

SERVICE SPECIFICATION

Service	School Nursing Service
Commissioner Lead	Sharon Singleton
Provider Lead	Dot Cordle
Period	2009 - 2010

1. Purpose

1.1 Aims

The school nursing service acts as a bridge between education, health and the home supporting work on health issues and making health services more accessible to children, young people, parents, carers and staff. The aim is to promote the physical, mental and emotional well-being of the school age population, especially tackling health inequalities, and thereby enabling all young people to reach their full potential in life. School nurses work to the principles set out in Every Child Matters (2003) and the five outcomes expected for all children and young people (being healthy, stay safe, enjoy and achieve, make a positive contribution and achieve economic wellbeing).

School nurses

- Identify, assess, protect, safeguard and promote the health and well-being of the school age population
- Offer advice, care and support to individuals and groups of children, young people and the adults who care for them
- Target the necessary resources to address the health needs of this population

1.2 Evidence Base

The evidence base used to determine the future direction of School Nursing service has come from a broad selection of documents which reflect both national and local agendas. The evidence is based on meta-level reviews of evidence, including Health for all children (Hall and Elliman, 2006) National Institute for Health and Clinical Excellence guidance

- Cross-Government Obesity Unit (2008) Healthy Weight, Healthy Lives: A cross government strategy for England London: DH/DCSF (www.dh.gov.uk/en/publicationsandstatistics)
- Evidence-Based Practice Guidelines and School Nursing: Susan Adams, RN, MSN1 and Ann Marie McCarthy, RN, PhD, FAAN
- Effects of poor nutrition on school performance: Heather Caswell
British Journal of School Nursing, [Vol. 4, Iss. 4](#), 08 May 2009, pp 170 - 174

National Institute for Health and Clinical Excellence

- NICE Public Health Guidance 8 - Behaviour Change
- NICE Guidance 43 – prevention, identification, assessment and treatment of overweight and obese adults and children
- NICE Guidance CG28 - Depression in children and young people: identification and management in primary, community and secondary care
- NICE Guidance PH12 - Promoting children's social and emotional wellbeing in primary education
- NICE Guidance PH 17 - Promoting physical activity, active play and sport for pre-school and school-age children and young people in family, pre-school, school and community settings
- NICE guidance PH3 - Prevention of sexually transmitted infections and under 18

conceptions

- NICE guidance –CG57 - Management of atopic eczema in children from birth up to the age of 12 years.

The following documents provide guidance at both local and national level to inform and direct service provision:

- Health Lives, Brighter Futures – The strategy for children and young peoples health (2009)
- NHS Next Stage Review (Darzi 2008)
- Health for all Children (Hall and Elliman,2006)
- The National Service Framework for Children, Young People and Maternity Services (2004)
- The commissioning Framework for Health and Well being
- CYP Children and Young Peoples Plan
- PSA Indicators

1.3 General Overview

School nursing is based on public health principles emphasising prevention, protection and health promotion of school age children and their families. Providing a child-centred approach, school nurses work with individuals, groups, families and communities in schools, homes and in wider community settings. Across Suffolk, school nursing teams work within a multi-disciplinary and multi-agency cluster framework. School Nurses working within Special Schools offer a county wide service

1.4 Objectives

- To provide a public health focused service for children and young people
- To target resources towards children and young people living in the most disadvantaged areas to ensure greater equity of provision, reduction of inequalities of health and improved outcomes.
- To ensure effective joint working between and across sectors and agencies to enable smooth transitions and in partnership with children , young people and their families
- To work in partnership with the County Council CYP to embrace the principles set out in Every Child Matters(DFES 2003) of the five outcomes for all children and young people (being healthy, stay safe, enjoy and achieve, make a positive contribution and achieve economic wellbeing.)
- To assess, promote and safeguard the health and wellbeing of school aged children and young people.
- To provide advice, care and support to individuals and groups of children and young people and the adults who care for them

1.5 Expected Outcomes

1. School Nurses will advise schools on appropriate health programs that are available to enable all pupils to receive healthy lifestyle support and advice to allow improved attainment and attendance in schools.
2. School Nursing Services will work with Children's Commissioners to review the contribution to the delivery of PSHE / SRE in each school following completion of commissioned review as part of Safeguarding action plan (due September 2009)
3. Children in Reception classes will be weighed and measured as part of the National Child measuring Programme. Percentage of children in Reception with height and weight recorded in 2009/10 - 93% (Minimum Coverage)
4. Children in year 6 will be weighed and measured as part of the National Child measuring Programme. Percentage of children in Year 6 with height and weight recorded in 2009/10 - 88% (Minimum Coverage).
5. Schools Nurses will deliver BCG immunisation programs to targeted groups of children

and young people.

