with parental responsibility or offer an appointment and follow flow chart as at page 8, as appropriate.
4. If child requires any form of **adrenaline (eg Epipen or Anapen)/nebuliser**, a care plan is **essential** and must be available in school:
   a. School Nurse will check that the school has a care plan
   b. If there is no care plan, an **urgent** referral will be made to the Paediatrician who will write same.
5. If child uses inhalers, it will be assumed that the child is known to at least one of the following: GP; asthma clinic or consultant and no further action is required.
6. If parent refers to persistent cough without additional information at questions 1, 2, 3, 6 or 7 the School nurse will issue a letter and advise an appointment with the GP.

Post Primary Health Appraisals (CHS25R)
1. Parents will circle wheeze/asthma or persistent cough.
2. Where there is additional concerning information at questions 2, 3, 6 and/or 7, the school nurse will endeavour to make telephone contact with the person with parental responsibility or offer an appointment and follow flow chart as at page 8, as appropriate.
3. If child requires any form of **adrenaline (eg Epipen or Anapen)/nebuliser**, a care plan is **essential** and must be available in school:
   a. School Nurse will check that the school has a care plan
   b. If there is no care plan, an **urgent** referral will be made to the Paediatrician who will write same.
4. If child uses inhalers, it will be assumed that the child is known to at least one of the following: GP; asthma clinic or consultant and no further action is required.
5. If parent refers to persistent cough without additional information at questions 1, 2, 3, 6 or 7, the School nurse will issue a letter and advise an appointment with the GP.
Guidance Notes for Paediatrician

Children with a history of the above rarely need to be seen by the Paediatrician.

If the child requires any form of adrenaline either in the form of Epipen or Anapen or nebulised medication which requires to be administered in school, the need for this must first be confirmed with the child’s consultant and if so,

a. A care plan must be written with training delivered to school staff
b. The information must be forwarded to relevant clerical officer for inclusion on database.

Currently the Paediatrician will write the care plan in consultation with the child’s consultant. The community children’s nurse can deliver the training on use of the nebuliser and at present, the Paediatrician will deliver training in the use of the Epipen/Anapen.

There will be a few occasions when children may need to see the doctor especially when their asthma is very unstable and consideration may need to be given to special transport needs (refer to separate transport guidelines) or a request for statutory assessment on medical grounds (see guidelines).

If symptoms are impacting on education and they are already receiving medical follow-up via GP, asthma clinic or hospital, the School Nurse will advise that follow up should be undertaken by relevant agent and shall inform the said agent, in writing, of current situation.

Where there is an issue of administration of medication in school this requires to be addressed with parent and/or school by either Paediatrician or nurse. Schools should be encouraged to refer to DENI document “Supporting Pupils with Medication Needs” (Published February 2008).

Reviews
The vast majority of children with asthma, wheeziness etc. do not need to be reviewed.

Occasionally children will present with unstable/severe asthma and in this situation the above procedure should be followed together with an annual review of the care plan, medication and training needs. This should continue until such time as the child no longer requires intensive medication.

Ideally, updating of care plans by the Paediatrician and a training update should take place within the first month of each school year.

Standard
All care plans will be reviewed within 1st term of each school year

NB: The above guidelines are designed to support your professional judgement.
Has the child any allergies?

Yes

Does the child have an Epipen?

No

No action required

Yes

Does the child have a care plan & has school been trained?

No

ACTION

If parent present:
Discuss nature & severity of allergies.
• If concerns re possible anaphylaxis advise urgent appt with GP
• Seek consent to speak to school about necessary avoidance measures (as an interim measure)
• Discuss with Paediatrician
• Request parent to contact SN immediately if adrenaline prescribed or in the event of future concerns

If parent not present:
• Issue parent with letter (P 13)

No further action required by SN

ACTION

Refer to Paediatrician immediately
Primary Health Appraisals (CHS24R)
1. Parents will circle allergies
2. All children whose parents highlight allergies (except those on adrenaline) will be issued with a standard letter (see page 13).
3. Where there is additional concerning information at questions 6, 7, 8, 9 and/or 10, the school nurse will endeavour to make telephone contact with the person with parental responsibility or offer an appointment and follow flow chart as at page 11, as appropriate.
4. If the child requires adrenaline (Epipen or Anapen), a care plan is **essential** and must be available in school:
   - The School Nurse will: 
     a. Check that school has a care plan
     b. Make an **urgent** referral to the Paediatrician who will write same if there is no care plan,
     c. Inform Paediatrician **immediately** if the child has been prescribed Anapen as this will need to be changed to Epipen.
5. If adrenaline in any form is not referred to at questions 2, 3 and/or 7 then the parent implies no adrenaline is required.
6. Allergies will not be an indication for nurse review unless additional supporting information is included on the CHS24R.

