

for you,
with you

Wirral Community **NHS**
NHS Trust

School Nursing Service





- Community School Nurses are all qualified Registered Nurses and hold a specialist community public health degree on top of their registration.
- Offer health advice and support for children, young people and their families.
- NHS Nurses - employed by Wirral Community Health NHS Trust, commissioned to work by the Local Authority.
- Office based and not in schools – cover caseloads.
- School Nurse Support Workers may also work alongside your School Nurse to support your child's health needs.
- Children are still under the care of the Health Visitors until they start school Nantwich team – 0300 123 4919 Crewe – 0300 123 4576





- Confidential Service
- Safeguarding/LAC
- School, home and clinic based visits (enuresis).
- Deliver School Health Drop-ins for students.
(Secondary Schools)
- Telephone Contact Support 0300 123 4929



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School Readiness



Independence

- Dress and undress themselves properly
- Velcro shoes unless they can tie own laces
- Encourage child to fold their own clothes
- Children should be able to use a knife, fork and spoon



Wash hands before and after meals
Wash hands after visiting the toilet &
independence when going to the toilet



Infection Control

Encourage your child to use tissues and discard them appropriately

Keep your school a healthy place to be



Please ensure your child does not attend school until after 48hrs from last episode of vomiting/diarrhoea



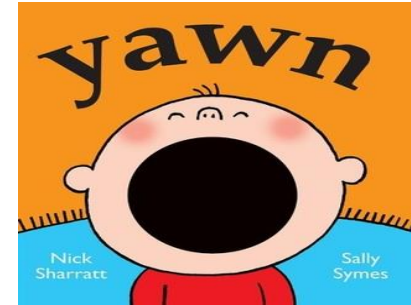
Dental care – Teeth

- Register your child with a dentist – visit NHS choices for local dentists in your area
- Brush morning and evening - pea sized toothpaste – don't swill all toothpaste off teeth – Fluoride protects
- Regular dental checks – reduce anxiety, role play with teddies, dolls, supporting children's story books
- Limit or avoid fizzy drinks and sweets as often as possible
- Encourage Healthy snack choices (Change 4 Life website)



Promoting Sleep

- Get ready for bed – decide on an appropriate bedtime and stick to it
- At least one hour before bedtime, have evening meal
- Have a period of quiet playtime (winding down)
- Go upstairs (in a flat, leave the lounge/dining area)
- If including bath time – water should be warm (not too hot) – clean teeth – dress in night wear
- In bedroom – read a story (not too long and only one)
- Into bed with a kiss and short cuddle – can have a few quiet cuddly toys in bed (Avoid stimulating toys, TV, IPAD, electronic devices)
- Lights out or dim night light if necessary
- Fluids/Food – beware – Food can increase energy levels – Excess fluids may result in bed wetting/waking during the night
- If child will not stay in bed – needs firm, consistent instruction to stay in bed until morning. To be repeated as many times as needed to comply.
- If child wakes in the night reassure him/her, then put back in his own bed and leave the room. Repeat consistently emphasising night time is for sleeping – be calm and be consistent.



Nutrition

- Give your child the same food as the rest of the family, but remember not to add salt to your child's food. Check the label of any food product you use to make family meals.
- Eat your meals together if possible.
- Give small portions and praise your child for eating, even if they only manage a little.
- If your child rejects the food, don't force them to eat it. Just take the food away without comment. Try to stay calm even if it's very frustrating.
- Don't leave meals until your child is too hungry or tired to eat.
- Your child may be a slow eater so be patient.
- Don't give too many snacks between meals. Limit them to a milk drink and some fruit slices or a small cracker with a slice of cheese, for example.
- It's best not to use food as a reward. Your child may start to think of sweets as nice and vegetables as nasty. Instead, reward them with a trip to the park or promise to play a game with them.
- Children sometimes get thirst and hunger mixed up. They might say they're thirsty when really they're hungry.

