



MEDICAL CARE POLICY

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INTRODUCTION

This policy has been developed in accordance with the statutory guidance of 'Supporting Pupils at Schools with Medical Conditions – December 2015 and 'Guidance on the use of Emergency Salbutamol Inhalers – March 2015 – Guidance on the use of Adrenaline / Auto injectors in Schools – September 2017. This policy also works alongside the Safeguarding Policy taking regard of publications: 'Working Together to Safeguard Children' 2023, 'What to do if You are Worried a Child is Being Abused' 2015. The guidance reflects, 'Keeping Children Safe in Education' 2025 and Section 100 of the Children's and Families Act 2014.

As a School we will make arrangements where possible to ensure students with medical conditions are supported appropriately so that they can access and enjoy the same opportunities as any other student at the school.

MEDICAL CARE OFFERED BY THE SCHOOL

Wellness Centre: the Wellness Centre provides comprehensive medical care, staffed by registered nurses), and a therapeutic counsellor.

Services: The Centre addresses both physical and emotional wellbeing, offering medical assessments, routine check-ups, and emergency care. The Centre is equipped with rooms for students who need rest and monitoring during the day.

Appointments: The Wellness Centre staff will make and manage all necessary medical appointments for students, including doctor visits and referrals.

Confidentiality and Information Sharing Protocol

Confidentiality: All medical information is treated with the utmost confidentiality.

Information Sharing: Information is shared on a need-to-know basis to ensure student safety and wellbeing, with the student's consent where appropriate. Parents are informed about significant health issues.

Documentation: Accurate records of all medical interactions are maintained. This includes initial health assessments, ongoing care, and any treatment provided.

Health Care Plans: Individual Health Care Plans are developed for students with specific medical needs.

Working with Parents: Regular communication with parents is maintained regarding their child's health. Parents are notified of any significant health issues or changes in their child's condition.

This policy is to give clear guidance and boundaries on the medical care offered to students at The Worthgate School and how the care is administered, including all relevant paperwork required.

We will work in partnership with Parents/Agents/ Students and fellow professionals and organisations to ensure students who require medical intervention are able to undertake treatment in a safe and secure environment, allowing the student to continue to make progress with their education and ensuring that the Equalities Act 2010 is adhered to.

Gillick Competence Law – This guidance takes into regard this Law – Students under the age of 16 are not deemed automatically legally competent to give consent on treatment. The courts have determined that such children can be legally competent if they have ‘sufficient understanding and maturity to enable them to understand fully what is proposed’. To pass the Gillick test they must demonstrate sufficient understanding and knowledge of the treatment and the process(es) it involves, awareness of the benefits and risks, as well as the alternative option(s)

ROLES AND RESPONSIBILITIES

The School Governors and Senior Leadership Team commit to ensuring that:

- In order to fulfil their duty of care responsibilities, all staff are alerted to their students’ health conditions via REACH and iSAMS or by consulting the Students Needs Register.¹ saved on the shared drive. It is the individual member of staff’s responsibility to request the additional information from the nurses
- Individual Health Care plans – called ‘Care Plans’- will be in place for students with health conditions as deemed necessary by the nurses, senior leadership team and outside agencies involved in the student’s Care Plan
- Risk Assessment are created on a bespoke basis to mitigate risk for students with chronic / acute conditions, as deemed necessary by the College Nurse
- The Care plan will be completed in conjunction with the student or student’s parents and all **relevant** staff will be made aware of the student’s condition
- The overall responsibility for the Care plans will be with the Director of Safeguarding, Mental Health and Wellbeing (DSMHW) but the completion of and monitoring/review of care plans will be with the nurses – who will liaise with the DSMHW
- The DSMHW has the overall responsibility of ensuring that all staff are suitably trained with regards to care plans. In case of staff absence or a change in staffing, the teacher is alerted to their student’s health condition via the register in iSAMS or by consulting REACH and the Student Needs register. Should the School use supply teachers, the DSMHW will ensure they are suitably trained with regards to Care Plans
- Staff who have permission to administer medication only do so after a two-tier training session with the Nurses and E-learning training on Administering Medication in Schools – No staff member is allowed to administer medication without this training in place via National College training platform. A First Aid Certificate does not constitute appropriate training in supporting students with medical conditions
- All teachers must ensure that all School activities outside the school normal timetable **must** be sent to the nurses, with at least seven days’ notice – listing the students who wish to attend. The nurses will then assess health conditions and if necessary, train accompanying staff in what to do in emergency situations and ensure any medications/care plans are taken on the trip. If needed, a risk assessment will be drawn up as part of the EVC paperwork. Medical staff will have access to REACH so will be able to see all Trips and Activities