6. All children subject to a child protection plan or child in need plan will have a named school nurse.
7. All children and young people attending high and middle schools will have access to drop-in sessions offering individualised, confidential advice and support in areas such as relationships, bullying, substance misuse, sexual health and emotional health support and advice. Signposting and referral to other key agencies will be offered.
8. Intensive support and advice will be offered to the most vulnerable pupils. The School Nurses will work with the Children's Commissioners to review current school nursing service provision and to include, the management of chronic diseases, teenage pregnancies, disability, mental disorder, discrimination of vulnerable children and young people in order to improve their attendance and optimum achievements.
9. Support to teenage mothers in schools. School Nurses will offer support and advice on parenting to teenage mothers to facilitate their continued education, promote a healthy pregnancy and reduce the numbers of low birth weight babies. Additional health promotion advice will include diet, exercise, safe sex to reduce the incidence of teenage pregnancy,
10. School Nurses will work with parents, carers, specialist health professionals and others to develop in-school care plans for pupils with complex health needs and long term conditions

2. Scope

2.1 Service Description

The client group is the school age population across Suffolk from 5 to 19 in mainstream schools and from 3+ to 19 in special schools for students with additional needs. Young people who are in other educational institutions, such as Pupil Referral Units (PRU), or who are NEET, (not in education, employment or training) may also be included.

2.2 Accessibility/acceptability

The School nursing service is accessible to all children and young people between the ages of 5 and 19 years in mainstream schools (from 3 years in special schools). It is a non stigmatising service.

2.3 Whole System Relationships

The school nursing service is part of the universal children and family service but also links closely with the specialist community paediatric service as well as paediatric services within the acute setting. As part of Suffolk Community Healthcare the service is subject to organisational policies, procedures and governance.

2.4 Interdependencies

The school nursing service works alongside partner agencies in the County Council CYP and voluntary agencies arena e.g.:

Social care

Education

Education Welfare Officers

Youth and Connexions service.

2.5 Relevant Clinical Networks and Screening Programmes

HPV immunisation programme
 Immunisation forum
 Teenage pregnancy network
 Sexual health network
 Epilepsy and Allergy group
 Obesity

2.6 Sub-contractors

Not applicable

3. Service Delivery

3.1 Service Model

School nursing teams comprise qualified school nurses, community staff nurses, child health advisors and administrative support. Working in cluster areas based around school pyramids the team:

- Is the first point of contact for children, young people and those caring for them, needing health advice or information: this includes assessing individual needs, safeguarding issues, offering care, referring to other agencies as appropriate, running drop-in sessions, health surveillance.
- Supports children and young people with ongoing, specific or complex health needs; this could involve direct care, promotion of self care, supporting the parents and carers, referral to other specialists and co-ordination of services.
- Initiates and supports activities for promoting health across the school, home and community; this includes public health activities and contributing to Personal, Social and Health Education (PSHE), staff training.

Workload is categorised under the following :

- Core service: - those expected to be undertaken in all schools
- Variable service: those which will be undertaken dependent on local population, individual needs and capacity of school nursing team due to long term sickness, vacancies etc.

The table below outlines the core and variable service. The team is led by the school nurse who has responsibility for the complex elements of the workload and delegation to other members of the team.

Core service (Priority 1)	Variable service (Priority 2)
To review the health status of all children on entry to primary school (5+ screening) making referrals to appropriate services if required or providing advice and guidance directly to parents/carers. <ul style="list-style-type: none"> • Hearing • Vision • Continence • Height • Weight 	To provide training and advice for teachers and other staff on specific health needs e.g. diabetes, epilepsy, allergies, head lice etc

