**Wallington High School for Girls**

**Supporting Students with Medical Needs Policy**

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| | |
|---|---|
| **REVIEW** | |
| **Last Reviewed:** | **January 2019** |
| **To be reviewed:** | **January 2021 or as legislation changes** |

**Introduction**

**School Context**

The staff at Wallington High School for Girls (WHSG) are committed to providing students with a high quality education whatever their health need, disability or individual circumstances. We believe that all students should have access to as much education as their particular medical condition allows, so that they maintain the momentum of their learning whether they are attending school or going through periods of treatment and recuperation. We promote inclusion and will make all reasonable adjustments to ensure that students and young people with a disability, health need or SEN are not discriminated against or treated less favourably than other students.

**Principles**

This policy and any ensuing procedures and practice are based on the following principles.

- All students and young people are entitled to a high quality education;
- Disruption to the education of students with health needs should be minimised;
- If students can be in school they should be in school. Student's diverse personal, social and educational needs are most often best met in school. Our school will make reasonable adjustments where necessary to enable all students to attend school;
- Effective partnership working and collaboration between schools, families, education services, health services and all agencies involved with a child or young person are essential to achieving the best outcomes for the child;
- Students with health needs often have additional social and emotional needs. Attending to these additional needs is an integral element in the care and support that the child requires; and that;
- In accordance with the social model of disability students and young people with health needs are treated as individuals, and are offered the level and type of support that is most appropriate for their circumstances; staff should strive to be responsive to the needs of individuals.

As a school we will not:

- send students with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- prevent students from easily accessing their inhalers and medication and administering their medication when and where necessary;
- penalise students for their attendance record if their absences are related to their medical condition e.g. hospital appointments;

- require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent/carer should have to give up working because the school is failing to support their child's medical needs; nor
- prevent students from participating, or create unnecessary barriers to students participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child.

**Definition of health needs**

For the purpose of this policy, students with health needs may be:

- students with **chronic or short term health conditions or a disability** involving specific access requirements, treatments, support or forms of supervision during the course of the school day or
- **sick students**, including those who are physically ill or injured or are recovering from medical interventions, or
- students with **mental or emotional health problems**.

This policy does not cover self-limiting infectious diseases of childhood, e.g. measles.

Some students with medical conditions may have a disability. A person has a disability if he or she has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities. Where this is the case, governing bodies **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have an Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. Refer to the Special Educational Needs policy for further information.

**Roles and Responsibilities**

All staff have a responsibility to ensure that all students at this school have equal access to the opportunities that will enable them to flourish and achieve to the best of their ability. In addition, designated staff have additional responsibilities as well as additional support and training needs.

**Assistant Headteacher Student Support**

The member of staff responsible for ensuring that students with health needs have proper access to education is the Assistant Headteacher Student Support. It will be their responsibility to pass on information to the relevant members of staff within the school and to ensure that plans are put in place to support the student. This person will liaise with other agencies and professionals, as well as parents/carers, to ensure good communication and effective sharing of information. This will enhance students' inclusion in the life of the school and enable optimum opportunities for educational progress and achievement. They will contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

**Parents/carers and students**

Parents/carers hold key information and knowledge and have a crucial role to play. Both parents/carers and students will be involved in the process of making decisions. Parents/carers are expected to keep the school informed about any changes in their student's condition or in the treatment their students are receiving, including changes in medication. Parents/carers will be kept informed about arrangements in school and about contacts made with outside agencies.

**School staff**

Any member of school staff should know what to do and respond accordingly when they become aware that a student with a medical condition needs help. Staff must familiarise themselves with the medical needs of the students they work with. Training will be provided in connection with specific medical needs so that staff know how to meet individual needs, what precautions to take and how to react in an emergency.

**The Headteacher**

The Headteacher is responsible for ensuring that all staff are aware of this policy and understand their role in its implementation. The Headteacher will ensure that all staff who need to know are aware of a child's condition and ensure that sufficient numbers of trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. The Headteacher has overall responsibility for the development of individual healthcare plans and make sure that school staff are appropriately insured and are aware that they are insured to support students in this way. The Headteacher will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support students with medical conditions. The Headteacher will also ensure that any members of school staff who provide support to students with medical conditions are able to access information and other teaching support materials as needed.

**The Governing body**

The governing body is accountable for making arrangements to support students with medical conditions in school, including ensuring that this policy is developed and implemented. They will ensure that all students with medical conditions at this school are supported to enable the fullest participation possible in all aspects of school life.

Information on visits to the First Aid room is reported to Governors termly.

**School health teams**

School health teams are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They may support staff on implementing a child's individual healthcare plan and provide advice and liaison.

**Other healthcare professionals**

GPs and Paediatricians should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing Individual healthcare plans (IHCP's).

**London Borough of Sutton**

School Nursing is a universal service covering all children and young people who attend state maintained schools and academies in the London Borough of Sutton (LBS). The LBS is responsible for commissioning school nurses for maintained schools and academies. Under Section 10 of the Students Act 2004, they have a duty to promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of students so far as relating to their physical and mental health, and their education, training and recreation. LBS provides support, advice and guidance, including suitable training for school staff, to ensure that the support specified within IHCP's can be delivered effectively. The Borough also provides STARS (Sutton Reintegration and Tutoring Service) for students who need home or off-site provision due to serious medical needs.

The referral form for the school nursing service can be found in appendix A

**Staff training and support**

In carrying out their role to support students with medical conditions, school staff will receive appropriate training and support. Training needs will be identified during the development or review of individual healthcare plans. The relevant healthcare professional will lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. The school will ensure that training is sufficient to ensure that staff are competent and confident in their ability to support students with medical conditions, and to fulfil the requirements as set out in IHCP's.

Staff will not give prescription medicines or undertake health care procedures without appropriate training.

This policy will be publicised to all staff to raise awareness at a whole school level of the importance of supporting students with medical conditions, and to make all staff aware of their role in implementing this policy. Information on how this school supports students with health needs is included in our induction procedure for all new staff.

**Procedures**

**Notification**

Information about medical needs or SEN is requested on admission to the school as part of the admissions paperwork. Parents/carers are asked to keep the school informed of any changes to their child's condition or treatment. Whenever necessary, meetings with the parents/carers and other professionals are held before the student attends school to ensure a smooth transition.

Information supplied by parents/carers is transferred to the Medical Needs Register which lists the students with medical needs. The Medical Needs Register is kept in the First Aid room and a copy is on the SEN and medical needs noticeboard as well as all the information being recorded on SIMS (the data management database). Fuller details are given on a 'need to know' basis. Confidentiality is assured by all members of staff. The Lead First Aider has a monthly meeting with

the Assistant Headteacher Student Support at which the Medical Needs Register is reviewed and health matters discussed.

Any medical concerns the school has about a student will be raised with the parents/carers and discussed with the school nurse. Most parents/carers will wish to deal with medical matters themselves through their GP. In some instances the school, after consultation with the parent/carer, may write a letter to the GP (with a copy to the parents) suggesting a referral to additional support services such as specialist consultants or Child and Adolescent Mental Health Services (CAMHS).

Schools do not have to wait for a formal diagnosis before providing support to pupils. In cases where a student's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents by the Head of Year and/or Assistant Headteacher Student Support. Where evidence conflicts some degree of challenge may be necessary to ensure that the right support can be put in place.

**Individual Healthcare Plans (IHCP's)**

Not all students with medical needs will require an IHCP. The school, healthcare professional and parent should agree, based on evidence, when an IHCP would be inappropriate or disproportionate. The school nurse or lead first aider will convene these meetings.

IHCP's will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. Plans are also likely to be needed in cases where medical conditions are long-term and complex. Plans provide clarity about what needs to be done, when and by whom. A flow chart for identifying and agreeing the support a child needs, and developing an individual healthcare plan is provided in appendix B and the IHCP template is in appendix C

IHCP's should capture the key information and actions that are required to support the student effectively. The level of detail within plans will depend on the complexity of the condition and the degree of support needed. This is important because different students with the same health condition may require very different support.

IHCP's, and their review, may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans will be drawn up in partnership between the school, parents/carers, and a relevant healthcare professional, e.g. school, specialist or the student's community nurse, who can best advise on the particular needs of the child. Students will also be involved whenever appropriate.

Partners should agree who will take the lead in writing the plan, but responsibility for ensuring that it is finalised and implemented rests with the school. Plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. Plans are developed with the student's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption.

Where a child has SEN but does not have a statement or EHCP, their special educational needs will be mentioned in their IHCP. Where the child has a special educational need identified in a statement or EHC plan, the IHCP will be linked to or become part of that EHCP.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), the school will work with the appropriate hospital school or STARS to ensure that the IHCP identifies the support the child will need to reintegrate effectively.

**Home tuition**

When students are too ill to attend, the school will establish, where possible, the amount of time a student may be absent and identify ways in which the school can support the student in the short term (e.g. providing work to be done at home in the first instance). The school will make a referral to STARS via the Vulnerable Pupils Panel (VPP) as soon as they become aware that a student is likely to be or has been absent for 15 school days in consultation with parents/carers. Where students have long-term health needs, the pattern of illness and absence from school can be unpredictable, so the most appropriate form of support for these students should be discussed and agreed between the school, the family, STARS and the relevant medical professionals. A flowchart of support offered for students with health needs is provided at appendix D.

**Pregnancy**

Young women of compulsory school age who are pregnant are entitled to remain at school whenever, and for as long as, possible. The school will make reasonable adjustments to enable young pregnant women to remain in school. When there is medical evidence that continuing to attend school would be contrary to the young woman's or the unborn child's wellbeing, the school will make a referral for provision of home tuition. Following the birth of the baby, young mothers may benefit from home tuition for a temporary period before they return to school.

**Medicines in school**

**Self-management by students**

Wherever possible, students are allowed to carry their own medicines and relevant devices or are able to access their medicines for self-medication quickly and easily. Students who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but follow the procedure agreed in the IHCP. Parents/carers will then be informed so that alternative options can be considered.

Refer to the 'First Aid and Medical Procedures' in appendix E.

**Emergency Situations**

Where a child has an IHCP, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other students in the school will be informed what to do in general terms, such as informing a teacher immediately if they think help is needed. If a student needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Guidance on contacting the emergency services is provided at appendix F.

For instances of self-harm, suicidal thoughts or suicide attempts refer to the self-harm protocol appendix G.

**Enrichment and Extra-curricular Activities**

Students with medical conditions are actively supported to participate in school trips and visits, enrichment and sporting activities. In planning such activities, teachers will undertake the appropriate risk assessment and will take into account how a child's medical condition might impact on their participation. Arrangements for the inclusion of students in such activities with any required adjustments will be made by the school unless evidence from a clinician such as a GP states that this is not in the child's best interests.

**Liability and Indemnity**

The school's insurance arrangements are sufficient and appropriate to cover staff providing support to students with medical conditions. Staff providing such support are entitled to view the school's insurance policies.

The scheme provides liability cover for injury or damage as a result of the provision of first aid and administration of medication by employees acting in the course of their employment, provided the following criteria have been adhered to:

- they are an official designated first aider acting within their remit;
- they have received full training by a qualified medical person, relevant to the medication/first aid being administered;
- they have taken the necessary refresher training courses at the required intervals; and
- they have used the protective equipment relevant for that purpose

**Complaints**

If parents or students are dissatisfied with the support provided they should discuss their concerns directly with the school in the first instance. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure which can be found on the school website.

