

# CITY ACADEMY NORWICH

## Supporting Students with Medical Conditions Policy and Procedure

(including Administration of Medicines and supporting students who cannot attend School because of medical conditions)

<b>Status</b> <b>Authority</b> <b>Version</b> <b>Policy Owner</b> <b>Updated by</b> <b>Date created/amended</b>	Statutory Delegated to Headteacher V2 Paul Collin, Headteacher Paul Collin, Headteacher Jan 2019 & May 2021 May 2021 – any references to ‘over the counter’ medication removed as no student is allowed to carry any medication in school. 06/05/2021 – Contents of First Aid Kits updated HCPS now EHCPs Appendixes 1,2 and 3 replaced with relevant forms. 28/04/2021 – Self-Harm Incident Form removed as Self-Harm incidents should be reported via Safeguarding procedures as outlined in the Safeguarding and Child Protection Policy. 21/04/2021 – Section 14 ‘supporting students who cannot attend School because of medical condition’ added. 11/11/2019 – 17.1 Amended to include procedure if students found to be carrying over the counter medication. 19.1 Amended to specify pre-agreement from parent or carer 19.3 Amended to state in a timely manner and that verbal permissions will be recorded on SIMS. 21/11/2019 – Appendix 6: Responding to Incidents of Self-Harm added.
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## **1. INTRODUCTION**

- 1.1 This policy outlines the Academy's responsibility to provide adequate and appropriate arrangements to support students at the Academy with medical conditions.
- 1.2 This policy will highlight the legal responsibilities and will set out the arrangements the Academy will make, based on good practice.
- 1.3 This policy outlines the Academy's responsibility to provide adequate and appropriate first aid to any person within the Academy and the procedures that are in place to meet that responsibility.

## **2. AIMS AND OBJECTIVES**

- 2.1 To ensure that all children with medical conditions, in terms of physical and mental health, are properly supported in the Academy so that they can play a full and active role in school life, remain healthy and achieve their academic potential.
- 2.2 To ensure that First Aid provision is available at all times while people are on Academy premises (and also off the premises whilst on Academy visits).
- 2.3 To ensure that the appropriate number of suitably First Aid trained people are available to meet the needs of the Academy in accordance with the TEN Group requirements and regulations.
- 2.4 To ensure relevant training and monitoring of first aid provision occurs within the Academy.
- 2.5 To provide sufficient resources and facilities to ensure appropriate support for students with medical needs.
- 2.6 To keep accident/incident records and to report to Health and Safety as required. This includes the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).

## **3. FIRST AID PROCEDURAL ARRANGEMENTS**

- 3.1 At City Academy Norwich, First Aid if required, is provided for all employees, students and visitors by trained First Aiders/Registered Nurse.

## **4. STUDENTS REQUIRING FIRST AID**

- 4.1 Students who are unwell or with minor injuries will receive medical attention via a member of staff emailing [first.aid@cityacademynorwich.org](mailto:first.aid@cityacademynorwich.org) and a first aider will attend. If the nature of the incident is more urgent a first aider will be called for via the radio / phone.
- 4.2 The First Aider/Registered Nurse will make an assessment of the student's condition and needs.
- 4.3 The appropriate action will be taken and recorded on the correct paperwork which is then held in a locked filing cabinet in the medical room. Parents and carers are informed as necessary.
- 4.4 Consideration will be given to all Health and Safety issues and in relevant cases an Incident Form will be completed and forwarded to appropriate person within the Academy.

## **5. GUIDELINES ON TREATMENT**

- 5.1 First Aiders treat minor injuries e.g. cleaning wounds and applying plasters/ dressings and supporting those with more serious injuries who are awaiting collection by parents/carers or external medical help. First Aiders do not give medical advice but may advise a parent or carer to seek medical guidance for their child.
- 5.2 Parents and carers are notified by telephone of any head injury sustained by a student. Students are given an information leaflet to take home.

## **6. INCIDENT REPORTING**

- 6.1 All names of students visiting or being treated by the First Aider/Registered Nurse are recorded in the medical log which is kept securely in the Medical Room together with details of the treatment.
- 6.2 An Accident Form is completed in the case of a student sustaining an injury. Any staff member who sustains an injury is also asked to complete an Accident Form. These are passed to an appropriate member of Academy staff in case of any remedial action needed.

## **7. CONTACTING PARENTS AND CARERS**

- 7.1 Contact is made with parents or carers if a student is unwell and needs to go home; or a student has sustained an injury and needs to be checked out by a medical expert; or a student has had to be transported to hospital due to a serious injury or illness; or a student has sustained a head injury of any kind.

## **8. STUDENTS NEEDING HOSPITAL TREATMENT**

- 8.1 If, in the view of the First Aider/Registered Nurse, a student requires urgent hospital treatment, an ambulance will be called and the parents or carers will be contacted as soon as possible.
- 8.2 If, in the view of the First Aider/Registered Nurse, hospital treatment is needed but this is less urgent then the parents or carers will be contacted and asked to collect their child and take them to hospital. This will be managed so as to not cause undue alarm, but the nature of the injury will be conveyed clearly.
- 8.3 If, in the view of the First Aider, a child requires non-urgent hospital treatment, but the parents or carers cannot be contacted, then the members of the Academy will go through all the contacts that are available for that student.

## **9. FIRST AID EQUIPMENT AND CONTAINERS**

- 9.1 A stock of First Aid Equipment is kept in the Medical room.
- 9.2 First Aid containers are kept fully stocked and First Aid packs are provided for those taking trips out of Academy as below.
- 9.3 It is the First Aider's responsibility in each department to ensure that this equipment is checked regularly and replaced when out of date.

