# Medical Policy

## St Mary Magdalene CofE Primary School


| | | |
|---|---|---|
| **Approved by:** | **Curriculum Committee** | **Date: 11.3.24** |
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| **Based on a policy from:** | SMMS | |
| **Written by:** | Nicola Kershaw | |

# St Mary Magdalene CE Primary School
# Medical Policy

As a Church of England School, we recognise that each person is valuable, precious and **unique** before God. Our school is a community based on **trust**, **honesty** and **love**. We aim to live in **peace** with each other and to **forgive** those who have wronged us, as taught and demonstrated in the life of Jesus. We seek to foster in our members **wonder** in discovery, **thankfulness** for what we have, **compassion** for others and **hope** for the future. We therefore strive to ensure that our delivery of the curriculum meets the needs of each individual and helps foster an environment where the motivation for all to achieve and reach their full potential is at the core of our commitment.

**INTRODUCTION**

St Mary Magdalene C of E Primary School will undertake to ensure compliance with the relevant legislation with regard to the provision of first aid for all employees and to ensure best practice by extending the arrangements as far as is reasonably practicable to children and others who may also be affected by our activities.

Responsibility for first aid provision at St Mary Magdalene School is held by the Headteacher who is the responsible manager. This is delegated to the Teachers, Teaching Assistants and other nominated staff. All first aid provision is arranged and managed in accordance with the Children's Services Safety Guidance Procedure SGP 08-07(First Aid).

*All staff have a statutory obligation to follow and co-operate with the requirements of this policy.*

This Policy comprises of the following areas:

# ST MARY MAGDALENE CE PRIMARY SCHOOL

# First Aid

**Introduction**
The purpose of first aid is to ensure that any immediate danger and discomfort is alleviated. First aid is intended to be the minimum level of care, and any further diagnosis or extended care must be passed on to medical professionals. This policy aims to ensure that everyone concerned with first aid, whether practitioner or recipient, is kept safe.

**Practice**
Our first aid policy requirements will be achieved by:

- Carrying out a First Aid Needs Assessment (See Appendix A) to determine the first aid provision requirements for our premises
- It is our policy to ensure that the First Aid Needs Assessment will be reviewed annually or following any significant changes that may affect first aid provision
- Ensuring that there are a sufficient number of trained first aiders on duty and available for the numbers and risks on the premises
- Ensuring that there are suitable and sufficient facilities and equipment available to administer first aid
- Ensuring the above provisions are clear and shared with all who may require the First Aid Training

The responsible manager will ensure that appropriate numbers of qualified first aiders and appointed persons have the appropriate level of training to meet their statutory obligations.

**Qualified First Aid Staff**
At St Mary Magdalene School, all teaching assistants, where possible, are trained in First Aid. We will always have at least one teacher assistant trained in **Paediatric First Aid.**

**First Aiders are:**

- Miss Grant
- Mrs Laming
- Mrs Skeen
- Mrs Mehmet (Paediatric First Aider & First Aid @ work)
- Mr Auguste
- Mrs McPherson
- Mrs Phipps
- Ms Brown

Staff will be responsible for administering first aid, in accordance with their training, to those that become injured or fall ill whilst on the premises. There may also be other duties and responsibilities which are identified and delegated to the first aider (e.g. first aid kit inspections).
The qualified first aider is someone who has been trained and holds a First Aid certificate gained from a HSE approved course.

**Appointed Persons**
In the instance that no first aider is available the minimum requirement is to appoint a person(s) (the Appointed Person(s)) to take charge of first aid arrangements including **calling the emergency services when required** and taking charge when someone is injured or falls ill.

***Appointed Person(s)***

- ***Bernice Graham – Finance Officer***
- ***Katharine Rose – HR Manager***

**First Aid Provision**
Our First Aid Needs Assessment has identified the following first aid requirements:

- The main first aid area is located at the end of the KS1 corridor
- 1 first aid kit in the Reception Classroom
- 1 first aid kit in each Classroom
- 1 first aid kit in the Admin Office
- 'Portable' first aid kits to be taken on trips/visits.

It is the responsibility of the qualified first aider/appointed person to check the contents of all first aid kits every half term and restock as necessary. A checklist will be included in all first aid kits – **see appendix E.**

The **ACCESSIBLE TOILET**, complete with sink and shower cubicle is a designated first aid room for treatment, sickness and the administering of first aid where privacy or particular hygiene requirements are necessary.

**Children with Medical Conditions**
A list of children with Medical Conditions is distributed to all staff. A copy is kept in each classroom, in the staff room, the main office and an electronic copy on the shared area. For more information see the Administering Medicines Policy.

**Incident Reporting**
In the event of an injury being sustained and first aid being administered the Incident and Illness Register must be completed, the slip must be sent home and the carbon copy retained at school. First Aiders may contact parents by phone if they have concerns about the injury.

In the case of any injury to the face or the head, a mark to the face or bite, a telephone call to the parent is an **ESSENTIAL** requirement. Parent/Carers must be invited to the school and be asked if they wish to check on their child. These are guidelines and we rely on the first aiders to make a judgment on each individual injury. In the case of serious incidents the Accident/Incident Form for Pupils (HS2) should be completed. See Appendix B.

The class teacher must be informed when a child has been injured during the play or lunch time period.

**Staff Injuries**
Staff must obtain and complete a HS1 form from the School Business Manager if they sustain an injury at work and hand into the office for investigations to be carried out.

An injured member of staff or other supervising adult should not continue to work if there is any possibility that further medical treatment is needed.

The member of staff or other supervising adult concerned should seek medical advice without delay.

**Emergency Arrangements**
Upon being summoned in the event of an accident, the first aider/appointed person is to take charge of the first aid administration/emergency treatment commensurate with their training.

Following their assessment of the injured person, they are to administer appropriate first aid and make a balanced judgment as to whether there is a requirement to call an ambulance.

The first aider/appointed person is to always call an ambulance on the following occasions:

- In the event of a serious injury
- In the event of any significant head injury
- In the event of a period of unconsciousness
- Whenever the first aider is unsure of the severity of the injuries
- Whenever the first aider is unsure of the correct treatment
- Severe allergic reactions including administration of Epi-pen

In the event of an accident involving a child, where appropriate, it is our policy to always notify parents of their child's accident if it:

- is considered to be a serious (or more than minor) injury
- requires attendance at hospital

Our procedure for notifying parents will be to use all telephone numbers available to contact them and leave a message should the parents not be contactable.

In the event that parents cannot be contacted and a message has been left, our policy will be to continue to attempt to make contact with the parents every hour. In the interim, we will ensure that the qualified first aider, appointed person or another member of staff remains with the child until the parents can be contacted and arrive (as required).

In the event that the child requires hospital treatment and the parents cannot be contacted prior to attendance, the qualified first aider/appointed person/another member of staff will accompany the child to hospital and remain with them until the parents can be contacted and arrive at the hospital. Serious injuries may result in a member of the leadership team accompanying the child.

**Procedures**
A summary of these procedures can be found in **appendix C.** Reminder lists are available in all classrooms, medical room and staffroom – see **appendix D.**

**Records**
All accidents requiring first aid treatment are to be recorded on the Incident and Illness Register with the following information:

- Name of injured person
- Date of the accident
- Type of accident (e.g. bump on head etc.)
- Treatment provided and action taken
- Name of the qualified first aider/appointed person

**Out of School**:

- A school mobile phone should be taken out on trips out of school.
- Teachers to check that pupils who have asthma take their inhalers.
- A first aid kit must be taken on all school trips without exception.
- A First Aider must accompany school trips
- First Aiders must take any medication for pupils including epipens

***Educational Visits***

- The Headteacher has responsibility for ensuring staff have adhered to the school's 'Educational Visits Procedures' (as set out in the Health & Safety Handbook) when organising a visit.
- A Risk Assessment will need to be carried out as part of an educational trip. Particular attention needs to be paid to:

- Outdoor Educational Visits
- Hazardous Activities
- Class Visits

- Swimming Pool Lessons. Swimming instruction is provided by qualified swimming instructors. We use Peckham Pulse swimming Pool for swimming lessons, and we ensure that pupils adhere to the swimming pool rules.

- A First Aider must accompany school trips
- For more information see the Trips Policy.