¹ ALS Summary and Medical Register includes health, SEN and disability information to make staff aware of individual student’s conditions so as to enable them to perform their duty of care. It also alerts them to seek additional information where a care plan or risk assessment have been drawn up.

planned in boarding time. All roll calls for these events will be automatically generated by Reach and contain all medical information (medication, conditions and allergies) for the trip lead

- Should the new student's needs change upon their reintegration to School, the APBW will ensure arrangements are made for any staff training or support

CONFIDENTIALITY

The medical information of our students will, where possible, remain confidential to that student.

In recognition that providing the best care and support for students with medical conditions, we recognise that there will be occasions where medical information will need to be shared. The nurses will seek the consent of the Student/Parents/Guardian to share the medical details and management of the condition by a Care Plan. This will be drawn up with the student's assistance wherever possible.

With all medical information, the nurses will respect a student's confidence except on the rare occasion when, having failed to gain consent, the nurses consider it is in the student's best interest or necessary protection for the wider School Community, to breach confidence and pass information to the relevant person/professional body. For example, a Safeguarding/Child Protection concern or a public health concern where the school is under a legal obligation to report the issue arising. The nurses will discuss such instances and concerns with the DSMHW prior to disclosing the information.

NOTIFICATION OF A STUDENT'S ILLNESS & MEDICAL INFORMATION STORAGE

Parents/Agents are expected to notify the school prior to the arrival of a student with all relevant medical documentation, including consent to give over the counter/prescribed medication and administer First Aid.

Parents/agents are given the opportunity to email the nurses direct any confidential medical information before the student comes to the school. Nurses can be emailed directly at medical@worthgateschool.com

All medical documentation will be assessed by the nurses; more information will be sought, if necessary, before a student starts at the school by the nurses.

The nurses will liaise with the Agent/Parents with regards the medical condition and ensure that arrangements are in place for the student to transition into School life with the Care/Support that they require.

The nurses are responsible for ensuring a Care Plan / Risk Assessment is in place for the student and where the student is self-administering their own medication the student is suitably risk assessed and signed a self-medication form and medical contract (if necessary). This will be reviewed

periodically and when any changes in the medical condition occur. This update will be cascaded to all relevant staff involved in the care of the student.

All documents pertaining to consent to administer medicine and for emergency medical procedures for students will be kept in a confidential student file. These files will be locked securely in the Wellness Centre and will only be accessible for authorised personnel. The nurses and DSMHW will ensure out of hours access when required for emergency admissions to hospital.

All parental consents will be recorded on the school database/records, REACH, for staff to check before administering any over the counter medication. REACH will give the staff members an alert if parental consent for OTC medications is not in place.

Parents need to advise the school of any changes in medication for their child at the earliest opportunity.

Students requiring the use of asthma inhalers/pumps will be supported to carry their own pumps whilst at the school. The nurses will risk assess with the student if a spare pump is required to be held at the Wellness Centre or boarding house for use in an emergency – if a spare pump is required a care plan will be implemented. The Wellness Centre will also hold emergency inhalers in the case a student is unable to retrieve theirs in accordance with “Guidance on the use of emergency salbutamol inhalers- March 2015”.