To measure the height and weight of all children in reception and year 6 in line with the National Child Measurement Programme To deliver pre-session talks to parents /year 6 children	To contribute to PHSE and SRE curriculum by the planning and delivery of sessions in partnership with teachers and other professionals. <i>This function will be moved into core services (priority 1) once all recruitment has taken place and staff are inducted and trained</i>
To offer open access drop-in sessions at middle and high schools where pupils are able to receive personalised support and advice in areas such as relationships, managing stress and anxiety, risk taking behaviours, obesity and sexual health.	To work with the immunisation team in the preparation of parents, children and young people prior to and during delivery of programmes. <i>This function will be moved into core services (priority 1) once all recruitment has taken place and staff are inducted and trained</i>
To work with parents, carers, specialist health professionals and others to develop in-school care plans for pupils with complex needs and long term conditions.	To support and promote healthy lifestyles by the delivery of evidenced based programmes e.g. HENRY, Webster Stratton <i>This function will be moved into core services (priority 1) once all recruitment has taken place and staff are inducted and trained</i>
To work in close liaison with key professionals such as health visitors, community paediatricians, children's services, primary mental health workers, CAMHS workers, social workers, teachers and other partner agencies.	To participate in public health initiatives within the school or local community e.g. <ul style="list-style-type: none"> • Stop smoking • Drugs and alcohol • Bullying • Healthy eating • Sexual health
To assess and prioritise referrals to the service undertaking urgent referrals as requested.	To undertake non urgent referrals to the service if appropriate.
To work with teachers and staff to identify and act to safeguard children and young people at risk or suffering from physical, sexual, emotional abuse or neglect in accordance with Suffolk Safeguarding Children's Board protocols and procedures	Undertake training and updating of areas relevant to the delivery of the school nursing service.
To undertake core assessments of children, young people and their families as part of CAF / child protection processes.	To support anti-bullying initiatives
To attend and participate in case	To work with staff, pupils and

conferences, core group and CAF meetings as appropriate.	governors to develop health related policies for school e.g. nutrition, physical activity
To undertake review and assess domestic abuse information as per safeguarding policy	To provide drop-in sessions for parents in primary schools
To work with teachers to identify children with developmental concerns, assess their health status and refer to specialist services where necessary	To support schools in reaching Healthy Schools status
To provide monthly data as requested by NHS Suffolk.	To provide information and guidance to parents/carers on health related topics.
Attend mandatory training as per SCH training programme	To provide healthy lifestyle events to support classroom based activities.
To undertake specific clinical interventions/ assessments e.g. blood spot testing (Special School Nurses only)	To participate in multi-agency sexual health drop-in sessions in line with recommendations from safeguarding action plan.

3.2 Pathways

- The Healthy Child Programme for school aged children as outlined in the NSF for Children, Young People and Maternity Services (previously CHPP) is under review but will be implemented when published. It will carry on from the Healthy Child Programme (Pregnancy and the first five years of life) enabling and supporting a smooth transition for children, young people and their families to school aged services.
- Childhood Immunisation Programme (targeted)
- Children with additional needs

4. Referral, Access and Acceptance Criteria

4.1 Geographic coverage/boundaries

Suffolk (excluding Waveney)

4.2 Location(s) of Service Delivery

School nursing teams are based with other providers in clusters mostly within local health centres or clinics. Community clusters are based on defined geographical areas served by school pyramids which also include other institutions and organisations such as early year's provision and youth services.

However school nursing practice takes place in a variety of settings, particularly in educational establishments such as schools and PRUs, healthcare organisations, also in people's homes, youth clubs, neighbourhood centres and the community and in collaboration with other agencies.

4.3 Days/Hours of operation

The school nursing service will be provided to children, young people and their families

between the hours of 09:00 and 17:00 Monday to Friday, exclusive of Bank Holidays during term time. Outside term time, a minimal service will be provided to ensure cover for safeguarding children.

Flexible services can be offered on a needs basis. It is recognised that there will be some variances in start and finish times to accommodate client preferences in geographical areas.

Services will usually be provided within schools, but can be provided within community clinics or at a child's place of residence as appropriate when supporting vulnerable families.

4.4 Referral criteria & sources

All children will be referred at school entry age or when they transfer into Suffolk. Referral for specific health related issues can be made by school staff and other professionals but will be prioritised according to need and capacity of school nursing team. Pupils and parents may also refer themselves.

4.5 Referral route

- Social Care Services – County Council Children and Young People Service
- Education Staff
- Connexions and youth workers
- Reproductive Health clinics and Young Persons Advisory Service (e.g. 4YP)
- Child and Adolescent Mental Health Team
- General Practitioners
- Paediatricians
- Community Children's Nurses
- Speech and Language and other therapists
- Dietician
- Specialist Nurses
- Paediatric Continence Nurse Specialist
- Opticians/Ophthalmologists
- Audio Clinics
- Parenting Groups
- Voluntary services e.g. parent line, young carers
- Learning Disabilities Nursing Service.

4.6 Exclusion Criteria

Pupils attending independent schools or those being educated at home do not receive the school nursing service with the exception of HPV and BCG immunisation programmes.

