Transition to the School Nursing Service

Contents

Section C - Policy

Chapter 9: Working safely in the community

Introduction

This chapter will explore some general issues around working safely whilst working within the school nursing team (SNT). Employers have a responsibility to ensure their employees are safe and all local areas will have guidelines and policies around working in the community. There is legislation that exists to support and protect you in this environment and your employers need to ensure that measures are in place to prevent or minimise risk. You will be working in a variety of different settings within the community including: education environments, health clinics, homes, community centres, youth centres and Children's Centres.

The aim of this Chapter is to:
- Explore some of the legislation that protects nurses working in the community
- Consider your own personal safety when working in the community
- Consider how risk is assessed in education settings and elsewhere in the community

Thinking about your move to working in the SNT, what situations have you encountered where a risk assessment may have been needed? What local policies and procedures are there are in your area about safe working practices?

The concept of risk can be defined in many ways and you may have considered the risks related to your working practices as being either personal to you as a practitioner, or it may relate to the risk to others. This may be risk to children, young people and their families or it may be the risk to other members of the team that you are working with or the wider teams that you are working with. The safeguarding of children and young people has been discussed in Chapter 6, but there other safety concerns that you will need to be aware of, which include issues such as infection control or safe handling of medicines or vaccines.

Personal safety, health and wellbeing

School nursing practice is about supporting others to be as healthy as they can be in order to enjoy and achieve. It is important that you consider your own health, wellbeing and safety as well as others when working in the community. Make sure that you are fit to work and look after your physical health and emotional wellbeing (consider your work/life balance for example!). Stress at work can be a very real problem and in the community setting it can be particularly stressful when you are working with limited resources and dealing with difficult situations. You will be able to contribute to the well-being of others more effectively if you are healthy yourself.

Personal reflection and thinking point: think about what you do to stay healthy? Do you eat well? Do you do regular exercise? What do you do to relax? Are there things that you could change to enable you to be a role model for those that you are in contact with?

School nurses can be classed as 'mobile workers working away from their fixed base' (HSE, 2009 p 2). There are two main pieces of legislation

'Visiting homes is a very different experience to seeing children or young people in an educational setting or clinic.'

that should protect workers in this situation:

The Health and Safety at Work Act 1974: Section 2 sets out a duty of care on employers to ensure the health, safety and welfare of their employees whilst they are at work.

The Management of Health and Safety at work Regulations 1999: Regulation 3 states that every employer shall make a suitable and sufficient assessment of:

- the risks to the health and safety of his employees to which they are exposed whilst they are at work; and
- the risks to the health and safety of persons not in his employment arising out of or in connection with the conduct by him of his undertaking.

A lone worker is someone who works by themselves without direct or close supervision. When working with the school nurses, you may find yourself in situations of working alone in a clinic after school, or working at weekends and accessing clinic buildings etc. It is important that you become familiar with and know how to access your Trust's lone worker policy and adhere to it, in order to assist with your own personal safety. As part of your learning for this Chapter it is recommended that you read your Trust policy on Lone Working. This is essential as it may vary from trust to trust and also there is a great deal of hearsay around this subject, so new employees need to read and refer to it regularly.

Driving while at work

When using your own car for work please consider the following:

1. You need a full driving licence - obvious we know - but you must have one!
2. Be aware of the type of vehicle insurance that is required whilst employed. Also your employer's insurance responsibilities
3. Have an understanding of the procedure if you have a road traffic accident whilst working
4. Have knowledge of the rules around taking passengers eg students or colleagues when driving whilst employed during working hours
5. Be aware of the rules around traffic offences including the accumulation of points - disqualification, speed, alcohol, using a mobile phone, dangerous driving whilst employed and how to report any incident.

6. What are the rules in your Trust about getting parking tickets whilst on duty?
7. It is not advisable to give children, young people or members of their family a lift in your car.
8. As part of your learning for this Chapter it is recommended that you read your Trust policy on Insurances and also policies around Traffic offences
9. Also read your employers' policy on the use of your own car for work purposes. This will be within the Trust policy on Insurances which will vary from Trust to Trust. You will also need to check your own insurance policy.