## **10. CONTENTS OF FIRST AID KITS (INCLUDING TRAVEL KITS)**

- 10.1 The following items are kept in all First Aid kits:

- Basic First Aid Leaflet
- 20 individually wrapped plasters, various sizes
- Safety pins
- 1 triangular bandages
- 8 alcohol free cleansing wipes
- 1 large dressing
- 2 medium dressings
- 2 finger bandages
- 2 adhesive dressings
- 3 eye wash pods
- 2 pairs disposable gloves
- Resusciate face shield
- Apron
- Scissors
- Foil blanket

10.2 The contents of travelling First Aid kits should be appropriate for the circumstances in which they are to be used. At least, the following should be included:

- Basic First Aid Leaflet
- 20 assorted plasters
- 1 large sterile un-medicated dressing
- 1 medium dressing
- 1 triangular bandages
- 1 eye wash pod
- 8 alcohol free cleansing wipes
- 2 pairs disposable gloves
- 1 yellow bag for disposal of clinical waste
- 1 foil blanket
- CPR face mask
- 6 safety pins
- Scissors
- 1 Gauze
- 1 confounding bandage

## **11. STERILE WATER**

11.1 Where mains tap water is not readily available for eye irrigation, saline pipettes are provided. Eye baths/egg cups/re-fillable containers should not be used for eye irrigation. All labs have eye stations.

## **12. HYGIENE AND INFECTION CONTROL**

12.1 All staff administering First Aid must take precautions to avoid infection and must follow basic hygiene procedures including the wearing of the provided single use disposable gloves when necessary and use of hand washing facilities. Care must be taken when dealing with blood or other body fluids and dressings or equipment.

12.2 Items for disposal must be placed carefully in the yellow bin provided. A sharps disposal bin is also provided.

### **13. EDUCATION HEALTH CARE PLANS (EHCPs)**

- 13.1 EHCPs are provided by the NHS. The First Aid Lead writes a confidential medical information form (Appendix 1) and parents are involve in this process.
- 13.2 All EHCPs are held centrally in a lockable cabinet in the SEND office. Any medical needs from the EHCP are shared with first aid and records are kept. If a student has an EHCP it is documented on SIMS.
- 13.3 All students who use a wheelchair or have a physical need within the Academy also have a Personal Emergency Evacuation Plan (PEEP), see Appendix 2. These Are kept on the student's file.
- 13.4 The EHCPs state what the health needs are, what the symptoms are and what to do. If medication is kept in the Academy, it will state where it can be located and the person responsible if an emergency occurs.
- 13.5 All students with an EHCP and/or a PEEP have a quick note on their SIMS profile so that all Academy staff can see this.
- 13.6 All EHCPs must be reviewed annually or earlier if evidence is presented that the students' needs have changed. They should be developed within the student's best interests in mind, ensuring that the Academy assesses and manages risks to the student's education, health and social wellbeing and minimizes disruption.

### **14. SUPPORTING CHILDREN WITH MEDICAL NEEDS WHO CANNOT ATTEND SCHOOL**

City Academy Norwich has a duty to support the relevant local authority in that local authority's discharge of its duty to make suitable provision for children who cannot attend school because of medical conditions.

City Academy Norwich will have a named member of staff who is responsible for:

- dealing with students who are unable to attend school because of medical needs
- actively monitoring student progress and reintegration back into school
- supplying student's' education providers as arranged by the local authority with information about the student's capabilities, progress and outcomes
- keeping students informed about school events and encouraging communication with their peers
- providing a link between students, their parents and the local authority, including notifying the local authority when a student is likely to be away from school for a significant period of time due to their health needs.

### **15. RESUSCITATION PROCEDURES FOR STUDENTS**

- 15.1 All First Aiders have had training on resuscitation procedures by recognized training bodies.

### **16. MANAGING MEDICINES WHICH NEED TO BE TAKEN DURING THE DAY**

- 16.1 All medication has to be brought into school (reception) by parent / carer and a medicine administration form completed and signed. (These are available on reception)  
All out of date medicines will be collected by parent / carer or disposed of through a Pharmacy.

16.2 It is the student's responsibility to attend the Medical Room at the appropriate time to take their medicine. If the student fails to attend at the appropriate time, staff will take reasonable measures to attempt to locate the student. If this is unsuccessful then staff will contact the parent/carer to inform them of the situation.

16.3 As a medicine is administered, a record is made on the student's Medication Administration Chart by the member of staff that administers the medication (Appendix 3).

16.4 For students who are required to keep an inhaler, EpiPens or JextPens in the Academy, parents and carers are responsible for renewing these as they reach their expiry date.

## **17. MANAGING PRESCRIPTION MEDICINES ON ACADEMY TRIPS**

17.1 If a student is booked on an Academy trip and requires medication during the period of the trip, a medicines log will be taken and completed. This will include all details of the medical condition, the required medication, times to be administered, dosage and other relevant details.

## **18. MANAGING ADMINISTRATION OF MEDICINES**

18.1 Only First Aiders who have received medication awareness training are permitted to administer prescribed medication. The student's medication is held by First Aid and parents / carers give details of when and how much is to be administered.

Any medication found on students by means of a spot search or other means should be confiscated and parents / carers contacted. No student is permitted to carry any medication on them in school.

18.2 Administering/supervising the administration of medication to those Special Needs students who require specialist treatment is carried out by Senior First Aid staff after they have received the necessary specialised training.