SUPPORTING STUDENTS

We recognise that supporting a student with a medical condition is not the sole responsibility of one person. Effective support may depend on working effectively with outside agencies and partnerships. Ongoing Chronic conditions will need to be managed by specialists in their home country. Documents relating to their diagnosis and prescriptions will need to be brought to the school. However, for acute issues students will be signposted to local services.

Students who are competent to manage their own health needs and medicines will be encouraged to do so – this will be reflected in the student’s individual care plan. This includes students carrying their own medication/relevant devices. If a student refuses to take their medication, then staff will not force the student but will report to the nurses so that alternative options can be considered, and the school may not be able to support the student further.

As a School we do not need to wait for a formal diagnosis before providing support to a student. In cases where a student’s medical condition is unclear, or where there is a difference of opinion, judgements will be taken about what support to provide based on the available evidence. This would normally involve medical evidence and consultation with the parents/agents. Where evidence conflicts, the school will challenge the judgements to ensure that the correct and most appropriate support can be provided for the student.

The school uses a local Health Centre to register all students. Students studying at the school meet with the nurses and have a baseline health check if under 18 years of age and are then registered at the GP. Students can see a doctor on a private basis, and this can be arranged by the nurses.

Students are also encouraged to sign a consent to disclose to the nurses only form, which in accordance with GDPR regulations, allows the GP to discuss medications/diagnosis where appropriate.

MANAGING MEDICINES ON SCHOOL PREMISES

Over the counter (OTC) medicine will be available for students in School hours and in School boarding houses. These will be stored in lockable cabinets in the boarding houses with the relevant paperwork or during the day in the Wellness Centre. In School hours they will be administered by trained and authorised staff only. In boarding houses, they will be managed and administered by the House Parents and Boarding Team Leads with appropriate 2 tier training, updating the school database each time as appropriate.

All OTC medication administered will be recorded in the OTC medicine folder and stock checked weekly in boarding houses.

Only OTC medicine on the approved School 'Over the counter' list maybe used at the school. No other OTC medicines may be used except for the express permission of the nurses or the APBW.

Students/Parents are required to declare all medicine they bring with them to the school. Medicines not declared will be removed from students' rooms and taken to the nurses– the nurses will check these are legal and appropriate for students to administer to themselves.

Students under 16 cannot keep their own medications- It is stored by the House Parents and administered as per nurses' instructions. Over 16's can keep medications at the discretion of the nurses; the student must be deemed competent, and the relevant paperwork should be completed with the student including a self-medication form. Any concerns will be discussed with the parents and/or the DSMHW.

Prescribed medicines will only be accepted if they are: in-date, labelled, provided in the original dispenser by the pharmacist and includes instructions for administration, dosage, and storage.

Prescribed medicines from another country will need to have an accompanying Doctor's letter, translated into English and be a legal medicine in the UK. Prescribed medicines that are illegal in the UK will be discussed with the student and the Health Centre Doctors – Alternative medicine will be offered by the Doctor if appropriate and the Illegal medicine disposed of at the nominated Pharmacy.

CONTROLLED PRESCRIBED MEDICINE:

- Students can possess the drug if competent to do so but passing it to another student for use is an offence. In accordance with DfE guidance Supporting Pupils at School with Medical Conditions, all controlled medications should be declared so they can be stored appropriately; they should be stored behind 2 locked doors (including the safe door and room door)
- Students will be risk assessed if competent to hold controlled medication and secure storage of the controlled medication will be put in place
- Students who are not assessed as competent will have their medication held by the nurses in a controlled drugs cabinet in the Wellness Centre. The nurses or House Parents will administer the medication and complete the controlled drugs book. The book should be signed by person administering medication and a log should be kept of the remaining medication; this should be audited by the nurses at regular intervals
- Students requiring the storage of medication in a refrigerated environment will either be given a fridge for their bedroom, or it will be stored in the House Parents fridge. If stored in a House Parents fridge it will be placed in a plastic container with a label detailing the student's name, Date of Birth, and the name of the medication

ADMINISTRATION OF MEDICINE – PRESCRIPTION AND OVER THE COUNTER(OTC) MEDICINES

Supervised Administration of Prescribed Medicine will be arranged via the nurses and the Nurses will train/advise staff if they are required to dispense the medicine.