Visiting children, young people and families at home

There are occasions when you may visit children or young people at home, this may be joint visits with other agencies or you may be on your own. Visits are made to the home for a number of reasons:

- An assessment for a Looked After Child (children in care)
- As part of a child protection plan
- A child who is refusing to go to school
- A child who is not attending school for other reasons
- A home schooled child.

Visiting homes is a very different experience to seeing children or young people in an educational setting or clinic. You will need to be aware of both yours and the family's rights in this situation. The 'home' that you may visit may not be as you would expect it to be, for example you may visit a Travellers' site where the home is a caravan. The home itself may be not what you are used to, people have very different standards of cleanliness for example. Remember you are a guest in their environment and you need to respect that while maintaining your own safety.

Preparing to visit

Here are some practicalities to think about when preparing to visit a child and their family in the home. Remember at all times to do as much homework as possible about the child and family background before visiting. For example the medical history of the child or young person, who do they live with, does anyone living in the house have a history of violence or aggression or are there dangerous dogs in the house (or other pets). A thorough risk assessment is important and so aim to speak to anyone who has involvement with the family. It may be that in your role you will be accompanying another member of

the team, particularly in the first instance.

You should run through a personal checklist:
- Make sure that you inform others of your whereabouts at all times
- Ensure that you have a charged mobile phone with you
- Have a separate work mobile if possible
- Have your car keys in an accessible place
- Plan your access and exit route to the property
- Inside the property, ensure you have a clear route to the exit if you need to move quickly
- Do not visit known 'risk' people or areas alone
- Adhere to your Trust policy on Home Visiting
- Trust your own 'instinctive' feelings if you do not feel safe
- Removing shoes when asked by clients' parents for example may leave you vulnerable, be vigilant at all times

Here are some other considerations when visiting people's homes:

Entry rights for Community Nurses
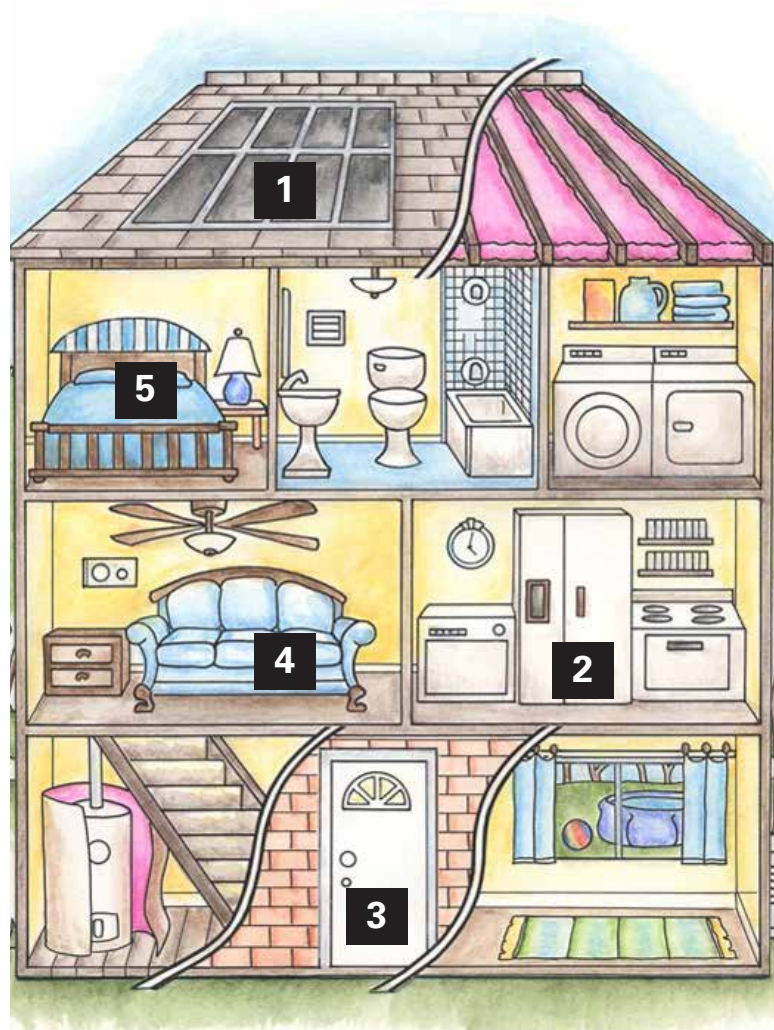
1. **Who is the occupier?** - The occupier is either the person who owns the property or the person who is in control of the premises.