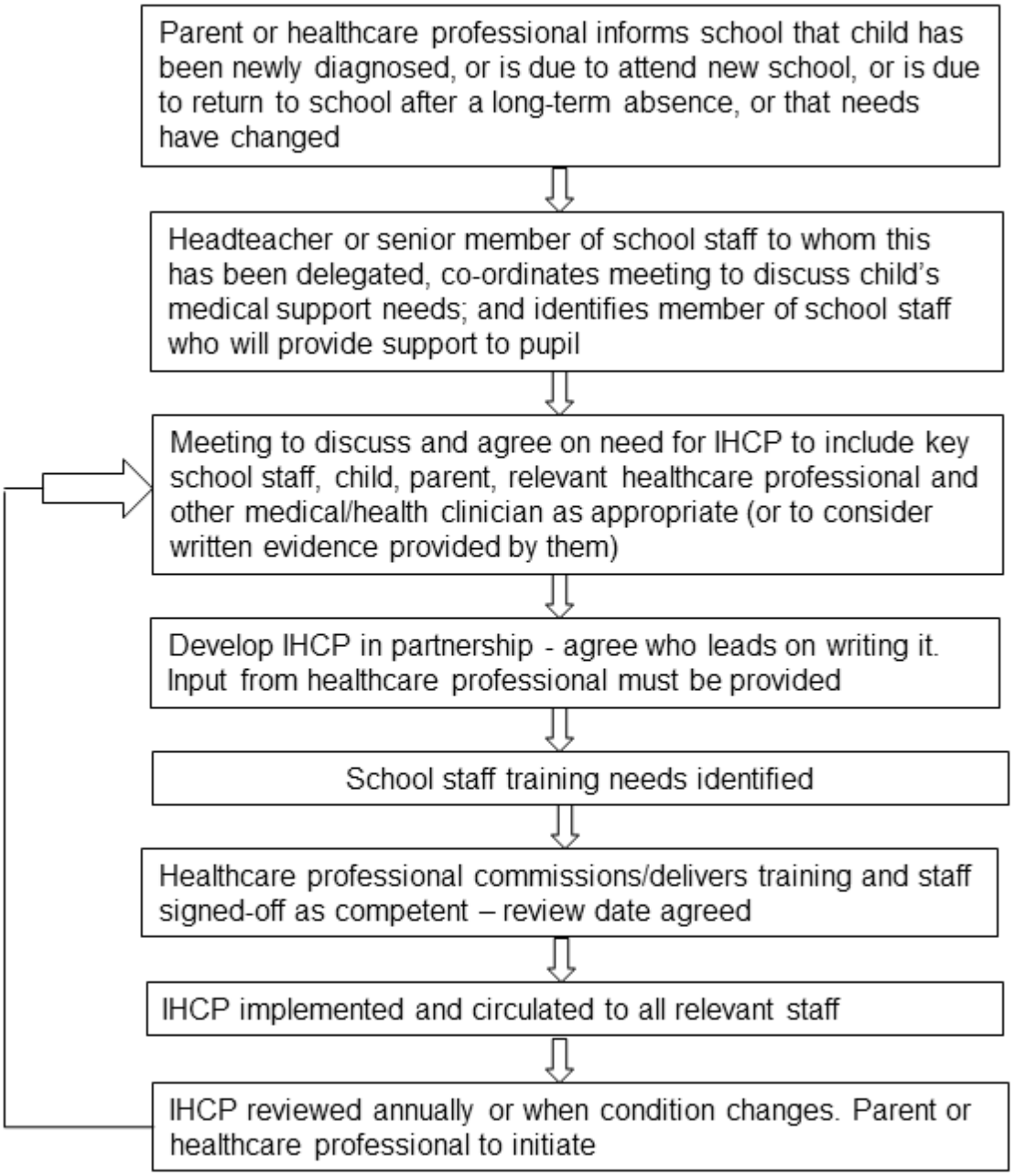
**Appendix A:**

| Community School Nursing Referral Form | |
|---|---|
| Child's name: (please print) | School: |
| Date of birth: | Class / tutor group |
| Contact telephone number: | Ethnicity: |
| Parental / Guardian consent given by (name) | |
| Has this been discussed with the pupil **Yes / No**<br>(If this hasn't been possible, please state why?) | |
| Reason for referral: (please provide all relevant information. Continue overleaf if necessary | |
| Referred by: | Signature of the referrer:<br><br>Date |
| Does the pupil have additional education or health needs? **Yes / No** | Details |
| Behaviour at school | |
| Behaviour at home if known | |
| Other agencies involved (Please list) | |

| For School Nursing Service Use only: | |
|---|---|
| Date referral received: | Accepted **Yes / No** (State reason if not accepted) |
| Priority for assessment (Please tick and give target date)<br><br>**High** **Medium** **Low**<br><br>Dates: | |
| Acknowledgement sent to referrer: **Yes / No** | Date: |
| Action Taken:<br><br>☐ **Telephone Advice** ☐ **Appointment** ☐ **Home Visit** ☐ **Group Session** ☐ **Staff Training Session**<br><br>☐ **Other ( Please state)** | |
| Date Commenced: Date Completed Work Ongoing **Yes/ NO** | |

**Contact details:**
Sutton School Nurse Admin Tel 0208 661 3904
Generic email: rmh-tr.HCPAdminsutton@nhs.net

**Appendix B Flow Chart for Developing an Individual Healthcare Plan**



**Appendix C: Individual Healthcare Plan Template**

| | |
|---|---|
| Name of school/setting | |
| Child's name | |
| Group/class/form | |
| Date of birth | |
| Child's address | |
| Medical diagnosis or condition | |
| Date | |
| Review date | |

**Family Contact Information**

| | |
|---|---|
| Name | |
| Phone no. (work) | |
| (home) | |
| (mobile) | |
| Name | |
| Relationship to child | |
| Phone no. (work) | |
| (home) | |
| (mobile) | |

**Clinic/Hospital Contact**

| | |
|---|---|
| Name | |
| Phone no. | |

**G.P.**

| | |
|---|---|
| Name | |
| Phone no. | |

| | |
|---|---|
| Who is responsible for providing support in school | |

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the student's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency *(state if different for off-site activities)*

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

## Appendix D: Pathways of Support for Students with Health Needs

WHSG follows the pathways indicated below in order to ensure clarity and fairness of procedures. Within these pathways, all students and young people with health needs will receive consideration and appropriate support based on their individual requirements.

The criteria for home tuition support are:

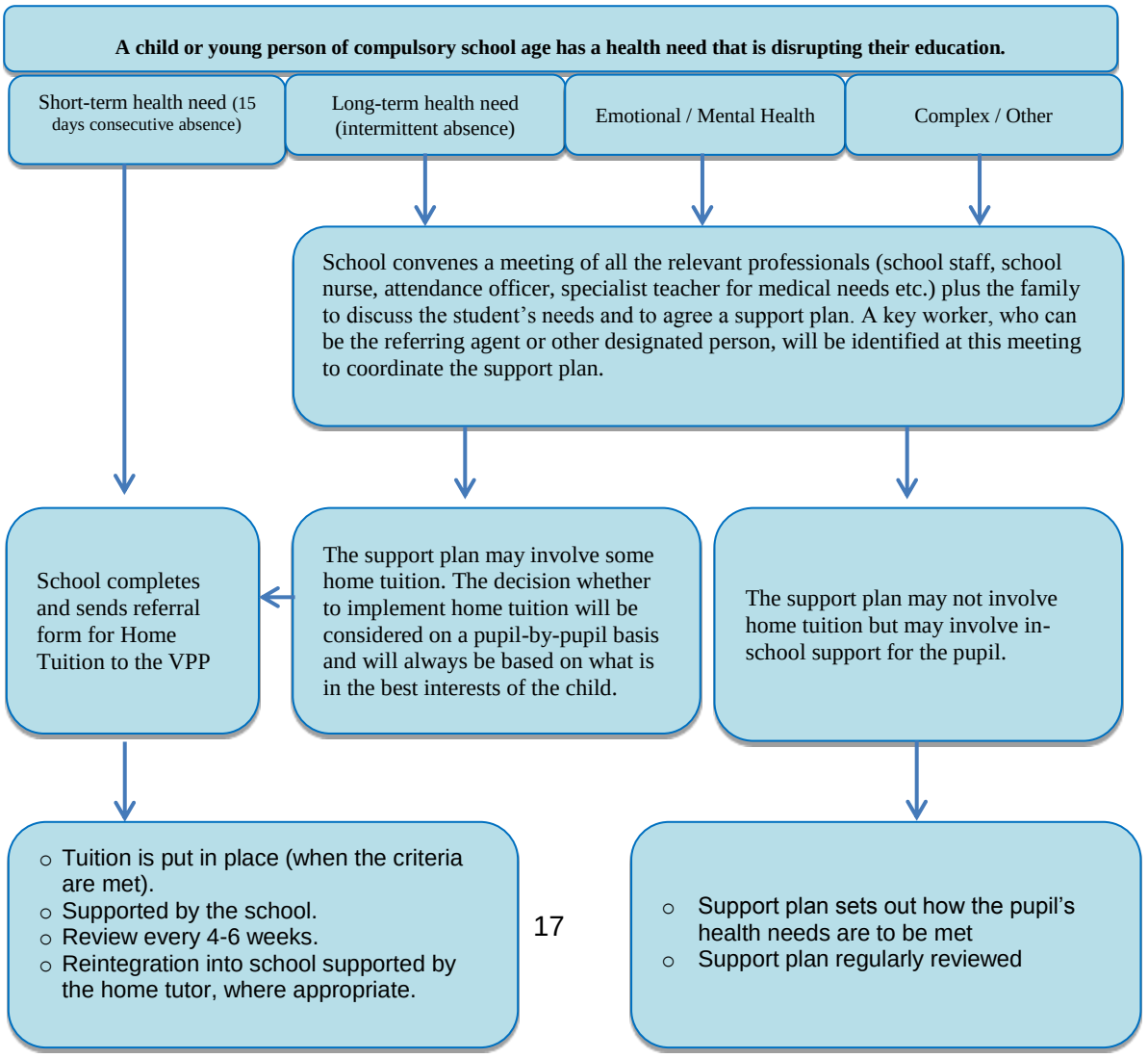
- The student is a resident of the London borough of Sutton; and
- The student is of compulsory school age; and
- The student is (due to be) temporarily absent for at least 15 consecutive school days because of medical reasons, including mental ill-health.

or

- The student's long-term medical condition causes them to be absent for at least 15 days over the course of the current academic year.

**and**

- The referral is supported by medical evidence from a specialist medical consultant of the need for home tuition (evidence from a GP is not appropriate).



**Appendix E: First Aid Room and Medical Procedures**

# WALLINGTON HIGH SCHOOL FOR GIRLS

## FIRST AID & MEDICAL PROCEDURES

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**APPENDICES**

# 1. INTRODUCTION

The information referred to in this procedure has been taken from *Guidance on First Aid for Schools (DfEE Good Practice Guide)* and *Managing Medicines in Schools (and early years settings) DES, Department of Health* as recommended by the Schools Nursing Service.

Under Health and Safety legislation, schools must ensure that they have adequate and appropriate equipment, facilities and qualified first-aid personnel for providing first aid in the workplace. It is for individual schools to develop their own policies and procedures based on their own needs. Guidance contained in the above publications reflects extensive consultation with the teaching unions, LEAs, health services and voluntary organisations.

This document should be read in conjunction with the Risk Assessment (First Aid & First Aid Room) undertaken by the school and reviewed annually. These procedures document some of the controls identified in the Risk Assessment.

# 2. FIRST AID PROVISION

### 2.1 Minimum first aid provision

As defined in the *DfEE's Guidance on First Aid for Schools*, the minimum first aid provision is:

| ***DfEE Guidance on First Aid for Schools*** | ***WHSG Approach*** |
|---|---|
| a) A suitably stocked first aid container | WHSG has a number of suitably stocked first aid containers in school and available for school visits. Further information can be found in Section 2.2. |
| b) An appointed person to take charge of first aid arrangements | The appointed person in charge of first aid arrangements is the Assistant Headteacher, Student Support. Further information is provided in Section 2.3 & 2.4. |
| c) Information for employees on first aid arrangements | Information is provided to WHSG staff, students and visitors in variety of ways. These are set out in Section 2.5. |
| d) A risk assessment to determine any additional provision | A Risk Assessment has been undertaken on First Aid & First Aid Room Procedures, reflecting the departure of the School Nurse with effect from December 2013. This is attached at Appendix A. |
| e) First aid provision must be available at all times while people are on school premises and also off the premises whilst on school visits. | WHSG ensures first aid provision is available at all times by (i) ensuring first aid containers are stocked and available at all times (ii) managing a duty rota to ensure that a first aid trained person is on-call at all times during the school day, (iii) training 25+ staff in emergency first aid at work and (iv) ensuring first aid provision on school trips & visits. This approach reflects our assessment of the school's need at this time. |

WHSG exceeds the minimum requirements by:

- Having a large number of first aid trained staff – this ensures that a range of staff are qualified to cover the normal school day, together with out-of-hours activities and other visits & events.
- Locating first aid boxes close to potentially high risk areas (such as the Science Department)

**2.2 First aid kits –locations and contents**

ALL FIRST AID KITS ARE MARKED WITH A WHITE CROSS ON A GREEN BACKGROUND.