Post Primary Health Appraisals (CHS25R)
1. Parents will circle allergies.
2. All children whose parents highlight allergies (except those on adrenaline) will be issued with a standard letter (see page 13).
3. Where there is additional concerning information at questions 2, 3, 6 and/or 7, the school nurse will endeavour to make telephone contact with the person with parental responsibility or offer an appointment and follow flow chart as at page 11, as appropriate.
4. If the child requires adrenaline (Epipen or Anapen), a care plan is **essential** and must be available in school:
   - School Nurse will check that school has a care plan
   - If there is no care plan, **urgent** referral to Paediatrician who will write same
   - Inform Paediatrician **immediately** if child has been prescribed Anapen as this will need to be changed to Epipen.
5. If adrenaline in any form is not referred to at questions 2, 3 and/or 7 then parent implies no adrenaline is required.
6. Allergies will not be an indication for nurse review unless additional supporting information is included on the CHS25R.
Date:

To: Person with Parental Responsibility for:

You recently returned a questionnaire to myself in relation to your child’s allergies.

Allergic reactions may be mild or severe and the treatment depends on the type of reaction experienced by your child.

Mild reactions may include some or all of the following symptoms:

- Rash
- Intensive itching & development of a nettle rash or welts
- Feeling hot/generalised flushing of the skin
- Burning sensation of lips or metallic taste in mouth
- Red/itchy swollen eyes
- Vomiting and diarrhoea with abdominal pain
- Sneezing
- Weakness
- Pallor

These reactions would usually be short lived and treatment may include antihistamines. You may wish to discuss these symptoms with your GP.

Severe reactions can be life threatening: if any of the following are features of your child’s allergy, urgent treatment is required.

- Difficulty with breathing
- Swelling of the mouth & tongue
- Decreased level of consciousness
- Collapse

Treatment of severe reactions includes the use of adrenaline by injection (Epipen or Anapen), if your child has had any of these severe symptoms in the past and does not carry this emergency medication, I would advise that you make an urgent appointment to see your GP.

If your child is prescribed this type of medication please inform me immediately in order that I can ensure that procedures are in place in school.

Yours sincerely,

SCHOOL NURSE
Severe Allergies
Guidance Notes for Paediatrician

If the child requires an adrenaline either as Epipen or Anapen or a nebuliser to be used in school

1. A care plan must be written and updated annually by the Paediatrician\(^2\) (see Procedure: Guidelines for Management of Anaphylaxis in Educational Establishments revised 2007).
2. Annual Epipen training is offered to the school by the School Nurse or Paediatrician as soon as possible at the start of each school year (see Procedure as above).
3. The Trust Resuscitation Training Officer will offer both initial and annual update CPR training for NEELB schools. SELB offer training for their own schools.

Where there is an issue of administration of medication in school this requires to be addressed with the parent and/or school by either the Paediatrician or School Nurse.

**Standard**

Epipen update training is offered to the schools annually for as long as they have a pupil requiring Epipen

NB: The above guidelines are designed to support your professional judgement.

\(^2\) This will be the situation in 2009/10
Is the child’s eczema/hay fever causing any problems in school?

Yes

Have these been discussed with GP or Consultant involved with child’s care?

Yes

No action required

No

Are there any issues that need to be discussed with school eg application of eye drops, nasal sprays, tablets, creams etc?

Yes

ACTION
Seek parental consent to discuss with teachers and advise parents to discuss with GP

No

No action required

No
Eczema, Hay Fever
Guidance Notes for School Nurses

Primary Health Appraisals (CHS24R)
1. Parents will circle either eczema or hay fever or both.
2. If medication is listed at questions 7 or 8, it will be implied that child is receiving treatment.
3. Where there is additional concerning information (with or without medication being listed) at questions 6, 7, 8, 9 and/or 10 the school nurse will discuss with parent at health appraisal.
4. In the event of no parent being present the school nurse will issue a standard letter advising a visit to GP.

Post Primary Health Appraisals (CHS25R)
1. Parents will circle either eczema or hay fever or both.
2. If medication is listed at questions 2 or 3, it will be implied that child is receiving treatment.
3. Where there is additional concerning information (with or without medication being listed) at questions 2, 3, 6 and/or 7, the school nurse will endeavour to make telephone contact with the person with parental responsibility or offer an appointment and follow flow chart as at page 15, as appropriate.
4. If telephone contact cannot be established – a standard letter advising a visit to GP will be issued.