4.7 Response time and prioritisation

Calls to the school nursing team will be responded to within 24 hours. Where this is not possible due to part time working messages will be left on answer-phones advising callers of alternative contact numbers if the call is urgent and the days which team members work.

Comment [J1]: Cover response?

5. Discharge Criteria & Planning

Children and young people are discharged on leaving full time education, or transferring out of area. Children who are subject to a child protection plan, are looked after or have other complex needs will be transferred formally by either the Safeguarding Named Nurses or the

School Nurse.

6. Self-Care and Patient and Carer Information

Not applicable

<i>7. Quality and Performance Indicators</i>	<i>Quality and Performance Indicator(s)</i>	<i>Threshold</i>	<i>Method of Measurement</i>	<i>Consequence of Breach</i>
HCAI Control				
Service User Experience			Service user questionnaires	
Improving Service Users & Carers Experience			Involvement of children and young people when developing new services	
Unplanned admissions				
Reducing Inequalities				
Reducing Barriers				
Improving Productivity				
Access				
Personalised Care Planning				
Outcomes				
Additional Measures for Block Contracts:-				
Staff turnover rates				
Sickness levels				
Agency and bank spend				
Contacts per FTE				

8. Activity

<i>Activity Performance Indicators</i>	<i>Threshold</i>	<i>Method of measurement</i>	<i>Consequence of breach</i>
<i>Monthly face to face</i>		<i>manual</i>	

<i>contacts</i>			
<i>NCMP</i>		<i>Systemone (Responsibility of SMHP Child Health)</i>	

Activity Plan

- Face to face monthly contacts
- Roll out SYSTMONE training to school nursing service September 2009 onwards.

9. Continual Service Improvement Plan

It is likely that the majority of new staff will be new to working in the community so the induction and training programme will need to be carried out in a systematic and planned way. Specific training will be required for new and existing staff

- Sex and Relationship Education (SRE)
- Personal Health and Social Education (PHSE)
- HENRY
- Triple P

Other

- Development of evaluation/questionnaire template for service user feedback in respect of specific interventions.
- Learning from complaints and incidents
- Undertake clinical audit e.g. transfer of safeguarding records, hand washing, record keeping
- Regularly review and implement NICE guidance relevant to service
- Develop rolling audit programme
- Review model of service delivery in line with Healthy Child Programme (when published)
- Review and update training needs of clinicians in line with evidence based programmes.

10. Prices & Costs

10.1 Price

Basis of Contract	Unit of Measurement	Price	Thresholds	Expected Annual Contract Value
Block Arrangement/Cost and Volume Arrangement/National Tariff/Non-Tariff Price_____*		£		£

2009 Quality Payment				
Total		£		£

**delete as appropriate*

10.2 Annual Contract Value by Commissioner

Total Cost of Service	Co-ordinating Commissioner Total	Associate Commissioner Total	Associate Commissioner Total	Associate Commissioner Total	Total Annual Expected Cost
£	£	£	£	£	£

Appendix 1 National Child Measurement Programme (NCMP)

Vital Sign - the target

Percentage of children in Reception with height and weight recorded in 2009/10 is 93%
(Minimum Coverage)

Percentage of children in Year 6 with height and weight recorded in 2009/10 is 88%
(Minimum Coverage)

Key PCT target – in Strategic & Operating Plan

1. Purpose

The primary purpose of this programme is to inform local planning and delivery of services for children and gather local and national data.

Key Stakeholders

- NHS Suffolk
- Suffolk Community Healthcare(SCH)
- Suffolk Support Services (SSS)
- Children's Trust (Suffolk County Council, SCC)
- Parents, children and young people

2. Process

Suffolk Community Healthcare (SCH) will be required to follow relevant agreed areas within the current guidelines from the Department of Health; see the link below:

http://www.dh.gov.uk/en/Publichealth/Healthimprovement/Healthyliving/DH_073787

Key Content for SCH is as follows:

Planning for measurement
Data collection
Staff training and equipment
Working with schools and parents
Weighing and measuring
Results
Resources
Performance

3. Service Management and Administration

This programme will require overview with Suffolk Community Healthcare, who will oversee the whole programme to facilitate training staff, engagement with schools, follow up with parents for opt outs, follow up school visits and ensuring the data is submitted to a named person in Suffolk Shared Services – Child Health Department will monitor according to NHS Suffolk requirements

4. Information to schools and parents

4.1 Letters from the Director of Public Health and Director of Children & Young Peoples Services will be sent to all participating schools and parents on the approved template letter (Appendix 1)