## **19. PARENTAL PERMISSION**

19.1 Parents and carers have the prime responsibility for their child's health and should provide the Academy with information about their child's medical condition.

## **20. POSITION ON STUDENTS TAKING NON-PRESCRIPTION MEDICINES**

20.1 The Academy does not hold any non-prescription medications and it is not permitted for first aid staff to administer any unless prior agreement has been given by parent or carer (Appendix 2)

20.2 A student under 16 should never be given medicine containing aspirin unless prescribed by a doctor.

20.3 Medication should never be administered without first checking maximum dosages and when the previous dose was taken. Parents/carers will be informed in a timely manner. Any verbal permissions will be recorded via SIMS log.

## **21. MANAGING LONG TERM OR COMPLEX MEDICAL NEEDS OF STUDENTS CARRYING AND TAKING THEIR OWN MEDICINES**

21.1 Students with allergies may carry their own EpiPen or inhaler and in all cases, students with Diabetes may carry their own medication. These students may also have a snack

box or extra pens held in secure cupboards in the Medical Room. This information is also found on the student's EHCP.

- 21.2 Some students with medical conditions such as diabetes will go to the Medical Room to take their own medication in privacy. Their medication will be held by the Academy.
- 21.3 Students with Special Educational Needs who have a specific medical need will be cared for by a nominated person/First Aider following specific training from the medical care team if necessary.

## **22. STAFF TRAINING IN MANAGING MEDICINES SAFELY/SUPPORTING INDIVIDUAL STUDENTS**

- 22.1 Guidance is provided for those First Aiders managing the support of students in the Medical Room.

## **23. STATEMENT OF RECORD KEEPING**

- 23.1 A record will be kept in all cases of students who receive first aid giving details of the action taken and other relevant details. This is recorded on SIMS.
- 23.2 A record will be kept of all cases of administering medication as requested by parents or carers is on the individual student Medication Administration Chart.

## **24. SAFE STORAGE OF MEDICINES**

- 24.1 Medicines, which are kept in the Academy for students are locked in a secure cabinet in the First Aid Room and are only accessed by the appropriate staff.

## **25. RISK ASSESSMENT ON FIRST AID PROVISION/MEDICINES AND MANAGEMENT PROCEDURES**

- 25.1 A risk assessment will be carried out annually by the Health and Safety Co-Ordinator to check that the practices in place continue to be appropriate, numbers on site, site development and any other changes since the last assessment will be investigated.

## **26. ADMISSION OF STUDENT WITH MEDICAL NEEDS**

- 26.1 Children and young people with medical conditions are entitled to a full education and have the same rights of admission to schools as other children. This means that no child with a medical condition will be denied admission to the Academy or prevented from taking up a place at the Academy because arrangements for their medical condition have not been made.
- 26.2 In line with safeguarding duties, the Academy will ensure that other students' health is not put at unnecessary risk from, for example, infectious diseases. The Academy does not have to accept a child at times where it would be detrimental to the health of that child or others to do so.

## **27. ABSENCE AND REINTEGRATION**

- 27.1 Short term and frequent absences, including those for appointments connected with a student's medical condition, will be effectively managed and appropriate support will be put in place to limit the impact on the student's educational attainment and emotional and general wellbeing.

27.2 Supportive arrangements will be put into place when it is clear that a student will be away from the Academy for 15 days or more because of health needs (whether the consecutive or cumulative across the school year).

27.3 Reintegration back into the Academy will be properly supported so that students with medical conditions fully engage with learning when unable to attend.

## **28. UNACCEPTABLE PRACTICES**

28.1 The Academy staff will use their discretion and judge each case on its merits with reference to the student individual EHCP. However, it is not generally acceptable practice to:

- Prevent students from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assume that every student with the same condition requires the same treatment.
- Ignore the views of the student or their parent/carers; or ignore medical evidence or opinion (although this may be challenged).
- Send students with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their EHCP.
- If the student becomes ill, email [first.aid@cityacademynorwich.org](mailto:first.aid@cityacademynorwich.org)
- Penalise their attendance record if their absences are related to their medical condition e.g. hospital appointments.
- Prevent students from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively.
- Require parents and carers to attend the Academy to administer medication or provide medical support to their child including those with toileting issues. No parent or carer should have to give up working if the Academy is failing to support their child's medical needs.
- Prevent students from participating in any aspect of Academy life including educational visits on medical grounds.

APPENDIX 1: STUDENT MEDICAL INFORMATION



Medical information (Confidential)

*Young persons information:*

Full Name

Likes to be known as

Date of birth

Identifies as Male / Female

Address

	Postcode

Parent / Guardian 1

Name

Relationship

Home Telephone

Work Telephone

Mobile

Parent / Guardian 2

Name

Relationship

Home Telephone

Work Telephone

Mobile

Medical Information

GP or Surgery name

Telephone number

Regular Medication


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**Allergies**


**Medical History**


*Does the young person have an NHS care plan Yes / No*

**PTO FOR NOTES**

**NOTES**

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## APPENDIX 2: PERSONAL EMERGENCY PLAN (PEEP)

### Personal emergency plan (PEEP) for CAN staff and students.

This form should be completed for anyone who requires assistance with any aspect of emergency evacuation. Once developed the PEEP will describe the pupil/staff intended means of escape in the event of emergency, including drills. The PEEP will specify what type of assistance is agreed and how it is maintained to ensure the pupil/staff continued safety and should include assistance required from the point of raising the alarm to passing through the final exit of the building.

