DELIVERING THE SCHOOL NURSING HEALTHY CHILD PROGRAMME DURING THE COVID19 PANDEMIC

PROFESSIONAL ADVICE TO SUPPORT BEST PRACTICE
VIRTUAL CONTACT BY SCHOOL NURSES

SUMMARY	This professional advice aims to describe the process of delivery of school nursing contacts using virtual methods during the COVID19 pandemic. Priority is given to protecting the health and wellbeing of children, young people, families and professionals (see separate guidance - **Professional advice: Working with vulnerable families**).
TARGET AUDIENCE	This professional advice applies to all staff who work within the 0-19 health visiting and school nursing services in England.
PROFESSIONAL RESPONSIBILITY	All staff are reminded of their professional duty to adhere to their Nursing and Midwifery Council (NMC) guidance, legal obligations and organisational/local policies and procedures.
SERVICE RESPONSIBLITY	• Provide information on how to contact the service, hours of operation and response times. • Alert children, young people and families, that NHS and PHE guidance are being followed and face to face contact, is only offered for compelling reasons to comply with social distancing and social isolation guidance. • Reassure children, young people and families that if the school nursing team have arranged a video or telephone consultation, it is because they feel that they will be able to safely give them the care and support they need without visiting them at home. • Provide advice for children, young people and families on how to get the best out of a virtual school nursing contact when this medium is going to be used (see suggested template at the end of this document). • Consider offering families a 9-5 school nursing telephone advice service, if not already available, as many children and young people are suffering heightened anxiety and are unsure how they can get the essential information they need, when they need it. • Alert children, young people and families to the change of service and that there may be

	a delay in responding to routine enquiries due to the increase of demand
CONTEXT	All advice at this time needs to follow current COVID19 guidance which is continually updated. NHS England: https://www.england.nhs.uk/coronavirus Government website: https://www.gov.uk/coronavirus
PUBLICATION DATE AND AUTHOR **Review date**	May 2020: This resource was developed by CPHVA, RCN, SAPHNA, iHV in collaboration with Public Health England. Post May 2021 **NOTE: Due to the rapidly changing national COVID19 response – the advice in this resource may change. Please keep checking the latest government and NHS advice.** Note: No conflict of interest was declared during the development of this document. Feedback welcomed.
Hierarchy of measures for safer working practice	Preventing the spread of coronavirus involves dealing with direct transmission (for instance, when in close contact with those sneezing and coughing) and indirect transmission (for instance, touching contaminated surfaces). A range of approaches and actions should be employed to do this. These can be seen as a hierarchy of controls that, when implemented, will create an inherently safer system in which the risk of transmission of infection is reduced. These include: • Minimising contact with individuals who are unwell • Cleaning hands often • Respiratory hygiene (catch it, bin it, kill it) • Cleaning surfaces that are touched frequently including equipment for example tablets • Minimising contact and mixing • Personal protective equipment (PPE)
Children and Young People: Covid19 and vulnerability	The action taken across groups of vulnerable children will be different during incident management, planning and recovery. Across all categories there is a need to consider the mental health and wellbeing of all children, young people and their families. These categories of vulnerability will inform planning at different stages of the pandemic and will inform future work to ensure that action taken is appropriate. • Children and young people who may be at higher risk due to **clinical reasons** • Higher risk with **formal / legal processes in place** • Higher risk due to **wider determinants of health and other factors leading to poor outcomes.**

