

"School Nurses" – A new health care supply in Germany

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Background in Germany

- hardly no structures for (public health) nursing
- nurses still are mainly trained on vocational level and in traditional settings
- no (adequate) health care and health promotion in schools
- need for health care and chance for health promotion
 - all pupils spend much time in schools
 - social inequalities in health risks
 - changes in morbidity
 - health behavior and health literacy can be learned/ influenced

NATIONALER AKTIONSPLAN GESLINDHEITSKOMPETENZ

STRATEGIEPAPIER #1

Gesundheitskompetenz im Erziehungs- und Bildungssystem fördern



Not wanted to be a part of the part of the

EMPFEHLUNG 1 DES NATIONALEN AKTIONSPLANS

"Das Erziehungs- und Bildungssystem in die Lage versetzen, die Förderung von Gesundheitskompetenz so früh wie möglich im Lebenslauf zu beginnen."

Milesstones in a German pilot project: school health nurses

- 2013 2015→ feasibility study
- 2015 2016 → curriculum development
- 2017 2018 → implementation and evaluation
- $2018 2019/20 \rightarrow$ extension of the project





cur Qualifizierungsmaßnahme fü examinierte Gesundheits- und Kinder-Mrankenpflegekräfte zu Schulgesundheitsfachkräften



"Self-profile" Brandenburg (homepage)



Engl:

Protecting, be present, console, trust, take care, help, counsil, listen



"Self-profile" Hessen (child postcard)

"Self-profile" Hessen (parents flyer)





Engl: Take care, nurse, be present

Modellprojekt "Schulgesundheitsfachkräfte"

First findings

- need for acute care
 - high rates of utilization (up to 40/day)
- need for prevention and health promotion
 - nutrition, physical activity, media consumption, smoking, alcohol consumption, mental health care, health literacy
- broad variation of project topics
 - first aid, stress, healthy nutrition, pain, sexuality, infection,...
- high acceptance and trust (pupils)
 - discretion, general competencies, accessibility
- feelings of safety (parents and pupils) and perception of relief (teachers)

Conclusions → next tasks

- qualitfication should adress complex needs of different target groups
- more standardised instruments and interventions
- number of staff should garantee daily accessability and consider number of pupils/ falls per school
- priorisation of tasks and aims (first aid prevention health promotionschool development – counseling/education)
- more time to observe long term effects

contact

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