**Administration of Medicines**

- Office staff will administer prescribed medication following parent/carers written consent and completion of a Permission to Administer Prescribed Medicines form. Details of the medicine and dosage must be recorded on a Record of Medicines Administered form.
- If other prescribed medicines (such as, asthma inhalers) are brought into the school it is the parent/carers responsibility to ensure that office staff are informed of the child's condition and advise office staff of how to monitor and administer the medication when needed.
- As a school we have made the decision not to administer non-prescribed medication (such as Calpol and anti-histamine) unless on a Residential Trip where it is required in exceptional circumstance. In this instance prior permission from the parent/carer must be obtained in all cases.
- It is the responsibility of the parent/carers to ensure that inhalers are within their expiry date and that prescribed medication is collected at the end of each day. Office staff will carry out checks at the end of each term however it is ultimately the responsibility of the parent/carers to ensure that inhalers have not expired.
- For more information see the Administering Medicines policy.

**Hygiene Infection Control**

All staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff must have access to single-use disposable gloves and hand washing facilities, and must take care when dealing with blood or other body fluids and disposing of dressings or equipment.

**Body Spillages/HIV**

- No person must treat a pupil who is bleeding, without protective gloves. Protective gloves are stored in the main first aid area, cleaning cupboard and accessible toilet.
- Sponges and water buckets must never be used for first aid to avoid the risk of HIV contamination.
- All body fluid spillages (Vomit, Diarrhoea and Blood) must be cleaned immediately. This is vital if the spread of infection is to be reduced.
- Gloves should be worn when in contact with blood or body fluid is likely. Disposable aprons must also be worn if cleaning up large spillages.
- Absorbent material such as newspaper, paper towels, should be used to cover the spillage and left to absorb for a few minutes then placed straight into a black sack. A designated dust pan and brush is available for body spillages and is kept in the Cleaning Cupboard if necessary. Wash the affected area with warm water and detergent and dry.
- Hands must be washed and dried after removal of protective gloves placing the gloves into the black sack.
- The sealed black sack should be put in the external dustbins for domestic waste disposal.
- Further guidance can be found in 'Guidelines for the Cleaning up of Bodily Fluids' on www.gov.uk

**Head Lice**

- A general letter is sent to the parents of all pupils in a class if there is a case of head lice in the class.
- If live lice are noticed in a pupil's hair the parents are contacted by telephone.

**Vomiting**

- First Aider or appointed person(s) must give the child a sick bag.
- First Aider or appointed person(s) must contact the parent/carers to collect the child.
- First Aider or appointed person(s) must wait with the child until they are collected.
- Parent or carer collecting the child must be informed that the child is not to return to school for 48hours.

# Appendix A

## ASSESSMENT OF FIRST-AID NEEDS

School Name _____

School Address _____

_____

Head Teacher _____

Name of Person Carrying out this assessment _____

Please Answer All Questions:

| | |
|---|---|
| 1. Do employees have easy access to suitably and marked first-aid boxes | Yes/No |
| 2. Has a person been appointed to take charge of first-aid arrangements? | Yes/No |
| 3. Are First Aid Signs displayed around the school | Yes/No |
| 4. The minimum requirement for first aid provision is: | |
| One appointed person per site to be available at all times.<br>One fully stocked first aid kit | |
| How many Certificated First Aiders does the school currently have? | |
| How many Appointed Persons does the school have? | |
| How many first aid kits does the school have | |
| 5. Using the attached checklist to assess whether you need to make any additional provision: | |
| How many more Certificated First Aiders are required | |
| How many more Appointed Persons | |
| How Many More first aid kits are required | |

Required Action

Target Dates

Priorities

Signed Designation Date

## ASSESSMENT OF FIRST-AID NEEDS CHECKLIST

| Aspects to Consider | Impact of First Aid Provision | Adequate Provision? |
|---|---|---|
| What size is the school and is it on split sites and/or levels? | The governing body/head teacher need to consider additional first aid provision if there is more than one building. They should consider how many first-aid personnel are needed to provide adequate cover on each floor on a split-level site and outlying buildings, and on each site of a split-site school. | Yes / No |
| Location of the School | Is it remote from emergency services? It is good practice to inform the local emergency services, in writing, of the school's location (giving Ordinance Survey grid references, if necessary) and any particular circumstances that may affect access to the school. If the school has more than one entrance, emergency services should be given clear instructions on where or to whom they should report. | Yes / No |
| Are there any specific hazards or risks on the site? | Practical Departments such as CDT, Science, PE etc. will have specific hazards associated with them, for example, hazardous substances, dangerous tools and machinery.<br><br>Temporary hazards, such as building or maintenance work, should also be considered and suitable short-term measures put in place. | Yes / No |
| Remote facilities | Additional first aid kits will be required if the school has distant or remote sports fields | Yes / No |
| Specific needs | Are there staff or pupils with special health needs or disabilities? What age range does the school cater for? Different first-aid procedures may apply to pupils in primary and secondary schools. For example, the age of pupils may affect the type of first-aid procedures required, such as resuscitation techniques. First-aid training organisations can provide advice on training for first-aid personnel in schools. | Yes / No |
| Accident statistics | Accident statistics can indicate the most common injuries, times, locations and activities at a particular site. These can be a useful tool in risk assessment, highlighting areas to concentrate on and tailor first-aid provision to. | Yes / No |

| | | |
|---|---|---|
| Lunchtimes and breaks | Many accidents at school occur at lunchtimes and breaktimes. | Yes / No |
| Leave and absence | You will need to consider provision of cover for first aiders on leave or absent from work. | Yes / No |
| Off-site activities | You will need to consider the provision of first aid cover for off site activities.<br><br>If a first aider accompanies pupils on an off-site activity, will there be adequate provision left for the school? | Yes / No |
| Out of hours activities | Provision of first aid for sports activities, clubs etc. | Yes / No |
| Contractors on site | Any agreements with contractors such as school meals providers etc. | Yes / No |

## Appendix B

HS2

# London Borough of Southwark Accident/Incident Report Form for PUPILS

Please ensure **all** sections are completed and that the form is passed to the Key Manager. When this and the Accident Investigation form have been completed the Manager must forward this original to the Departmental Safety Advisor/Nominated person **within 48 hours** of the incident. ***For fatalities/major injuries, the Departmental Safety Advisor should be contacted immediately.*** Management to retain a copy of this form.

### Details of Accident/Incident

| | |
|---|---|
| **Name of School:** *St Mary Magdalene CE Primary School* | |
| **Address:** *48 Brayards Road, Peckham, London SE15 3RA* | |
| **Type of School:** *Primary* | |
| **Contact telephone number:** | *020 7639 1724* |
| **Pupil Surname:** | **Forename:** |
| **Date of incident:** | **Time of incident:** |
| **Exact location of incident:** | |
| **Details of incident:** | |
| **To whom reported (within school):** | |
| **Date:** | **Time:** |
| **Details of witnesses (if any):** | |
| **First-aid given? Yes ☐ No ☐** | **What?** |
| **No. of hours tuition lost:** | |
| **Parents/Guardian informed? Yes ☐ No ☐** | **Time:** |
| **Was pupil taken to hospital? Yes ☐ No ☐** | **Which?** |

### Person Completing Form

| | |
|---|---|
| **Name of person completing form:** | |
| **Signature:** | |
| **Job title:** | **Date:** |
| | |

### To be completed by Line Manager

| | |
|---|---|
| **Investigation report completed: Yes ☐ No ☐** | |
| **Signed:** | **Date:** |
| **Name:** | **Tel: 020 7639 1724** |

# Appendix C

## SMMS FIRST AID PROCEDURES

Available First Aiders throughout the day:

- Miss Claire Grant
- Mrs Tracey Laming
- Mrs Jackie Skeen
- Mrs Minnie Mehmet (Paediatric First Aider & First Aid @ work)
- Mr Moses Auguste
- Mrs Stella Phipps
- Mrs Beverley McPherson (lunchtimes only)
- Miss Brown

**Major**

- First aider will assess the injury
- First Aider to stay with the child and an additional member of staff to inform the Headteacher or a member of the Leadership Team
- First Aider and member of the Leadership Team make a decision about appropriate action
- Appointed persons will contact parents if hospitalisation is necessary
- Children should be accompanied to hospital by the parents or where unavailable the First Aider.
- Serious injuries may result in a member of the leadership team accompanying the child.
- First aider should log injury and time details on the Accident and Incident Form (HS2)

**Head injuries:**

- Child has sustained any head injury
- Send child to appropriate first aider (see above)
- First aider will assess injury
- First aider will give the child a compress, notify the teacher, contact parent/carer informing them of incident and any injury sustained. The parent/carer must be invited into the school to check the child and either take child home or confirm they are happy for child to remain in school, wait with child if a more serious injury or send back to class after speaking to parent/carer (where appropriate)
- First aider will inform the Headteacher or a member of the Leadership Team

**Other injuries: (minor)**

- First aider will assess the injury
- If child needs clothing removed first aider must ensure two adults are present (See Safeguarding and Intimate Care policy for more information)
- If skin is broken first aider must wear rubber gloves
- First aider will clean wound
- First aider will apply plaster as necessary
- First aider will log details in the Incident and Illness Register and give information slip to child to take home

**Vomiting**

- First Aider or appointed person(s) must give the child a sick bag.
- First Aider or appointed person(s) must contact the parent/carers to collect the child.
- First Aider or appointed person(s) must wait with the child until they are collected.
- Parent or carer collecting the child must be informed that the child is not to return to school for 48hours.

