# **School Nurse**

# **Orientation Programme**

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| --- |
| Name: (School Nurses Name) |
| School Based Health Centre: (enter school name) |

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Acknowledgements:

This document has been based on the structure and information from:

* PHN Orientation Workbook, January 2011. Counties Manukau Health, Public Health Nursing.
* National Youth Health Nursing- Knowledge and Skills Framework, 2014. National Youth Health Nurses Reference Group, SYHPANZ.
* *Health*WEST School Nurse Orientation Manual, March 2018.

We extend our grateful thanks to all those who contributed to this orientation workbook. It is a modifiable template produced by NZSN for use in SBHS and can be adapted for individual school settings. The original version can be found on the NZSN website: [www.nzschoolnurses.org.nz](http://www.nzschoolnurses.org.nz)

**1.1 School Nursing VISION AND VALUES**

School Health Services have a vital role to play in helping Young People to stay well and enable those with health problems to get back to good health. Nurses strive to empower youth, and their Whanau, by providing care, guidance and support to address their health needs and promote wellbeing. School health clinics provide an accessible service which is delivered utilising a youth development approach; strengths based, and youth focused.

School Nurses are increasingly recognised as experts in Youth Health, providing a valuable contribution in improving the health and wellbeing of students in schools.

School health nurses recognise that health is a social as well as an individual responsibility and will work collaboratively with individuals, families, school staff and groups and communities with a vision to improve health and wellbeing for Rangitahi in Aotearoa.

We will pursue this vision through:

1. The provision and support of effective and innovative child and youth health services.
2. Education, professional development, research and advocacy of child and youth health.
3. Integration and co-ordination with other child and youth service providers
4. Integrating youth health services with schools’ values and providing support and input within the education setting.
5. Co-designing youth health services with young people where possible.

**2.0 INTRODUCTION**

Welcome to School Health Nursing:

We are delighted to welcome you into our Health team at (enter school name).

School Nurses provide onsite, accessible, free healthcare services to students in schools.  Our service is committed to providing a quality, integrated, safe service that is youth focused and provides a valuable contribution in improving the health and wellbeing of students in schools. We hope you enjoy your Orientation Programme as you learn new nursing skills and practices and adapt your existing skills to the school setting.

**2.1 Orientation Programme Outline**

We hope that the Orientation Programme will provide you with the guidance and support you need.

The Orientation Programme aims to provide you with support as you orientate into the service. The aim of this workbook is to provide a tool for new school nurses, and experienced nurses transferring to a new school, to assist the nurse to enhance practice, identify any gaps in practice and improve client safety. It is expected that you will be responsible for your own ongoing learning, utilising the people and resources available.

The Orientation Programme for school nurses is recommended to take 10 weeks.

For the first 2- 4 weeks it is recommended that you will be intensively involved in an educational relationship with your preceptor and other experienced School Nurses. During this time, you will be expected to participate in all aspects of school nursing work.

Where a school nurse will be working as a sole practitioner, it is recommended that they complete the first 2-weeks of the Orientation in a neighbouring school working alongside an experienced school nurse, as a supernumerary nurse.

During the 10 weeks we suggest you meet at least weekly with your Preceptor to discuss progress and set objectives.

**In the first 4 weeks you may like to achieve the following:**

* Become familiar with school processes and procedures
* Meet key people within the school and external services
* Demonstrate clinical documentation, clinic patient management system and use of the school IT system

**In weeks 5-10 you should also complete:**

* The Orientation workbook, and have covered each of the sections with your preceptor including discussing the essential skills sections and identifying where further professional development is required
* Demonstrate progress in your school nursing practice
* Arrange a time with your Manager (preferably a nurse manager) for your performance review at 10 weeks and include your Preceptor to provide feedback. At your performance review, take your Orientation Manual with you
* Ensure feedback is provided to your School Line Manager for the 3-month appraisal
* Set objectives for ongoing performance development

**Your previous work experiences**

We would like to acknowledge the varied experience nurses bring to their new School Nurse position. This experience will influence the Orientation, including the level of preceptorship needed and the time required before a full workload can be undertaken.