A completed form should be held:

- By the pupil / staff
- In the pupil / staff personal records
- By the Fire coordinator (for each building identified)
- By the form teacher.

**This plan is to be reviewed on at least an annual basis or when circumstances change.**

Pupil / staff name:	
Attach timetable and map of school to this document:	

Progress leader / Line Manager:	
Form tutor:	

Name of person who completed this form:	
Date completed:	

Date of next review:	
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To be completed together with the pupil/staff.

Questions for pupil / staff to consider:	Answer:	Comments
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Has the Emergency evacuation plan been explained to you?		
Do you have difficulty reading and identifying signs that mark the emergency exits and evacuation routes to emergency exits?		
Do you have any difficulty hearing the fire alarm?		
Are you likely to experience problems independently travelling to the nearest emergency exit?		
Do you find stairs difficult to use?		
Are you dependent on a wheelchair for mobility?		
If you use a wheelchair would you have problems transferring from the wheelchair without assistance?		

**A: Alarm system**

**1.The pupil / staff are able / unable to raise the alarm. (delete as appropriate).**

If the pupil is unable to raise the alarm independently, please detail the alternative procedures agreed. If able give brief description of how.

**2. The pupil / staff will be informed of an emergency evacuation by:**

Existing alarm system:	<input type="checkbox"/>	Vibrating pager device:	<input type="checkbox"/>
Visual alarm system:	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>
Give details:			

**B: Exit route procedure (progress starting from when the alarm is raised and finishing on final exit).**

**C: Designated assistance (details of all persons designated to assist in the evacuation plan and the nature of assistance to be provided by each)**

**D: Method of assistance (e.g. transfer procedures, methods of guidance)**

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**E: Equipment provided (details of all equipment needed to execute the plan and its location).**

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**F: Training on use of equipment.**

Date	Comments

**G. Safe routes (s) (description of all safe routes that can be used)**

<p>See attached copy of building plan with routes clearly marked.</p>
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	Yes	No
Have the routes been travelled by pupil / staff and responsible person?	<input type="checkbox"/>	<input type="checkbox"/>
Has a copy a copy of the exit route plan been attached?	<input type="checkbox"/>	<input type="checkbox"/>
Has the equipment detailed above been tried and tested?	<input type="checkbox"/>	<input type="checkbox"/>
Have all the issues been completed to full satisfaction?	<input type="checkbox"/>	<input type="checkbox"/>
Has a copy of this form been sent to the person responsible for fire evacuation?	<input type="checkbox"/>	<input type="checkbox"/>
Has the fire coordinator informed all relevant staff of these arrangements? E.g. Class teachers, Support assistants?	<input type="checkbox"/>	<input type="checkbox"/>

Record the time of practice evacuation.

_____ mins
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**If NO to any of the above, please explain:**

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**I (pupil / parent / staff) am / are aware of the emergency evacuation procedures and believe them to be to the needs identified above, (parent to sign this off on behalf of a minor):**

Parent signature:		Date	
Parent name (print):		Date	
Staff signature:		Date	
Staff name (print):		Date	

Person responsible for Fire evacuation signature:		Date	
Person responsible for Fire evacuation name (print):		Date	
Signature of person who prepared this document:		Date	
Name of person who prepared this document (print):		Date	

<b>List of people who have received a copy of this completed document:</b>

**Appendix 3: Medicine Administering Form**

The school will not give your child medicine unless you complete and sign this form.  
Please return it to a member of staff at Reception

Name of child	
Date of birth	
Tutor group	
Medical condition or illness	

**Medicine**

Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

**Contact Details**

Name	
Daytime telephone no.	
Relationship to child	

I understand that it is my child's responsibility to ensure that the medication is taken correctly.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff to administer 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.

Signature(s)

Date

#### **APPENDIX 4: CHECKLIST FOR CONTENTS OF MEDICAL ROOM**

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The decision on what to provide will be influenced by the findings of the first-aid needs assessment. As a guide, where work activities involve low hazards, a minimum stock of first-aid items might be:

- a leaflet giving general guidance on first aid (for example, HSE's leaflet);
- individually wrapped sterile plasters (assorted sizes), appropriate to the type of work (hypoallergenic plasters can be provided if necessary);
- sterile eye pads;
- individually wrapped triangular bandages, preferably sterile;
- safety pins;
- large sterile individually wrapped unmedicated wound dressings;
- medium-sized sterile individually wrapped unmedicated wound dressings;
- disposable gloves

The following information gives basic advice on First Aid for use in an emergency. It is not a substitute for effective training.

### WHAT TO DO IN AN EMERGENCY

#### Priorities

Your priorities are to:

- assess the situation – do not put yourself in danger
- make the area safe
- assess all casualties and attend first to any unconscious casualties
- send for help – do not delay

#### Check for a response

Gently shake the casualty's shoulders and ask loudly, 'Are you alright?' If there is no response, your priorities are to:

- shout for help
- open the airway
- check for normal breathing
- take appropriate action

<http://www.hse.gov.uk/pubns/indg347.pdf>

## **APPENDIX 6: RESPONDING TO INCIDENTS OF SELF-HARM (To Be Read in Conjunction with the CAN First Aid Policy)**

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### **1. Introduction**

This guidance is to provide support for staff working in schools supporting children and young people who are either self-harming or at risk of self-harm or suicide. This will ensure a consistent, caring and appropriate response.

The guidance aims to support school staff to feel confident, informed and able to support children and young people most at risk.

The guidance will ensure that staff know whom they should inform, which agency should be contacted and what steps need to be initiated if deliberate self-harm is witnessed or suspected.