**Please remember head injuries should always be assessed by first aiders and parents called.**

**N.B. – PLEASE INFORM THE OFFICE AND CLASS TEACHER IF A CHILD SENT HOME**

## Appendix D

# First Aid Checklist

Please do not send the child directly to the office. You must follow the following procedures:

| Description |
|---|
| Find out details of how the incident happened |
| Assess whether the injury is minor or major |
| If the injury is deemed major - send another child to a first aider to request their attendance |
| If injury is deemed minor complete the Incident and Illness Register |
| If the child sustains a head injury, administer first aid and call parent. |
| In cases of nausea/vomiting, provide a sick bag, call parents to collect and inform parent child cannot return to school for 48hours. |

# Appendix E

## First Aid Kit Checklist – as recommended by HSE

*This checklist is for classroom and trips kits*

| Product | Up to 30 Persons | Date Checked | Date Checked | Date Checked | Date Checked | Date Checked | Date Checked |
|---|---|---|---|---|---|---|---|
| Assorted waterproof plasters 10pk | 4 | | | | | | |
| Eye pad | 6 | | | | | | |
| Triangular bandage | 6 | | | | | | |
| Safety pins 6pk | 2 | | | | | | |
| Medium dressing 12 x 12cm | 9 | | | | | | |
| Large dressing 18 x 18cm | 3 | | | | | | |
| Cleansing wipes | 10 | | | | | | |
| Pairs of nitrile powder free gloves | 2 | | | | | | |
| Sick Bags | 10 | | | | | | |

## First Aid Kit Checklist – as recommended by HSE

*This checklist is for the playground and office kits*

| Product | Up to 100 Persons | Date Checked | Date Checked | Date Checked | Date Checked | Date Checked | Date Checked |
|---|---|---|---|---|---|---|---|
| Assorted waterproof plasters 10pk | 12 | | | | | | |
| Eye pad | 10 | | | | | | |
| Triangular bandage | 16 | | | | | | |
| Safety pins 6pk | 3 | | | | | | |
| Medium dressing 12 x 12cm | 20 | | | | | | |
| Large dressing 18 x 18cm | 6 | | | | | | |
| Cleansing wipes | 40 | | | | | | |
| Pairs of nitrile powder free gloves | 6 | | | | | | |
| Sick Bags | 15 | | | | | | |

# ST MARY MAGDALENE CE PRIMARY SCHOOL

# Anaphylaxis

**Introduction**
St Mary Magdalene School is committed to a whole school approach to the health care and management of those members of the school community suffering from specific allergies, therefore we are a **nut free school.**

The school recognises that anaphylaxis is a severe and potentially life threatening allergic reaction at the extreme end of the allergic spectrum.

The School position is not to guarantee a completely allergen free environment, rather to minimise the risk of exposure, encourage self-responsibility, and plan for an effective response to possible emergencies.

**Aims**

- To provide, as far as practicable, a safe environment in which pupils at risk of anaphylaxis can participate equally in all aspects of schooling.
- To raise awareness about anaphylaxis and the school's anaphylaxis policy in the school community.
- To engage with parents/carers of pupils at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies.
- To ensure that each staff member has adequate knowledge about: allergies, anaphylaxis and the school's policy and procedures for responding to an anaphylactic emergency.

**What is anaphylaxis?**
Anaphylaxis is an acute, severe systemic allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance (allergen), but on rare occasions may happen after a few hours.

The most common allergies in school aged children are peanuts, tree nuts (e.g. cashews) dairy produce, eggs, fish and shellfish, wheat, soya, sesame, latex, certain insect stings and medication.
It occurs because the body's immune system reacts inappropriately in response to the presence of a substance that it perceives as a threat.

The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically and the patient loses consciousness. Fortunately, this is rare among young children below teenage years. More commonly among children there may be swelling in the throat, which can restrict the air supply, or severe asthma. Any symptoms affecting the breathing are serious.

Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin or abdominal cramps, nausea and vomiting. Even where mild

symptoms are present, the child should be watched carefully. They may be heralding the start of a more serious reaction.

**The School Environment**
The School seeks parent, staff and pupil support towards maintaining a minimised risk environment, whilst also concentrating on ensuring effective medical response to potential anaphylactic episodes. Parents may ask for the Headteacher to exclude from the premises the food or substance to which their child is allergic. This is not always feasible, although appropriate steps to minimise any risks to allergic children are always taken.

The school's catering company Caterlink are informed of the particular requirements of specific children. Regular monitoring of the school menu is carried out by the School Business Manager in consultation with the Catering Company. Consideration is given to food management, staff awareness of the child's needs in relation to the menu, individual meal requirements and snacks in school.
Caterlink as a company have chosen to remove nuts from their menus and packed lunches, as they understand that this is in the interest of our school community. As far as possible we also try not to use ingredients or substances within curriculum lessons that might be potential triggers for individual pupils.

**Staff awareness and prevention strategies**
A medical file containing information about ALL pupils in school with a medical condition is distributed to teaching staff at the start of the academic year. Additional copies of the medical file are kept in the main office, the first aid room and the staff room as well as accessible on the shared network.

St Mary Magdalene staff:

- Do not bring into school or consume on site any nuts.
- Are aware of and enforce 'No Food Sharing' policy to pupils.
- Ensure that treats from outside sources are not given to pupils.
- Recognise there might be hidden allergens or ingredients used for cooking or art classes.
- Know where medication for at risk pupils is stored and how to use it.

**Parental involvement**
The key to prevention of anaphylaxis in schools is knowledge of those pupils who have been diagnosed at risk, awareness of triggers (allergens) and prevention of exposure to these triggers. Partnerships between schools and parents are important in ensuring effective communication so that certain foods or items are kept away from the pupil while at school.

Parents will be responsible for:
- Providing information at time of enrolment about their child's allergies and any other additional emergency actions that have been developed with their doctor.
- Providing two Adrenaline Injectors for school use.
- Ensuring that Adrenaline Injectors are replaced before expiry date.
- Informing the school if their child's medical condition changes and providing an update of emergency procedures, if necessary.

**Medicine storage and administration**
The treatment for a severe allergic reaction is an injection of adrenaline (also known as epinephrine). Pre-loaded injection devices containing one measured dose of adrenaline are available on prescription. Should a severe allergic reaction occur, the adrenaline injection should be administered into the muscle of the upper outer thigh.

**An ambulance should always be called.**
Adrenaline Injectors of children identified are kept in individual bags that are clearly labelled and these are kept in the main office. It is St Mary Magdalene Policy that children **do not** carry their emergency treatment on their person. Medication is accessible to staff from a central location - the main office.

Adrenaline Injectors are carried by trained First Aiders on school trips or in the case of pupils with a Statement of Special Educational Needs their Learning Support Assistant.

**Care Plans**
Where a child is known to have a severe allergy, a care plan is drawn up with the parent/carer and school nurse. The Care Plan will take into consideration:
• Identified triggers
• Emergency procedures
• Prescribed medicine
• Food management
• Precautionary measures

All Care Plans are reviewed annually, if the condition changes or immediately after a pupil has an anaphylactic reaction at school.

All relevant staff are informed of the child's medical condition and their needs (including supply teachers). Copies of the Medical File are updated annually and all staff are informed.