2. **Occupier's Liability** - There is both a statutory duty (this relates to property law that landlords must obey) and a common law duty (this relates to law developed through judges and decisions made on similar cases in courts) to take care of premises, so that visitors

'Anger, fear, anxiety and frustration can lead normally rational people to behave in an unpredictable way.'

to those premises do not suffer injury. It follows that if a community nurse is injured because of the dangerous conditions of the premises she is visiting, she may be able to sue the occupier who has a duty under the Occupiers Act (1957) – as well as common law to keep the premises safe.

3. **Entering the premises** - asked for permission or implied permission apply here. Normally a community nurse will be a lawful visitor even when visiting a new family uninvited. But that does not mean she has the right of entry to a client's house. A community nurse has the right of entry in an emergency, in order to save life. E.g. if you arrived at a house and could see the child through the window lying unconscious on the floor. In other situations it would be advisable to call the police who can force entry legally. As part of your learning for this chapter it is recommended that you read your Trust policy on 'Entry'.

4. **Trespass** - Once a community nurse enters the property of a client, she/he does so with implied consent of the occupier. If the occupier withdraws consent and asks you to leave, if you do not leave you are trespassing!

5. **Vulnerable groups** - There are special provisions for mental health and learning disabilities under the Mental Health Act (2007) around access and also around the safeguarding of a child.

Violence, Aggression or Harassment

There are personal risks as a professional in any setting and there will always be the potential to be hurt in any situation. It can be particularly problematic in the community because school nurses may be dealing with difficult situations such as child protection, domestic violence and confidential information. Anger, fear, anxiety and frustration can lead normally rational people to behave in an unpredictable way. This may include aggressive behaviour. Understanding how to defuse situations is a key skill and the ability to read the early verbal and non-verbal cues that alert one to problems is important. In the community, these skills need to be particularly developed as well as the ability to negotiate and manage conflict important.

Reflection: think about a situation where you have had to defuse a volatile situation or you have witnessed someone else doing so. How was the situation resolved and what skills were needed?

In most situations children, young people and their families will be pleased to have your support and help. However, in some cases there maybe situations where the child or family are unhappy with you or what you represent.

Please be mindful of the following:
• The potential for an outburst is a very real one
• Try to avoid vulnerable or volatile situations at all times
• Be aware that individuals can be unpredictable at times
• Have a clear understanding of your Trust policy on Violence , Aggression or Harassment
• Employers must take steps to keep staff safe at all times
• DO NOT suffer in silence – communicate and document any fears you may have to your manager immediately. This may ensure the safety of colleagues or the wider healthcare team so timely reporting is invaluable
• Know where exits and fire extinguishers are when working in unfamiliar surroundings, such as evening clinics
• When working in a school be aware of their health and safety policy procedures
• In some instances you may find it safer to visit a child or young person at home in pairs.

Healthy Schools

As well as your own safety needs and visiting homes or other community settings, you will need to consider how schools maintain a healthy environment and you may well be asked for advice and support to achieve this. This may range from health and safety issues, advice on infection control and the safe administration of medicines and vaccinations. Although you may not have expertise in assessing health and safety risks, you can use your noticing skills to identify any hazards in the school setting. It is good practice to keep your eyes and ears alert for any health issues that may arise in your day to day work and to raise concerns appropriately.