	KEY PRINCIPLES TO SUPPORT PRACTICE **PROFESSIONAL ADVICE AND RESOURCES TO SUPPORT PRACTICE** For all contact with families it is important to consider the following key principles
PARENTAL AND YOUNG PERSON CHOICE AND CONSENT	Parental and young person choice and consent to the school nursing service offer is an important consideration when opportunity for contact is limited. The presumption should be that contacts will be virtual – using video-enabled or text technology or, failing that, telephone contacts. There will need to be an individual assessment of compelling need for face to face contacts and NHS guidance should be followed for PPE: https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control **GDPR and Consent** As a result of the Corona virus where face to face sessions are no longer possible, it may not be possible to obtain written consent to treatment; However, we must ensure consent is obtained and that the service user understands the information being given. We need to ensure that the service user; • Understands how their data will be stored and shared • Gives verbal consent for us to store and share their data • Wants written information sending to them (e-mail / post) regarding how we store and share data • Once verbal consent has been obtained it should be documented in the case notes in the normal way Respecting the choice whether to engage in virtual contacts is important during times of crisis, everyone's anxiety levels will be increased. Equally important is the need to safeguard the whole family and intervene as required if a risk is identified as per local guidance. Specific consideration should be given to ensure continued contact is made with vulnerable children, young people and families. Use an asset-based approach starting with the individual's needs, which should be balanced with any overriding safeguarding priorities where these apply. What are their priorities? What would they like from the contact - their goals and concerns? The aim is to gain a clear understanding of the child, young person and/or family situation, assets and capabilities as well as their problems and difficulties within the wider personal, family and social context. Support should be provided according to the level of need and using non-face to face methods where possible.
SAFEGUARDING	All staff have a professional duty to safeguard those they work with. It is important to consider that due to isolation, mixed messages, negative social media interactions, domestic violence and abuse, mental illness, parental drug and alcohol misuse, bullying, caring responsibilities increasing and/or becoming unmanageable, hunger, along with all safeguarding issues and concerns, may escalate. Tips on virtual visiting-when having telephone or using video enabled conversations with children and young people, remember: • Check preferred contact number or email address if sending a web link • Identify telephone number as backup in case there are connectivity issues • They might be on speaker phone • Staff to introduce anyone off camera and ask the child/young person to do the same.

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	• It is worth establishing these points at the start of the call and adjusting your practice accordingly. • In some circumstances, routine enquiries might not be appropriate, think of other ways to ask questions to explore safety: • How are they coping? • How are things at home? • How are their family, parents or carers? • Is there anything they are worried about? • How are their grandparents and extended family? Are they worried about them? • How are their siblings coping? • Explore what support networks they have in place, do they have access to food, are they caring for someone etc.? • Explore if they have identified someone as a safe person to talk to about any concerns • Explore if they have a plan in place (for example young carers) for in time of need • Provide a means for them to contact you after the contact/visit if they think of things that they need to discuss with you (this is particularly important to support disclosure of abuse). If concerns are raised, follow your local safeguarding policies and the Government advice available here: https://www.gov.uk/government/publications/covid-19-safeguarding-in-schools-colleges-and-other-providers (see separate guidance - **Professional advice: Working with vulnerable families**).
MENTAL HEALTH AND WELLBEING	COVID19 is creating rising levels of isolation, stress, worry and anxiety. As such, there is the likelihood of increased mental health problems, such as anxiety conditions and depression and mental illness. Mental health and wellbeing should be considered at every contact as directed by NICE guidance. Consider the whole family and signpost to guidance on support: • Mental Health Foundation: https://www.mentalhealth.org.uk/ • Royal College of Psychiatrists: https://www.rcpsych.ac.uk/ • https://youngminds.org.uk/blog/talking-to-your-child-about-coronavirus • Anna Freud National centre for Children and Families: https://www.onmymind.info • Public Health England: https://www.nhs.uk/change4life • Public Health England, Rise Above: https://riseabove.org.uk
PRACTITIONER HEALTH AND WELLBEING	As Specialist Community Public Health Nurses, we are all focused on the care, health and wellbeing of the children, young people and families that we are working with and may forget ourselves. The wellbeing of practitioners is essential to enable provision of safe and effective care. The following links provide useful resources to support you. Look after yourself and follow the Government's COVID19 guidance on social distancing and self-isolation as needed and employ strategies which help you manage your own mental health and wellbeing during this time. • PHE One You: www.nhs.uk/oneyou • PHE Health Matters - Health and Work: www.nhs.uk/oneyou/every-mind-matters