Staff training, Monitoring and Evaluation
Staff are trained in anaphylaxis risk assessment and management annually. Whole staff training is preferred although the Headteacher may identify key staff, primarily First Aiders, to be trained based on risk assessment. Additional staff training may take place on a needs basis following any anaphylactic reactions or changes to children's needs. We believe this policy will be effective only if we ensure consistency across the school by regular monitoring.

# ST MARY MAGDALENE CE PRIMARY SCHOOL

# Asthma

**Introduction**

'On average, there are two children with asthma in every classroom in the UK'

- Asthma UK charity.

This policy has been written with advice from **Asthma UK's Asthma at School Policy Guide.** This school recognises that asthma is an important condition affecting many school children and positively welcomes all pupils with asthma.

- This school encourages children with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by staff, and pupils. St Mary Magdalene believes that the children should learn to be more responsible about their asthma, by considering when they might need to carry their own medication and requesting them whenever necessary.

Asthma is a condition that affects the airways - the small tubes that carry air in and out of the lungs. Asthma symptoms include coughing, wheezing, a tight chest and getting short of breath. Children with asthma have airways that are almost always red and sensitive. These airways can react badly when someone with asthma has a cold or other viral infection and comes into contact with an asthma trigger. A trigger is anything that irritates the airways and causes the symptoms of asthma to appear. There are many triggers. Common ones include colds, viral infections, house-dust mites, pollen, cigarette smoke, furry or feathery pets, exercise, air - pollution, laughter and stress. Everybody's asthma is different and everyone will have his or her own triggers. The important thing is that the children know their triggers and stay away from them or take precautions.

## Medication

Immediate access to reliever inhalers is vital. **All school staff will let children take their own medication when they need to.** All children from Reception to Yr. 6 have their inhalers kept in the main office. These inhalers can be accessed by the child at any point throughout the day. All staff know that children may be permitted to leave a lesson to get their inhaler should it be needed. Office staff will provide children with their inhalers as required. **Reliever inhalers should NEVER be locked away.** All medication must be clearly labelled with the child's name and dosage on a proper prescription label otherwise we cannot administer the drugs.

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allows schools to obtain, without a prescription, salbutamol inhalers, if they wish, for use in emergencies. This will be for any pupil with asthma, or who has been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty). As a school we have two emergency inhalers.

At the moment the law requires each child to have their own inhalers. School staff are not required to administer medication to children except in an emergency; however, many of our staff are happy to do this. For more information on the legal aspects of managing pupils with medical needs, please see the DfE statutory guidance as set out in 'Supporting Pupils at School with Medical Conditions'.

## The different types of medication

**Reliever inhalers** - usually BLUE (although they come in different shapes and sizes)
This is the inhaler that children need to take immediately when the asthma symptoms appear. Relievers work quickly to relax the muscles around the narrowed airways. As these muscles relax, the airways open wider and it gets easier to breathe again. Relievers are essential in treating asthma attacks - It is very important that a pupil with asthma has a reliever inhaler that they can use reliably and effectively (that is, one that a healthcare professional has shown them how to use and checked their technique). Relievers are a very safe and effective medicine and have very few side effects. Some children and young people do get an increased heart rate and may feel shaky if they take a lot. However, children and young people cannot overdose on reliever medicines and these side effects pass quickly.

**Preventer inhalers** - usually BROWN, ORANGE, RED and WHITE.
These work over a period of time. Preventers protect the lining of the airways. They help to calm the swelling in the airways and stop them from being so sensitive. Taking preventer medicines means that a child or young person with asthma is less likely to react badly when they come into contact with an asthma trigger. Normally preventative inhalers should not be needed in school.

**Steroid Tablets** - usually taken early in the morning, before school - therefore very rare in school.
Usually a short course of steroid tablets (3–5 days) are prescribed after a severe asthma attack. Giving a much higher dose than a preventative inhaler, they are very effective at bringing severe asthma symptoms under control quickly. However, children and young people should not experience any side effects from the occasional course of steroid tablets.

**Spacers** - Children under 12 years often have spacers because they find the inhalers difficult to use. Spacers will often be found in school.
A spacer is a plastic or metal container with a mouthpiece at one end and a hole for an aerosol inhaler at the other. Spacers allow more of the medication to be breathed straight down into the lungs where it is needed most. They make inhalers easier to use and more effective. Spacers are used with aerosol inhalers.

**Nebulisers** - Normally not needed in school.
A nebuliser is a machine that creates a mist of medicine that is then breathed in through a mask or mouthpiece. Nebulisers are sometimes used to give high doses of medicine in an emergency. However, research shows that spacers work as well as nebulisers in most asthma attacks. Use of nebulisers in emergency situations is becoming far less common. If a doctor or nurse advise that a child needs to use a nebuliser in school, the staff involved will need training by a healthcare professional.

All inhalers have an expiry date. Parents/carers are responsible for ensuring that all their child's asthma medicines are within the expiry date. Reliever inhalers and preventers usually last about two years.

## Record Keeping

When the child joins the school, parents are asked if their child has asthma. They are then asked to fill in a form detailing the type of medication to be administered and when, and include procedures in an emergency. Parents are asked to inform the school immediately. On the shared network there is a copy of the Medical File which contains information of pupils with specific medical/dietary requirements. This includes details of children that have asthma in the class. The Medical File is updated annually. Where any changes occur throughout the year the office staff will inform teachers of the change. Additional copies of the medical file are kept in the Staff room and the First aid room.

All school staff will let children take their own medication when they need to. We are aware that some children may get carried away with this and therefore this is recorded and monitored. A folder is kept with the medication in the main office, on which staff record the date, type and amount of medication taken. Staff inform parents if there are any concerns about the amount of frequency of inhaler usage.

On admission to the school all parents/carers of children with asthma are sent an Asthma UK *School Asthma Card* to give to their child's doctor or asthma nurse to complete. Parents/carers are asked to return them to the school. In the case of chronic asthma sufferers, the school arranges to meet with the parents to discuss potential triggers and procedures. From this information the school keeps its Medical File updated, which is available to all school staff. The school sends out a general information sheet annually to ask parents to update all information which is held on the school database, which includes any medical details.

The school nurse and the office staff check the expiry date of spare reliever inhalers every six months and inform parents where necessary.

## Understanding Asthma at St Mary Magdalene

All teachers and members of school staff are given training on what asthma is, how to handle it and all about the medication. This is delivered by the school nurse. Where it is deemed necessary by school staff to be relevant and with the pupil's and parent's permission, lessons directly addressing asthma are delivered through the teaching of PSHE lessons. For example, if a child in the class has chronic asthma. Where this is the case, children will be introduced to asthma in a way that they will understand. We encourage sensitivity to the feelings of asthmatic sufferers, who may feel awkward about their condition and educate other children to understand asthma so that they can support their friends. In addition to this, the teaching of asthma may also be included in other curriculum areas such science, design and technology, geography, history and PE where relevant.

## Physical Education, Sporting Activities and School Visits

Taking part in sports is an essential part of school life. Teachers are aware of which children have asthma. Children with asthma are encouraged to participate fully in PE. The first aider will be responsible for ensuring the children take whatever medication they require before or during the lesson in order to participate. In KS2 and particularly in Years 5 and 6 the children are encouraged to be responsible for their own medication when necessary. If the child needs to use the inhaler during the lesson, then this is fine. During swimming lessons in Yrs 3, 4 and 5, inhalers are taken to the swimming pool by the first aider in attendance. First aiders also ensure that inhalers are taken on school trips and visits. During extra-curricular clubs we ensure that pupils have immediate access to asthma inhalers and any external coaches are informed of children with medical requirements. At St Mary Magdalene we believe that no child should be excused from PE on the grounds of asthma unless a doctor or nurse has suggested otherwise.

## The School Environment

The school does all that it can to ensure the school environment is favourable to children with asthma. The school has a no smoking policy, and as far as possible the school does not use equipment and substances in science and art lessons that are potential triggers for asthma.

