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## What do rules look like here?

We have loads of policies and rules for behavior expectations, which is interesting to read coming from a hospital environment. I'm surprised to find the staff conduct policies are pretty similar. The school handbook is a lifesaver for new staff like me, as it outlines all the little quirks and important rules that might not be obvious to everyone.

As a newbie, each term feels like a new experience, and I keep learning more about the different stages of the academic year and what to expect from the school atmosphere and the students. However, discipline isn't my favorite part of the job, and it doesn't come naturally to me, having come from different roles before. I struggle with the slight respect divide between support and teaching staff, but I'm working on it.

Being responsible for the safety and wellbeing of students is a strange position to be in. Sometimes, it feels unfair to call a student out on their uniform or jewelry when they're having period cramps, are feeling sick, or just having a bad day. I'm trying to gain the students' trust and respect, so it makes me feel guilty to pick them up on things. But, I know that the rules are in place to provide boundaries and that it's helpful for students to know they're enforced.

I often turn to my boss for advice on how to handle these situations. She's always supportive and happy to be the "big guns" if needed. It's telling that in five months of work, I've only just confiscated my first mobile phone. We're really lucky to have such well-behaved students. Confiscating the phone wasn't as complicated as I thought it would be. There's a big book with a list of names and a phone box, and I just had to figure out what to do with the phone once I had it in my possession.

It's interesting to think about the implications of students feeling unwell or upset and texting their parents before telling a teacher. It can create confusion and make it difficult for the school to know what's really going on with the student.

Half term – bank shifts for the bank....

I've got a few shifts booked during school half-term. I need the money to top up my pro-rata salary. I really miss my old job at the ophthalmic clinic and the friends I made there. The patients were so different from the students, and I miss those interactions. As a scrub nurse, I haven't done a shift since I started my new job, so I'm feeling pretty nervous. But my colleagues welcomed me back with loads of hugs and well wishes. It was great to catch up with everyone.

The hospital looked different with a new manager. Everything looked a bit tidier, and she'd made some changes to the way patients move around and how things are stored. I reckon people, on the whole, are happier, but the same old challenges remain.

When it came to scrubbing in for the first time in ages, I was so nervous that I asked my colleague to go first. We take turns to scrub up for cases. I watched over her shoulder, reminding myself of the names of instruments, medicine ratios, and which tiny needle goes with which syringe. You need really good eyesight to tell the difference between those small instruments. Each surgeon has their own way of working. The order they want things, which instrument, medications - it takes time to get used to it all.

But I settled back into things pretty quickly, and the pace of work was fast. Patients were operated on and out in 5-10 minutes, so we were doing about 5 or 6 patients in an hour. It was good to remind myself of my clinical skills and how rewarding that job is. By the end of the 5 shifts, I was shattered, and my hands were a mess. All that scrubbing had given me dermatitis. I used to be used to it, but I've clearly lost my tolerance for it. So now I'm using Dermol 500 cream all the time.

I do wonder what I'd be doing if I'd stayed at my old job. The pay was a lot better, but the atmosphere and pressure are different here. I've got lots of people around me for support and help, and the work doesn't feel as pressurized. At my old clinic, it was all about business decisions. Staff and patients weren't always consulted in making decisions or in the impact those decisions had on us. At my current workplace, we're still on a budget, but the decision-making feels more involved and less top-down.

## Day to day musings

Today I had to decide between driving to work or walking. The car park is a nightmare in the mornings – like all NHS hospitals too, so I chose the latter. Plus, walking gives me a chance to wake up and mentally prepare for the day. Don't get me wrong, I'm a fair weather walker, and the small chance of rain has me reaching for the car keys. But overall, the 45-minute hilly walk is a good way to get some exercise and decompress at the end of the day.

Once I got to work, I signed in and immediately opened the windows to let some fresh air in. With all the airborne illnesses going around, I'm more conscious than ever about air quality. I sorted through the new desk items - mostly a returned first aid kit and some valuables that need to go in lost property - before settling down.