NOTE:
National Institute of Clinical Excellence (NICE) have produced Guidelines on the Management of Atopic Eczema (Dec 2007)

*It should be noted that the standard letter advising appointment with GP remains outstanding*
Eczema, Hay Fever
Guidance Notes for Paediatrician

Children with a history of the above rarely need to be seen by the Paediatrician.

Where there is an issue of administration of medication in school this requires to be addressed with parent and/or school by either the Paediatrician or School Nurse.

There will be a few occasions when children may need to see the Paediatrician especially when their eczema is very severe and consideration may need to be given to individual special requirements.

NOTE:
National Institute of Clinical Excellence (NICE) have produces Guidelines on the Management of Atopic Eczema (Dec 2007)

NB: The above guidelines are designed to support your professional judgement
Frequent Earache and/or Discharge
Primary Health Appraisals
Guidance Notes for School Nurses
(this question is only asked in CHS24R)

Are there any concerns in relation to the child’s hearing?

Yes
Follow hearing screening protocol

No
ACTION
Advise parents that may be useful to discuss further with GP
Primary Health Appraisals (CHS24R)
Follow hearing screening protocol

Post Primary Health appraisals
1. Parents will circle hearing problems.
2. Look for additional information at questions 2, 3, 6 and/or 7.
3. If child is attending ENT, there is no indication for further action
4. If child does not appear to be attending anyone, the School Nurse will arrange pure tone audiometry in school and follow existing hearing screening protocol.
5. An uncooperative child about whom there is concern may be referred to the Paediatrician for a variety of reasons eg concerns re behaviour or learning.
Hearing Problems, Frequent Earache/Discharge
Guidance Notes for Paediatrician

The NEELB provides a peripatetic service for the hearing impaired and is coordinated through Educational Psychology, County Hall, Ballymena.

A similar service is provided by SELB at SELB Headquarters, The Mall, Armagh

1. Referral for statutory assessment on medical grounds may need to be considered having first discussed the situation with child’s peripatetic teacher.

2. Consideration needs to be given to a referral to the peripatetic service, if this is not already in place.

3. Those children who have been identified as having a hearing loss through the universal neonatal hearing screening programme and followed up at Antrim Area Hospital will have been referred to SLT, Social Services, Paediatrician, National Deaf Children’s Society, and Educational Audiology Service although this may not always be the case from other hospitals (Nov 2005).

4. The following should already be in place: access to benefits, social services and support groups however consideration may also need to be given to further investigation/referral to Paediatrician or CDC.

5. There is no need to routinely review children who are currently attending ENT. Some may have failed their sweep test however the School Nurses are able to make direct referrals to ENT within Northern health & Social Care Trust. The results of the sweep test should be shared with the hospital consultant having first obtained consent from the person with parental responsibility. Nurses do not need to retest these children in subsequent years.

6. An uncooperative child about whom there is concern may be referred to the Paediatrician for a variety of reasons eg concerns re behaviour or learning. In all cases consideration should be given to the possibility of developmental delay.

All uncooperative children must be referred to a second tier audiology clinic for a definitive hearing test.
Reviews

1. There is no need to routinely review children who are attending ENT.

2. There is no need to routinely review hearing impaired children who are receiving the services of the peripatetic teachers for the hearing impaired (Educational Audiology Service of North Eastern Education and Library Board) as they undertake annual hearing tests.

3. Downs Syndrome Medical Information Group advises that children with Downs Syndrome should have a hearing test at least every two years.

NB: The above guidelines are designed to support your professional judgement.

3 Procedure for this group of children should be clarified during 2009/10
Eyesight Problems
Primary School Health Appraisals
Guidance Notes for School Nurses

Is the child receiving treatment?
- Yes
  - Is this purely for management of a squint/refractive error?
    - Yes
      - Follow vision screening protocol
    - No
      - Follow vision screening protocol
- No
  - Is there an eye condition that is likely to impact on the child’s education either now or in the future?
    - Yes
      - ACTION
        - Advise parents that it may be useful to discuss further with Paediatrician
    - No
      - Follow vision screening protocol

Follow vision screening protocol
**Eyesight Problems**  
*Guidance Notes for School Nurses*

**Primary Health Appraisals (CHS24R)**
1. Follow Regional Operational Protocol for Vision Screening
2. In the event of the child having a more complex eye condition eg a degenerative condition or a condition likely to impact on education either now or in the future then the situation should be discussed with the Paediatrician

**Post Primary Health Appraisals (CHS25R)**
1. Parents will be issued with an information leaflet in Year 9 as per Hall 4 guidance.
2. Parents will circle eyesight problems.
3. Look for additional information at questions 2, 3 and 7.
4. If child is attending optician, hospital clinic or is wearing glasses, there is no indication for further action.
5. In the event of the child having a more complex eye condition eg a degenerative condition or a condition likely to impact on education either now or in the future then the situation should be discussed with the Paediatrician
School nurses have a vision screening protocol for use with children in P1.