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PRIORITISATION	Carry out a risk stratification to identify children and young people that have a compelling reason for a home visit and those that also require prioritisation for virtual consultations in accordance with the latest guidance "**COVID19 prioritisation within community health services**": https://bit.ly/2UlRz5z Prioritisation will require clinical input to ensure that the needs of vulnerable children and young people, safeguarding and those with caring responsibilities or mental health needs are not overlooked. Decisions should include consultation with other agencies working with family members where necessary, your manager/ supervisor and the COVID19 lead in your area (see separate guidance - **Professional advice: Working with vulnerable families**).
RECORD KEEPING	NHS and local policies on record keeping should be followed. If you are working from home, ensure that you have been supplied with the correct equipment from your employer, including VPN to safely access online records. Also ensure you have "read and write" access to records.
RESOURCES	NHS Scotland has developed the 'Attend Anywhere' platform for parent/carer videoconferencing (needs Google Chrome). See Attend Anywhere guidance for video-conferencing: https://bit.ly/2WNqM3E NHSE&I are urgently rolling out Attend Anywhere across England Some GPs are using accurRx which is currently available free of charge: https://bit.ly/2UBeXel See additional information in the section below.
GOVERNANCE AND ONLINE SAFETY FOR CONTACTING FAMILIES VIRTUALLY	The safety and security of web-based and virtual offers need to be properly assessed to ensure it complies with Information Governance rules and regulations. The Attend Anywhere model is a safe and secure option that is recommended by the NHS. See NHS COVID19 Information Governance advice: https://bit.ly/2UySK0m and Royal College of Psychiatrists - Digital COVID19 guidance for Clinicians: https://bit.ly/2WMndL2
OTHER CONSIDERATIONS FOR VIDEO-CONFERENCE / TEXT / VIRTUAL/ VISITS	• Physical set up of virtual system access, training, ongoing support/ supervision and resource requirement e.g. Administrative support • Feedback questionnaire about the process so improvements can be made where necessary – this may not be a priority, but could be considered • Maintain regular access to advice and guidance centrally • Prepare information downloads for children and young people • Make sure the PC is of sufficient standards to run video-enabled/ text technology software

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	• Maintain confidentiality if working outside of your normal working base. Consider what is on view in your home, others overhearing the conversation and the visibility of your own personal information (photos, personal information etc.) • Work in accordance with your local lone worker policy guidance to ensure safety – for example "checking-in" at the end of the working day.
TEXT MESSAGING	Text messaging services may provide an alternative support medium for follow up and advice. For those services that have text messaging services for example ChatHealth, or are considering using, the following advice should be considered: • ChatHealth is only available on the N3 network and is accessed via individual staff log ins, this enables key elements to be auditable • ChatHealth is accessible remotely so staff users are not restricted to one base, ChatHealth can also be accessed through VPN • Staff can cover ChatHealth in a shared way. This means that its use does not create service user dependency on individual practitioners and can accommodate staff sickness and staff turnover, which is likely to be an important consideration during the COVID19 pandemic • A minimal number of staff can cover a ChatHealth service in a really safe and efficient manner because of the way it has been developed • Record keeping can be easily inputted into an electronic patient record (EPR) or on the completion of each conversation. In ChatHealth a transcript of the conversation is generated, saving record keeping time and ensuring accuracy • Service users receive automated replies in hours and out of hours, which can be amended to each service and aid with signposting out of hours • Staff can use prewritten, standardised templates to aid efficiency when responding to frequently asked questions, which are then personalised as needed • There is a suite of ChatHealth specific documentation including a standard operating procedure, user guides, audit tool, competency framework etc. • Technical support is provided by the ChatHealth support team • ChatHealth has a number of reporting mechanisms enabling services to capture the nature of their contacts, the number of contacts, peak times, outcomes etc. • All current services that have ChatHealth have IG support from the ChatHealth team who have offered further support for COVID19 related queries as needed: E-Mail: Julie.Jones@leics-his.nhs.uk or Caroline.Palmer@leicspart.nhs.uk

	Implementing Virtual Consultations: Local Planning Guide (template for local adaptation)
✓ **Decide plan**	• Establish a Virtual Contacts Project Team • Set up team meeting for management, professionals, administrative staff • Agree the type of care and support that can be offered safely and effectively by video /text following national guidance

	Implementing Virtual Consultations: Local Planning Guide (template for local adaptation)