## Asthma Attacks

### Common signs of an asthma attack

- Coughing
- Shortness of breath
- Wheezing
- Feeling tight in the chest
- Being unusually quiet
- Difficulty speaking in full sentences
- Tummy ache (sometimes in younger children)

In the event of an Asthma attack:

**What to do**

- Keep calm
- Encourage the child or young person to sit up and slightly forward – do not hug or lie them down
- Make sure the child or young person takes two puffs of reliever (blue) inhaler immediately (preferably through a spacer)
- Loosen tight clothing
- Reassure the child

## If there is no immediate improvement

Continue to make sure the child or young person takes one puff of reliever inhaler every minute for five minutes or until their symptoms improve

Minor attacks should not disrupt the child's involvement in school. When they feel better they can return to school activities. The child's parents must be told about the attack.

## Emergency Procedures

**Call 999 or a doctor urgently if:**

- The child or young person's symptoms do not improve in 5-10 minutes
- The child or young person is too breathless or exhausted to talk
- The child or young person's lips are blue
- Or if you are in doubt

**Continue to give the child one puff of their reliever inhaler every minute until the ambulance or doctor arrives.**

## Training

Training is provided annually by the School Nurse for key staff. This is monitored and the school is aware that this may change in response to the needs of our pupils. Once trained, it is the responsibility of Deputy Head Teacher in consultation with the Head Teacher to ensure that training is kept up to date and any problems or concerns regarding procedures should be brought to their attention.

# ST MARY MAGDALENE CE PRIMARY SCHOOL

# Mental Health and Well-Being

**Introduction**

The school aims to:

- Promote positive mental health and wellbeing in all staff and pupils
- Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of poor mental health and wellbeing in staff and pupils
- Provide support to staff working with young people with mental health and wellbeing issues
- Provide support to pupils suffering mental ill health and their peers and parents/carers

**Promotion of Mental Health and Wellbeing**

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included across the curriculum and as part of our developmental PSHE curriculum. The physical, mental and emotional health benefits of exercise are well documented and the school actively encourages sport for all.

Approaches will be taken to ensure that:
Pupils' views are taken into account through Pupil Council, class teaching being informed by ongoing research, opportunities for pupils to show resilience, promotion of a healthy lifestyle, a positive physical environment. Additionally, aspects of promoting positive mental health amongst staff should be included such as taking staff's views into account, monitoring the meeting schedule, holding social events.

The specific content of lessons will be determined by the specific needs of the cohort we're teaching but there will always be an emphasis on enabling pupils to develop the skills, knowledge, understanding, language and confidence in keeping themselves mentally well and to seek help, as needed, for themselves or others.

We will follow the PSHE Association Guidance to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.
Details of the PSHE programme of work and other plans in which we teach positive mental health can be found in our PSHE Policy.

Parents and carers are valued and welcomed into the school. Measures taken to draw them into the promotion of a mentally healthy school are:
These might include parent forums, surveys, parent workshops, communicating and celebrating pupil achievements and successes.

**Lead Members of Staff**

Whilst all staff have a responsibility to promote the mental health of pupils. Staff with a specific, relevant remit include:

Mrs Anna Harding - Designated Child Protection / Safeguarding Officer
Ms Nicola Kershaw - Inclusion Lead and SENCO - Mental Health and Emotional Wellbeing Lead
Miss Aisha Seale - PSHE Leader
Mrs Stella Phipps - Pastoral Lead

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the Mental Health Lead in the first instance. If there is a fear that the pupil is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the Designated Child Protection Office staff or the head teacher. If the pupil presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary.

Where a referral to CAMHS is appropriate, this will be led and managed by the SENCo, Mental Health Lead. Guidance about referring to CAMHS is provided in Appendix 5.

**Individual Care Plans**

It is helpful to draw up an individual care plan for pupils causing concern or who receives a diagnosis pertaining to their mental health. This should be drawn up involving the pupil, the parents and relevant health professionals. This can include:

- Details of a pupil's condition
- Special requirements and precautions
- Medication and any side effects
- What to do, and who to contact in an emergency
- The role the school can play

**Teaching about Mental Health and Wellbeing**

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHE curriculum.

The specific content of lessons will be determined by the specific needs of the cohort we're teaching but there will always be an emphasis on enabling pupils to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

We will follow the PSHE Association Guidance to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner, which helps rather than harms.

**Signposting [Appendix 3]**

We will ensure that staff, pupils and parents are aware of sources of support within school and in the local community. What support is available within our school and local community, who it is aimed at and how to access it is outlined in the Local Offer.

We will display relevant sources of support in communal areas and toilets and will regularly highlight sources of support to pupils within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of pupil help-seeking by ensuring pupils understand:

- What help is available
- Who it is aimed at
- How to access it
- Why to access it
- What is likely to happen next

**Warning Signs [Appendix 4]**

School staff may become aware of warning signs which indicate a pupil is experiencing mental health or emotional wellbeing issues. These warning signs should always be taken seriously and staff observing any of these warning signs should communicate their concerns with the SENCo, our Mental Health and Emotional Wellbeing Lead. Staff may also have concerns regarding staff. Observer may approach our Mental Health and Emotional Wellbeing Lead if it feels appropriate.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating / sleeping habits
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing – e.g. long sleeves in warm weather
- Secretive behaviour
- Skipping PE or getting changed secretively
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

**Managing disclosures**

A pupil may choose to disclose concerns about themselves or a friend to any member of staff so all staff need to know how to respond appropriately to a disclosure.

If a pupil chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the member of staff's response should always be calm, supportive and non-judgemental.

Staff should listen, rather than advise and our first thoughts should be of the pupil's emotional and physical safety rather than of exploring 'Why?' For more information about how to handle mental health disclosures sensitively see Appendix **1 [Managing Disclosures]**.

All disclosures should be recorded in writing and held on the pupil's confidential file. This written record should include:

- Date
- The name of the member of staff to whom the disclosure was made
- Main points from the conversation
- Agreed next steps

This information should be shared with the mental health lead, SENCo who will provide store the record appropriately and offer support and advice about next steps.

**Confidentiality**

We should be honest with regards to the issue of confidentiality. If we it is necessary for us to pass our concerns about a pupil on then we should discuss with the pupil:

- Who we are going to talk to
- What we are going to tell them
- Why we need to tell them

We should never share information about a pupil without first telling them. Ideally, we would receive their consent, though there are certain situations when information must always be shared with another member of staff and / or a parent. Particularly if a pupil is in danger of harm.

It is always advisable to share disclosures with a colleague, usually the Mental Health and Emotional Wellbeing Lead, SENCo, this helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the pupil, it ensures continuity of care in our absence and it provides an extra source of ideas and support. We should explain this to the pupil and discuss with them who it would be most appropriate and helpful to share this information with.

Parents should be informed if there are concerns about their mental health and wellbeing and pupils may choose to tell their parents themselves. If this is the case, the pupil should be given 24 hours to share this information before the school contacts parents. We should always give pupils the option of us informing parents for them or with them.

If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the Designated Safeguarding Lead [Anna Harding] must be informed immediately.

**Working with Parents**

Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. Before disclosing to parents we should consider the following questions (on a case by case basis):

- Can the meeting happen face to face? This is preferable.
- Where should the meeting happen? At school, at their home or somewhere neutral?
- Who should be present? Consider parents, the pupil, other members of staff.
- What are the aims of the meeting?

It can be shocking and upsetting for parents to learn of their child's issues and many may respond with anger, fear or upset during the first conversation. We should be accepting of this (within reason) and give the parent time to reflect.

We should always highlight further sources of information and give them leaflets to take away where possible as they will often find it hard to take much in whilst coming to terms with the news that you're sharing. Sharing sources of further support aimed specifically at parents can also be helpful too e.g. parent helplines and forums.

We should always provide clear means of contacting us with further questions and consider booking in a follow up meeting or phone call right away as parents often have many questions as they process the information. Finish each meeting with agreed next step and always keep a brief record of the meeting on the child's confidential record.

**Working with All Parents**

Parents are often very welcoming of support and information from the school about supporting their children's emotional and mental health. In order to support parents we will:

- Highlight sources of information and support about common mental health issues on our school website
- Ensure that all parents are aware of who to talk to, and how to get about this, if they have concerns about their own child or a friend of their child
- Make our mental health policy easily accessible to parents
- Share ideas about how parents can support positive mental health in their children through our regular information evenings
- Keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home

**Supporting Peers**

When a pupil is suffering from mental health issues, it can be a difficult time for their friends. Friends often want to support but do not know how. In the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other. In order to keep peers safe, we will consider on a case by case basis which friends may need additional support. Support will be provided either in one to one or group settings and will be guided by conversations by the pupil who is suffering and their parents with whom we will discuss:

- What it is helpful for friends to know and what they should not be told
- How friends can best support
- Things friends should avoid doing / saying which may inadvertently cause upset
- Warning signs that their friend help (e.g. signs of relapse)

Additionally, we will want to highlight with peers:

- Where and how to access support for themselves
- Safe sources of further information about their friend's condition
- Healthy ways of coping with the difficult emotions they may be feeling

**Training**

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training in order to enable them to keep pupils safe.