The NEELB provides a peripatetic service for the visually impaired which is coordinated through Jordanstown Schools.

A similar service is provided by SELB.

1. Referral for statutory assessment on medical grounds may need to be considered having first discussed the situation with child’s peripatetic teacher, if any.

2. Where a child has been registered partially sighted/visually impaired by hospital consultants the following should already be in place: access to benefits, social services and support groups however consideration may also need to be given to further investigation/referral to Paediatrician or CDC.

3. Paediatrician should remind parents of children with Down’s syndrome that the children should have their vision screened every two years (in accordance with Downs Syndrome Medical Information Group Guidelines).

4. Consideration may also need to be given to referral to:
   a. Trust Orthoptic service
   b. Trust eye clinics (Optometrist)
   c. Local community Optician/Optometrist;
   d. Hospital Ophthalmology service

depending on the age of the child, presenting problem and parental choice.

**Reviews**

If the visual impairment warrants a statement of educational need then consideration should be given to reviewing these children intermittently (not necessarily annually).

**NB: The above guidelines are designed to support your professional judgement.**

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4 Protocol to be developed in order to ensure these children are automatically selected
Physical Disability
Primary School Health Appraisal
Guidance Notes for School Nurses

Does the child have a physical disability?

Yes

Take history to establish extent of physical disability. Does the child have any difficulties in school as a result? Have these been discussed with GP or Consultant involved with child’s care?

No

No action required

No

Are there any issues that need to be discussed with school?

Yes

Seek parental consent to discuss with teachers and discuss/refer to Paediatrician

No

No action required

ACTION
Parents to be advised how to contact School Health Service in event of future concerns

Refer to Paediatrician
Physical Disability
Guidance Notes for School Nurses

Primary Health Appraisals
1. Parents will circle physical disability and may offer further information at question 1.
2. Look for additional information at questions 5, 6, 7, 8, 9, and/or
3. Check the child health system to determine if the child is known to Paediatrician (reference codes on SN screen are 72, 92, 77 or 99 for consultant Paediatrician). Also CHS may indicate if child is on Module V (SSSS) or has a file (VVVV).
4. Discuss the need for review with the Paediatrician.

Post Primary Health Appraisals
1. Parents will circle physical disability and may offer further information at question 1.
2. Look for additional information at questions 2, 3 and/or 7.
3. Check the child health system to determine if the child is known to Paediatrician (reference codes on SN screen are 72, 92, 77 or 99 for consultant Paediatrician). Also CHS may indicate if child is on Module V (SSSS) or has a file (VVVV).
4. Discuss need for review with Paediatrician.
Physical Disability
Guidance Notes for Paediatrician

The Paediatrician will undertake a full assessment of the child to determine the following:

1. The need for referral for statutory assessment on medical grounds.
2. The need for further investigation/referral to consultant Paediatrician or CDC.
3. Consider referral to allied health professionals (AHPs – physiotherapy, occupational therapy and speech and language therapy etc).
4. Seek permission to discuss any issues with school.
5. Check that the family is aware of the availability benefits (information may be obtained from Social Services, Citizen’s Advice Bureau, Disability Living Allowance Branch, Castle Court etc).
6. Discuss possible referral to social services (Team for Children with Disabilities or Family & Child Care, subject to their revised referral criteria, April 2008).
7. Provide information on support groups (eg refer family to www.cafamily.org or obtain information from website and forward suitable information to parents).

Review

1. Review may not be required annually especially if the child is already under regular hospital review.
2. Where the child has a statement, the Paediatrician in accordance with procedures will issue a questionnaire.
3. Where a child does not have a statement of educational need the Paediatrician will consider arranging a review of the child with a physical disability in P6 (calculate this in terms of months in order that CHS may be able to schedule future appointment) in preparation for transition to post primary education. This allows the parent to make the most appropriate choice of post primary school for their child at the same time as their peers.

NB: The above guidelines are designed to support your professional judgement.
Learning Difficulties – Parental Concern
Primary School Health Appraisals
Guidance for School Nurses

Are they known to the service because of previously identified developmental delay?