**2.2 Standards of Nursing Practice**

It is the expectation that all nurses will always adhere to the

* NCNZ Code of conduct

(http://www.nursingcouncil.org.nz/Nurses/Code-of-Conduct)

* the HDC Code of Health & Disability Services Consumers Rights

http://www.hdc.org.nz/your-rights/about-the-code/code-of-health-and-disability-services-consumers-rights/

* NCNZ Guidelines for Cultural Safety, the Treaty of Waitangi and Maori Health

<http://www.nursingcouncil.org.nz/Publications/Standards-and-guidelines-for-nurses>

* NCNZ Guidelines: Professional Boundaries

http://www.nursingcouncil.org.nz/Publications/Standards-and-guidelines-for-nurses

* New Zealand Nursing Council’s RN/EN Competencies for registration

http://www.nursingcouncil.org.nz/Nurses/Continuing-competence

Please ensure that you are very familiar with these documents as they are the basic documents that formulate New Zealand’s nursing standards.

**3.0 FAMILIARISATION**

In your 10-week Orientation there will be things you will need to know how to locate, people you will need to meet and departments you may like to visit. Your preceptor will be able to assist you with this and the following sections will guide you with what you need to cover.

**First Day Checklist**

|  |  |  |
| --- | --- | --- |
| **Item** | **Comments** | **Signed** |
| Tour of school and clinic, school map |  |  |
| Timing of breaks, where to get hot drinks/ food |  |  |
| Standards of dress |  |  |
| ID Badge, stamp, office key, diary, photocopier codes, swipe cards |  |  |
| Computer access, logon, school email |  |  |
| Parking for staff |  |  |
| Payslips, Payroll and rates of pay |  |  |
| Expected hours and days of work |  |  |
| Out of hours access and alarms |  |  |
| Leave application- annual leave and reporting sick leave |  |  |
| Booking professional development |  |  |
| Fire alarms, extinguishers, defibrillator |  |  |
| Emergency procedures |  |  |
| Orientation workbook given |  |  |
| Sign Contract and Job Description |  |  |
| Check Police Vet, drivers licence, Indemnity insurance |  |  |

**First 4 weeks:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Meet Team Members**  **(and know how to contact them)** | **Name** | **Contact phone numbers** | **Signed** |
| Principal |  |  |  |
| Principal’s PA |  |  |  |
| Senior management staff, Deans, and your Line Manager |  |  |  |
| Administration/receptionist |  |  |  |
| Health and Safety co-ordinator |  |  |  |
| IT support staff |  |  |  |
| PE and health co-ordinator |  |  |  |
| Cultural leaders e.g. HOD Maori |  |  |  |
| Careers advice staff |  |  |  |
| Learning support staff |  |  |  |
| Tuck shop staff |  |  |  |
| Caretaker |  |  |  |
| **Pastoral care team:** |  |  |  |
| Guidance counsellor |  |  |  |
| Social workers |  |  |  |
| Youth workers |  |  |  |
| School doctor |  |  |  |
| Learning support staff, RTLB, SENCO |  |  |  |
| Community Police in schools |  |  |  |
| Senior Management representative |  |  |  |