I always make it a point to check the rest room next door. It's a little oasis in the school where students can go to have a break and where I put students that need observation or are waiting to go home. I like to make it inviting and restful without being too cozy, so they don't get tempted to stay too long. There's a small bookshelf with a variety of self-help and fun books, and a little lamp to make it seem warmer. Today, I noticed that the window blind was stuck, but luckily our porters are always on hand to help. I'm so grateful for our in-house facilities - they're much more responsive than an external company, and it's great to have a working relationship with them.

Lunchtime is always a bit of a madhouse. The staff room and social hubs are always bustling with activity, and it's my busiest work time. I usually take my lunch earlier, so it's the only uninterrupted time I have. But even then, there's a stream of friendly faces at my door with staff popping in to chat or ask a question. I'm so grateful for their support and company, but we often get interrupted by students who

take priority. Even when writing these entries, I'm usually pulled away by a phone call or knock at the door.

My office is pretty sweet - it has lots of windows, and I can see the fields (athletics track in the summer) and tennis courts. The area and surrounding roads hold many memories for me as a student and very newly qualified nurse. I've had a lot of lockdown walks around here too. I'm lucky to have a very green view, but sometimes I feel a bit jealous looking outside at students enjoying the sun on their breaks while I'm stuck inside. There's a sign on the wall with emergency first aid sheets, but unfortunately, the sign that asks people to sanitize their hands before entering is ignored most of the time. Covid who?

My working environment is a bit of a mixed bag. There are lots of sounds - the school bell, girls at break, Microsoft Outlook pings, the phone ringing, and the door being knocked. Sometimes there is even a morning music recital so I prop my door open and listen – a very nice work perk. It's a lot to take in sometimes, but I've learned to tune most of it out – a skill learnt in A&E. The room itself is a work in progress. I inherited a system of sorts with first aid info, supplies, and medications. It's taken me a while to sort it out and find my own method of organizing everything, but it's starting to come together. The one thing that gets in the way of my work is my desk. The room is too small, and the space feels more awkward than workable. There are some old wooden cabinets on the wall behind me that I don't need, but I've inherited them. Luckily, they're being removed in half-term, and I'm hoping for replacements. This will ensure the room is opened up to allow space to move past each other and not feel too cramped. Recently, I have been using new software to keep track of student medical information. This software helps log incidents, medication, expiry dates, and is an excellent record-keeping tool. Although I have had some issues with the software, and the company's response has been inadequate, it still feels safer than using the old paper method.

## A busier day of meetings

As I walked into work wearing my exercise gear, having just rolled out of bed, I was hoping that it was still early enough to avoid running into anyone before I could change and freshen up. Unfortunately, my luck wasn't on my side, and two students quickly approached me, seeking help with their friend's insulin pump running low on battery. Despite not having any engineering qualifications, I gave it my best shot and tried several different plugs around the school until the pump finally charged up. Crisis averted; I was finally able to change into more formal attire.

The team had arrived at reception for the Year 9 booster and meningitis immunizations. The school immunizations went smoothly this morning, with no administrative hiccups or fainting episodes, just a few tears. It was great to see that the students were well-informed about their vaccinations' purpose, thanks in part to the PSHE lessons that cover immunizations. I was pleased to see that our school had an extremely high uptake rate compared to the wider city.

After the immunizations, I rushed to the school's Health and Safety meeting, arriving a few minutes late due to a teacher stopping me in the corridor to ask for advice. As part of my role, I maintain the accident log, which documents accidents involving students, staff, or visitors. The meeting was interesting, with various stakeholders, but I had a few agenda items to raise, and I had to work hard to get my points across. Although it was only my second time attending the meeting, I felt passionate about advocating

for the well-being of everyone in the school and reducing accidents. I made a note to raise my concerns again at the next meeting with more tangible actions.

Later in the day, I had a networking meeting with other school nurses. It was great to catch up with them, and I always have a list of questions to ask about their experiences and practices. We also have a WhatsApp group, which is a godsend for clinical supervision and discussion time. It is funny how little things like visiting another school and sampling their drinks machine can be so exciting. But what I really value is knowing that despite different locations, demographics, and backgrounds, our day-to-day practices and problems are similar. I really value this meeting for that reason, and as the job can be lonely as the sole nurse in an educational environment, it is lovely to build connections between schools and colleagues.