This will ensure a coordinated response, which includes provision of adequate support for the student, other students who have witnessed or know about the self-harm, and members of staff who may be experiencing significant shock or distress following a student's disclosure or the discovery of self-harm.

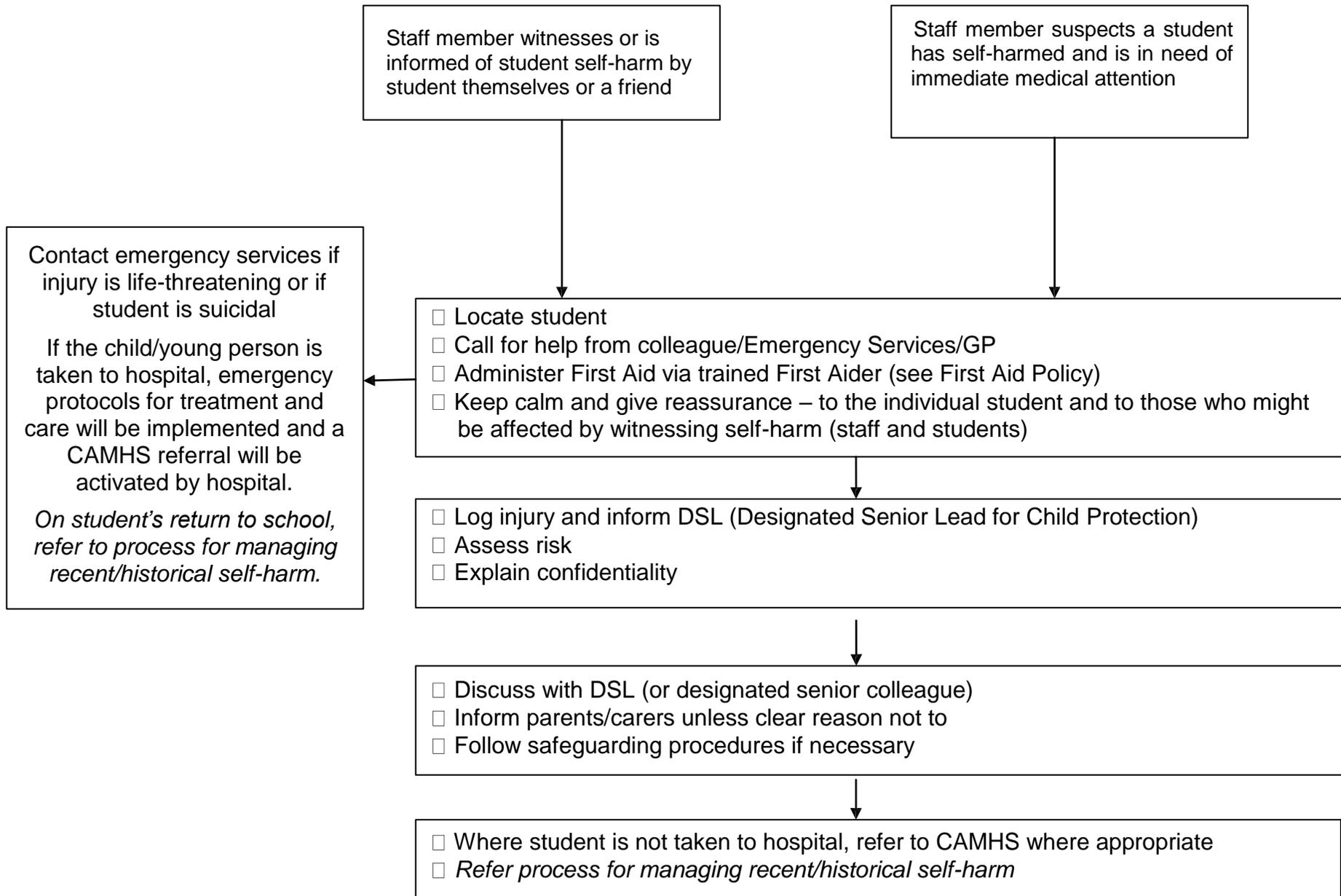
The guidance outlines model processes for managing self-harm in school, in a crisis situation and where a student is not in immediate need of medical attention or on return to school following a crisis situation.

The guidance outlines best practice and identifies tools, techniques and practical ideas.