4.2 Every family will receive a copy of 'why your child's weight matters' with opt out consent to participate in the NCMP letter (still currently awaiting delivery)

5. Staff Training

A short DVD is available showing the process for weighing and measuring, which should be shown to all staff involved in the programme. It is also available online at:

www.dh.gov.uk/healthyliving

6. Equipment

Guidance is provided on page 18 of the National Child Measurement Programme Guidance for the school year 2008/9 (Appendix 2)

7. Measurement

7.1 A simple list of bullet point instructions will be issued to every member of the School Nursing teams involved in the NCMP (Appendix 3)

7.2 Schools in the Local Education Authority (LEA) will be encouraged through the Children's Trust to work in partnership to populate a recognised template providing the details required by the NCMP Guidance (Appendix 4). This will be monitored by the Area Directors

7.3 The partnership between the LEA and Suffolk Community Healthcare can help to minimise the number of children who withdraw from participating by:

- ensuring parents are aware that the privacy and dignity of the child will be safeguarded at all times throughout the process;
- reassuring parents that their child's measurements will not be revealed to anyone else in school;
- emphasising the context of promoting healthy lifestyles, especially healthy eating, physical activity and healthy weight.

7.4 Children's anxieties about being weighed and measured should be addressed sensitively, and children should be actively encouraged to participate, however an unwilling child should not be forced to participate

7.5 Pupils **should not** be informed of their own results under any circumstance i.e. they should not be given their results on a piece of paper to take home. This is so that there is no risk of the results getting into the hands of children's peers and resulting in comparisons of results and bullying.

7.6 If parents wish to request results they are entitled to do so through a health professional. (This will be superseded in April 2009 when parents will receive feedback which will be discussed and separately agreed with SCH)

7.7 Schools should not be given the results of the weighing and measuring

7.8 BMI should not be calculated at the time of measurement

7.9 Any child absent on the day of measurement should be followed up by the school nursing service and measurement forwarded on a separate form to the NCMP coordinator at St Clements

7.10 Any parent who refuses to participate in the NCMP should receive telephone contact or a home visit following guidance on the NCMP website 'how to persuade parents'. This will be undertaken as required.

7.11 All year 6 children will be provided with a leaflet about the NCMP, available from Suffolk Support Services

8. Data

8.1 A standard form containing slots for all the mandatory data is provided for data collection and submission (Appendix 4). This is to be emailed or posted to all participating schools by Suffolk Community Healthcare. The correspondence will contain a clear explanation of the schools expected participation, and the template should be populated with the required information.

Commissioners will have agreed this through the children's Trust arrangements.

Mandatory data is as follows:

- School name
- School year
- Pupil forename and surname
- Pupil date of birth
- Pupil gender
- Pupil full postcode
- Pupil ethnicity

The school nurses will complete the following:

- Pupil height
- Pupil weight
- Date on which measurement took place
- Name and contact number of nurse performing measurement

In addition exceptions should be clearly noted on the template:

- Parent declined
- Child declined
- Absent
- Other problems encountered

This enables them to be taken from the denominator as exceptions

8.2 Once measurement in the school has taken place the form is returned to a nominated person in Suffolk Shared Services - Child Health in a sealed envelope using the internal post within 7 days of the date of measurement.

8.3 It will be loaded into a Data Capture Tool (DCT) which uses the height and weight to calculate the Body Mass Index of each child and validates it (not undertaken by SCH)

8.4 One copy of each form will be retained by the school nurse in an envelope in a locked drawer or cupboard – or consistent with current guidance.

8.5 Details of any school who does not supply the mandatory data to the school nursing service should be reported to the NCMP co-ordinator on the day of measurement

9. Movement of Data

If data is being moved in the internal system the following protocol must be observed:

- A copy of the data should be taken
- Copies should be held in a locked cabinet
- Copy should be placed in a sealed envelope
- An e-mail should be sent to inform recipient of expected data movement(Child Health to supply SCH with a name)
- Once the recipient has received the data – an e-mail should be sent to confirm the receipt
- If data is not received within 5 working days – the sender should report the loss as an incident, and an investigation will commence

10. Parent Feedback

For 2008/9 feedback to parents will commence in April 2009 and in discussion and agreement with SCH may in the first instance be based on an agreed pilot area to enable NHS Suffolk to gain insight into the practical timescale for feed back to parents. It will be mainstreamed from September 2009 with appropriate resources in place.