Yes

No

ACTION
1. School Nurse to complete questionnaire LD1 with parents or post with letter LD/BP1
2. Seek consent for and issue teacher questionnaire LD2 with letter LD2
3. Receive completed questionnaire from teacher
4. School Nurse to forward completed questionnaires to Paediatrician with a completed standard referral form
5. Paediatrician determines if child requires to be seen

ACTION
1. School Nurse seeks consent for and issues teacher questionnaire LD2 with letter LD2
2. School Nurse forwards completed questionnaire to paediatrician
3. Paediatrician determines if child requires to be seen
Learning Difficulties
Guidance Note for School Nurses

Primary Health Appraisals

1. This question is only asked on CHS24R
2. Parents will circle Learning Difficulties and may give further details at question 1
3. Look for additional information at any of the questions.
4. Review CHS to ascertain if known to any relevant services eg Paediatrician etc.
5. Issue learning difficulties/behaviour problems questionnaire LD1 to parents for return (send LD/BP1 letter if parents are not in attendance). Questionnaire gives opportunity for consent to seek information from teaching staff
6. Once consent has been obtained issue letter LD2 and questionnaire LD2, to school.
7. Upon receipt of both questionnaires, a face to face discussion with Paediatrician would be preferable however if that is not possible forward both questionnaires together with the completed standard referral form to the paediatrician who will decide on the most appropriate course of action
To the Person with Parental Responsibility for:

Name  __________________
Address   __________________

DOB:  ___/____/____
School:  __________________

In the school health questionnaire that you recently completed you expressed concerns about possible learning difficulties/behavioural problems. In order that I may decide who is the best person to offer you advice, I would be very grateful if you could complete and return the attached questionnaire within two weeks. If I do not receive a reply within two weeks, I shall assume there is no longer a problem.

Yours sincerely,

___________________
SCHOOL NURSE
Learning Difficulties/Behaviour Problems
Questionnaire for Parent/Carer

To the Person with Parental Responsibility for:

Name _____________________
Address _____________________
DOB: __/___/____
School: _____________________

Are there any behavioural and/or learning problems? Y/N
If yes, what do you feel are your child’s main difficulties?

Do you have any concerns about your child’s general health Y/N
Does your child have any difficulties with concentration? Y/N
Is your child restless or always “on the go”? Y/N
Does your child chat to you and take an interest in what you say? Y/N
Does your child get on well with other children? Y/N
Does your child have any unusual behaviour? Y/N
Does your child have good eye contact? Y/N
Does your child have any special interests? Y/N
Does your child appear to be blank at times or daydream excessively? Y/N
Does your child have temper tantrums? Y/N
Does your child handle change well? Y/N
Is there any family history of learning difficulties (did any relatives attend a special school)? Y/N
Is there any family history of behaviour difficulties? Y/N
Does your child have any difficulties around meal times? Y/N
Is your child reasonably independent at dressing? Y/N
Are there any difficulties with toileting? Y/N
Does your child have difficulty sleeping? Y/N

Please expand on any of the areas of concern you have highlighted above.

I do*/do not* give consent for information to be sought from my child's Teacher/SENCO/Principal (* delete as appropriate)

Signature: __________________________ Date: ______________

Relationship to child: _______________________

Contact telephone numbers: ___________________________________________

For Office Use Only:

Summary of health appraisal details:
Results of vision testing
Results of hearing screening
Perception of speech & language difficulties
Anything else identified at health appraisal
Date ___/___/____

Dear Teacher,

Re: 
Name: ____________________________
Address: ____________________________
__________________________________

DOB: ___/___/____

This child’s parent(s) has expressed concerns about possible learning difficulties and has given permission for you to complete the enclosed questionnaire. I would be very grateful if the completed questionnaire could be returned to me at your earliest convenience.

Many thanks, in anticipation

Yours sincerely

______________

SCHOOL NURSE
Learning Difficulties/Behavioural Problems
Questionnaire for Teachers

Name: ______________________
Address: ____________________________________________________
_________________________________________________________________
DOB: ___/___/____
Teacher’s name: __________________ School: __________________

Does this child appear to have any learning difficulties? Y/N
Does this child display behavioural difficulties in school? Y/N
Do you have any concerns about the child’s general health? Y/N
Do you have concerns about the child’s vision? Y/N
Do you have concerns about the child’s hearing? Y/N
Are the child’s speech abilities commensurate with their peers? Y/N
Does the child appear to have any learning difficulties? Y/N
Does the child appear to be blank at times or daydream excessively? Y/N
Does the child have any difficulties with concentration? Y/N
Is the child restless or always on the go? Y/N
Does the child have temper tantrums? Y/N
Does the child have any problems with social interaction? Y/N
Does the child have good eye contact? Y/N
Does the child appear to have any special interests? Y/N
Does the child appear to be creative in their play? Y/N
Does the child have any unusual behaviour?  Y/N
Does the child handle change well?  Y/N
Is the child independent at the toilet?  Y/N
Is the child independent at mealtimes?  Y/N
Is the child independent at play?  Y/N
Is the child receiving additional help in school?  Y/N
Is the child on the Code of Practice?  Y/N
   If so, what stage?