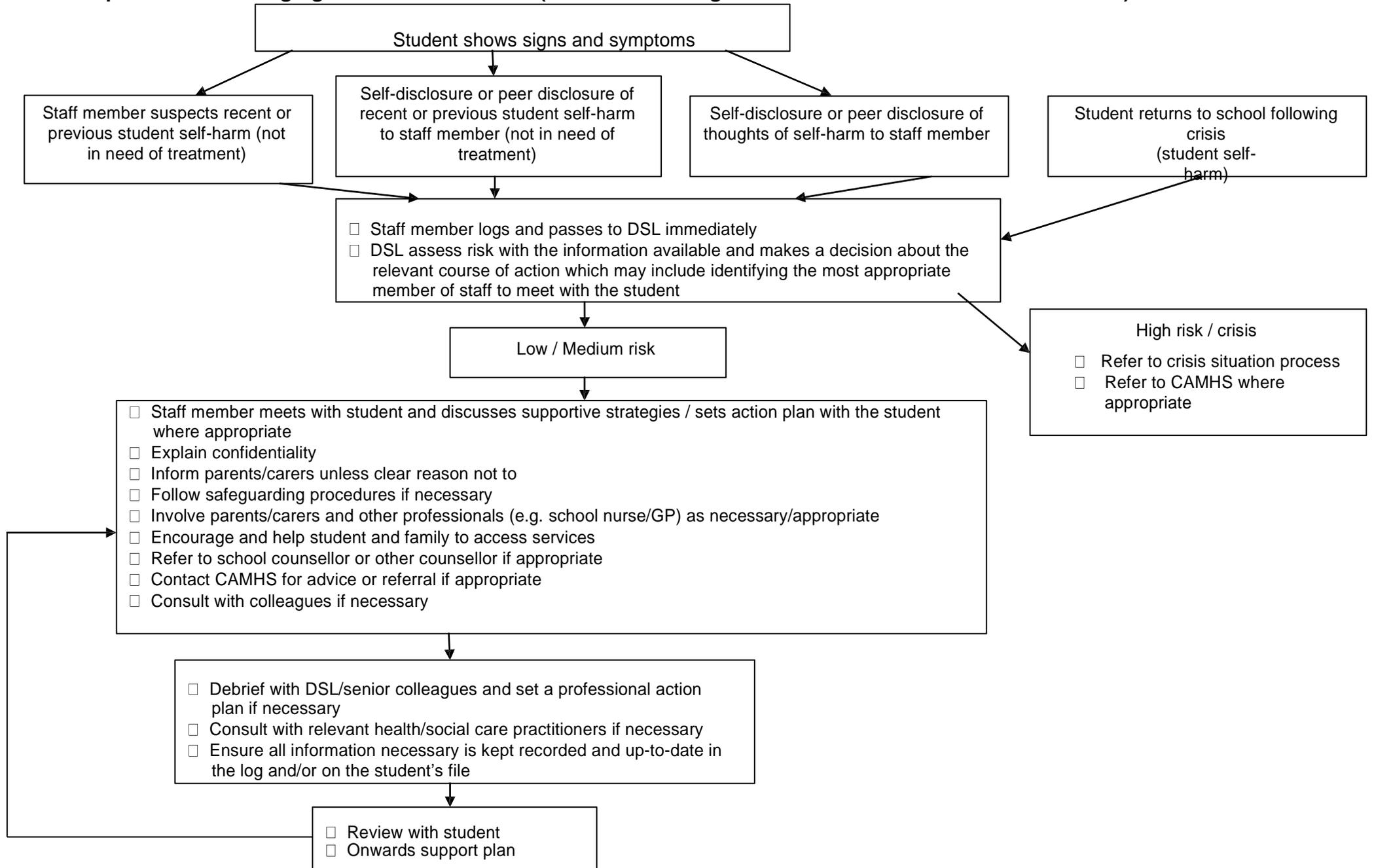
The following principles underpin this guidance:

- Duty of care is, as always, paramount.
- The child or young person is central to the whole process and should be given appropriate priority by all involved.
- All school colleagues will adhere to a consistent response to and understanding of self-harm.
- The emotional wellbeing and mental health of the child and young person must be supported and harm minimised.
- The child or young person will be supported to access service(s) which will assist the child or young person with opportunities and strategies for hope and recovery from the effects of self-harming and the risk of future harm minimised.

## 2. Process for managing self-harm in schools in a crisis situation



### 3. Model process for managing self-harm in schools (not in need of urgent medical treatment & return to school)



#### 4. Identifying self-harm

Self-harm is defined by the National Institute of Clinical Excellence Guidelines (2004) as an “expression of personal distress, usually made in private, by an individual who hurts him or herself”. Essentially, self-harm is any behaviour where the intent is to cause harm to oneself (Multi Agency Guidelines for Professionals Working with Children and Young People Who Self-Harm, January 2012).

The Multi-Agency guidelines are a framework for use by all agencies in Norfolk who work with children and young people to “promote a safe, timely and effective response to children and young people who harm themselves or are at risk of harming themselves”.

The Multi-Agency guidelines include:

- A definition of self-harm and a non-exhaustive list of behaviours that people might consider to be self-harm
- Information about why some people self-harm
- Signs and symptoms of self-harm
- Strategies for effective listening skills, distraction activities and coping with distress using self-soothing
- A number of appendices including a checklist for schools, sample letter to parents, sample incident form, fact sheets and contact numbers

There are several ways in which a staff member might discover that a student is self-harming. A staff member may witness or be informed of student self-harm by the student themselves or a friend. A staff member may suspect a student has self-harmed which may be in need of immediate medical attention, or may be recent or historical. A student might self-disclose self-harm, recent or previous, or a friend may disclose information. A student may disclose thoughts of self-harm or a friend may disclose this.

Signs and symptoms are sometimes absent or easy to miss. It is not uncommon for individuals who self-harm to offer stories which seem implausible or which may explain one, but not all, physical signs. If a student says they are not self-harming or evades the question, you can keep the door open by reminding them that you are always available to talk about anything, should they so wish. Try to stay connected to the student and look for other opportunities to ask, particularly if there are continuing signs that your suspicion is correct.