First aid kits are located in the following areas:

| | |
|---|---|
| First Aid Room (Ground floor, near Reception) | 2 |
| First floor (Humanities workroom, F16) | 1 |
| E block (Maths workroom, New Teaching Block) | 1 |
| Second floor (Science workroom, S5) | 1 |
| Sports field (PE workroom, Sports Hall) | 1 |
| Art, Staff Workroom | 1 |
| Science, Chemistry Prep Room, F7 | 1 |
| D&T (Food Tech, G18 and Technology Workroom) | 2 |
| Trips / visits (kept in First Aid Room) | 8 |
| **Total** | **18** |

There are 2 different kits – one to be kept in school (total 10 kits) and one for travelling (trips and visits – 8 kits).

**In school first aid kit**

| | |
|---|---|
| Leaflet giving advice on first aid | |
| individually wrapped sterile adhesive dressings (assorted sizes) | 20 |
| Sterile eye patches | 2 |
| Individually wrapped triangular bandages | 4 |
| Safety pins | 6 |
| Medium sized (12x12 cm) individually wrapped sterile unmedicated wound dressings | 6 |
| Large (18x18cm) sterile individually wrapped unmedicated wound dressings | 2 |
| Disposable gloves | 1 pair |

**Travelling first aid kit**

| | |
|---|---|
| Leaflet giving advice on first aid | |
| individually wrapped sterile adhesive dressings (assorted sizes) | 6 |
| Individually wrapped moist cleansing wipes | 5 |
| Individually wrapped triangular bandages | 2 |
| Safety pins | 2 |
| Large (18x18cm) sterile individually wrapped unmedicated wound dressings | 1 |
| Disposable gloves | 1 pair |

**2.3 Roles & Responsibilities**

The **Governing Body**, as the employer, is responsible for the health & safety of employees and anyone else on the premises. In school, this includes all staff, students and visitors (including contractors). The Governing Body is required to develop policies & procedures to cover the school, based on a suitable and sufficient risk assessment carried out by a competent person.

The **Headteacher** is responsible for putting the health & safety policy into practice and for developing detailed procedures. The Headteacher should also make sure that parents are aware of the school's health & safety policy, including arrangements for first aid.

The school's **Health & Safety Forum** is responsible for reviewing the Risk Assessment and First Aid and First Aid Room Procedures annually. This work is monitored by the Governors Premises Health & Safety Committee.

**Teachers and other school staff** are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of students in school. All staff (both teaching and support staff) have a common law duty of care to act like any reasonably prudent parent. Duty of care could extend to administering medicine and / or taking action in an emergency. This duty extends to staff leading activities taking place off site such as visits & extra curricular clubs.

**First Aiders** must complete a training course approved by the Health & Safety Executive (HSE). Any member of staff may volunteer to be a first aider/appointed person, and in some cases it is part of their job description. A list of First Aiders is attached at Appendix B. At school, the **main duties of a first aider** are to:

a) Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school
b) When necessary, ensure that an ambulance or other professional medical help is called.

An **appointed person** is someone who:

a) Takes charge when someone is injured or becomes ill
b) Looks after the first aid equipment (eg restocking the first aid containers)
c) Ensures that an ambulance or other professional medical help is summoned if appropriate

**Parents/carers** are responsible for:

- Completing the 'Information For Medical Needs' Form during the admission process. This form (see Appendix C1) summarises the individual health care plan for each student, and is kept on file in the First Aid Room for the duration of the student's time in school. It is used should the student become ill or have an accident during the school day.
- Working with the school to develop detailed health care plans in more complex medical circumstances and supplying any additional information that may be required by school.
- Complying with any requests to update the 'Information For Medical Needs' Form and any other information updates from time-to-time.
- Informing the school, in writing, of any changes to this information that arise.
- Completing the 'Permission to Administer Prescription Medicine' Form, as required from time-to-time (see Appendix C2).
- Providing replacements for out-of-date medicines
- Disposing of out-of-date prescription medicines, as required
- Collecting the student from school promptly if requested to do so for medical reasons. In exceptional cases, students in Year 10 and above may be allowed to travel home

independently, if they are felt well enough to travel, at the discretion of the appointed person and with the agreement of the parent/carer.

**2.4 WHSG's Approach to First Aid & First Aid Room Provision**

The current First Aid & First Aid Room Risk Assessment is attached at Appendix A. It considers the potential hazards presented by an academically selective girls' high school, with a roll of c. 1,400 students aged 11-19 years, and approximately 150 staff.

At WHSG, overall responsibility for First Aid & First Aid Room Procedures rests with the Assistant Headteacher, student support. However, in the event of an emergency, any member of staff may act as an appointed person. This will usually be one of the first aid trained staff and/or the most senior member of staff at the time.

The day-to-day responsibility for looking after the first aid containers has been delegated to the Events & Communications Manager.

There is no legal minimum number of first aiders required. At present, WHSG has 37 first aiders trained to at least Emergency First Aid level. For some staff, first aid cover is part of their contract of employment; others who agree to become first aiders do so on a *voluntary* basis. Of the trained staff, the First Aid Lead staff member has attended the 3 day First Aid At Work training. There is an ongoing programme of training, including those requiring renewal. A list of qualified First Aiders is included at Appendix B.

First aid certificates are valid for three years. On expiry, the first aider must undertake another full course of training so refresher training should be undertaken BEFORE the end of the three years. A record of first aiders and their certification dates are kept by the Events & Communications Manager to ensure training is always up to date.

During the school day, the First Aid room is staffed by the lead first aider or, during periods 4, lunch and 5, an on-call rota of first aiders from 8.25am until 2.50pm**.** The First Aid Room provides a facility where students can seek help with an illness or injury. It is also the repository of First Aid containers and other equipment for the school.

**In the event of an emergency, any qualified first aider may be called upon to assist,** however teaching staff will not normally be called out of lessons. Before and after the school day, any qualified first aider may be called to assist in the First Aid Room. Most of the Senior Leadership Team is now trained to provide first aid assistance to out-of-hours events, such as Parents Evenings.

**In the event of an ambulance being called,** any student taken to hospital by ambulance will be accompanied by a parent/carer or a member of staff until a parent/carer arrives. Staff should never take a student to hospital in their own vehicle. An ambulance should be called for any student who has suffered a severe allergic reaction or is experiencing asthma symptoms.

The arrangements for **off-site activities and visits** are documented in the Visits Procedure.
In most cases, first aid containers are taken with staff on off-site activities and visits. In certain circumstances, however, such as theatre trips, this is not deemed necessary. Depending on the risk assessment for the trip (including details of any known conditions in the students going), it may not be deemed necessary to have a trained first aider on the trip. However, there is an

individual designated to take charge of first aid should the need arise (usually the trip leader) – an 'appointed person'.

**Work experience placements** must be suitable for students with particular medical conditions. Before undertaking Work Experience week, parents/carers are asked to complete a form setting out any medical needs and return it to the Work Experience Co-ordinator. It is the responsibility of the parent/student to inform the employer directly of any medical needs.

Routine **public health immunisations** will be co-ordinated by the appropriate Head of Year, supported by the Attendance & Data Assistant working with the pastoral team.

All **third party lettings,** using the school accommodation, are responsible for their own first aid provision, including first aid containers and appropriately qualified people. This is made clear in the school's Terms & Conditions.

**2.5 Providing information**

All **new staff** are informed of first aid arrangements including location of equipment, facilities and first aid personnel through the Induction Process.

For **existing staff**, the First Aid & First Aid Room Procedures are available on the Managed Learning Environment ('MLE') Health & Safety page, and the information will be updated for all staff every two years, as part of a wider INSET Health & Safety Briefing. Refreshers on the use of epi-pens are provided at the start of each new academic year.

The current list of first aiders is included in Appendix B of this document, displayed in the Staffroom and the First Aid Room, is available on the MLE H&S page and is included in the staff handbook annually.

For **students and parents/carers**, the First Aid & Medical Procedure (excluding Appendices A, B, C3 and D) will be available on the school's website, together with the 'Information for Medical Needs' Form (C1) and the 'Parental Permission to Administer Prescription Medicine' Form (C2).

General information is provided in the School's Prospectus and in the annual Parents Information Evening packs.

## 3. RECORD KEEPING

### 3.1 Accident and Incident Reporting

Accident and Incident Forms should be used whenever there is an accident or incident (as distinguished from an illness or routine medical matter). Blank forms are available from the First Aid Room, and may be completed by anyone (although students are usually assisted). **First aiders may instigate the completion of an Accident & Incident Form if the circumstances arise**.

Completed forms should be submitted to the Business Manager (Helen Latham), and all Accident and Incident Forms are sent to the Corporate Health and Safety Unit at London Borough of Sutton, which records and sends the report to the Health & Safety Executive, if appropriate.

Records of any accidents/incidents include:

a. date, place, time of incident
b. name and class of injured student or member of staff
c. detail of accident or incident and any treatment given
d. what happened to person afterwards eg went home, back to class, hospital
e. name and signature of the member of staff on duty
f. whether it is necessary to report it to the HSE

Statistics on Accidents and Incidents are reported to the H&S Forum and Governors Premises H&S Committee regularly. Forms are stored in a paper format and kept for a **minimum of 3 years** by the Business Manager.

### 3.2 Treatment in the First Aid Room

All treatment administered in the First Aid Room is recorded in the medical book. Written records are kept including:

a. date and time of visit to First Aid Room
b. name and form of student
c. symptoms
d. action taken, including parental permissions checked and any medicines administered
e. what happened to the student afterwards eg went home, back to class, hospital
f. Initials of the first aider who attended the First Aid Room

The medical book is kept in paper format and is stored for **7 years** in the First Aid Room.

All students in the first aid room should have a note in their planner signed by their teacher giving permission for them to leave the class. Only in a real emergency (bad nose bleed, PE accident, faint etc.) should students be in the first aid room without permission. First Aiders should ask to see the note, if a student does not have permission, they should return to class to get written permission and bring it back with them. Before/after school hours, during break and lunch times, students can attend the First Aid Room without this permission.

### 3.3 Head Injury

Any student who sustains a head injury or knock to the head is issued with a letter to take home for their parents/carers outlining the accident/incident and details of how this happened (see Appendix C3). The issue of the template letter should be recorded in the Medical Book.

**3.4 SIMS Records**

The Attendance & Data Assistants are responsible for maintaining student data in the school's database, SIMS, once notified by parents.

## 4. MANAGING PRESCRIPTION MEDICINES

### 4.1 Essential medicines

Medicine should only be brought into school when it is absolutely essential (ie where it would be detrimental to that student's health if the medicine were not administered during the school day). Parents/carers should make every effort to ask the prescriber if medicines can be arranged in dose frequencies which enable it to be taken out of school hours. Medicines that need to be taken 3 times a day can be safely taken in the morning, after school hours and at bedtime.

**Students should carry their own 'first response' epi-pen and/or inhaler**, unless the parents/carers have informed the school of the reason why the student cannot do so. Students should try to alert staff, and/or get to the First Aid Room, if they need to use this medicine. The school will normally hold a ***secondary dose*** of epi-pen adrenalin or asthma inhaler to be used in an emergency.

### 4.2 Parental consent to administer prescription medication

Parents/carers should advise the school if their child needs to take prescription medicine. They should provide the name of the child, name of the medicine, the dosage, method of administration, time/frequency of administration and any side effects the expiry date. This should be provided in the template form (see Appendix C2) and the permission should be kept with the medicine in a plastic wallet, where possible (see below). The blank template is available to parents/carers on the school's website.

Misuse of a controlled drug, such as giving it to another student for use, is an offence. Staff should **NEVER** give a prescribed medicine to a child for whom it is not prescribed.

### 4.3 Packaging, dosage, storage and disposal

In the event that prescription medicine has to be brought into school, WHSG will only accept medicines that have been prescribed by a doctor, dentist, nurse or pharmacist. The medicine, together with the form (see above), should be handed into Reception.

Medicine must be provided in the **original container** as dispensed by a pharmacist and **include the prescriber's instructions for administration and dosage**. WHSG will **NOT** accept medicine that has been taken out of its original container nor do we make changes to dosages, even on parental instructions. Once the prescribed medicine is no longer required or it is out of date, it will be returned to the parents to arrange for safe disposal. Staff should not dispose of medicine; it is the responsibility of the parent to do so.