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| --- | --- | --- |
| **Locate and understand processes and procedures:** | **Comments** | **Signed** |
| **Student clinic consultations** |  |  |
| Student ‘pass’ system and school system for tracking student’s location |  |  |
| Appointment/recalls |  |  |
| Internal/ external referrals |  |  |
| Documentation of consultations |  |  |
| Medication procedure/ documentation |  |  |
| Infection control procedures at school and universal precautions |  |  |
| Confidentiality and sharing information |  |  |
| Contacting family |  |  |
| Sending students home |  |  |
| Student appointment outside school |  |  |
| Transporting students, travel allowance |  |  |
| Identifying students with pre-existing health conditions and their care plans |  |  |
| ACC registration |  |  |
| Staff health and safety and how to organise staff flu vaccines |  |  |
| **Clinic Emergency response** |  |  |
| Use of Fire alarms and extinguishers |  |  |
| First aid bag and Defibrillator |  |  |
| Oxygen and emergency equipment |  |  |
| Disaster box/ earthquake kit |  |  |
| First Aid locations around school, including First Aids kits for sports teams |  |  |
| List of First Aid trained staff |  |  |
| Incident documentation and reporting requirements for serious harm incidents |  |  |
| Procedure for calling an ambulance |  |  |
| Lock down, bomb scare, traumatic incident response procedures |  |  |
| Personal safety considerations including panic button/procedure for the clinic |  |  |
| Ensure you have a current First Aid Certificate |  |  |
| **Guidelines and documentation** |  |  |
| School Health Documentation |  |  |
| School Policies, Procedures and Guidelines, including EOTC and out of school sport procedures |  |  |
| MOE NAGs/NEGs and ERO wellbeing guidelines |  |  |
| Nursing Policies, Procedures and Guidelines |  |  |
| Standing orders |  |  |
| Reports to school management/BOT |  |  |
| Statistics/clinic data reports |  |  |
| **Resources** |  |  |
| Resource room |  |  |
| Ordering Clinic supplies/ medication |  |  |
| Photocopying |  |  |
| Clinic budget and Petty cash systems |  |  |
| School hardship fund |  |  |
| **IT** |  |  |
| School student management system |  |  |
| Clinic database |  |  |
| Internet access and safety policy |  |  |

|  |  |  |
| --- | --- | --- |
| **Departments/staff to spend time with** | **Visited (date)** | **Signed** |
| Student Programmes/groups held at school e.g. Stand Up, Travellers, Diversity group/ PSSP/ GSA, cultural groups, peer mediators, breakfast club. |  |  |
| School visiting Health Professionals e.g. Physiotherapist, Clinic doctor, Asthma nurse educator, Diabetes nurse educator, Psychologist, Public Health Nurse, District nurse |  |  |
| Teacher in charge of Health Curriculum and English/homeroom staff (contact with all students, and may identify and refer students with health and social needs) |  |  |
| Learning support/Special needs classes |  |  |
| School student health council |  |  |

|  |  |  |
| --- | --- | --- |
| **Organisations you may like to visit or identify how to contact** | **Visited (date)** | **Signed** |
| Local GP and physiotherapy services |  |  |
| Emergency care and X-ray service |  |  |
| Sexual health services/ Family Planning |  |  |
| Local Mental health services |  |  |
| Pharmacy |  |  |
| Laboratory- organise codes and forms |  |  |
| Dental service |  |  |
| Optometrists |  |  |
| Local Youth Health services |  |  |
| Health Camp, Diabetes teen camps |  |  |
| Child Protection Service |  |  |
| Strengthening Families |  |  |

|  |  |  |
| --- | --- | --- |
| **Acts and legal aspects related to School Nursing** | **Reviewed and discussed (date)** | **Signed** |
| Health and Disability Act 2000 |  |  |
| Vulnerable Children Act 2014 |  |  |
| Domestic Violence Act 1995 |  |  |
| Crimes Amendment Act 2011 |  |  |
| Medicines Act 1981 |  |  |
| Contraception, sterilisation and abortion Amendment Act 1997 |  |  |
| Privacy Act 1993 |  |  |
| Public Records Act 2005 |  |  |
| Children, Young Persons, and their Families (Oranga Tamariki) Legislation Act 2017 |  |  |
| Treaty of Waitangi 1975 |  |  |
| Health Practitioners Competency Assurance Act 2003 |  |  |
| Annual Practising Certificate |  |  |
| Performance review and PDRP |  |  |

**4.0 ESSENTIAL SKILLS**

The Orientation Programme skills are designed to extend an individual’s nursing practice in the speciality of School Nursing and are viewed as foundational knowledge. In completing the competencies, critical thinking is utilised and professional accountability displayed.