Below is a non-exhaustive list of some of the behaviours that some people might consider to be self-harm:

- Scratching or picking skin
- Cutting body
- Tying something around body
- Inserting things into body
- Scouring/scrubbing body excessively
- Hitting, punching self
- Pulling out hair
- Over/under eating
- Excessive drinking of alcohol
- Taking non-prescription drugs
- Burning or scalding body
- Hitting walls with head
- Taking an overdose or swallowing something dangerous
- Self-strangulation
- Risky behaviours such as running into the road

*Multi Agency Guidelines for Professionals Working with Children and Young People Who Self-Harm, January*

As most self-harm is privately or secretly carried out it can be hard to notice that a young person is self-harming but some signs to look out for are:

- Changes in clothing to cover parts of the body, e.g. wearing long sleeved tops
- Reluctance to participate in previously enjoyed physical activities, particularly those that involve wearing shorts or swimsuits, for example
- Changes in eating and/or sleeping habits
- Changes in consumption of drugs/alcohol
- Changes in levels of activity or mood
- Increasing isolation from friends/family

*Multi Agency Guidelines for Professionals Working with Children and Young People Who Self-Harm, January 2012*

## **6. Logging incidents**

It is vital to keep a log of all incidents of self-harm and the procedure for logging safeguarding incidents as per Appendix 1 of the Safeguarding and Child Protection Policy should be followed.

## **7. Supporting the child or young person**

“Supporting someone who self-harms can be very difficult and challenging. It can create many feelings, including fear, anger, frustration, helplessness and sadness.

It is very important that people supporting the young person are in turn supported (e.g. by friends, colleagues and managers) to help them to deal with their feelings.

The most important thing is to take the concerns of the young person seriously no matter how petty or frivolous they may appear.”

*Multi Agency Guidelines for Professionals Working with Children and Young People Who Self-Harm*, January 2012.

An information sheet for young people who self-harm is included on the next page along with a list of useful websites and phone numbers on the following page.

## **Information sheet for young people on self-harm**

(From the "Multi Agency Guidelines for Professionals Working with Children and Young People Who Self-Harm" published January 2012)

### ***What is self-harm?***

Self-harm is where someone does something to deliberately hurt him or herself. This may include: cutting parts of their body, burning, hitting or taking an overdose.

### ***How many young people self-harm?***

A recent large study in the UK found that about 7% (i.e. 7 people out of every 100) of 15-16 year olds had self-harmed in the last year.

### ***Why do young people self-harm?***

Self-harm is often a way of trying to cope with painful and confusing feelings. Difficult things that people who self-harm talk about include:

- Feeling sad or feeling worried
- Not feeling very good or confident about themselves
- Being hurt by others: physically, sexually or emotionally
- Feeling under a lot of pressure at school or at home
- Losing someone close; this could include someone dying or leaving

When difficult or stressful things happen in someone's life, it can trigger self-harm. Upsetting events that might lead to self-harm include:

- Arguments with family or friends
- Break-up of a relationship
- Failing (or thinking you are going to fail) exams
- Being bullied

Often these things build up until the young person feels they cannot cope anymore.

Self-harm can be a way of trying to deal with or escaping from these difficult feelings. It can also be a way of showing other people that something is wrong in their lives.

### ***How can you cope with self-harm?***

Replacing the self-harm with other safer coping strategies can be a positive and more helpful way of dealing with difficult things in your life.

Helpful strategies can include:

- Finding someone to talk to about your feelings (this could be a friend or family member)
- Talking to someone on the phone (you might want to ring a help line)
- Sometimes it can be hard to talk about feelings; writing and drawing about your feelings may help.
- Scribbling on and/or ripping up paper
- Listening to music
- Going for a walk, run or other kinds of exercise
- Getting out of the house and going somewhere where there are other people

- Keeping a diary
- Having a bath/using relaxing oils e.g. lavender
- Hitting a pillow or other soft object
- Watching a favourite film

## Getting help

In the longer term it is important that the young person can learn to understand and deal with the causes of the stress that they feel. The support of someone who understands and will listen to you can be very helpful in facing difficult feelings.

- At home - parents, brother/sister or another trusted family member
- In school- school counsellor, school nurse, teacher, teaching assistant or other member of staff
- GP- you can talk to your GP about your difficulties and he/she can make a referral for counseling

## Useful help lines and websites include: -

Young Minds	Tel: 0808 802 5544	<a href="http://www.youngminds.org.uk">www.youngminds.org.uk</a>
Papyrus HOPELineUK	Tel: 0800 068 414	<a href="http://www.papyrus-uk.org">www.papyrus-uk.org</a>
The Samaritans	Tel: 08457 90 90 90	<a href="mailto:jo@samaritans.org.uk">jo@samaritans.org.uk</a>
MIND Info line	Tel: 0845 766 0163	
Youth Access	Tel: 0208 772 990	

National Self Harm Network

PO Box 16190

London NW1 3WW [www.nshn.co.uk](http://www.nshn.co.uk)

## *My friend has a problem - How can I help?*

- You can really help by just being there, listening and giving support.
- Be open and honest. If you are worried about your friend's safety, you should tell an adult. Let your friend know that you are going to do this and you are doing it because you care about him/her.
- Encourage your friend to get help. You can go with them or tell someone they want to know.
- Get information from telephone help lines, website, library etc. This can help you understand what your friend is experiencing.
- Your friendship may be changed by the problem. You may feel bad that you can't help your friend enough or guilty if you have had to tell other people. These feelings are common and don't mean that you have done something wrong/not done enough.
- Your friend may get angry with you or say you don't understand. It is important to try not to take this personally. Often when people are feeling bad about themselves they get angry with the people they are closest to.
- It can be difficult to look after someone who is having difficulties. It is important for you to find an adult to talk to, who can support you. You may not always be able to be there for your friend and that's OK.