	• Agree the mechanism for risk stratification/ prioritisation of face to face contact where there is a compelling case • Prioritisation will require clinical input to ensure that the needs of vulnerable children, young people and families, safeguarding and those who are vulnerable are not overlooked • Decisions should include consultation with other agencies working with the child, young person or family, your manager/supervisor and the COVID19 lead in your area (see separate guidance - **Professional advice: Working with vulnerable families**) • Agree the hardware and software to be used by staff • Ensure staff know about the plans and their concerns are heard • Develop links with your organisation's technical support team to set up the technology
☑ **Guidance on appropriate video-conferencing/texting contacts**	**When is a virtual contact appropriate?** COVID19 related: • School nurse is self-isolating • Child, young person, family has COVID19 or self-isolated • Parent /carer has COVID19 and is anxious • For remote cover for sickness Some schools may be closed and no appropriate safe space available • When agreed as preferred contact method by the child, young person or family Non-COVID19related: • Universal contacts and prioritised follow ups (as per COVID19 guidance) when agreed as preferred contact method by the child, young person or family When virtual contact is inappropriate: • Child or young person is assessed as having **a compelling need for** a home visit, for example safeguarding concerns, caring responsibilities, mental health and wellbeing that requires face to face assessment, significant concerns for their wellbeing • Child or young person has co-morbidities which affects their ability to use videoconferencing /texting technology • Child or young person has serious anxieties about technology • For some hard-of-hearing children and young people
☑ **Set up Technology and Communication**	• Consider internet connection for staff (preferably, fast broadband) • Ensure technology is in place for staff (select and install video call software and peripherals such as webcam, microphone) • Ensure staff hardware and software are up to date and audio/video working • If working remotely, ensure home technology meets standard and there is "read/write" • Access to the clinical record system

	Implementing Virtual Consultations: Local Planning Guide (template for local adaptation)

	• Ensure staff have a space that is private, maintaining client confidentiality • Produce information for children and young people on what technology they need for the call if this is required • Update Trust/organisation website with information on use of video calls in line with the national plan • Consider establishing a messaging service for non-urgent/low risk contacts • Offer advice and Guidance/111/ local resources etc. being aware of their changes due to COVID19 • Issue the local guide for the professionals to use • Brief clinical/admin and booking teams about the new process
✓ **Set up workflows**	• Update diary templates to show availability for video /text calls • Create a contact code for a video/text contact • Put process in place for scheduled and unscheduled consultations • Put arrangements in place for face to face contacts, including Personal Protective Equipment: https://bit.ly/2UkOhzs • Make contingency plans for what to do if video link fails e.g. professional will contact patient by phone
✓ **Training and Pilot**	• All staff have been trained in the new systems and are competent • Professionals have all the necessary equipment • Technical aspects have been tested by making a test call • Staff have tested the process • A patient / layperson has tested the process – this is best practice, but may not be practically possible – follow COVID19 social distancing/ isolation guidance • Identify source to contact for troubleshooting
✓ **Go Live**	• Team review after first session of go live • Re-training, or revisit any processes or scripting needed • Regular reviews and development of procedures • Consider family feedback to improve the process
✓ **Before Contact**	• Confirm that (as far as you can assess in advance) a virtual consultation is clinically appropriate for this child/young person at this time, see guide on page 5 • Consider issuing a pre-call questionnaire/ prompt questions relevant to the reason for the contact for child or young person to complete in advance via online or via email. This may be helpful as a starting place for discussion during the contact • Ask the child or young person if they would like their parent/carer to join them during the consultation (within social distancing guidelines) - make a note of who has joined the call in the same way as you would for a home visit • Send an email with link to the consultation slot with the online or email questionnaire (check email address is correct first). Use confirmed telephone/