All prescribed medicine must be clearly labelled with the child's name, name and dose of the medicine and the frequency of administration. Where a child needs two or more medicines, they must be stored in separate plastic wallets. All students taking prescribed medicine should know where it is stored and who can access it. Prescribed medicines are only to be taken **by those for whom they are prescribed.** Checks should be made before giving prescribed medicine to a student including the student's name, prescribed dose, expiry date on the container, instructions provided by the prescriber on the label or container. Where doubt exists, staff should check with parents or a health professional (GP) before taking further action.

All medicines, prescribed and non-prescribed, are kept in the First Aid Room. A locked cabinet is provided for the storage of certain types of medicines. All prescribed medicines are stored in accordance with product instructions (in the fridge in the First Aid Room, if required). Every prescribed medicine is held in a plastic wallet (where possible) clearly marked with the name of the student, and for epi-pens with a photograph. This must be thoroughly checked every time the student visits the First Aid Room.

All emergency medicines such as asthma inhalers and epi-pens should be readily accessible to staff and students and **MUST NOT** be locked away.

**4.4 Record keeping**

All prescription medicine administered should be recorded in the Medical Book every time it is given to a student.

**4.5 Arrangements for off-site activities and visits**

In preparation for a trip, all parents/carers are sent correspondence reminding them of their obligation to notify the school of any student with a known medical needs and/or needing to administer prescription medication during the trip. Parents/carers are asked to make any specific arrangements that are needed directly with the visit leader, informing them directly of any action required.

## 5. MANAGING NON-PRESCRIPTION MEDICINES

### 5.1 Unforeseen Needs

T**he school does not provide non-prescription medicines/products**.
We do not hold any medicines for student use other than an emergency epi-pen and asthma inhaler (2 Emerade epipens 1 x 300mcg, 1x - 150mcg and a Salbutamol Inhaler) in case of emergency.

## APPENDIX A

**Risk Assessment of First Aid & Medical Procedures**

| No | Hazard | People at risk | Existing control measure | Risk Rating: **High, low** or **Medium** |
|---|---|---|---|---|
| 1 | Emergency situation requiring immediate response | Staff and students, visitors | At January 2019, there are over 35 emergency first aid trained staff (a mixture of teaching and support staff) on call throughout the building. If in doubt, first aiders are advised to call 999/emergency services.<br><br>During the school day, a duty rota is operated for the first aid room During these times, non-teaching staff will be put on a rota to be on call. A duty walkie talkie will be used to ensure staff are contactable whilst on duty.<br><br>At other times, and in any case of emergency, any member of staff who is first aid trained may be called. Qualified staff are provided for specialist activities such as trampolining.<br><br>Members of the Senior Leadership Team have also been emergency first aid trained to increase the likelihood of a first aider being available at out-of-hours events such as Parents Evenings.<br><br>Lists of first aid trained staff & extension numbers are displayed on the First Aid Room door, in the staff room and on the MLE page.<br><br>This approach has been considered in the context of an academically selective girls high school with a roll of c. 1400 students and a staff of c. 150 people. The school has relatively few special needs students to cater for. The majority of medical room visits are for very minor conditions, such as sickness, headaches and period pain. This approach is regarded as meeting the legal requirement to provide adequate and appropriate equipment, facilities and qualified first aid personnel. | Low |

| No | Hazard | People at risk | Existing control measure | Risk Rating |
|---|---|---|---|---|
| 2 | First Aid room is not staffed continuously | Staff, students & visitors | As above, a first aid duty rota will be operated throughout the school day from 08.25am -14.50pm. This is a longer period of staff attendance than when the school had a school nurse.<br>At other times, and in case of emergency, any member of staff who is first aid trained may be called.<br>At certain times, specifically before 8.25am and after 4.00pm, it is possible that there is no qualified first aider in school. If this happens, the most senior member of staff present will take charge, and call the emergency services as necessary. Staff must comply with the lone working procedures to ensure that they are not putting themselves at unnecessary risk. The first aid containers remain accessible at all times. | Low |
| 3 | Personal medication is not stored safely in the first aid room (eg epi pens) | Students | Medication is stored securely in individual marked plastic wallets or similar. Arrangements may be agreed with parents/carers depending on the nature of the medication. A locked cabinet is available should this be the most suitable option. | Low |
| 4 | Key to medical cupboard is missing | Students | Duplicate keys will be kept in the reception office and by the lead first aider and Business Manager. However, see above, as depending on the nature of the medication and urgency of application, arrangements may vary. | Low |
| 5 | Personal medication administered accidentally to wrong student | Students | Personal medication is stored safely in a plastic wallet. Consideration will be given to providing a photograph in certain cases, where medicines may be required in an emergency situation. Parental permissions and arrangements for administering medication will be checked before administering.. Procedures for this will be outlined in the First Aid & First Aid Room Procedures document. | Low |

| | | | | |
|---|---|---|---|---|
| 6 | Medicine accidentally administered to student who should not take it (eg has allergic reaction) | Students | Parental permissions and arrangements for administering medication will be reviewed routinely, and declarations on allergies recorded.<br>Procedures for administering first aid will involve checking files to ensure parental permission has been given to administer particular types of medicine. If for some reason the files cannot be accessed, then our rule is not to administer anything. | Low |

| No | Hazard | People at risk | Existing control measure | Risk Rating |
|---|---|---|---|---|
| 7 | Wrong diagnosis by trained first aider | Students | First aiders do not diagnose any condition. If first aider is in doubt, ask for advice from another first aider or phone 999. The school's policy is to provide first response assistance only, pending the arrival or referral to medically qualified people (such as ambulance service or referral to the school nursing service). | Low |
| 8 | Medical room insufficiently stocked with supplies | Students | 1. Monthly review of stock levels of plasters, bandages, sick bags and any other medical supplies necessary is undertaken by lead first aider<br>2. Supplies ordered as and when required with Assistant Headteacher as budgetholder | Low |
| 9 | Keep up to date with latest medical information eg flu epidemics, vaccination programmes | Staff, students & visitors | Assistant Headteacher is responsible for meeting the NHS School Nursing Service at least half termly to review school procedures, and will also be the contact point for periodic bulletins | Low |
| 10 | First aid kits are inadequately maintained for trips/visits | Students & staff | 1. Monthly review of contents of first aid kits undertaken by lead first aider<br>2. New small first aid kits have been purchased for day trips/visits<br>3. Larger first aid kits preferred for residential trips | Low |
| 11 | In case of head injury, letter is not sent home with student | Student | Lead first aider to review procedures and stock of letters to be sent home for head injuries (see appendix C of the First Aid & Medical Procedures) | Low |
| 12 | Adequate educational provision is not provided on medical topics | Students | Lessons to be supported by the NHS Nursing service, as required | Low |

| No | Hazard | People at risk | Existing control measure | Risk Rating |
|---|---|---|---|---|
| 13 | Not having a cohesive plan for healthcare in school | Staff, Students & Visitors | Overall responsibility to rest with Assistant Headteacher Student Support.<br>Review of IHCP's annually or when information changes as informed by parents/carers. This is led by the school nursing service alongside the lead first aider. | Low |
| 14 | Suitable and sufficient accomodation | Staff, students & visitors | The First Aid Room can be used for medical treatment when required, and for the care of students during school hours. | Low |
| 15 | Hygiene/infection controls are weak | Staff | Staff have access to single use disposable gloves and hand washing facilities, and are advised to take care when dealing with blood or other body fluids and disposing of dressings or equipment. | Low |
| 16 | Defibrillator available for use for suspected heart attacks | Staff, students & visitors | Training given to lead first aider and very clear instructions are provided on the machine held by the school.<br>Machine checked for functionality annually. | Low |

## APPENDIX B

**TRAINED FIRST AIDERS @ January 2019**

| ROLE | NAME | DATE COMPLETED | REQUIRES UPDATING |
|---|---|---|---|
| 6F teacher, World Challenge | Watson, Vicky | 18.9.18 | September 2021 |
| Science Teacher/World Challenge | Grenville, Anna | 18.9.18 | September 2021 |
| Communications Officer | Davies, Sue | 18.9.18 | September 2021 |
| Events & Comms Manager | Andrews, Jenny | 6.12.16 | Dec 2019 |
| Asst Head | Barnes, Sarah | 3.3.17 | March 2020 |
| GLT Head of IT | Creaser, Peter | 19.6.17 | June 2020 |
| DT Technician | Elelman, Sarah | 6.12.16 | Dec 2019 |
| PE teacher, HOY | Woodvine, Aimee | 3.3.17 | March 2020 |
| Director of Finance GLT | Latham, Helen | 3.3.17 | March 2020 |
| ELSA | Michael, Amanda | 3.3.17 | March 2020 |
| DT Technician | Pencil, Lynford | 6.12.16 | Dec 2019 |
| Head of Art | Moore, Vanessa | 3.3.17 | March 2020 |
| Data & Attendance Asst | Andrews, Margaret | 6.12.16 | Dec 2019 |
| Deputy HT | Cloves, Ben | 3.3.17 | March 2020 |
| Head of PE | Collins, Sam | 19.6.17 | June 2020 |
| Science teacher | Hughes, Kelly | 3.3.17 | March 2020 |
| Head's PA | Scollard, Ann | 6.12.16 | Dec 2019 |
| Enrichment Officer | Donovan, Julia | 6.12.16 | Dec 2019 |
| Science Technician | Manali Ponkshe | 18.9.18 | September 2021 |
| Science Technician | Gill, Hardyl | 18.9.18 | September 2021 |
| Science Technician | Narayanan, Kavitha | 18.9.18 | September 2021 |
| PE teacher, HOY | Wadsworth, Katie | 3.3.17 | March 2020 |
| Inclusion Asst | Whitehair, Cheryl | 6.12.16 | Dec 2019 |
| Reprographics & First Aid Officer | Debbie Newell* | July 2018 | July 2021 |
| Work Experience & WRL | Boyle, Jackie | 19.6.17 | June 2020 |
| Asst HT | Godyn, Cat | 19.6.17 | June 2020 |
| Head of Geography | Henderson, Jess | 19.6.17 | June 2020 |
| MFL teacher | Webster, Jenny | 19.6.17 | June 2020 |
| Head of Music | Yard, Jenny | 19.6.17 | June 2020 |
| Data & Attendance Asst (6F) | McCormack, Sian | 3.3.17 | March 2020 |
| PSHCE Leader | Telford, Laura | 19.6.17 | June 2020 |
| Premises | Anderson, Keith | 19.6.17 | June 2020 |
| First Aid Officer (Pd 4 every day) | Purvi Maniar | 1.12.17 | December 2020 |
| Cover Supervisor & CPD | Jo Whitehall | 2.3.17 | March 2020 |
| Reception (M/T/W) | Cuxton, Claire | 18.9.18 | September 2021 |
| Reception 9T/F) | Jennifer Day | 18.9.18 | September 2021 |

*Qualified in First Aid @ Work (3 day course)

## APPENDIX C1

### Information for Medical Needs Form

| INFORMATION FOR MEDICAL NEEDS |
|---|
| Notes: Please complete this form as fully as possible. This form will be kept in the school's First Aid Room for use should the student become ill or have an accident during the school day. |
| **It is the responsibility of parents / carers to inform the school, in writing, of any changes to this information.** |

| | | | |
|---|---|---|---|
| School Year of Entry: | | | |
| Student's Name: | | DOB: | |
| Surgery Name & Address: | | | |
| Surgery Phone No. | | | |

| | | |
|---|---|---|
| Does the student have any special medical needs, conditions or allergies:<br>If YES, please complete all the boxes printed below. | Yes ☐ | No ☐ |

| Medical Conditions: |
|---|
| |

| Medication Prescribed: |
|---|
| |

| Possible Symptoms: |
|---|
| |

| Medical Consent Form |
|---|
| If the student has a serious medical condition that requires medication to be retained on the school site (e.g. Epipens, Asthma Inhalers or Insulin), please request a Medical Consent Form. This form must be completed and signed by a parent / carer and must accompany the medication on the first day of school and be handed in to the Reception Office. |

Emergency Contact and Telephone Numbers (in order of preference to contact):

**Please ensure that you inform us, as soon as possible, of any changes to emergency contacts and/or numbers**

| Contact | Telephone Number |
|---|---|
| | |

| Please indicate below if you are happy for the student to be administered with the medicine listed below: | | | |
|---|---|---|---|
| Paracetamol *(for pain relief)* | Yes ☐ | No ☐ | If the 'Yes' box is not ticked, we cannot give your daughter any pain relief. |

| | |
|---|---|
| Signature (Parent / Carer): | Date: |

| **It is the responsibility of parents / carers to inform the school, in writing, of any changes to this information.** |
|---|

## APPENDIX C2.

| 18 | PARENTAL AGREEMENT FOR SCHOOL TO STORE AND ADMINISTER MEDICATION |
|---|---|

Notes: Please note that Wallington High School for Girls does not store medicine for your daughter unless this form is completed, signed and returned to school. Medicine must be in its original container, with original instruction leaflet, clearly marked with your daughter's name, tutor group, and expiry date.

| Student's Name: | DOB: |
|---|---|
| Tutor Group: | |
| Medical illness or condition: | |

### Medicine:

| Name / type of medicine (as described on the container): | |
|---|---|
| Date dispensed: | Expiry date: |
| Dosage and method: | Timing: |
| Special precautions: | Recognised side effects: |
| Self-administration? | Yes ☐ No ☐ |
| Procedures to take in an emergency: | |

### Contact Details:

| Name: |
|---|
| Contact telephone number: |
| Relationship to student: |
| Address: |

### Declaration

I understand that I must deliver the medicine to Reception for the attention of the First Aid Officer.