Has the child been referred to an Educational Psychologist?  Y/N
   If so, has the child been seen & by whom?

Has the child been referred to the behaviour support team?  Y/N

Has the child been referred to the Multi-Agency Support Team for schools (MASTS Service)  Y/N

Please expand on any of the areas of concern you have highlighted above and use a separate sheet if necessary.

Signature: _______________________________________________
Date: ____________________________
Contact details: ________________________________
Learning Difficulties
Guidance Note for Paediatrician

This section needs to be added
Speech & Language Difficulties
Primary School Health Appraisals
Guidance for School Nurses

NB: Parents should re-refer themselves to SLT in the event of previous non-attendance at appointments

Children with speech and language difficulties do not require to be routinely reviewed by the Paediatrician

Are there any concerns with regard to the child’s speech & language development?

Are there any associated learning difficulties?

No action required

Yes

Offer referral to SLT with parental consent, if not already known to the service

ACTION
1. Offer referral to SLT, if not already known to service
2. Complete learning difficulties questionnaire
3. Seek consent to discuss with teacher
4. Has there been a referral to MASTS service?

Yes

No
Primary Health Appraisals
1. Where children have been discharged from SLT due to non-attendance, it is the parents responsibility to request a re-referral to the service
2. The parent should be advised to contact the local Speech and Language Therapist
3. The School Nurse can make a direct referral to the Speech and Language Therapist if concerns are being expressed by the parent, the teacher or upon observation of the child
4. The school nurse should also consider whether or not there are other factors such as learning difficulties or behaviour problems which would require a referral to the paediatrician (see Guidance Notes for School Nurses on Learning Difficulties and Behavioural Difficulties).

Post Primary Health Appraisals
1. Parents will circle speech or language difficulties.
2. Look for additional information at questions 2, 3 and 7.
3. Check child’s records
   a. Previous failure to attend (FTA or DNA) – telephone call/standard letter to parents indicating that they must re-refer if concerns continue or discuss with local speech and language therapist
   b. Currently in receipt of treatment – no further action required
   c. Treatment course was deemed complete (reason for discharge can be identified from school health record, CHS (SN screen, code 94) or LCID system, through the SLT Principal Officer’s secretary 9034 1571) - inform parent that SLT service offers an open referral system and that if either the parent or the child has ongoing concerns they should contact the local clinic directly.
4. If no previous involvement with SLT service as per CHS, a referral to SLT service should be offered, in the usual manner.
1. Where a child only has a speech and language problem without any other associated difficulty, there is no need for that child to be reviewed by the paediatrician

2. Where a child has associated difficulties – the child may have a statement of educational need and should be reviewed in accordance with those procedures
Diabetes
Primary & Post Primary Health Appraisals
Guidance for School Nurses

Discuss with Community Paediatric Diabetes Specialist Nurse(s)

This section requires to be completed at a later date
Is the child attending anyone because of behaviour problems?

Yes

Are there behavioural issues in school?

Yes

ACTION
1. School Nurse to complete questionnaire BP1 with parents or issue with letter LD/BP1
2. Seek consent for and issue teacher questionnaire LD/BP2 with letter BP2
3. Receive completed questionnaire from teacher
4. School Nurse to forward completed questionnaires to Paediatrician with completed standard referral form

No

ACTION
No further action
Parents to be advised how to contact School Health Service in event of future concerns

Discuss with Paediatrician as to the need to be seen and if so, when and by whom?
Primary Health Appraisals
8. Parents will circle Behavioural Problems and may give further details at question 1
9. Look for additional information at any of the questions.
10. Review CHS to ascertain if known to any relevant services eg CAMHS, Paediatrician etc.
11. Issue behaviour questionnaire BP1 to parents for return. Questionnaire gives opportunity for consent to seek information from teaching staff
12. Once consent has been obtained issue letter BP2 and questionnaire LD/BP2, to school.
13. Upon receipt of both questionnaires, a face to face discussion with Paediatrician would be preferable however if that is not possible forward both questionnaires together with the completed standard referral form to the paediatrician who will decide on the most appropriate course of action

