## Protocol for Primary One Health Appraisal

<table>
<thead>
<tr>
<th>Reference Number:</th>
<th>NHSCT/09/187</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Responsible Directorate:</strong></td>
<td>Children’s Services</td>
</tr>
<tr>
<td><strong>Replaces (if appropriate):</strong></td>
<td>Legacy Homefirst Protocol for Primary One Health Appraisal (July 2007)</td>
</tr>
<tr>
<td><strong>Policy Author/Team:</strong></td>
<td>Dr Clare Bailey, Associate Specialist/ Mrs Loraine Calvert, Team Leader, School Nursing/ Mrs Rosaleen Devlin, Team Leader, School Nursing</td>
</tr>
<tr>
<td><strong>Type of document:</strong></td>
<td>Departmental Protocol</td>
</tr>
<tr>
<td><strong>Approved by:</strong></td>
<td>Date Approved:</td>
</tr>
<tr>
<td>John Fenton Assistant Director – Child Care</td>
<td>6 July 2009</td>
</tr>
<tr>
<td><strong>Date Policy disseminated by Equality Unit:</strong></td>
<td>27 August 2009</td>
</tr>
</tbody>
</table>

**NHSCT MISSION STATEMENT**

*To provide for all the quality of services we would expect for our families and ourselves*
Protocol for Primary One Health Appraisal

Preparation
1. Arrange suitable dates with school staff. Teaching staff may wish to discuss concerns about individual children with the school health team, however this can only be arranged with the consent of the person with parental responsibility.
2. Prior to the health appraisal session the following documentation is issued to the person with parental responsibility
   a. CHS24R Questionnaire
   b. School Health Information leaflet
   d. Appointment letter
   e. Vision information leaflet
3. Review child health record.

Equipment
1. Health Appraisals – Guidance for School Nurses & Paediatricians
2. Child health records
3. CHS18R forms
4. School health record sheets
5. Growth monitoring equipment
6. Vision testing equipment
7. Hearing testing equipment
8. Health promotion leaflets
9. Result of health appraisal letters
10. Referral letters

Procedure
1. Ensure consent has been obtained.
2. Explain to the child and parent (where present) what the assessment will involve.
3. If person with parental responsibility is present discuss any concerns noted on CHS 24R and/or identified at the ‘school readiness check’.
   a. Confirm that the preschool boosters have been given and if not, advise the person with parental responsibility that this is now overdue and that it can be administered by the GP
   b. Confirm that the TB risk assessment has been undertaken and if not, advise Child Health System staff that relevant documentation requires to be issued in line with procedures.
   c. Where a specific concern has been raised – follow the relevant procedure advised in ‘the guidance document’

1 Hereinafter referred to as ‘The Guidance Document’
4. Where a parent is not present:
   a. If immunisations are not recorded on the child’s health record or CHS18, issue letter SN1b/07 (Appendix 2) to inform parent of the outcome of the P1 health appraisal
   b. If there is no evidence that the TB risk assessment has been undertaken, advise Child Health System staff that relevant documentation requires to be issued in line with procedures
   c. Where a specific concern has been raised – follow the relevant procedure advised in ‘the guidance document’
5. Measure height and weight as per Trust growth monitoring protocol.
6. Test vision as per Regional vision screening protocol.
7. Test hearing as per Trust hearing screening protocol.
8. Outcome of screening:
   a. Where a parent is present - discuss results of screening with child and person with parental responsibility
   b. Where a parent is not present - issue information letter SN1/07 (appendix 1) where no concerns exist, or relevant correspondence as per ‘the guidance document’ if concerns exist that require referral to paediatrician.
9. Seek consent from the person with parental responsibility to discuss any relevant concerns with the teacher and/or paediatrician and document on child’s record.
10. Health promotion advice should also be offered

Recording results
Follow the procedure - Guidance notes for completion of school examination record CHS18R and CHS21R by paediatricians and school nurses

Selection of Children for referral to Community Paediatrician
1. Follow guidance as per ‘Health Appraisals Guidance for School Nurses & Paediatricians’
2. Children with previously identified cardiac murmurs which have been shown to be innocent (oral or written evidence) do not need to be referred to the paediatrician

Recalls
1. The following children can be reviewed by the school nurse:
   a. At the request of the person with parental responsibility;
   b. At the request of a community paediatrician where there has been prior discussion with the school nurse (this is distinct from a new referral into the school nursing service);
   c. Where there has been a history of nocturnal enuresis;
   d. Child uncooperative for hearing test or previous hearing loss;
   e. Those with epilepsy and/or diabetes who require care plans to be monitored.
2. A child/young person may only be seen for review where consent has been obtained from the person with parental responsibility and/or the child.
3. School nurse review may be either:
   a. Face to face contact by appointment;
   b. Telephone contact with person with parental responsibility; or

   A letter may require to be issued in the event of either of the above not being possible

**Relevant Protocols**

- Regional protocol: Operational Protocols relating to Vision Screening Pathway for School Nurses (July 2007)
- NHSCT document: Guidance notes for completion of school examination record (SER) CHS18R and CHS21R (revised July 2008) by paediatricians and school nurses (October 2008)
- NHSCT Protocol for Growth Monitoring for School Aged Children (July 2009)
- NHSCT Protocol for Hearing Screening for School Aged Children (May 2009)
- NHSCT (Final Draft): Health Appraisals Guidance for School Nurses and Paediatricians (includes pupils in P1, Year 9 and all new entrants) (September 2008)
- NHSCT (Draft): Special Schools’ Guidance (July 2009)

**Authors**

Dr Clare Bailey, Associate Specialist
Mrs Loraine Calvert, Team Leader, School Nursing
Mrs Rosaleen Devlin, Team Leader, School Nursing

**Dates**

Originally written: February 2005
First Review: July 2007
Second Review: July 2009
To the Person with Parental Responsibility for:

Name: _____________________________________
D.O.B.: _____________________________________
Address: _____________________________________
School: _____________________________________

Your child has had a health appraisal in school. The results are as follows:

Hearing: normal/see attached letter
Vision: normal/see attached letter
Height: cms
Weight: kgs

Yours sincerely

SCHOOL NURSE

School Nursing, Northern Health & Social Care Trust, «Company», «Address1», «Address2», «PostalCode», «TelNumber».
Ref: SN1b/07

Date:

To the Person with Parental Responsibility for:

Name: _____________________________________
D.O.B.: _____________________________________
Address: _____________________________________
School: _____________________________________

Your child has had a health appraisal in school. The results are as follows:

Hearing: normal/see attached letter
Vision: normal/see attached letter
Height: cms
Weight: kgs

Our records show that your child does not appear to have had a preschool booster

You therefore are advised to contact your GP.

Yours sincerely

______________________
SCHOOL NURSE

School Nursing, Northern Health & Social Care Trust, «Company», «Address1», «Address2», «PostalCode», «TelNumber».