- Make mealtimes enjoyable and not just about eating. Sit down and chat about other things.
- If you know any other children of the same age who are good eaters, ask them round for tea. A good example can work well, as long as you don't talk too much about how good the other children are.
- Ask an adult that your child likes and looks up to eat with you. Sometimes a child will eat for someone else, such as a grandparent, without any fuss.
- Children's tastes change. One day they'll hate something, but a month later they may love it.
- Changing the form a food comes in may make it more acceptable. For example, a child might refuse cooked carrots but enjoy raw, grated carrot.
- NHS Choices and Net Mums - useful links for information



Continence

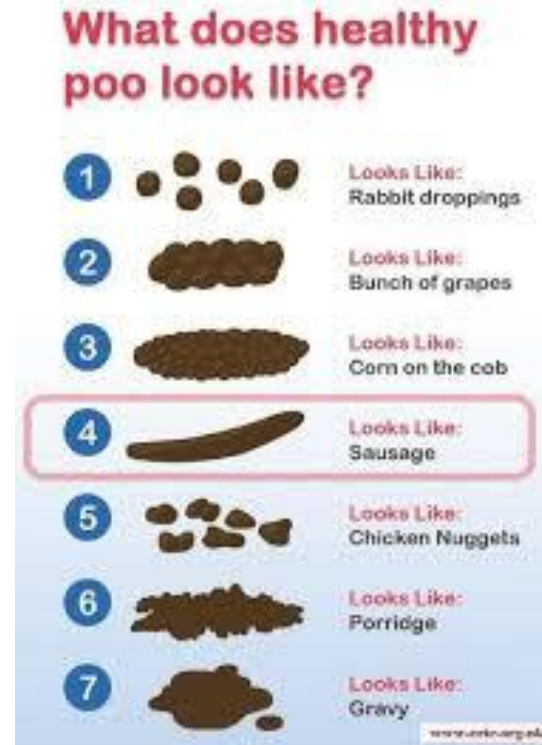
- Independent with Toileting
- Daytime wetting – Diurnal enuresis
- Dry in the day and wet at night – Nocturnal Enuresis?
- Do not restrict drinks – encourage water and light coloured squash. Avoid fizzy/dark drinks/caffeine
- 6-8 drinks a day before 6pm (1000 - 1400mls)
- Avoid use of nappies/pull-up (if used try use of normal underwear next to skin to promote recognition of being wet)



Enuresis causes

- Lack of arousal from sleep
- Stress
- Genetic predisposition
- Nocturnal polyurea (increased passing of urine & large amount) – low natural vasopressin
- Bladder instability - low functional bladder capacity
- Constipation/Bristol stool chart
- Health Visitor support for under 5's
- Referral if needed to enuresis clinic or Paediatrician





Education and Resources
for Improving Childhood Continence

Helpline: 0845 370 8008
www.eric.org.uk

Advice for toilet training

- All children develop at different rates usually between 2-3 yrs. Children should be toilet trained prior to starting school and not in pull-ups unless there is a medical reason for this
- Develop a routine of sitting on a toilet every 60 minutes
- Use toilet before bed and before sleep (Double voiding – boys sit down for last void)
- Promote good hygiene at toilet visits –wiping bottom front to back, shaking penis and washing hands
- Accidents will happen! Never punish the child – praise and encouragement
- Healthy diet
- Rewards system
- Infection? Go to the GP to rule out a urine infection if concerned

Head Lice

- Head Lice are small insects as big as a sesame seed.
- Live on scalp and walk from one head to another.
- They cannot fly, swim, hop or jump.
- Detection combing.
- Conditioner method.
- Section hair and comb through for 10-15 minutes.



- Children are tactile – recurrent outbreaks.
- The cycle is around 3 weeks.
- Children should be in school (girls tie hair back)
- School Nurses do not carry out head checks but can support families/carers to do it effectively.
- Teachers and school nurses also check their own heads regularly! You can remind family members or other adults to check theirs.



If your child has Asthma

- Needs to be confident in using their inhaler
- Spacer is recommended for use with the inhaler and sent into school (Please check expiry dates)
- An asthma plan should be completed for your child (School will supply this form). You should include triggers and personalised information for your child. (Inhalers should be labelled with your child's name). Inform school if changes need to be made to your child's plan
- Have knowledge of the school asthma lead role, school guidance and national legislation (Emergency inhaler)



Supporting Health in schools

Severe allergies, asthma, Anaphylaxis and Epipen



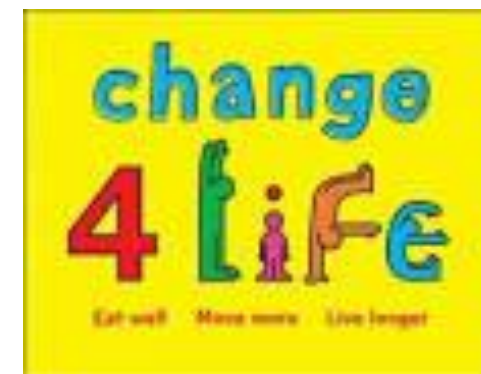
Audiology – hearing tests
(consent)



National childhood Measurement Programme
(Opt out)



Health Promotion and Health Education



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Thank you for listening