Post Primary Health Appraisals
1. Parents will circle Behavioural Problems or answer Yes to questions 5 or 6.
2. Look for additional information at any of the questions.
3. Review CHS to ascertain if known to any relevant services eg CAMHS, Paediatrician etc.
4. Issue behaviour questionnaire BP1 to parents for return. Questionnaire gives opportunity for consent to seek information from teaching staff
5. Once consent has been obtained issue letter BP2 and questionnaire LD/BP2, to school.
6. Upon receipt of both questionnaires, a face to face discussion with Paediatrician would be preferable however if that is not possible forward both questionnaires together with the completed standard referral form to the paediatrician who will decide on the most appropriate course of action
In the school health questionnaire that you recently completed you expressed concerns about possible learning difficulties/behavioural problems. In order that I may decide who is the best person to offer you advice, I would be very grateful if you could complete and return the attached questionnaire within **two weeks**. If I do not receive a reply **within two weeks**, I shall assume there is no longer a problem.

Yours sincerely,

___________________
SCHOOL NURSE
Questionnaire BP1

Behavioural Problems
Questionnaire for Parent/Carer

Re: Name ____________________

Address ____________________

DOB: ___/____/____ School: _____________________________

Describe your child’s main difficulties?

Do you have any concerns about your child’s general health? Y/N

Does your child have any difficulties with concentration? Y/N

Is your child restless or always “on the go”? Y/N

Does your child chat to you and take an interest in what you say? Y/N

Does your child get on well with other children? Y/N

Does your child have any unusual behaviour? Y/N

Does your child have good eye contact? Y/N

Does your child have any special interests? Y/N

Does your child appear to be blank at times or daydream excessively? Y/N

Does your child have temper tantrums? Y/N

Does your child handle change well? Y/N

Do you have any concerns about your child’s learning ability? Y/N

Is there any family history of learning difficulties (did any relatives attend a special school)? Y/N
Does your child have a statement of educational need?  Y/N
Is there any family history of behaviour difficulties?  Y/N

Does your child have any difficulties around meal times?  Y/N
Is your child reasonably independent at dressing?  Y/N

Are there any difficulties with toileting?  Y/N
Does your child have difficulty sleeping?  Y/N

Is your child already attending anyone for counselling or behaviour management?  Y/N

Please expand on any of the areas of concern you have highlighted above.

I do*/do not* give consent for information to be sought from my child’s Teacher/SENCO/Principal
(* delete as appropriate)

Signature: __________________________  Date: ______________

Relationship to child: _______________________

Contact telephone numbers: ________________________________

For Office Use Only:

Summary of health appraisal details:
Results of vision testing
Results of hearing screening
Perception of speech & language difficulties
Anything else identified at health appraisal

Prepared date: September 2008
Review Date: August 2009
Next Review: July 2011
Dear Teacher,

Re: __________________________
Name: ________________________
Address: _______________________
_______________________________

DOB: _____/____/____

This child’s parent(s) has expressed concerns about behavioural difficulties and has given permission for you to complete the enclosed questionnaire. I would be very grateful if the completed questionnaire could be returned to me at your earliest convenience.

Many thanks, in anticipation

Yours sincerely

___________________________
SCHOOL NURSE
This section requires to be added

Reference
Behaviour Clinics
CAMHS
Contact Youth
Threshold etc
Children with epilepsy are managed by either:

School Nurses
Community Children’s Nurses
Learning Disability Nurses
Paediatric Epilepsy Specialist Nurses

This section will be added later
Is the child clumsy?

Yes

School nurse completes questionnaire; seeks consent for and issues teacher questionnaire; discusses with Paediatrician

No

No action required

Action
Parents to be advised to contact School Health Service in event of future concerns
Primary Health Appraisal (CHS24R)
1. This question is only asked on CHS24R
2. Where the parent expresses concerns about the child's clumsiness the School Nurse during face-to-face appraisal will complete the questionnaire C1 and seek permission to request information from the teacher. The School Nurse is not required to make any judgement about the child's coordination skills but the information obtained will be shared with the Paediatrician who will then ascertain whether an appointment should be offered or whether a referral to another service eg physiotherapy or occupational therapy should coincide with a referral to the paediatrician.
3. School Nurses are able to make a direct referral to occupational therapy services using the that service’s standard referral form and after parental consent has been obtained
4. In the event of a parent not being present letter C1 and questionnaire C1 will be issued and assuming consent is obtained letter C2 and questionnaire C2 will be issued to the school.
Clumsy or History of Developmental Co-ordination Disorder (DCD)
Guidance Notes for Paediatrician

The Paediatrician will take a history and fully examine the child to include any abnormal neurological signs including reflexes, balance & co-ordination etc.