Parent feedback will be generated from the new Data Capture Tool and will be coordinated from Suffolk Shared Service

11. Performance Requirements

11.1 A plan or schedule of proposed activity for the school year 09/10 will be sent to the Health Improvement Manager responsible for the NCMP in NHS Suffolk, Public Health Directorate by the NCMP co-ordinator in Suffolk Community Healthcare (SCH). At the end of every half term updates to this and any delays will be reported

11.2 A uniformed approach is required across the school nursing service for the delivery of the NCMP – measurement and data collection

11.3 SCH to provide Health Improvement Manager responsible for the NCMP in NHS Suffolk, Public Health Directorate, on the 1st of each month by e-mail a list of parents/children/schools who have opted out with details of action being taken (commence April 09)

11.4 Templates to be sent to Suffolk Shared Services – Child Health within 7 days from April 09.

11.5 SCH will be responsible for reviewing the NCMP website at regular intervals and taking account of updated guidance

Appendix 2 Equipment

Accuracy of measurement depends on the correct use of good quality equipment. Scales should be properly calibrated.

To calibrate Class III scales purchased after 01 Jan 2003, they should be checked to their full capacity annually by either recognised Weighing Federation members or EBME technicians using traceable weights. If the scales display weights within in-service tolerances appropriate under the Regulations, they should then be usable throughout the year. If not, they must be taken out of service and returned to an Approved Body for calibration and verification.

Scales purchased before 01 Jan 2003, and therefore falling outside the criteria of EU Directive 90/384/EEC, can be checked and/or calibrated annually by EBME workshop staff with access to traceable weights. If you have traceable weights, you could consider more frequent checks but, in general, scales checked annually can be confidentially used for the rest of the year.

An approved list of weighing scales can be viewed www.dh.gov.uk/healthyliving. However, this list is not exhaustive. If PCTs are using, or planning to buy, scales that are not the list, they should ensure that the product is CE marked with the last two digits of the year of manufacture (e.g., CE07 for a product manufactured in 2007); has a black M on a green background; and has a 4-digit number identifying the notified body.¹¹

The Department of Health recently issued an alert regarding the need to use class III scales in certain settings. This applies to the NCMP, and so all PCTs should be using class III scales. This alert does not change previous advice that we have provided about the use of scales.

Height should be measured with a correctly assembled stand-on height measure. Wall-mounted, sonic or digital height measures should not be used.

Appendix 3

National Child Measurement Programme Checklist for the School Nursing Service

Before measuring

- Phone the school you are planning to visit and make sure they have received a copy of the standard template and that it has been populated with the details of the children you are planning to measure. The details the school is required to add to the form are the child forename and surname, gender, home postcode, date of birth and ethnicity.
- The form should also have the school name and the 6 digit school Unique Reference Number given to it by the DFES. Make sure that you take an envelope or wallet with you, in which you can place the completed form/s and any opt out slips.

Children not being measured

- If a child is not in school make sure you mark the form either ABSENT, SICK, HOLIDAY, LEFT or OTHER in the Reason column next to the child. You will need to visit the school on another occasion in order to ensure these children are all measured.
- If a child has an opt out slip please write OPT OUT in the reason column for that child. Parents who opt out their child will be contacted by the designated NCMP link.
- It may be necessary for a home visit using the guidance on the NCMP website 'how to persuade parents'
- If a child in the cohort is new please add to the list with the relevant details after ascertaining consent or opt out.

Children being measured

- If a child has a limb in a cast or has any other apparatus that may materially affect the weight of the child, estimate the weight and subtract it from the child's measured weight. Please do not mark or make notes on the forms.

After measurement

- Make a note in your diary of the school you visited, and the date.
- Take copies of each form to be stored by SCH in a central place.
- The completed forms should be returned to the identified person in Child Health at St Clements Hospital using the internal post within 7 days of measurement.
- To comply with information governance best practise make a note in your diary and on all copies of the forms of the date when you sent the forms in the internal mail. The identified person in Child Health (to confirm they are able to give a named person for this) will contact you when they receive the form; make a note in your diary and on the copies of the forms of the date the forms were received and the name of the recipient.
- If, after a week, Child Health have not confirmed receipt of the forms phone them and tell them which forms you are waiting confirmation for. If they cannot find the forms, inform your manager.

Storing forms

- The forms will need to be stored for three months after the annual deadline has expired, and then shredded

Further information

- A full set of guidelines can be found by going to the following website

http://www.dh.gov.uk/en/Publichealth/Healthimprovement/Healthyliving/DH_073787