Infection control

Increasingly, infection control is highlighted in many public areas including schools where there may be notices asking people to use antiseptic hand cleansers. All nurses need to be aware of the principles of infection control. Standard infection control precautions need to be applied to all work that school nurses do and in particular, in clinical work such as immunisations. Local areas have guidelines on infection control and the fundamental issues for school nurses include:

- Hand hygiene – alcohol based hand rub should be available for staff in the absence of effective hand washing facilities.

- The use of personal protective equipment. There should be clear local guidelines on the use of protective equipment such as wearing gloves at immunisation sessions. This should be based on a risk assessment.

- The safe use and disposal of sharps – no immunisations should be given without correctly assembled sharps boxes.

- Education of healthcare personnel and also other staff including school staff. Schools may seek advice from the school nurse about infection control.

- School nurses may be consulted about childhood infectious diseases by schools or parents and there should be clarity about whether children should be excluded from school. It is important to maintain currency about this as from time to time, recommendations change. Fundamentally, if a child or young person is acutely unwell, one should question whether they should be in school.

- The spread of communicable/notifiable diseases. School nurses may be involved when there is an outbreak of a communicable disease such as tuberculosis. They may be required to screen populations for the disease and implement immunisation programmes if needed.

Public Health England provides information about infection control in schools and other settings:
www.gov.uk/government/uploads/system/uploads/attachment_data/file/353953/Guidance_on_infection_control_in_schools_11_Sept.pdf

There is also guidance about keeping children away from school on NHS choices:
www.nhs.uk/Livewell/Yourchildatschool/Pages/Illness.aspx

Immunisation in schools
There are some safety issues about immunising in an education setting. You are likely to be involved in immunising children and young people and the Green Book has already been discussed earlier in this resource. You will also need to revisit local protocols RCN Guidelines regarding safe immunisation (2015).

Nurse-led immunisation for school-aged children may be undertaken via NHS-directed school immunisation teams or by nurses employed by educational establishments working alongside a local general practice.

Successful immunisation depends on the:

- Production of a safe and effective vaccine
- Maintenance of the cold chain during vaccine transportation and storage
- Injection into the correct anatomical site and an appropriate recipient
- Correct injection technique.

The nurse/s will work in partnership with an identified link person from the location at which the vaccination is to be administered. Together you will assess and plan the environment in which the immunisation

'There might be no 'right or wrong' answers to how certain situations might be tackled.'

session will be carried out. In doing this you should consider:

- Access to a telephone
- Access to hand washing facilities
- Privacy
- First aid and emergency support
- Local health and safety policy.

You should also look at the management of:
- Adverse reactions
- Adverse incident handling
- Needlestick injury issues
- Safe disposal of sharps and clinical waste
- Updating patient records.

Have a look at the full guidelines at:
www.rcn.org.uk/__data/assets/pdf_
file/0010/585838/RCNguidance_immunisation_
school-age_WEB.pdf

The links below will give you further information about the childhood flu campaign:

Information materials:
PHE has updated the national communication material and supporting information for 2015/16 to include the following:
- A national consent form
- Template letters to invite children in Years 1 and 2 for flu vaccination (which includes Q&A for parents)
- The "Protecting your child against flu" leaflet
- Immunising primary school children against flu – Information for head teachers and other school staff

The materials for 2015/16 can be accessed via the annual flu programme website www.gov.uk/
government/collections/annual-flu-programme

Info and learning materials www.e-bug.eu

- Digital Flu badges, a series of missions that children can take and earn Digital Badges (www.
makewav.es/health)

- Wired Young Carer's Group produced a song about getting a flu vaccination. It has been popular with children and is available for teams to use: https://
vimeo.com/106076706

- Training materials: www.gov.uk/government/
collections/annual-flu-programme

- An outline of potential Immunisation Training Requirements by role has been produced by the Royal College of Nursing /PHE. This can be found at www.rcn.org.uk/__data/assets/pdf_
file/0005/553748/004479.pdf

- The Royal College of Nursing statement on HCSWs administering live attenuated influenza vaccine can be found at: HCSW and Live Attenuated Influenza Vaccination [LAIV] for children and young people (March 2015) (PDF 360KB).