**Essential skills and Learning Parameters**

|  |  |  |
| --- | --- | --- |
| **Engagement and understanding of young people** | Initial | Example/comment |
| Understand the challenges faced by young people during the rapid developmental changes of adolescence (physical, cognitive, psychological, emotional, cultural and social) that may impact on their health. |  |  |
| Develop knowledge of theories of youth health and become aware of strength/ resilience-based practice and positive youth development and how this may be applied to nursing practice in school health. |  |  |
| Describe barriers young people may face in accessing health care and consider the need for youth appropriate services. |  |  |
| Explain the importance of initial engagement and developing rapport and effective youth friendly communication when engaging with young people and their family/whanau. |  |  |
| Discuss the boundaries of student/staff member relationship, including use of social media and phone contacts. |  |  |
| Discuss young people’s desire for independence and autonomy while acknowledging the influence of family/whanau and show an understanding of how to integrate the rights of the young person. |  |  |
| Describe the principles of family centred care and how they are applied to the school settings. |  |  |
| Demonstrate approaches that enable relationships to be developed between young people/parents/caregivers and the nurse, and how they may participate in care. |  |  |
| Understand the principles of Te Tiriti o Waitangi and Te Whare Tapa Wha model. |  |  |
| Describe and discuss the characteristics of your population/whanau and how this impacts on young people. |  |  |
| Identify and discuss the potential impact of cultural and socioeconomic factors for young people and their families. |  |  |
| Demonstrate cultural responsiveness in a manner that the young person /whanau determine as culturally appropriate. |  |  |
| Identify resource people to use as cultural advisors. |  |  |
| **Youth Participation** | Initial | Example/comment |
| Identify how to actively involve young people in their health and decisions that affect them. |  |  |
| Discuss how to involve young people in the health care provided at school and development of the service. |  |  |
| Review the Student Satisfaction Survey and identify how this can be utilised in your school to improve services. |  |  |
| Identify what is involved in the requirement to ensure privacy, confidentiality and informed consent when working with young people. |  |  |
| **Child Protection** | Initial | Example/comment |
| Discuss the legal, professional and ethical considerations when family violence/ child protection concerns are suspected or disclosed. Identify the policies and procedures of the organisation for the process of reporting suspected abuse. |  |  |
| State the limits of consent and confidentiality with regards to safe practice. |  |  |
| Recognise the different types of abuse, signs that a young person may exhibit, and identify the potential risk factors associated with child abuse and neglect. |  |  |
| Demonstrate family violence screening, assessment, intervention and documentation. |  |  |
| Discuss the different effective communication techniques to support the young person throughout the process, and awareness of the importance of advocacy. |  |  |
| Discuss the rationale why there is necessity and expectation for consultation with others when dealing with child abuse e.g. nursing team member and/or Oranga Tamariki staff. |  |  |
| Outline the process of referring a young person to Oranga Tamariki. |  |  |
| Identify potentially volatile and violent situations and discuss appropriate de-escalation techniques. |  |  |
| **Clinical Considerations** | Initial | Example/comment |
| Review the nursing process (assessment, diagnosis, planning, implementation and evaluation) and documentation in the school setting, using frameworks such as SOAP, HOAP, or ADPIE. |  |  |
| Demonstrate timely, accurate and legal record keeping. |  |  |
| Discuss confidentiality of clinical notes and the sharing of information with other professionals or organisations. Identify how to deal with different expectations from guidance counsellor, teachers and senior management. |  |  |
| Discuss the process of obtaining informed consent of the young person to make appropriate referrals as require. |  |  |
| Identify appropriate agencies in the community to refer young people. |  |  |
| Discuss personal safety guidelines including dealing with difficult, aggressive students, and have an awareness of clinic layout and safe exit in confrontational situations. |  |  |
| Identify when you may be under stress and strategies to manage this. Have knowledge of debriefing and professional supervision available and responsibilities of those involved. |  |  |
| Identify potential hazards, accidents and incidents (including near misses) and the process in place in the school to respond to these (including who to notify, forms used and work safe requirements). |  |  |
| Identify Infection control practices and how they apply to the community setting. |  |  |
| **PHYSICAL ASSESSMENT and TREATMENT**  Demonstrate the ability to recognise and respond appropriately to acutely ill/injured young people. |  |  |
| Ensure First Aid Certificate and CPR updates are current. |  |  |