I accept that this is a service that the school is not obliged to undertake.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I will collect the medicine at the end of the course / upon expire date and dispose of it safely.

| | |
|---|---|
| Name of Parent / Carer:<br>**Please print name in capital letters.** | |
| Signature (Parent / Carer): | Date: |

**APPENDIX C3.Letter Home For Student Suffering Head Injury**

Wallington
High School *for Girls*
HEIRS OF THE PAST, MAKERS OF THE FUTURE

**Headteacher: Mr R V Booth BSc**
**Woodcote Road, Wallington, Surrey, SM6 0PH**
**Telephone 020 8647 2380**
**Facsimile 020 8647 2270**
**info@wallingtongirls.org.uk**
**www.wallingtongirls.org.uk**

**HEAD INJURY LETTER HOME**

Dear Parent/Carer:

Name: _____ Date: _____

Please be aware that your child bumped their head today. Information about the injury is as follows:

☐ Hit by a ball

☐ Hit head on bars/equipment/ground

☐ Hit head on/by another student

☐ Hit head on desk/table

☐ En route to class ☐ During break/lunch ☐ During P.E. class ☐ In the classroom

☐ Other ……

Your child was observed in the first aid room and was alert and oriented to time, place and person.

☐ Ice pack applied to area ☐ Eyes checked and rechecked ☐ Student felt well enough to return to class

Further comment (if necessary): _____

_____

All head injuries should be watched closely for at least 24 hours. You may allow your child to sleep, but check them periodically that first night. They should wake up, walk and talk normally.

Some people will get sick from a head injury 7 to 10 days after the accident. Please keep this letter and show it to your doctor if you need to see them. If your child has received two or more serious head injuries within the last year, please contact your doctor.

NHS advice on head injuries can be found on our website by clicking on School Life/Pastoral Care/Head Injury Advice from the NHS.

Yours faithfully,

## APPENDIX D

**Guidance on common conditions – asthma, epilepsy, diabetes and anaphylaxis**

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This information has been provided to WHSG by London Borough of Sutton Corporate Health & Safety. It is intended as **guidance only**, and detailed advice from a medical professional and/or the emergency services will always override it. It does not replace First Aid training or the instructions of medical professionals. It is intended to provide general information to help staff involved in first aid in school, and covers 4 common conditions:

D1. Asthma
D2. Epilepsy
D3. Diabetes
D4. Anaphylaxis/Severe Allergic Reactions.

### D1. ASTHMA

Asthma is common and appears to be increasingly prevalent in students and young people. One in ten students has asthma in the UK.

**Symptoms**
Common symptoms of asthma are coughing, wheezing or a whistling noise in the chest, tight feelings in the chest or getting short of breath. Not everyone gets the same symptoms or all the symptoms.

**Medication**
There are two main types of medicines used to treat asthma, relievers and preventers. Usually a young person will only need a reliever during the school day. **Relievers** (blue inhalers) are medicines taken immediately to relieve asthma symptoms and are taken during an asthma attack. They are sometimes taken before exercise. While **Preventers** (brown, red, orange inhalers, sometimes tablets) are usually used out of school hours. Young people should carry a reliever inhaler with them when they are in school

Students with asthma need to have immediate access to their reliever inhalers when they need them. Inhaler devices usually deliver asthma medicines. A spacer device is used with most inhalers and the student may need some help to do this. Young people who are able to use their inhalers themselves should be allowed to carry them with them. Inhalers should also be available during PE, sports activities and educational visits. A student with severe asthma may be prescribed a spare inhaler to be kept at school.

**Symptoms of an asthma attack are:**

- Coughing

- Being short of breath
- Wheezy breathing
- Feeling of tightness in the chest
- Being unusually quiet

When a young person has an attack, they should be treated according to their individual health care plan or asthma card if it exists. An ambulance should be called if

- The symptoms do not improve sufficiently in 5 – 10 minutes
- The person is too breathless to speak
- The person is becoming exhausted
- The person looks blue
- There is any cause for concern

**Working with parents**
Parents/carers of students with asthma should agree with the school how an asthma attack will be dealt with. An Asthma School Card (available from Asthma UK ) is a useful way to store written information about the person's asthma and should include details about asthma medicines, triggers, individual symptoms and emergency contact numbers for the parent and the person's doctor. These are kept in the plastic wallets with the asthma inhalers in the First Aid Room. The school should be copied into the student's management plan which is reviewed annually with their GP and advised of any changes.

**PE**
Young people with asthma should participate in all aspects of school life, including PE. They should take their reliever inhaler with them on all off-site activities, and in some cases when taking exercise at the far reaches of the school's playing field. Some students may need to take their reliever asthma medicines before any physical exertion. Warm up activities are essential before any sudden activity especially in cold or wet weather. Reluctance to participate in PE should be discussed with parents, staff and the student. Students should not be forced to participate if they feel unwell.

**Absence**
Young people with asthma may not attend on some days due to their condition or because they sometimes suffer from sleep disturbances due to night symptoms. This may also affect their concentration. Such issues should be discussed with parents/carers or Attendance Assistants.

**Asthma UK**
Further information on asthma is available from Asthma UK (www.asthma.org.uk)

**D2. Epilepsy**

**Symptoms**

People with epilepsy have repeated seizures that start in the brain. An epileptic seizure, called a fit, turn or blackout can happen to anyone at any time. One in 200 students has epilepsy and around 80% of them attend mainstream schools. Most young people diagnosed with epilepsy never have a seizure during the school day. Epilepsy is a very common condition.

**Medication**
Most young people with epilepsy take anti-epileptic medicines to stop or reduce their seizures. Regular medicine should not need to be given during the school day.

**Symptoms of a seizure**
Symptoms depend on which part of the brain is affected. Not all seizures involve loss of consciousness. When only a part of the brain is affected, a person will remain conscious with symptoms ranging from the twitching or jerking of a limb to experiencing strange tastes or sensations such as pins and needles. Where consciousness is affected, a person may appear confused, wander around and be unaware of their surroundings. They might also behave in unusual ways such as plucking at clothes, fiddling with objects or making mumbling sounds and chewing movements. They may not respond if spoken to. Afterwards, they may have no memory of the seizure.

If the seizure affects all the brain, the person tends to lose consciousness. Such seizures might start with the person crying out, then the muscles become stiff and rigid. They may fall down. Then there are jerking movements as muscles relax and tighten rhythmically. During a seizure, breathing may become difficult and the child's colour may change to a pale blue or grey colour around the mouth. Some people bite their tongue or cheek and may wet themselves. Afterwards, some people may feel tired, weak, be confused or have a headache and need time to rest or sleep. Recovery times vary. Some people feel better after a few minutes while others may need to sleep for several hours.

Another type of seizure affecting all the brain involves a loss of consciousness for a few seconds. The person may appear blank or staring, sometimes with a fluttering of the eyelids. Such absence seizures can be so subtle that they go unnoticed. They may be mistaken for daydreaming or not paying attention in class. If such seizures happen frequently, they could be a cause of deteriorating academic performance.

**Working with parents**
Parents/carers of students with epilepsy should agree with the school how a seizure will be dealt with. A medical needs record or individual health care plan setting out the particular pattern of a young person's epilepsy is a useful way to store written information and should include details about epileptic medicines, triggers, type or types of seizures, including seizure descriptions, individual symptoms and emergency contact numbers for the parent and the person's doctor and whether emergency intervention may be required.

The school should be informed if the health plan changes when it is reviewed. If a student experiences a seizure in school, details should be recorded in the medical book and communicated to parents, details should include any factors which may have triggered the seizure, any unusual

feelings reported by the student before the seizure, parts of the body demonstrating seizure activity eg limbs or facial muscles, the timing of the seizure, when it happened and how long it lasted, whether the student lost consciousness and whether the child wet themselves. This will help parents to give more accurate information on seizures and seizure frequency to their child's specialist.

**PE**

Young people with epilepsy should be included in all school activities. Extra care may be needed in some areas eg working in science labs. Concerns about safety should be discussed with the student and parents/carers as part of the health care plan.

**How to deal with a seizure**

During a seizure, it is important to make sure the young person is in a safe position, not to restrict their movements and to allow the seizure to take its course. In a convulsive seizure, putting something soft under the person's head will help to protect it. Nothing should be placed in their mouth. After a convulsive seizure has stopped, the person should be placed in the recovery position and stayed with until they are fully recovered.

**Calling an ambulance**

An ambulance should be called during a convulsive seizure if there is any cause for concern, and specifically if:

- It is the person's first seizure
- The person has injured themselves badly;
- The person has trouble breathing after a seizure;
- A seizure lasts longer than the period set out in the student's health care plan;
- A seizure lasts for 5 minutes if you do not know how long they usually last for that student;
- There are repeated seizures unless this is usual for the student as set out in their health care plan

**Epilepsy UK**

Further details and information on epilepsy can be found at www.epilepsy.org.uk.

**D3. Diabetes**

Diabetes is a condition where the level of glucose in the blood rises. This is either due to the lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the person's needs or the insulin is not working properly (Type 2 diabetes). About one in every 550 school age students has diabetes. The majority of them have Type 1 diabetes. They normally need to have daily insulin injections to monitor their blood glucose level and to eat regularly according to their personal dietary plan. Young people with Type 2 diabetes are usually treated by diet and exercise alone.

**Symptoms**

Each person is different, they may experience different symptoms and this should be recorded in the individual health care plan. Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control and staff are encouraged to draw any such signs to the parents' attention.

**Medication**

Diabetes in young people is usually controlled by injections of insulin each day. Most young students will be on a twice a day insulin regime of a longer acting insulin and it is unlikely that these will need to be given during school hours. Older students may be on multiple injections and others may be controlled on an insulin pump. Most students can manage their own injections, but if doses are required to be administered at school, they should be under the supervision of a first aider in the First Aid Room.

People with diabetes need to ensure that their blood glucose levels remain stable and may check their levels by taking a small amount of blood and using a small monitor at regular intervals. They may need to do this at school during a break, before PE or more regularly if necessary. Younger students may need supervision.

People with diabetes need to be allowed to eat regularly during the day. This might include eating snacks during class time or prior to exercise. If a meal snack is missed or after strenuous activity, the student may experience a hypoglycaemic episode (a hypo) during which blood glucose levels fall too low. PE staff should be aware of the need for diabetics to have glucose tablets or a sugary drink to hand.

**Hypoglycaemic reactions**

Indicators of low blood sugar in diabetics are:

- Hunger
- Sweating
- Drowsiness
- Pallor
- Glazed eyes
- Shaking or trembling
- Lack of concentration
- Irritability
- Headache
- Mood changes, especially angry or aggressive behaviour

Students may experience one or more of these symptoms. If a student has a hypo, it is very important that the student is not left alone and that a fast acting sugar, such as glucose tablets, a glucose rich gel or a sugary drink is brought to the child and given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, should be given once the child has recovered, some 10-15 minutes later.

An ambulance should be called if:

- Recovery takes longer than 10-15 minutes

- The young person loses consciousness

**Hyperglycaemia**
Some diabetic students may experience hyperglycaemia (high glucose levels) and have a greater need than usual to go to the toilet or to drink. Tiredness and weight loss may indicate poor diabetic control and staff should contact parents/carers if they notice this. If the student is unwell, vomiting or has diarrhoea, this can lead to dehydration. If the student smells of pear drops or acetone, this might be a sign of ketosis and dehydration and the student will need urgent medical attention.