If any abnormal neurological signs are identified referral to a consultant Paediatrician/consultant neurologist and also occupational therapist should be considered.

If no abnormal signs or only soft neurological signs (especially Fog manoeuvre or tracking) are identified together with significant concerns eg problems with feeding; dressing; writing or organisational skills then a referral should be made to occupational therapy.

The Paediatrician may wish to review these children at a date in the future.

Further reviews may be required depending on the impact of the clumsiness on education.

If there are any queries, or concerns, these should be discussed with a senior colleague.

NB: The above guidelines are designed to support your professional judgement.

Note for doctors:
Reference should be made to the 5 Education Board document on Developmental Coordination Disorder
To the Person with Parental Responsibility for:

Name ______________________
Address ______________________
________________________________________________________
DOB: __/___/____
School: ______________________

In the school health questionnaire that you recently completed you expressed concerns about possible clumsiness. In order that I may decide who is the best person to offer you advice, I would be very grateful if you could complete and return the attached questionnaire within **two weeks**. If I do not receive a reply within **two weeks**, I shall assume there is no longer a problem.

Yours sincerely,

___________________
SCHOOL NURSE
Clumsiness
Questionnaire for Parents/Carers

Re: Name ______________________
Address ______________________
______________________________

DOB: ___/____/____

Please state the nature of your child’s difficulties.

Do you have any concerns about your child’s general health? Y/N
If Yes – please give details.

Has your child ever attended a
Paediatrician? Y/N
Occupational therapist? Y/N
Physiotherapist? Y/N
If yes, please give details.
What age did s/he walk?
Can s/he run?
Can s/he jump?
Can s/he hop?
Can s/he pedal?
Can s/he throw ball?
Can s/he catch ball?
Can s/he kick a ball?

Is there any hand preference?

Ask the child to copy these shapes below:

- □
- |

Ask the child to write his/her name.

Is s/he able to undress?
Is s/he able to dress self (with the exception of difficult fastenings)?
What do they use to eat?

I do*/do not* give consent for information to be sought from my child’s
Teacher/SENCO/Principal
(* delete as appropriate)

Signature: __________________________  Date: _______________

Relationship to child: __________________________

Contact telephone numbers: __________________________

For Office Use Only:

Summary of health appraisal details:
Results of vision testing
Results of hearing screening
Perception of speech & language difficulties
Anything else identified at health appraisal
Date ___/___/____

Dear Teacher,

Re:  
Name: __________________________
Address: _______________________
_______________________________

DOB: ___/___/____

This child’s parent(s) has expressed concerns about possible clumsiness and has given permission for you to complete the enclosed questionnaire. I would be very grateful if the completed questionnaire could be returned to me at your earliest convenience.

Many thanks, in anticipation.

Yours sincerely

____________________________
SCHOOL NURSE
Clumsiness
Questionnaire for Teachers

Re: Name __________________________
Address __________________________
____________________________________
DOB: ___/___/____
Teacher’s name ______________________

1. Are there any difficulties in school in relation to clumsiness/fine motor skills? Y/N
   If Yes – please give details.

2. Are there any concerns in PE? Y/N
   Please specify.

3. Is there any hand preference? Y/N

4. Does s/he have a good pencil grasp? Y/N

5. Are writing skills commensurate with peers? Y/N

6. Are play skills commensurate with peers? Y/N

7. Are organisational skills commensurate with peers? Y/N

8. If no, to any of the above, please specify.
9. Please specify any other concerns (if any).

Completed by:
Signature

Date

Contact details

For office use only:
Summary of health appraisal details:
Results of vision testing
Results of hearing testing
Perception of speech & language development
Anything else identified at health appraisal
Faints
Guidance Notes for School Nurses

Post Primary Health Appraisals (CHS25R)
1. This question is only asked in CHS25R
2. Parents will circle Faints.
3. Look for additional information possibly at question 7
4. Contact parents by phone, if possible:
   a. To determine frequency of episodes
   b. Date of last faint
   c. Advise consultation with GP if faints are a regular occurrence.
Post Primary School Health Appraisals

1. This question is only asked in CHS25R
2. Parents will circle Acne or Other Skin Problems.
3. Look for additional information at questions 1, 2, 3 or 7.
4. If not receiving any treatment, school nurse will contact parent, advise a referral to GP and issue Acne leaflet (The Acne Support Group, Howard House, The Runway, South Ruislip, Middlesex, HA4 6SE, UK Tel: 020 8561 6868; Fax: 020 8561 6868; Email: asg@the-asg.demon.co.uk Web: www.stopspots.org.uk)