We will host relevant information on our virtual learning environment for staff who wish to learn more about mental health. The MindEd learning portal provides free online training suitable for staff wishing to know more about a specific issue.

Training opportunities for staff who require more in-depth knowledge will be considered as part of our performance management process and additional CPD will be supported throughout the year where it becomes appropriate due developing situations with one or more pupils.

Where the need to do so becomes evident, we will host twilight training sessions for all staff to promote learning or understanding about specific issues related to mental health.

Suggestions for individual, group or whole school CPD should be discussed with Mrs Anna Harding, our CPD Leader who can also highlight sources of relevant training and support for individuals as needed.

This policy will always be immediately updated to reflect personnel changes.

## Appendix 1

Managing Disclosures

The advice below is from pupils themselves, in their own words, together with some additional ideas to help you in initial conversations with students when they disclose mental health concerns. This advice should be considered alongside relevant school policies on pastoral care and child protection and discussed with relevant colleagues as appropriate.

### Focus on listening

> *"She listened, and I mean REALLY listened. She didn't interrupt me or ask me to explain myself or anything, she just let me talk and talk and talk. I had been unsure about talking to anyone but I knew quite quickly that I'd chosen the right person to talk to and that it would be a turning point."*

If a student has come to you, it's because they trust you and feel a need to share their difficulties with someone. Let them talk. Ask occasional open questions if you need to in order to encourage them to keep exploring their feelings and opening up to you. Just letting them pour out what they're thinking will make a huge difference and marks a huge first step in recovery. Up until now they may not have admitted even to themselves that there is a problem.

### Don't talk too much

> *"Sometimes it's hard to explain what's going on in my head – it doesn't make a lot of sense and I've kind of gotten used to keeping myself to myself. But just 'cos I'm struggling to find the right words doesn't mean you should help me. Just keep quiet, I'll get there in the end."*

The student should be talking at least three quarters of the time. If that's not the case then you need to redress the balance. You are here to listen, not to talk. Sometimes the conversation may lapse into silence. Try not to give in to the urge to fill the gap, but rather wait until the student does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the student to explore certain topics they've touched on more deeply, or to show that you understand and are supportive. Don't feel an urge to over-analyse the situation or try to offer answers. This all comes later. For now your role is simply one of supportive listener. So make sure you're listening!

### Don't pretend to understand

> *"I think that all teachers got taught on some course somewhere to say 'I understand how that must feel' the moment you open up. YOU DON'T – don't even pretend to, it's not helpful, it's insulting."*

The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you've never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but don't explore those feelings with the sufferer. Instead listen hard to what they're saying and encourage them to talk and you'll slowly start to understand what steps they might be ready to take in order to start making some changes.

### Don't be afraid to make eye contact

> *"She was so disgusted by what I told her that she couldn't bear to look at me."*

It's important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn't feel natural to you at all). If you make too much eye contact, the student may interpret this as you staring at them. They may think that you are horrified about what they are saying or think they are a 'freak'. On the other hand, if you don't make eye contact at all then a student may interpret this as you being disgusted by them – to the extent that you can't bring yourself to look at them. Making an effort to maintain natural eye contact will convey a very positive message to the student.

### Offer support

> *"I was worried how she'd react, but my Mum just listened then said 'How can I support you?' – no one had asked me that before and it made me realise that she cared. Between us we thought of some really practical things she could do to help me stop self-harming."*

Never leave this kind of conversation without agreeing next steps. These will be informed by your conversations with appropriate colleagues and the schools' policies on such issues. Whatever happens, you should have some form of next steps to carry out after the conversation because this will help the student to realise that you're working with them to move things forward.

### Acknowledge how hard it is to discuss these issues

> *"Talking about my bingeing for the first time was the hardest thing I ever did. When I was done talking, my teacher looked me in the eye and said 'That must have been really tough' – he was right, it was, but it meant so much that he realised what a big deal it was for me."*

It can take a young person weeks or even months to admit they have a problem to themselves, let alone share that with anyone else. If a student chooses to confide in you, you should feel proud and privileged that they have such a high level of trust in you. Acknowledging both how brave they have been, and how glad you are they chose to speak to you, conveys positive messages of support to the student.

### Don't assume that an apparently negative response is actually a negative response

> *"The anorexic voice in my head was telling me to push help away so I was saying no. But there was a tiny part of me that wanted to get better. I just couldn't say it out loud or else I'd have to punish myself."*

Despite the fact that a student has confided in you, and may even have expressed a desire to get on top of their illness, that doesn't mean they'll readily accept help. The illness may ensure they resist any form of help for as long as they possibly can. Don't be offended or upset if your offers of help are met with anger, indifference or insolence, it's the illness talking, not the student.

### Never break your promises

> *"Whatever you say you'll do you have to do or else the trust we've built in you will be smashed to smithereens. And never lie. Just be honest. If you're going to tell someone just be upfront about it, we can handle that, what we can't handle is having our trust broken."*

Above all else, a student wants to know they can trust you. That means if they want you to keep their issues confidential and you can't then you must be honest. Explain that, whilst you can't keep it a secret, you can ensure that it is handled within the school's policy of confidentiality and that only those who need

to know about it in order to help will know about the situation. You can also be honest about the fact you don't have all the answers or aren't exactly sure what will happen next. Consider yourself the student's ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.

**Appendix 2**
**Record of Concerns Form**

| Name of Child: | | Class /Form Tutor: | |
|---|---|---|---|
| Name of person completing this form: | Role: | Date of Concern: | Time of concern: |
| Nature of concern: | ❑ Emotional Wellbeing ❑ Self-harm | | |

| Detail of concerns: *What you saw, what you heard, in the child's words. Include brief, accurate details and who else was present. Was it 1st or 2nd hand information? Distinguish between fact and opinion.* | | | | |
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| | | | | |
| | | | Continued Over Leaf: | |
| Concern shared with: | | Signature of referrer: | | Date: |

**For Completion by Designated Lead:**

| Date record received: | Time record received: | |
|---|---|---|
| Agreed actions with basis for decision | By whom | By when |
| | | |
| | | |
| | | |
| | | |
| | | |

| Signature of Designated Lead: | Date of when actions are to be reviewed: |
|---|---|
| | |

**Appendix 3**
**Useful Resources for further support**

Nationally Anxiety UK work to relieve and support those living with anxiety and anxiety-based depression by providing information, support and understanding via an extensive range of services, including 1:1 therapy. They can provide support and help if a person has been diagnosed with, or suspect they may have an anxiety condition and can also help them deal with specific phobias such as fear of spiders, blushing, vomiting, being alone, public speaking, heights – in fact, any fear that stops a person from getting on with their life. www.anxietyuk.org.uk/

Catholic Mental Health Project supports the Catholic community to further develop spiritual and pastoral care for mental health www.catholicmentalhealthproject.org.uk/

Charlie Waller Memorial Trust offers free resources, including guidance and policy templates for use by schools and colleges. www.cwmt.org.uk/

Child Bereavement UK supports families and educates professionals when a baby or child of any age dies or is dying, or when a child is facing bereavement. Every year they train more than 8,000 professionals, helping them to better understand and meet the needs of grieving families. https://childbereavementuk.org/

Childline is a free, private and confidential service for children and young people available online, on the phone, anytime facilitated by trained counsellors. The website is easy to navigate and has many interactive resources, advice and sources of support for children and young people. www.childline.org.uk/

Education Support Partnership is the UK's only charity providing mental health and wellbeing support services to all education staff and organisations. www.educationsupportpartnership.org.uk/