**Diabetes**
Further information and details on diabetes can be found at www.diabetes.org.uk.

**D4. Anaphylaxis / Severe Allergic Reaction**

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance, but on rare occasions, may happen after a few hours. Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwi fruit, and also penicillin, latex and the venom of stinging insects such as bees, wasps or hornets.

**Symptoms**
The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically and the patient loses consciousness. Symptoms include swelling in the throat, which can restrict the air supply or severe asthma. Any symptoms affecting 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 student should be watched carefully. They may be heralding the start of a more serious reaction.

**Medication**
Treatment for a severe allergic reaction is an injection of adrenaline (known as epinephrine). Pre-loaded injection devices containing one measured dose of adrenaline are available on prescription. The devices are available in two strengths – adult and junior. Should a severe allergic reaction occur, the adrenaline injection should be administered into the muscle of the upper outer thigh. **An ambulance should be called.** First aiders are trained to administer these devices (usually called epi-pens) as they are simple to administer. It is not possible to give too large a dose using an epi-pen. The needle is not seen until after it has been withdrawn from the leg. In case of doubt, **it is better to give the injection than to hold back.**

**Epi-pens in school**
How many epi-pens and where they are stored are for discussion between the parent/carer, Headteacher and staff. Where students are considered to be sufficiently responsible they should be allowed to carry their emergency treatment themselves, and there should always be a spare set kept safely (not locked away) in school which is accessible to all staff. The spare set should be clearly marked with the student's name and photograph and stored in the First Aid Room.

**Individual Health care plans**

Risks for allergic students are reduced where an individual health care plan is in place. Reactions become rarer and when they occur, they are mostly mild. The plan should be agreed between parents, the school and the treating doctor, as required. The plan should cover what may trigger a reaction, what to do in an emergency, prescribed medicines, food management and precautionary measures. If necessary, external providers of school food should be aware of the individual student's particular requirements.

**Appendix F: Contacting Emergency Services**

**Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.**

**Speak clearly and slowly and be ready to repeat information if asked.**

1. your telephone number
2. your name
3. your location as follows [Wallington High School for Girls, Woodcote Rd, Wallington, Surrey, SM6 0PH]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone
9. Inform the parent/carer of the emergency call and which hospital the ambulance is taking their child to.
10. If the parent/carer cannot accompany their child in the ambulance then an appropriate adult from the school must do so and meet the parent/carer at the hospital

2ND EDITION

NOVEMBER 2017

Sutton LSCB
Local Safeguarding Children Board

# LSCB MANAGEMENT OF SELF-HARM PROTOCOL

FOR ALL STAFF AND VOLUNTEERS WORKING WITH CHILDREN AND YOUNG PEOPLE IN SUTTON

ISSUED BY: SUTTON LSCB POLICY AND PRACTICE GROUP

CONTACT: SUTTONLSCB@SUTTON.GOV.UK

## CONTENTS



## APPENDICES

## 1. INTRODUCTION

This is the second edition of the Local Safeguarding Children Board (LSCB) self-harm protocol. This is to ensure that national and local learning from serious case reviews (SCRs), learning reviews, and case audits are embedded across the partnership, and that there is effective co-ordination of partnership responses in Sutton.

The protocol is a strategic document setting out partners' roles and responsibilities in line with Working Together 2015, Public Health, NHS NICE guidance, and London Child Protection Procedures. Local guidance for seeking professional advice, making referrals, assessment processes, and multi-agency management of risk are set out in separate guidance as an appendix at the end. The flowchart is intended to provide a helpful overview of the multi-agency process and is covered in multi-agency training available to partners.

## 2. PURPOSE AND POLICY CONTEXT

This is a self-harm protocol, for managing cluster suicide responses refer to Public Health England guidance.

The National Institute for Health and Care Excellence (NICE) self-harm guidance[1] recognises that most acts of self-harm are unseen by professionals and that most people who access services are unlikely to receive bespoke self-harm services. The emphasis is therefore on employers and commissioners having processes in place to ensure that staff in direct contact with children and young people have the necessary skills and knowledge to manage self-harm for those that are not under acute or specialist medical management.

Safeguarding and child protection issues should be managed as in accordance with the Sutton LSCB threshold document and London Child Protection Procedures.

The LSCB threshold document is a generic safeguarding guide for all areas of safeguarding, professional judgement is required in utilising the document. Further self-harm threshold is scheduled for development and for publication in 2018.

## 3. SCOPE

This protocol is a strategic document to strengthen partnership working when responding to self-harm and suicide. It relates to all professionals and volunteers working with children and young people (0 -18),[2] to support both them and young people to reduce the risk of suicide and attempts, and self-harm incidents by:

- Supporting agencies to manage self-harm as it arises;
- Improving the response on presentation, disclosure, or suspected signs of self-harm;
- Improving the quality of support, advice, and guidance offered by all workers who work with young people.

## 4. DEFINITIONS

**Self-harm**[3] is defined as when somebody intentionally damages or injures their body. It's usually a way of coping with or expressing overwhelming emotional distress. However, the intention is more often to punish themselves, express their distress, or relieve unbearable tension. Sometimes the reason is a mixture of both. Self-harm can also be a cry for help and some individuals may go on to complete a suicide attempt.

Although some people who self-harm are at a high risk of suicide, many people who self-harm don't want to end their lives. In fact, the self-harm may help them cope with emotional distress, so they don't feel the need to kill themselves. [4]

[1] NICE Self-harm guidance (2013) http://www.nice.org.uk/guidance/qs34/resources

[2] This is a wider age group than the one defined within the NICE guidelines of 8 – 16 years.
[3] NHS Choices h tt p :// ww w.n h s .u k/co n d itio n s/Se lf -in ju ry /Pa ges/In tro d u ctio n .a sp x
[4] NHS Choices h tt p :// ww w.n h s .u k/co n d itio n s/Se lf -in ju ry /Pa ges/In tro d u ctio n .a sp x

## 5. KEY PRINCIPLE FOR PARTNERSHIP WORKING

The role of the LSCB under Working Together 2015 is to co-ordinate multi-agency professional safeguarding activity, issue policy, procedure, and guidance, and facilitate training to promote emotional wellbeing and reduce the likelihood of or actual risk of significant harm.

The national learning from SCRs[5] is that nearly all suicides are related to adolescents, the majority being male. The learning relates to self-harm, disclosure of suicidal feelings, and working across agencies. In Sutton, local learning from SCRs, learning reviews, case audits, and rapid response meetings reflect the national picture, and there is a strong commitment among all partners and commissioners to work together to reduce the risk of suicide and suicide attempts.

## 6. WHY PEOPLE SELF-HARM, AND TYPES AND SIGNS OF SELF-HARM

### 6.1 WHY PEOPLE SELF-HARM[6]

Self-harm is more common than many people realise, especially among younger people. It's estimated around 10% of young people self-harm at some point, but people of all ages do. This figure is also likely to be an underestimate, as not everyone seeks help.

In most cases, people who self-harm do it to help them cope with overwhelming emotional issues, which may be caused by:

- **Social problems** – such as being bullied, having difficulties at work or school, having difficult relationships with friends or family, coming to terms with their sexuality if they think they might be gay or bisexual, or coping with cultural expectations, such as an arranged marriage
- **Trauma** – such as physical or sexual abuse, the death of a close family member or friend, or having a miscarriage
- **Psychological causes** – such as having repeated thoughts or voices telling them to self-harm, disassociating (losing touch with who they are and with their surroundings), or borderline personality disorder

These issues can lead to a build-up of intense feelings of anger, guilt, hopelessness and self-hatred. The person may not know who to turn to for help and self-harming may become a way to release these pent-up feelings.

Self-harm is linked to anxiety and depression. These mental health conditions can affect people of any age. Self-harm can also occur alongside antisocial behaviour, such as misbehaving at school or getting into trouble with the police.

### 6.2 TYPES OF SELF-HARM[7]

- Cutting or burning their skin;
- Punching or hitting themselves;
- Poisoning themselves with tablets or toxic chemicals;
- Misusing alcohol or drugs;
- Deliberately starving themselves (anorexia nervosa) or binge eating (bulimia nervosa);
- Excessively exercising.

### 6.3 SIGNS OF SELF-HARM[8]

[5] NSPCC h tt p s:// w ww.n sp cc.or g.u k/p rev en ting -ab u s e/ch ild - p ro tectio n - sy ste m/ca se -re vi e ws/l ear n in g/ su icid e/
[6] NHS h tt p s://ww w.n h s.u k/co n d itio n s/s elf -h ar m/
[7] NHS h tt p s://ww w.n h s.u k/co n d itio n s/s elf -h ar m/
[8] NHS h tt p s://ww w.n h s.u k/co n d itio n s/s elf -h ar m/

- Unexplained cuts, bruises or cigarette burns, usually on their wrists, arms, thighs and chest;
- Keeping themselves fully covered at all times, even in hot weather;
- Signs of depression, such as low mood, tearfulness or a lack of motivation or interest in anything;
- Self-loathing and expressing a wish to punish themselves;
- Not wanting to go on and wishing to end it all;
- Becoming very withdrawn and not speaking to others;
- Changes in eating habits or being secretive about eating, and any unusual weight loss or weight gain;
- Signs of low self-esteem, such as blaming themselves for any problems or thinking they're not good enough for something;
- Signs they have been pulling out their hair;
- Signs of alcohol or drugs misuse.

### 6.4 INITIAL RESPONSE TO A YOUNG PERSON ON DISCLOSURE OF SELF-HARM

If you are aware that a student, child or young person, has self-harmed this is the recommended approach:

- Listen calmly (**Assess**);
- Seek first aid treatment, if necessary (**Manage**);
- Contact parents/carers as soon as possible (**Inform**);
- Contact other professionals for advice (**Assess**);
- Work with the young person and their families to ensure appropriate support is in place to address both the self-harming and the underlying issues (**Manage**);
- Monitor the situation and communicate regularly with parents/carers (**Inform**);
- Consider other children and young people who may be affected (**Assess**).

To assist in identifying self-harm, the tool in Appendix B can be used.

## 7. EFFECTIVE RESPONSES, ROLES, AND RESPONSIBLITIES

The first section sets out effective responses at the three levels of low, medium, and high risk, and all professionals should refer to the LSCB threshold document to make a professional judgement of what response is required in each individual case. If a professional is concerned about determining the level of risk, they should ring the CAMHS (Child and Adolescent Mental Health Service) SPA (020 3513 3800) for advice.

### 7.1 EFFECTIVE RESPONSES

Professionals in all agencies must be alert to the possibility that a child with whom they are in contact, may be harming themselves and have suicidal thoughts, even if they may not present with any observable risk factors. The professional must discuss their concerns with their agency's nominated safeguarding advisor and use the managing self-harm flowchart (Appendix A) to inform response.

In cases where a child is considered to be at low risk of harm, a plan for focused early intervention and diversion must be made to safeguard the child. Agencies should consider, in discussion with the Multi-Agency Safeguarding Hub (MASH), the extent to which the agency is able to meet the child's needs themselves as a single agency, and how to proceed if not.

In cases where the risk is considered to be medium (where there is a safeguarding concern) or high, the professional and/or their nominated adviser should make a referral to MASH on all new cases, and use the appropriate referral form. If the young person has an allocated social worker, please inform them. See flowchart below:

# Managing Self-harm Flowchart

Disclosure or concerns about a young person self-harming

Worker reports, records, and passes information to the CP lead immediately;
The CP lead assesses risk with available information and makes a decision about the relevant course of action which may include identifying the most appropriate trained adult to meet with the young person;
The CP lead should always contact parents/carers, unless it would increase the risk of harm.

Low Risk (Early Help)
E.g. One-off incident which caused no harm and without expression of further intent

Manage in-house
E.g. Targeted work with young person:
Direct work with a young person;
Initiate an Early Help Assessment, if appropriate.

And signpost to appropriate support agencies, if necessary; considering: GP, school nurses, and the voluntary sector.
(Response is consent based)

**High Risk (Children in acute need)**
E.g. Significant harm, if one of the below applies:

1. The child's actions could result in serious injury or death;
2. Intervention and support with a young person is failing to reduce the risk of self-harm;
3. Risk factors suggest that safeguarding issues form part of the motivation for self-harm: this includes bullying or self-harm as part of gang culture.