| Discuss first aid responses in your school to common injuries and illness e.g. head injury, fractures, lacerations/abrasions, chemical burns, strains/sprains, eye injuries, allergy and anaphylaxis. |  |  |
| Discuss assessment considerations and differential diagnosis for common presenting conditions e.g. headache, abdominal pain, skin infections, back pain, upper respiratory tract symptoms (see appendix A). |  |  |
| Identify infectious diseases, early symptoms, mode of transmission and exclusion period from school (<https://www.healthed.govt.nz/resource/infectious-diseases>)  and discuss school wide response to pandemic/notifiable diseases. |  |  |
| Assess vision, hearing and oral health problems and refer appropriately. With student consent, ensure teaching staff are aware of any impediments to learning. |  |  |
| Complete HEeADSSS assessment training and demonstrate effective and confident use of the tool. Describe why it is an essential tool to use in youth health and identify possible avenues for follow up or referral. |  |  |
| Understand the need to prioritise support for students with high health needs and those more likely to experience disadvantage e.g. Maori, refugee, low socio-economic background. Identify how to prioritise HEeADSSS assessment for these students and those disengaged with school. |  |  |
| Discuss frequent use of school health services for students who may use this to avoid class. Identify support for students disengaged with school and learning and refer with student consent. |  |  |
| Demonstrate the provision of smoking cessation advice to a young person or family and provision of Quit cards. |  |  |
| **MENTAL HEALTH**  Aware of mental health screening, and identify and discuss assessment tools such as SDQ, SDFQ, PHQ- 9, GAD-7, BATOMI. |  |  |
| Recognise urgent and complex mental health problems in young people and identify appropriate services for referral, collaborating with pastural care team staff to identify students’ psychosocial problems and provide input and intervention. |  |  |
| Understand the nature of suicidal behaviour, be able to identify risk and protective factors, assess immediate risk, and develop a referral/ intervention plan. |  |  |
| Aware of extra support provided at school for students with ADHD/ASD. |  |  |
| Able to access appropriate screening tools for alcohol and drug use e.g. SACS ABC, CRAFFT, CAGE and recognise levels of substance abuse along the continuum of use, provide brief interventions, and refer appropriately. |  |  |
| **CHRONIC CONDITIONS**  Explain the system in place to identify young people who have a chronic illness. |  |  |
| Discuss the impact long-term medical conditions/ chronic illness can impact on young people’s development, and how developmental issues impact on the management of a chronic health condition, e.g. asthma, diabetes, epilepsy, enuresis/encopresis, renal conditions, rheumatic fever and cardiac conditions. |  |  |
| Aware of care plans and recalls in place for students with chronic health conditions and how to support these young people, including plans for events outside the school. |  |  |
| Knows how to liaise and advocate for students under the care of other agencies e.g. Diabetes clinic, Asthma nurse specialist, Rheumatic fever clinic, and ensures appropriate referrals are made if required. |  |  |
| Identify the impact of hospitalisation/healthcare settings, the impact on schooling and approaches that may minimise this. |  |  |
| Identify and know how to assess for eating disorders and obesity, discuss healthy nutrition and exercise, and provide support or referral. |  |  |
| **SEXUAL HEALTH**  Explain the need for a comprehensive reproductive and sexual health assessment to identify key risk and protective factors. |  |  |
| Explain legislation pertaining to young people and their sexual and reproductive health. |  |  |
| Discuss appropriate sexual and reproductive health care and providing support and education about contraception/STI/ pregnancy and referral to appropriate services. |  |  |
| Consider the need for Emergency Contraceptive Pill endorsement and book the training if required. |  |  |
| Discuss the issues relating to sexual Orientation and identity for young people. Provide support for school’s Diversity groups. |  |  |
| **Health promotion** | Initial | Example/comment |
| Discuss the difference between health promotion, disease prevention and health education. |  |  |
| Demonstrate opportunistic health education at student clinic visits. |  |  |
| Identify opportunities within the school (for students/staff) and community for health promotion and discuss ways to plan and facilitate these events. |  |  |
| Aware of the MOE Heath Curriculum/ English Curriculum and liaise with teachers about Nurse involvement where issues may arise from social/health concepts covered in class. Where appropriate, support the teacher in aspects of providing information to classes. |  |  |
| Discuss with teachers of Health/English possible topics students may use to promote health when undertaking independent research and presentations as part of the curriculum. Provide support and information for students and teachers as required. |  |  |
| Supports student involvement in school health promotion e.g. student health council initiatives. |  |  |