- A link to the School Nursing Service Planner is here. www.gov.uk/government/uploads/system/
uploads/attachment_data/file/303769/Service_
specifications.pdf

Medicines Management

You may not be directly involved in the management of medicines in schools, but the school health team may be asked to advise schools about managing medicines in the school setting. Part of your responsibilities may relate to training staff, for example on the use of emergency medications such as: asthma inhalers, Epipens (or other auto-injectors of Epinephrine), diabetic or epilepsy drugs. Make sure that you are competent to do training sessions in schools. You will need to observe more experienced staff first and be observed by your mentor before you undertake this role.

There is guidance on supporting pupils at school with a medical condition that you need to be aware of:
www.gov.uk/government/publications/supporting-
pupils-at-school-with-medical-conditions--3

Duty to report incidents

It is your professional duty to act to identify and minimise risk to patients NMC (2015) and to report any incident if you consider the health or safety of an individual has been or is likely to be endangered.

Safe Working Activity
• Think about your own day to day practice
• When have you felt at risk?
• Have you ever performed a risk assessment?
• A risk assessment is simply a careful examination of what, in your work, could cause harm to people, so that you can weigh up whether you have taken enough precautions or should do more to prevent harm. Workers and others have a right to be protected from harm caused by a failure to take reasonable control measures.
• Whose responsibility is it to risk assess?
• The management of risk is considered one of the fundamental duties of every member of staff and it will be part of your role to familiarise yourself with the risk factor
• Do you have a policy of safe practice e.g. when finishing at the end of the shift, working off site or evening shifts - how do colleagues know you are safe?

Case scenario - Safe working

You are giving a talk on contraception to a group of 14 year olds. The talk is being given between 5 and 6 in the evening and you say that you are happy to discuss any issues with individual students should they require this. You use an office in the school where you can meet the students individually to maintain confidentiality. One student asks to speak to you and he closes the door of the office and stands in front of the door. He is verbally inappropriate, asking questions about your sex life and what contraception techniques you use.

You are not aware of any mental health issues and you had not been alerted to this student by any of the teaching staff.

- What would you do in a situation like this?
- What are your Trust's policies around such incidents?
- What legislation if any could protect you as a worker from this situation?

Possible action:

- Ask the student to take a seat to move him away from the door
- Challenge the student if you feel able and inform him that his behaviour is not appropriate
- Inform the student of the possible implications of his behaviour
- Most definitely inform your mentor and manager and document the incident
- Ensure that you feel supported before carrying out one to one meetings with students
- Adhere to your Trust policy on this type of behaviour

'The management of risk is considered one of the fundamental duties of every member of staff.'

Chapter Summary

This Chapter has introduced some of the key issues of safe working in the community setting. It has explored the key legislation that protects community nurses and discussed 'rights of entry' when going to people's homes. In particular it has highlighted some of the personal safety issues that need to be taken into consideration when working in the community setting as a lone worker.

Web resources

www.rcn.org.uk

Health & Safety at work Act (1974)
www.legislation.gov.uk/ukpga/1974/37

Management of Health & Safety at Work Regulations. (1999)
www.legislation.gov.uk/uksi/1999/3242/contents/made

Manual handling Operations Regulations (1992)
www.legislation.gov.uk/uksi/1992/2793/contents/made

Control of Substances Hazardous to Health Regulations (2002)
www.legislation.gov.uk/uksi/2002/2677/contents/made

Personal Protective Equipment at Work Regulations (1992)
www.legislation.gov.uk/uksi/1992/2966/contents/made

Occupiers' Liability Act (1957)
www.legislation.gov.uk/ukpga/Eliz2/5-6/31/contents

Health and safety Executive
www.hse.gov.uk

The Code Professional standards of practice and behaviour for nurses and midwives
www.nmc-uk.org/Documents/NMC-Publications/revised-new-NMC-Code.pdf

Lone working
www.hse.gov.uk/pubns/indg73.pdf