Contact MASH: 0208 770 6001; MASH will then liaise with CAMHS SPA as appropriate. (Obtain consent where possible)

Medium Risk (Children with complex needs}
E.g. One-off incident that caused harm and/or expression of intent for further self-harm

If no other safeguarding concerns, e.g. no concerns around parenting capacity, environmental factors, and developmental needs.
Contact CAMHS (via SPA): 0203 513 3848
(Response is consent based)

If there are safeguarding concerns where there are other factors around parenting capacity, environmental factors, and/or developmental needs.
Contact MASH: 0208 770 6001; MASH will then liaise with CAMHS SPA as appropriate. (Obtain consent where possible)

If you are unsure about referral pathway, please contact CAMHS SPA: 0203 513 3848, MASH: 0208 770 6001, or the Self-harm Nurse: 0203 513 3842/4063

Always contact emergency services if:
A young person is having immediate thoughts of suicide and making plans to act on them;
A significant injury has occurred e.g. overdose of medication/chemical poisons, uncontrollable bleeding, threat of death.

## 7.2 ROLES AND RESPONSIBILITES

The specific roles and responsibilities for each agency and service in Sutton are set out below:

### Multi-Agency Safeguarding Hub (MASH)

The MASH would receive a referral from professionals if it reaches the medium risk (where there is a safeguarding concern) or the high risk threshold, and MASH would then process this in accordance with their usual practice. In addition to this, MASH would make the specialist safeguarding lead in this matter aware of the case so that it can be discussed at the fortnightly self-harm meeting (more details in Appendix E).

- Telephone: 0208 770 6001

### Children's Social Care

Children's Social Care will hold the lead responsibility for responding to children who are at risk of or who have suffered actual significant harm under the London Child Protection Procedures. The practice directive for managing suicide and self-harm within Children's Social Care include the 'Need to Know' incident reporting procedure, most commonly initiated by MASH or, for an open case, the allocated social worker.

### CAMHS

#### 1. Sutton Single Point of Access (SPA)

The SPA operating hours have been extended to **8pm on Monday-Friday**. A clinician will be available to discuss potential referrals each evening on **0203 513 3800**. Parents, carers, and professionals can use the service during extended hours for:

- Discussion of potential referrals;
- Advice and guidance;
- Planned telephone assessments.

The extended hours to the SPA, will provide advice around mental health and emotional wellbeing issues. For emergency situations, please continue to direct children and families to the emergency department where there is an immediate medical issue. For other enquiries, please feel able to contact the SPA until 8pm.

The SPA operate a duty system daily. To access the duty system please contact either of the below numbers and ask to speak to the SPA duty clinician:

- Main number: 0203 513 3800;
- SPA: 0203 513 3848;

For the process following a SPA referral see Appendix H.

#### 2. Self-harm CAMHS Nurse

The CAMHS nurse with a self-harm focus will be offering regular supervision to school nursing staff on a six-weekly basis. The self-harm nurse will provide assessments and brief intervention to young people where there are risk issues related to self-harm that requires CAMHS support. The self-harm nurse can also provide advice and guidance. Please contact our self-harm nurse through **0203 513 3842** or **0203 513 4063**.

A flyer for the Sutton CAMHS nurse for self-harm can be seen in Appendix D.

**3. Sutton commissioned services**

For an outline of commissioned services against tiers of need and level of risk, can be found in Appendix G.

**4. CAMHS Emergency Care Service (CECS)**

The CAMHS Emergency Care Service is a team of specialist nurses who provide psychosocial and risk assessments for young people under 18 presenting with a mental health crisis to St Helier Hospital. The team also provide follow up appointments to ensure the appropriate ongoing support for young people who have presented at the hospital. The same assessment service is provided out of hours by the Psychiatry Doctor based at St Helier Hospital in liaison with the CAMHS Speciality Doctor on call. The CAMHS Emergency Care Service links closely with the out of hours team to ensure safe handover and transition of care.

For all young people attending A&E regarding self-harm, a referral must be made to MASH, and a telephone call at time of attendance to share and triangulate information in order to complete the assessment robustly. Discharge from the acute session should not take place without consultation with a paediatrician (if appropriate), CAMHS SPA, and MASH. See Appendix A.

## Police

Police reports come into the police division of the MASH as a part of business as usual. MASH police apply the LSCB thresholds and will liaise with the social care division of the MASH on cases that are not allocated, or would send the police report automatically to the allocated social worker. Where there is a need for police to be involved they attend the fortnightly self-harm meetings, and would fulfil their usual role should a strategy meeting be called.

## Schools and colleges

When a disclosure or concern is raised about self-harm or suicidal ideation from a young person, it will always be assessed by the designated safeguarding lead, and decisions around threshold will be made in line with school or college procedures.

The designated safeguarding lead will then speak with the young person to obtain an initial response and gather information, and discuss how the young person can be supported. There is a need to speak to the young person's parents, unless doing so would increase the risk to the student.

The young person will either be referred to the GP, Emergency Department and MASH, CAMHS, or an in-house pastoral team, depending on an assessment of the current risk the young person is exposed to. All young people, where a concern has been raised, will be monitored and reviewed.

Further tasks that schools and colleges should consider undertaking are to:

- Assess and record extent to which other pupils may be at risk or may be drivers for self-harm behaviour;
- Assess whether social media activity is part of the problem;
- Assess whether academic expectations of schools/parents are a driver;
- Assess extent to which drivers behind self-harm could/might affect others;
- Decide what preventative measures the school may need to take.

## Health services

Referrals may be made to a young person's GP, and a range of other services in order to assess the child or young person's needs and the risks they may be exposed to, information needs to be gathered and analysed. Ideally, when referring to GPs or emergency departments it is important to share the concerns about the young person's self-harm.

Epsom and St Helier Hospitals: in a crisis situation where a child presents with a serious injury or has taken an overdose, help should be sought from a colleague and immediate medical attention should be sought using usual first aid and emergency services as needed.

It is usual to refer all cases of recent self-poisoning to an emergency department as the quantity and exact nature of the substances ingested may not be known or accurately stated. The child or young person should not be encouraged to vomit. Any remaining substances should be taken to the emergency department to help identify the treatment.

### School nurses

This service is currently provided by the Royal Marsden NHS Trust; a team of school nurses deliver frontline support to schools and their pupils with health-related matters, including: physical, mental, and emotional. There are not sufficient numbers of nurses to be based fulltime within schools, but nurses provide weekly drop-in sessions in most schools, which are confidential and will support pupils with a range of health issues. Emotional problems and self-harm feature significantly in their workload and, where appropriate, they will request advice and supervision from CAMHS. School nurses play an important role in helping schools to manage pupils who are at risk of self-harm or actually self-harming without having to refer all cases to CAMHS or MASH.

### Voluntary and community groups/agencies

The London Borough of Sutton has a vibrant and diverse voluntary and community sector (VCS). This consists of Registered Charities and community and voluntary sector organisations. These organisations are governed by Boards of Trustees or Management Committees and the services are delivered through a combination of paid staff and volunteers. In Sutton there are over 400 organisations registered with the Sutton Centre for the Voluntary Sector (SCVS), although it is estimated that the size of the sector is more extensive than this. It is anticipated that during 2017-18 SCVS will be conducting a state of the survey report. This will provide a much more accurate reflection of the sector in the borough.

These organisations provide a range of essential services including: information and advice, befriending, counselling, adult health, social care, advocacy, play and leisure services, and mentoring. The VCS works with the diversity of community members across Sutton, including: Black and Minority Ethnic community members, older people, Carers, people with a mental health diagnosis, victims and survivors of domestic violence, victims of crime, people with long term conditions, children and young people, and people with Learning Disabilities.

This list is not exhaustive and the VCS, based on local needs assessments, seeks funding and resources to support those needs.

Contact details:

- Sutton Centre for the Voluntary Sector c/o Granfers Community Centre, 73-79 Oakhill Road, Sutton, SM1 3AA;
- Contact number: 0208 644 2867;
- Contact email: enquiries@sutto ncv s.o rg.uk .

## 8. REFERENCES


1. Public Health England guidance:
   https: // ww w. go v.uk/governm ent/ uplo ads/system/ uplo ads/attachm ent_data/fi le/ 45 93 03 / Identify ing_and _resp
   o nding_to_suicide_clusters_and_co ntagio n.pdf

2. NICE Self-harm guidance (2013): https:/ / www.nice.o rg.uk/guidance/ qs34 /reso urces

3. Sutton LSCB Threshold document: http: // ww w.sutto nlscb.o rg.uk/fi les/guidancedo cs/ L SCB_Sutto n_T hresho ld
   Guidance_Sept_20 17 .pdf

4. London Child Protection Procedures: http:// ww w.lo ndo ncp.co .uk/

5. NHS Choices: http: // www.nhs.uk/co nditio ns/ Self-injury /Pages/ Intro ductio n.aspx

6. NSPCC: https: // www.nspcc.o rg.uk/ preventing -abuse/child-pro tectio n-system /case -rev iews/ learning /suicide/

7. Sutton LSCB Website: http:/ / www.sutto nlscb.o rg.uk/


**FURTHER READING**


1. The University of Manchester study on Suicide by Children and Young People:
   http: / / rese arch.bm h.m anchester.ac.uk/cm hs/research/centrefo rsuicidepreventio n/ nci/ repo rts/cy p_20 17 _repo
   rt.pdf

## APPENDIX A: MANAGING SELF-HARM FLOWCHART

### Managing Self-harm Flowchart

Disclosure or concerns about a young person self-harming

Worker reports, records, and passes information to the CP lead immediately;
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3. Risk factors suggest that safeguarding issues form part of the motivation for self-harm: this includes bullying or self-harm as part of gang culture.

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Always contact emergency services if:
A young person is having immediate thoughts of suicide and making plans to act on them;
A significant injury has occurred e.g. overdose of medication/chemical poisons, uncontrollable bleeding, threat of death.

## APPENDIX B: SUPPORTING GUIDANCE AND ADVICE

### INITIAL INFORMATION GATHERING/ASSESSMENT

(Information that is useful to have so you can discuss the incident with the lead professional, Early Help, CAMHS SPA, or MASH advisor)

1. **Be honest with the young person and tell them you will have to pass this on to the Child Protection Lead, but that you will let them know what's going to happen;**
2. **Encourage the child to remain in the setting until you have discussed the incident with the Child Protection Lead;**
3. **Try to ensure that if the child is in the setting for the rest of the day, that they have someone they can come and talk to, if necessary;**

It is important to write down what the young person says (not always in front of them) as you will want to have a record, and it also helps you inform the Child Protection Lead.

### PROMPTS TO TALK ABOUT A SELF-HARM INCIDENT

You have come to me and told me that you have self-harmed…

- Are you willing to show me what you have done? (it may need medical attention) OR
- What have you done? Tell me about it? (Different types of self-harm: cutting, hitting, burning)
- Did it help?
- Have you done it before?
- Do you plan to do it again?
- Have you told anyone else, your parents or carers?
- What are you planning to do the rest of the day/ weekend? (This is to check if they have any support at home or are going to be alone)

Now this is out in the open this is what we need to do to support you...

### MOOD SCALE

If you were to think about how you are feeling what number would you be?

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **1** (I'm feeling OK) | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** (I have a plan and want to die) |

How would you like to feel?

### SUICIDAL THOUGHTS

You have come to me and told me that you have had these thoughts…

- Have you tried to do anything to harm yourself?
- Have you made any plans to end your life?
- What are you planning to do for the rest of the day or weekend? (As above)

**USE THE MOOD SCALE ABOVE**

## APPENDIX C: MANAGING ACTS OF SELF-HARM – ATTENDANCE AT EMERGENCY DEPARTMENTS

I. If the self-harm act has occurred and involved ingestion, serious lacerations or an excessive dose/omission of prescribed medication, the child or young person should attend the Emergency Department.

II. When an overdose is revealed the child or young person will need to be assessed in hospital. Details about what has been taken and when must be shared with medical staff.

III. If the self-harm incident has involved ingestion, **do not** give anything to the child or young person to make them sick, or make them want to go to the toilet to flush out their stomach or bowels.

### PROCEDURES AT EMERGENCY DEPARTMENTS (ED)

I. Emergency admissions to hospital and related care will take precedence before the initiation of a self-harm protocol.

II. All children and young people who attend ED must be **referred by ED** to MASH, or if at tier 1, then information shared to MASH as soon as possible. A telephone call **must** be made to MASH.