## 9.1. More websites and phone numbers (A-Z)

### **CALM**(Campaign Against Living Miserably)

Tel: Helpline for 15 –24 year old males

0800 58 58 58

7 days a week 5pm –3am

Website: [www.thecalmzone.net](http://www.thecalmzone.net)

### **Childline**

24 hr helpline

0800 1111

### **Health and Wellbeing/Mental Health**

Website: [www.thesite.org/health](http://www.thesite.org/health)

### **National Self-Harm Network** (support for individuals who self harm and their families)

PO BOX 16190

London

NW1 3WW

Tel: Helpline Thur-Sat 7pm-11pm, Sun 6.30pm-10.30pm

0800 622 6000

Website: [www.nshn.co.uk](http://www.nshn.co.uk)

### **Papyrus** (support young people and those who live with them) Telephone HOPELinkUK

0800 068 4141

Website: [www.papyrus-uk.org](http://www.papyrus-uk.org)

### **Samaritans**

24 hour helpline

08457 90 90 90

### **Young MINDS**

020 7336 8445

102 – 108 Clerkenwell Road

London EC1M 5SA

E-mail [Youngminds@Ukonline.co.uk](mailto:Youngminds@Ukonline.co.uk)

Website: [www.youngminds.org.uk](http://www.youngminds.org.uk)

Young MINDS Parents Information Service

0808 802 5544

## 8. Engaging families

Where appropriate, the student should be encouraged to call his or her parents to talk about what has happened. The DSL should also talk to the parent/carer. In the event that a student is reluctant to contact his or her parents, school staff must take responsibility and alert parents that their child may be at risk of harming him or herself in the future.

It is recommended that the school provides parents with both community and web-based resources for understanding and effectively addressing self-injury.

The school should expect to see a wide range of reactions from parents/carers. Some will respond quickly and favourably, but others may need more time and help in coping with their thoughts and feelings.

*What if parents feel guilty?* Parents may think their child is self-harming because of something that they did or did not do as a parent. If parents seem to be struggling with guilt or frustration, it may be helpful to remind them that they can also get counselling for themselves at this time.

*What if parents are dismissive?* The school's role is to encourage parents to be more responsive to their child's needs.

*What if the parents are cross?* The school's role is to encourage parents to try and understand what their child might be going through, recognize that their child is suffering, and approach their child from a non-judgemental stance.

*How should we deal with parents that have extreme reactions?* The school's role is to gently suggest that the parents seek outside counselling/support services.

*How can we encourage collaboration?* Schools must encourage parents and students to see and use school staff as resources.

*What if the parents are absent or unable to act as a resource and advocate for their child?* The school must take the initiative and act as an advocate for the student.

Whilst it is important to validate parent's reactions, it is worth remembering that certain parental attitudes towards self-harm can promote, trigger or maintain the behaviour.

Suggested letter following telephone / face to face contact with parent / carer re: incident of self-harm:

Date:

Dear (Parent/Carer)

Thank you for coming to discuss.....

After our recent meeting I am writing to express concern about .....’s safety and welfare.

The recent incident of self-harm (or threat to self-harm) by ..... suggests that he/she may need professional help.

I recommend that you visit your local GP for advice and help and /or as agreed, we have sent a referral to Children and Adolescent Mental Health Service (CAMHS).

We will continue to provide support to ....., but would appreciate any information that you feel would help us to do this as effectively as possible.

If there is anything else we can do to help ..... please contact me.

Yours sincerely,

Title

Copies to:

## **Fact sheet for parents /carers on self-harm**

(From the "Multi Agency Guidelines for Professionals Working with Children and Young People Who Self-Harm" published January 2012)

It can be difficult to find out that someone you care about is harming him or herself. As a parent / carer you may feel angry, shocked, guilty and upset. These reactions are normal, but what the person you care about really needs, is support from you. They need you to stay calm and to listen to them. The reason someone self-harms is to help them cope with very difficult feelings that build up and which they cannot express. They need to find a less harmful way of coping.

### ***What is self-harm?***

Self-harm is any behaviour such as self-cutting, swallowing objects, taking an overdose, hanging or running in front of cars etc. where the intent is to deliberately cause harm to self.

### ***How common is self-harm?***

Over the last forty years there has been a large increase in the number of young people who harm themselves. A recent large community study found that in 15-16 year olds, approximately 6.9% of young people had self-harmed in the previous year.

### ***Is it just attention seeking?***

Some people who self-harm have a desire to kill themselves. However, there are many other factors which lead people to self-harm, including a desire to escape, to reduce tension, to express hostility, to make someone feel guilty or to increase caring from others. Even if the young person does not intend to commit suicide, self-harming behaviour may express a strong sense of despair and needs to be taken seriously. It is not just attention seeking behaviour.

### ***Why do young people harm themselves?***

All sorts of upsetting events can trigger self-harm. Examples include: arguments with family members, break up of a relationship, failure in exams or bullying at school. Sometimes several stresses occur over a short period of time and one more incident can be the final straw.

Young people who have emotional or behavioural problems or low self-esteem can be particularly at risk from self-harm. Suffering a bereavement or serious rejection can also increase the risk. Sometimes young people try to escape their problems by taking drugs or alcohol. This often only makes the situation worse. For some people self-harm is a desperate attempt to show others that something is wrong in their lives.

### ***What can you do to help?***

Try to:

- Keep an open mind
- Make the time to listen
- Help them find different ways of coping
- Go with them to get the right kind of help as quickly as possible

Some people you can contact for help, advice and support are:

- Your family doctor
- School Health Nurse/Health Visitor
- Young Minds Parents Information Service Tel: 0808 802 5544
- Papyrus HOPElineUK Tel: 0800 0684141
- The Samaritans Tel: 08457 90 90 90
- MIND Information line Tel: 0845 766 0163
- Youth Access Tel: 020 8772 9900