Fixers: young people's stories Fixers are young people using their past to fix the future. They are motivated by personal experience to make positive change for themselves and those around them. Fixers have different backgrounds, interests and life experiences, and come from every corner of the UK. They are motivated by a desire to act on an issue that is important to them or a strong desire to help other people. They also have a voice that they want to be heard, whether that's on eating disorders, drugs, offending, cyberbullying or any other issue that is concerning them. Becoming a Fixer allows that to happen. Fixers are heard, understood and respected by others. Fixers choose the issue they want to fix and, using the skills of a team of creative experts, they work out how to make sure their message is heard by the right people, whether that's through a unique film, a leaflet or poster campaign, a website, an event or workshop. Then they use digital, print and broadcast media to make their voice heard as far and wide as possible. www.fixers.org.uk/home/news.php

HeadMeds: about mental health medicines HeadMeds is a website for young people about mental health medication, launched in March 2014 and is owned and managed by the national charity YoungMinds. www.headmeds.org.uk/

MeeTwo a free App that lets users post anonymously and receive support and advice about their worries from other teens. All posts, which cannot be more than 300 characters, are seen by moderators who are trained and have experience in counselling or psychotherapy, so there is no risk of bullying. MeeTwo experts can also post and direct users to help from other organisations. The founders are in discussion with Childline about ways to refer young people to them. In exceptional cases the moderator would contact the emergency services. www.meetwo.co.uk/

Mental Health Access Pack is a compact, free resource which aims to: equip you with knowledge and advice, from medical, psychological and theological perspectives; help you support those in your community who are struggling with mental health issues; help you to discuss issues and share ideas surrounding mental health and the church. www.mentalhealthaccesspack.org/

Mental Health Matters contains information and resources for parishes, dioceses, chaplaincies and church community groups - and anyone else who's interested - to help improve our work with people experiencing mental illness. The Church is well placed to make a significant difference in the area of mental health. We can be a force to end stigma, and we can also be a place of inclusion, welcome and ministry. Mental Health Matters is working to make mental wellbeing a priority in our churches today. www.mentalhealthmatters-cofe.org/

Mentally Healthy Schools brings together quality-assured information, advice and resources to help primary schools understand and promote children's mental health and wellbeing. Our aim is to increase staff awareness, knowledge and confidence to help you support your pupils. www.mentallyhealthyschools.org.uk/

Mind provides trusted advice and support to empower anyone experiencing a mental health problem. They campaign to improve services, raise awareness and promote understanding. www.mind.org.uk/

MindEd is a free educational resource on children and young people's mental health for all adults. www.minded.org.uk/

NHS Live Well Youth Mental Health offers resources and signposting for support from external links www.nhs.uk/Livewell/youth-mental-health/Pages/Youth-mental-health-help.aspx

PAPYRUS is the national charity for the prevention of young suicide. The website draws from the experience of many who have been touched personally by young suicide across the UK and speak on their behalf in PAPYRUS campaigns and in their endeavour to save young lives. PAPYRUS believe that with appropriate support and education, many young suicides can be prevented. They deliver awareness and prevention training, provide confidential support and suicide intervention through the HOPELineUK, campaign and influence national policy, and empower young people to lead suicide prevention activities in their own communities. www.papyrus-uk.org/

Reading Well for young people Reading Well promotes the benefits of reading for health and wellbeing. The programme has two strands: Books on Prescription and Mood-boosting Books. http://reading-well.org.uk/books

Rethink: living with mental illness provides expert, accredited advice and information to everyone affected by mental health problems. 'When mental illness first hits you or your family, it can be hard to know who or what to trust.' They give people clear, relevant information on everything from treatment and care to benefits and employment rights. We were the first mental health charity to gain the Information Standard for our trusted and relevant information. www.rethink.org/livingwith-mental-illness/young-people/

Samaritans work to ensure that fewer people die by suicide by working to alleviate emotional distress and reduce the incidence of suicide feelings and suicidal behaviour. They offer 24 hours a day emotional support for people who are struggling to cope, including those who have had thoughts of suicide, as well as reaching out to high risk groups and communities to reduce the risk of suicide and working in partnership with other organisations, agencies and experts, influencing public policy and raising awareness of the challenges of reducing suicide. www.samaritans.org/

The Charlie Waller Memorial Trust provides funded training to schools on a variety of topics related to mental health including twilight, half day and full day INSET sessions. www.cwmt.org.uk/

The Children's Society is a national charity that works with the country's most vulnerable children and young people. We listen. We support. We act. Because no child should feel alone. They work directly with children, develop resources and publications and lobby on behalf of children annually, surveying them as part of their Good Childhood reports. www.childrenssociety.org.uk/

The Mind and Soul Foundation aims to educate – sharing the best of Christian theology and scientific advances; equip – helping people meet with God and recover from emotional distress; encourage – engaging with the local church and mental health services. Of more use to staff and

parents, they have a good selection of resources and articles, including the mental health access pack which was developed for churches, offering information on common mental health conditions and pastoral tips for working with those with mental health conditions. www.mindandsoulfoundation.org/

Winston's Wish provide specialist child bereavement support services across the UK, including indepth therapeutic help in individual, group and residential settings. www.winstonswish.org/

YoungMinds is the UK's leading charity championing the wellbeing and mental health of young people. They offer resources and bespoke training for schools and support for parents and young people. In addition they have a dedicated section on caring for the wellbeing of teachers and school staff. https://youngminds.org.uk/

**Appendix 4**
**Protective and Risk factors (adapted from Mental Health and Behaviour DfE March 2016)**

| | Risk Factors | Protective Factors |
|---|---|---|
| **In the Child** | • Genetic influences<br>• Specific development delay<br>• Communication difficulties<br>• Physical illness<br>• Academic failure<br>• Low self-esteem<br>• SEND | • Being female (in younger children)<br>• Secure attachment experience<br>• Outgoing temperament as an infant<br>• Good communication skills, sociability<br>• Being a planner and having a belief in control<br>• Humour<br>• Problem solving skills and a positive attitude<br>• Experiences of success and achievement<br>• Faith or spirituality<br>• Capacity to reflect |
| **In the Family** | • Overt parental conflict including domestic violence<br>• Family breakdown (including where children are taken into care or adopted)<br>• Inconsistent or unclear discipline<br>• Hostile and rejecting relationships<br>• Failure to adapt to a child's changing needs<br>• Physical, sexual, emotional abuse or neglect<br>• Parental psychiatric illness<br>• Parental criminality, alcoholism or personality disorder<br>• Death and loss – including loss of friendship | • At least one good parent-child relationship (or one supportive adult)<br>• Affection<br>• Clear, consistent discipline<br>• Support for education<br>• Supportive long term relationship or the absence of severe discord |
| **In the School** | • Bullying<br>• Discrimination<br>• Breakdown in or lack of positive friendships<br>• Negative peer influences<br>• Peer pressure<br>• Poor pupil to teacher relationships | • Clear policies on behaviour and bullying<br>• 'Open door' policy for children to raise problems<br>• A whole-school approach to promoting good mental health<br>• Positive classroom management<br>• A sense of belonging |

| | | |
|---|---|---|
| | | • Positive peer influences |
| **In the Community** | • Socio-economic disadvantage<br>• Homelessness<br>• Disaster, accidents, war or other overwhelming events<br>• Discrimination<br>• Other significant life events | • Wider supportive network<br>• Good housing<br>• High standard of living<br>• High morale school with positive policies for behaviour, attitudes and anti-bullying<br>• Opportunities for valued social roles<br>• Range of sport/leisure activities |

**Appendix 5**
**Referral to CAMHS**
If the referral is urgent it should be initiated by phone so that CAMHS can advise of best next steps.

Before making the referral, have a clear outcome in mind, what do you want CAMHS to do? You might be looking for advice, strategies, support or a diagnosis for instance.

You must also be able to provide evidence to CAMHS about what intervention and support has been offered to the pupil by the school and the impact of this. CAMHS will always ask 'What have you tried?' so be prepared to supply relevant evidence, reports and records.

**General considerations**
- Have you met with the parent(s)/carer(s) and the referred child/children?
- Has the referral to CMHS been discussed with a parent / carer and the referred pupil?
- Has the pupil given consent for the referral?
- Has a parent / carer given consent for the referral?
- What are the parent/carer pupil's attitudes to the referral?

**Basic information**
- Is there a child protection plan in place?
- Is the child looked after?
- name and date of birth of referred child/children
- address and telephone number
- who has parental responsibility?
- surnames if different to child's
- GP details
- What is the ethnicity of the pupil / family.
- Will an interpreter be needed?
- Are there other agencies involved?