III. In addition, all children and young people with self-harm will need a referral to MASH by CAMHS/Mental Health Team.

IV. Children and young people presenting with self-harm will be directed to the Paediatric ED department up until their 17th birthday. Thereafter, they will usually be directed to the general (Adult) ED.

V. Initial assessment will then be carried out by a triage nurse. ED staff need to inform MASH of attendance and outcome.

VI. Following Triage in ED a decision will be made as to whether an immediate referral to the CAMHS team, or a review by the Paediatric or Adult Medical Team is required (as determined by age criteria described above), if there is a need for medical intervention, for example, treatment following an overdose, or suturing of a wound. If no treatment is required, the child is referred to the CAMHS nurse or Psychiatry Team on call.

VII. As a general guide **all** children less than 16 years presenting with self-harm should be admitted to hospital for observation and assessment. However, if following a CAMHS assessment there is no need for medical intervention, it may not be appropriate for the child to be admitted.

VIII. If admission is required, young people aged 16 years up until their 17th birthday who present with self-harm can be admitted to the Paediatric ward if admission is deemed safe and appropriate.

IX. 17 year olds requiring admission for ongoing medical treatment will be referred to the on call medical team and admitted to an adult medical ward. Psychiatric assessment will take place once medical treatment is complete. If ongoing medical treatment is not required they will be assessed by CAMHS or On Call Psychiatry in ED.

X. The exception to 17 year olds requiring admission, is a case where no increased or ongoing risk is identified. This decision should only be made in conjunction with CAMHS, and the child or young person must be assessed by CAMHS in ED. If there is no medical intervention then CAMHS and MASH will make the decision to discharge.

XI. Before discharge from ED or the inpatient ward, there must be a risk assessment and a Crisis and Contingency Plan developed (safety plan) with the child or young person, their parents/carers, CAMHS, and a social worker (MASH or EDT). The communication between CAMHS, MASH or EDT is usually by telephone.

# Sutton CAMHS Nurse for Self Harm

The Sutton CAMHS nurse for self-harm will provide:

- Advice and guidance to professionals around self harm
- Discussion/support about whether to make a referral to CAMHS
- Advice and guidance to parents/ carers in relation to concerns about self harm

Following this, if no further support is required, a direct referral to the self harm nurse will not be made.

A direct referral can be made Where there are concerns regarding:

- Suiddal ideation
- An associated mental health difficulty, such as low mood/depression or anxiety
- Requirement for risk assessment of needs

Direct referrals can be discussed in advance With the self harm nurse or a member of the CAMHS SPA team on 020 3513 3842 or 020 3513 4063.

Where a direct referralis needed, a SPA referral form will be completed and the self harm nurse will provide:

- Assessment of emotionavmental health needs
- Assessment of risk associated with self harm or suicidal ideation
- A safety plan with the child, young person and their parent/carer
- Brief intervention sessions focused on safety planning, reducing risk and encouraging safe coping skills.
- Referral onward to further intervention where required.

The self harm nurse will have links to other CAMHS provision where required.

Please feel able to contact the SPA Duty system to speak to a CAMHS clinician or to contact the self harm nurse.

# Thank you

## APPENDIX E: FORTNIGHTLY SELF-HARM MEETING

**TERMS OF REFERENCE**

**1. Objective of the meeting**
To explore the needs of the child and to ensure that services are offering the relevant and immediate support required.

**2. Purpose**
The purpose of the Meeting is to support the achievement of better outcomes for vulnerable children and, young people in Sutton who self-harm or, express suicidal ideation.

The multi-agency Meeting will discuss children and young people who have self-harmed and, have been referred into the Referral and Assessment team. Such discussion will focus upon multi-agency collaboration and intervention to prevent further self-harm incidents and, ensure safety plans are in place and appropriately actioned by the correct agency.

The focus is on information sharing, collaborative working and identifying resources and support.

**3. Functions and aims**

- To ensure timely and specific intervention for children and young people;
- Encourage shared knowledge;
- Monitor and review the interventions;
- Decide and allocate the most appropriate resource to address the identified need.

**4. Membership**
The membership of the multi-agency meeting is made up of a range of agencies and partners that provide services to children and families.

Membership is not static and will be adapted to meet the needs of the cases to be discussed.

Core membership will include:

- Head of Service, RAS
- Advanced Practitioner, RAS
- Team Manager, CAMHS
- Counselling Psychologist, RAS
- Named Nurse, RMCHS, Sutton
- Assistant Team Manager, MASH
- MASH Police Sergeant
- Early Help Strategic Manager
- Education Representative

Occasional membership:

- Team Manager, RAS
- Assistant Team Managers, RAS
- Advanced Practitioner, RAS

**5. Criteria and threshold**
Children and young people identified as being at risk of self-harm and suicidal ideation or, connected to young people who have significantly self-harmed and/or committed suicide.

**6. The meeting process**
The meeting is scheduled on a Tuesday every fortnight between the times of 14:00 and 16:00.

**7. Outcomes**

Following discussion at the meeting, actions will be recorded and shared with the members. Where no further support is required, this will be noted and shared with the relevant members.

**8. Feedback**

Members of the meeting are required to provide updates on cases that have been allocated to their service. In the event a member is unable to attend, provisions for information regarding individual young people should be made available to the members in readiness for the meeting.

Feedback will be provided, on a regular basis, to CAMHS Partnership Board governed by CAMHS Strategic Board.

A brief monthly report will be drafted once a month evidencing trends and/or any issues.

**9. Confidentiality**

The information discussed in the self-harm meeting is confidential. Members agree the aim of the meeting is to share information in order to accurately identify the services most needed and best able to help the young person and, their family.

## APPENDIX F: COMMISSIONING ARRANGEMENTS

### TIER 1 (EARLY HELP)

Children who are experiencing difficulties are usually first identified within tier 1 universal services, for example, by a teacher in school, GP, school nurse, or youth worker. Similarly, parents and carers who identify that their child needs support will usually seek help first from this level. If further support is required children and young people will be referred to the SPA where they will be assessed and, if appropriate, referred on to the right pathway/support the first time.

### TIER 2 (CHILDREN WITH COMPLEX NEEDS)

Sutton Alliance are jointly commissioned by LBS and Sutton Clinical Commissioning Group (SCCG) to deliver services that improve and enhance the emotional wellbeing and mental health of vulnerable children and young people through the provision of a targeted and responsive early intervention service. Sutton Alliance is led by South West London and St George's Mental Health NHS Trust (SWLSTG) and is delivered in partnership with Jigsaw4U and Off the Record.

**OFF THE RECORD SUTTON**

Free counselling for Sutton young people aged 11-25 and support for parents of young people who self-harm. Contact details: 020 8680 8899 or register online at ww w.sky linesuppo rt .org for online counselling and workshops.

**JIGSAW4U**

Support for children and families in Sutton around loss and bereavement, parenting, and missing children. Contact details: 020 8687 1384, www.jigsaw4 u.org.uk/ .

### TIER 3 (CHILDREN WITH COMPLEX NEEDS/IN ACUTE NEED)

Tier 3 services are commissioned by SCCG from SWLSTG. Tier 3 services are delivered by multidisciplinary teams from the Jubilee Health Centre, Wallington, and other community settings providing a specialist service for children and young people with more severe, complex, and persistent disorders. Team members include child and adolescent psychiatrist, clinical psychologists, and community psychiatric nurses, along with other supporting therapists.

### T I ER 4 ( CHI LDREN IN ACUTE NE ED )

Highly specialist services such as inpatient services, secure forensic adolescent units, and highly specialised outpatient services. Tier 4 services are commissioned by NHS England.

## APPENDIX G: LIST OF SERVICES

### 1. SUTTON SERVICES

- **MASH** – Multi-agency Safeguarding Hub; telephone: 0208 770 6001.
- **CAMHS SPA** – Single Point of Access; telephone: 0203 513 3848.
- **Off the Record Sutton** – free counselling for Sutton young people aged 11-25 & support for parents of young people who self-harm. Tel: 020 8680 8899 or register online at www.skylinesupport.org for online counselling and workshops.
- **Switch** – young person's drug and alcohol service for people under 19. Support and information to help young people make healthier choices around their drug and alcohol use. Telephone: 0208 773 1881 ww w.inspirepartnership.o rg.uk
- **Getting it on** – information for 13-19 year olds in Sutton on sexual and mental health issues, drugs & alcohol and relationship problems ww w. getti ngito n.org.uk/
- **Jigsaw4u** – support for children and families in Sutton around loss and bereavement; parenting; missing children; disabilities; and, general therapeutic support for young people. Telephone: 0208 687 1384 ww w.jigsaw4 u.org.uk/
- **Sutton Young Carers Service** – support for young people aged 8-25 with caring responsibilities at home. Telephone: 0208 296 5611 ww w.sutto ncarerscentre.o rg / yo ung -carers -serv ices
- **Sutton Uplift** – community based mental health and wellbeing service for adults aged 18+ in Sutton. Telephone: 0800 032 1411 ww w.suttonuplift .co .uk/
- **Rape Crisis South London** - counselling for women aged 13 and above, who live and/or work in any of the South London boroughs. http: / / www.rasasc.org.uk

### 2. NATIONAL SERVICES

- **Childline** – free confidential support, 24 hours a day for anyone under 19, online or on the phone: 0800 1111 www.childline.org.uk/
- **The Mix** – confidential information & support for young people under 25 on a wide range of issues via online, social and a free confidential helpline: 0808 808 4994 ww w.them ix.org.uk/
- **Papyrus** - help and advice around suicide prevention for young people and anyone worried about a young person. Telephone: 0800 068 4141 ww w.papy rus -uk.org /
- **B-eat** – working to beat eating disorders. Youth Helpline: 0808 801 0711 ww w.b-eat.co .uk/
- **Mermaids** - emotional support for transgender and gender diverse young people, their families and professionals working with them. Helpline: 0344 334 0550 http: // ww w.m erm aidsuk.o rg.uk/
- **Centrepoint** - support for ages 16-25 who are homeless, sofa surfing or at risk. Helpline: 0808 800 0661 https: //centrepo int.org.uk/
- **Samaritans** – free confidential support, 24 hours a day, call free from any phone, any time. Tel: 116 123
- **Young Minds** – information for young people, parents and professionals around the wellbeing and mental health of children and young people. ww w.yo ungm inds.o rg.uk/
- **HeadMeds** - information for young people about mental health medication. http: // ww w.headm eds.o rg.uk/

## APPENDIX H: PROCESS FOLLOWING SPA REFERRAL

- Any referrals which enter SPA where there are issues regarding suicidal ideation/significant self-harm are seen face to face. This allows for a fuller assessment of risk and any associated mental health issues. In addition, safety planning can then be started.
- For referrals which include suicidal ideation, the young person would be booked into an urgent slot, which means they take priority over routine referrals and are seen within five working days. Clinicians hold daily urgent slots to see these young people. The timeframe is up to five working days urgent appointments, therefore, if a sooner appointment is available in SPA, this will be offered.
- If there is a very urgent risk identified in the SPA assessment, but the parent feels able to keep their child safe overnight, SPA will liaise with tier 3 psychiatry colleagues who offer rapid assessment appointments. Should the parent feel unable to keep the child safe imminently, or the clinician deems that the parent is not able to keep the child safe, SPA would direct the young person to the ward at St. Helier where they can be kept safe until assessed further.
- Following assessment of the risk level and mental health needs, an intervention plan will be agreed with the family. From SPA, those with suicidal ideation or self-harm risks may be referred on to:
    - Jumpstart – self-harm pathway;
    - Jumpstart – parents may be referred to the self-harm group for parents (two sessions);
    - Tier 3 CAMHS – for a fuller CHOICE assessment to explore issues further;
    - Tier 3 CAMHS – directly from SPA for mental health support;
    - Tier 2 CBT pathways in CAMHS – if self-harm is lower level and is connected to issues of anxiety or low mood.
- Letters are routinely written to the referrer to communicate about risks. Where the referrer is not the GP, the GP will be copied into the letter. Parents will also be copied into this letter to reinforce any safety advice given in the appointment.
- In addition, SPA will liaise with MASH where needed, and with school staff to ensure that the family are supported in keeping the young person safe. SPA would refer to MASH where there are any other safeguarding concerns (e.g. neglect, physical abuse, sexual abuse, or emotional abuse) or where there are concerns about the parent's ability to follow plans to keep their child safe.