	text number to communicate this information if e-mail is not available. Post or email Patient Guide to Virtual Consultations • Scripting for consultation – introduction and summary of reason for consultation may be helpful to effectively manage time and ensure that the child/young person understand any action/ output from the consultation • When using video, use a private, well-lit room and ask child/young person to do the same, explain the need for confidentiality and that you will maintain this • Take the child/young person's phone number in case the video link fails • Ensure you have access to the relevant clinical record/s (ideally, have it available on a second screen) • Check that the technology is working
Start Contact	• Initiate the consultation by calling or inviting the child/young person • Say something e.g. "can you hear me?" "can you see me?" to prompt children, young people or parent/carer to optimise the technical set-up • Introductions: All staff need to formally introduce themselves and explain how the virtual consultation will work, and time they have. Some children/young people require reassurance they are receiving the same level of care and consideration needs to be given to those who may need longer or more support • Consent is required see note above Introduce everyone in the room (even those off camera), and ask to do child/young person to do the same, or confirm that they are alone • Reassure the them that the consultation is likely to be very similar to a standard one, and that the call is confidential / secure • Verify child/young person ID: Checking date of birth, address etc. • End of consultation summary: The practitioner should summarise the agreed actions from the consultation, ensuring the parent/carer understands these, before ending the consultation. Remember to give them chance to ask any final questions • Check the child/young person preference for future contact based on identified need and in accordance with COVID19 prioritisation – are they happy to have a virtual consultation again or consider use of email/ text messaging/ telephone as a more efficient way of managing future contact
Video Contact	• Video communication works the same as face to face, but it may feel less fluent and there may be glitches (e.g. blurry picture) • You don't need to look at the camera to demonstrate that you are engaged. Looking at the screen is fine • Inform the child/young person when you are otherwise occupied (e.g. taking notes or reading something on another screen) • Make written records as you would in a standard consultation • Children and young people may initially need support to change from face to face to video contact
	• Be particularly careful to summarise key points, since it's possible something could have been missed due to technical interference

Implementing Virtual Consultations: Local Planning Guide (template for local adaptation)	
Closing the Contact	• Ask the child/young person if they need anything clarified • Confirm (and record) if the parent/carer is happy to use video again • To end, tell the child/young person you're going to close the call now, and • Say goodbye (before actually closing the connection)
After the Contact	• Ensure all clinical records are updated as per local policies • Ensure any referrals, follow up consultations or other planned activities are actioned before the next parent/carer call • Following the contact, anyone who needs to be seen should then have access to a face to face consultation if there is a **compellin**g reason that this is essential (following risk stratification check set out above)
Decide if a virtual contact is right for you	• Please be reassured that if your school nursing team have arranged a video or telephone contact it is because they feel they will be able to support you without bringing you into a family centre, community clinic or visiting you at home • Video contacts provide more visual information and can be more reassuring. If this is not possible a telephone call may be arranged • The school nursing teams are following the latest Government advice on social distancing, and self-isolation where this is needed, and are therefore avoiding face-to-face contacts for most school nursing contacts, unless there is a **compelling** reason to see you in person. If this is the case, they will provide you with a clear explanation and will ensure that they comply with the latest Government guidance on Personal Protective Equipment
Get set up technically	• When you have your consultation, check that the school nurse has your correct email and contact numbers • Ensure you have a good internet connection • Try and find a quiet place where you won't be disturbed, although we appreciate this is hard with family around the home • Have a computer, tablet or smartphone with a built-in camera and microphone available • Test your audio and video connection and adjust the settings so you can see and hear well (or get someone to do this for you)
Booking and Connection	• Before your consultation time, complete any questionnaires/ prompt questions that may have been sent to you in advance (you will be told what these are) – these will help you to think through the type of things that you may want to discuss to help you get the most out of the consultation • Click the connection • Wait by your phone or other technology at the appropriate time slot • Say hello or wave when you see the school nurse (or a member of the school nursing team) You may both have to adjust the settings to get the sound and picture working well • Let the school nurse know who else is with you at home. • Make sure the school nurse/ team member knows your phone number, so they can call you back if the connection fails

This advice has been adapted from the original resource, **"Delivering the Health Visitor Healthy Child Programme during the COVID-19 pandemic - Professional advice to support best practice"** developed by the Institute of Health Visiting in collaboration with Public Health England - published on 27th March 2020

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- When using video, look at the screen (there's no need to look directly at the camera)
- If all goes well, the call will feel like a face to face consultation
- Use the screen camera to show things
- If you get cut off and can't reconnect, wait for a phone call
- Write down any advice or instructions, and make sure you understand the next steps (e.g. if the school nurse is going to call you back, or refer you to another support service)
- When you've both said goodbye, you can disconnect from the call

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After your Contact

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Remember, you can contact the service if you have any questions for the school nurse, or any concerns or worries. They will help you get the support that you need

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