**Reason for referral**
- What are the specific difficulties that you want CAMHS to address?
- How long has this been a problem and why is the family seeking help now?
- Is the problem situation-specific or more generalised?
- Your understanding of the problem/issues involved.

**Further helpful information**
- Who else is living at home and details of separated parents if appropriate?
- Name of school
- Who else has been or is professionally involved and in what capacity?
- Has there been any previous contact with our department?

a) Psychoses, e.g. schizophrenia, bipolar affective disorder
b) Developmental disorders e.g. infantile autism, pervasive developmental disorder, specific learning disorders
c) Emotional disorders, phobic anxiety, depression, including self-destructive behaviour and attempted suicide, obsessive compulsive disorder illness behaviour
d) Obsessional disorders
e) Attention Deficit Hyperactivity Disorder (ADHD)
f) Anorexia Nervosa and other eating disorders
g) Enuresis and Encopresis
h) Sleeping Disorders
i) Post Traumatic Stress Syndrome
j) Family Relationship Problems
k) Bereavement

l) Consequences of abuse and sexual abuse

Behaviour problems have not been included in this list although many children with such disorders are treated by CAMHS. The treatments, however, are not usually specific to the disorder. In addition, children who are victims of abuse or are engaged in abusive behaviours, and/or the families of such children, may be helped by a variety of therapeutic approaches depending on need and circumstances

**Treatment Approaches Available**

This list is intended to give an idea of the range of therapeutic interventions offered. Sometimes more than one approach may be used either concurrently or serially. A vital factor in any successful treatment programme is whether the child or family are able to use the treatment and that his/her circumstances are conducive to treatment being offered. The importance of the network surrounding the child cannot be stressed enough. Therapy may result in the child exhibiting more challenging behaviour to begin with and the network should be strong enough to contain this.

The therapeutic interventions are as follows:

a) Individual psychotherapy and counselling. Except in the case of an older child, there is usually parallel work undertaken with parents and/or carers. Theoretical models used will vary according to needs of the child and include psychotherapy, cognitive behavioural therapy, supportive counselling and behaviour therapy.
b) Family therapy.
c) Pharmacological treatment, especially for psychosis, hyperkinetic syndrome and attention deficit disorder (ADHD) and occasionally for depression and severe behavioural disturbance.
d) Behaviour therapy and cognitive behavioural therapy are particularly indicated in disorders such as encopresis, obsessive compulsive disorder, depression and behaviour difficulties in a younger child.
e) Art Therapy.
f) Parenting Training.

# ST MARY MAGDALENE CE PRIMARY SCHOOL

# Intimate Care

**Introduction**
It is our intention to develop independence in each child, however there will be occasions when help is required. Our intimate care policy has been developed to safeguard children and staff. It is one of a range of specific policies that contribute to our pastoral care policy. The principles and procedures apply to everyone involved in the intimate care of children.

St Mary Magdalene School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.

St Mary Magdalene School recognises that there is a need to treat all children, whatever their age, gender, disability, religion or ethnicity, with respect when intimate care is given. The child's welfare and dignity is of paramount importance. No child should be attended to in a way that causes distress or pain.

Staff will work in close partnership with parent/carers and medical professionals to share information and provide continuity of care.

**Definition**
Intimate care may be defined as any activity that is required to meet the personal needs of an individual child on a regular basis or during a one-off incident. Such activities can include:

- feeding
- oral care
- washing
- changing clothes
- toileting
- first aid and medical assistance
- supervision of a child involved in intimate self-care.

Parents have a responsibility to advise the school of any known intimate care needs relating to their child. The school recognises that the need to carry out a procedure to intimate personal areas, which most people usually carry out themselves, may be necessary because the child is unable to do so themselves. Circumstances such as this may arise because of a child's young age, physical difficulties or other special needs.

**Principles of Intimate Care**
The following are the fundamental principles of intimate care upon which our policy guidelines are based:

- every child has the right to be safe
- every child has the right to personal privacy
- every child has the right to be valued as an individual
- every child has the right to be treated with dignity and respect

- all children have the right to be involved and consulted in their own intimate care to the best of their abilities
- all children have the right to express their views on their own intimate care and to have such views taken into account
- every child has the right to have levels of intimate care that are appropriate and consistent.

**School Responsibilities**
All staff working with children are DBS [Disclosure and Barring Service] checked. Only those members of staff who are familiar with the intimate care policy and other pastoral care policies of the school are involved in the intimate care of children.
**There will always be two members of staff present when the intimate care of a child is carried out.**

**Individual Healthcare Plans**
Where anticipated, intimate care arrangements are agreed between the school and parents and, if appropriate, by the child. Consent forms are signed by the parent and stored in the child's file.

Children who require regular assistance with intimate care have Care Plans or Education, Healthcare Plans (EHCPs) agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists.

Any historical concerns (such as past abuse) should be noted and taken into account.

Intimate care arrangements will be reviewed annually. The views of all relevant parties will be sought and considered to inform future arrangements. Training is provided by the relevant Healthcare professionals (Physiotherapists/Occupational therapists or School Nurse). This is monitored and the school is aware that this may change in response to the needs of individual pupils. Once trained, it is the responsibility of the Deputy Head Teacher in consultation with the Head Teacher to ensure that training is kept up to date and any problems or concerns regarding pupils should be brought to their attention.

**Emergency care**
St Mary Magdalene staff are aware that young children and children with special educational needs can be especially vulnerable. Staff involved with their intimate care need to be particularly sensitive to their individual needs.

Only in emergency would staff undertake any aspect of intimate care that has not been agreed by parents and school.

Where a care plan is not in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (e.g.: has had an 'accident' and soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person, by telephone, by sealed letter or a specific home/school diary.

**Guidelines for Good Practice**
All children have the right to be safe and to be treated with dignity and respect. These guidelines are designed to safeguard children and staff. They apply to every member of staff involved with the intimate care of children.

It is important to bear in mind that some forms of assistance can be open to misinterpretation. Adhering to the following guidelines of good practice should safeguard both the child and staff:
**Involve the child in the intimate care**
At St Mary Magdalene we will try to encourage the child's independence as far as possible in his or her intimate care. All children will be supported to achieve the highest level of autonomy that is possible given their age and abilities.

Where a situation renders a child fully dependent, staff will talk about what is going to be done and give choices where possible.

**Communication with Children**
It is the responsibility of all staff caring for a child to ensure that they are aware of the child's method and level of communication. Depending on their maturity and levels of stress children may communicate using different methods- words, signs, symbols, body movements, eye pointing etc. Where the child is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.

To ensure effective communication staff will:

- make eye contact at the child's level
- use simple language and repeat if necessary
- wait for response
- continue to explain to the child what is happening even if there is no response
- treat the child as an individual with dignity and respect

**Be aware of your own limitations**
Staff at St Mary Magdalene will only carry out activities they understand and feel competent with. If in doubt they must ASK. Some procedures must only be carried out by members of staff who have been formally trained and assessed.

**Promote positive self-esteem and body image.**
Confident, self-assured children who feel their body belongs to them are less vulnerable to sexual abuse.
The approach taken to intimate care can convey lots of messages to a child about their body worth.
The staff's attitude to a child's intimate care is important. Keeping in mind the child's age, routine care can be both efficient and relaxed.

**Working With Children of The Opposite Sex**
Wherever possible staff should care for a child of the same gender. However, in some circumstances this principle may need to be waived; for example, female staff supporting boys in a primary school.

The religious views and cultural values of families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.

**Safeguarding**
If there are any observations of unusual markings, discolouration or swelling, staff must report it immediately to the designated person for child protection.

If a child is accidentally hurt during the intimate care or misunderstands or misinterprets something, staff should reassure the child, ensure their safety and report the incident immediately to the designated person.
Report and record any unusual emotional or behavioural response by the child. A written record of concerns must be made available to parents and kept in the child's personal file.

If a staff member has concerns about a colleague's intimate care practice he or she must report this to the designated person for child protection.
**If you have any concerns, you must report them.**

Monitoring and Evaluation
We aim to work in partnership with parents, governors, health professionals, school staff and children to ensure the successful implementation of this Policy. This policy will be reviewed by every two years by the Deputy Headteacher in consultation with the Headteacher. Advice from the appropriate healthcare professionals will be sought where necessary and recommendations for improvement will be made to the Governors.