**Appendix A: Clinical Considerations for common presentations**

The teen years present unique challenges for young people as it is a time of rapid change physically, mentally and emotionally and a period of increasing independence. These changes may impact on the health of young people and their ability to provide for or meet their own health needs.

The following includes some common symptoms that young people may present with when accessing help at the school health clinic. When assessing these young people, it may be helpful to consider some causes not always immediately apparent. These visits may be a way for the student to become more familiar with the Health service, building trust before disclosing what is really troubling them.

|  |  |  |  |
| --- | --- | --- | --- |
| Presenting symptom | Possible causes | Assessment | Treatment considerations |
| **Headache** | **Physical**  -ILLNESS including infection, sinusitis, dental disease, ear ache, infectious diseases, meningitis, migraine, severe hypertension, reduced visual acuity  -INJURY including concussion, head or neck injury, Musculoskeletal fatigue related to long screen time exposure.  **Psychologica**l- headache associated with mental health disorder/ depression, sleeping disruption due to anxiety.  **Social**- stress related to family and home situation, friends, school, bullying/ cyber bullying, substance abuse/ hungover, lack of food or fluids, lack of sleep. | Headache duration, severity, sudden or gradual onset, location of pain, radiating, previous headaches and what relieves it (OLDCART).  Medical history and any unusual activity in the last week.  Check temperature, blood pressure, pulse. If indicated: otoscopy.  Ask about other symptoms/aches, skin rash, stiff neck, altered level of consciousness (do GCS), confusion, dizziness, speech impairment, seizure,  visual changes, numbness, tingling, photophobia, nausea, vomiting, dehydration.  If indicated PHQ-9, (depression screening tool) and GAD-7 (anxiety screening tool) | Consider urgent referral to doctor if symptoms indicate more serious illness e.g. high fever, Intracerebral haemorrhage, meningitis, infectious illness.  Recurrent presentation with headache may require assessment and support for possible migraine or psychosocial problems. |
| Presenting symptom | Possible causes | Assessment | Treatment considerations |
| **Abdominal pain** | **Physical-**  Bowel disease, celiac disease, indigestion/ reflux, side effect from medication e.g. antibiotic or anti-inflammatory, abdominal migraine, constipation, food poisoning/diarrhoea, food intolerance, allergies, UTI, appendicitis, menstrual discomfort, pregnancy, PID, STI.  **Psychological-** anxiety, depression.  **Social-** stress or anxiety related to school, family, friends or home situation. Disengagement with school or bullying/cyber bullying or academic concerns may lead to school avoidance. | Pain’s severity, duration, onset, type (dull, stabbing, sharp), location, radiating, night waking, previous abdominal pain, what relieves it (OLDCART)  Assess for fever, abdominal tenderness, guarding, bloating, distension, nausea, vomiting, diarrhoea, constipation, rectal or vaginal bleeding, black stools, weight loss, urinary symptoms, pregnancy and other medication, growth and general nutrition. | Consider referral to doctor if symptoms indicate more serious illness such as inflammatory bowel disease, possible pregnancy, PID, appendicitis.  Night waking suggests peptic ulcer disease or reflux.  Promote adequate fluid intake, exercise, fibre, healthy diet and food safety. |
| Presenting symptom | Possible causes | Assessment | Treatment considerations |
| **Respiratory symptoms** | Upper respiratory tract infection, Influenza, post nasal drip, Asthma, Infectious disease, seasonal rhinitis, allergy. Consider concurrent Streptococcus throat infection. | Assess temperature, body aches, sweating, rash, cough, shortness of breath, nasal discharge, headache, swollen lymph nodes, ears and eyes, sore throat symptoms. | Consider referral to GP for infectious disease diagnosis and exclusion from school.  Sore throat should be assessed for risk of Rheumatic fever and swab taken. |

**Appendix B: Suggested Reading**

* National Youth Health Nursing Knowledge and Skills Framework
* Ministry of Health. Youth Health Care in Secondary Schools: A framework for continuous quality improvement
* Successful School Health Services for Adolescents
* Youth Development Strategy Aotearoa.

These documents and further support, resources and links to additional information can all be accessed via [***www.nzschoolnurses.org.nz***](http://www.nzschoolnurses.org.nz/)