Before giving the prescribed medication, staff need to:

- Confirm the students name corresponds with the label on the medication
- Confirm the prescribed dose
- Check the expiry date
- Check the written instructions provided on the label
- Administer medication
- Ensure medication is taken at the time, with administrator watching
- Write a medical note on students REACH account detailing medication given
-

Over the counter (OTC) Medicine Administration Procedure:

Before administering any OTC Medicine, staff need to:

- Ask the student what their symptoms are
- Check student's medical notes on REACH for allergies or any previous medication taken, and parental permission has been obtained
- If no parental consent staff apply the Gillick Competence² process

² To pass the Gillick test they must demonstrate sufficient understanding and knowledge of the treatment and the process(es) it involves, awareness of the benefits and risks, as well as the alternative option(s)

- Ask the student if they have taken any other medication
- Check for any allergies
- Assess the student for which OTC medicine is most suitable; you can ask what they usually take and what works best of the individual. If you are unsure what the medication is, it should not be given. If they have already taken it and cannot translate the medication- no medication can be given for 4-6 hours
- Administer the OTC medicine in accordance with the guidance set either by the nurses or on the OTC medicine packaging
- Watch the pupil take the medicine
- Write a note on the students REACH page using the public and private note – remembering student confidentiality – ensuring that the symptoms/medication/ administered dose and time over the counter medication given are recorded on the public note of REACH
- Any private information needs to be noted in the private section of REACH. Unless it is a safeguarding note, and this should be recorded on iSAMS and raised to the DSL

CARE GIVEN TO STUDENTS WHO REPORT ILLNESS

Over 18 Students living in accommodation that is accessible during the day:

- Student must telephone the nurses between 0830- 0900hrs Mon-Fri or message via teams during that time period
- The nurses will assess the medical issue presenting
- The nurses will advise the student and either authorise the absence, ask the student to come and see them at the Wellness Centre, or advise them to make a G.P. appointment/visit the UTC for the student
- If appropriate the nurses may visit the student
- If the sickness is authorised the nurses will inform the Attendance Officer of the authorised absence
- The student's REACH notes will be updated with advice given

Students residing in accommodation that is closed during the day:

- The student must report to the Wellness Centre during School hours if unwell.
- The nurses will assess the medical issue presenting
- If considered well enough the student may be administered OTC medicine and then return to class
- The student if very unwell will spend the day in medical bay and return to their accommodation in the evening. Parents will be notified by email if this is the case
- If the student has spent more than one lesson in the Wellness Centre, then they will be medically curfewed to residence for that evening
- If the student requires further medical intervention such as G.P. then this will be arranged. The student will be escorted if a CSA student

Students requiring care outside of School hours (evening/overnight/weekends) need to contact their House Parent who will follow the assessment and administration of OTC medication guidance in of this policy. Over 18 students can contact the relevant House Parent during the evenings between 6 pm- 11 pm. Outside of these hours for medical emergencies the students can contact the NHS 111 for help and 999 emergency services if required. They can also visit the Urgent Treatment Centre in Canterbury, Kent and Canterbury hospital, Ethelbert Road, CT1 3NG which is open 24 hours 7 days a week.

Out of Hours Illness

- If a student becomes unwell and you think they need to see a doctor out of hours, the HP will contact the Emergency Duty Manager (EDM)
- **In a situation where there is a risk to life dial 999 – when it is safe to do so inform the BTL/ EDM – ensure you take the students medical file to hospital or give to the paramedics**
- The EDM has a list of useful telephone numbers, if they wish you to contact someone

The numbers are as follows:

NHS 111 - This should be done through the BTL/ EDM, unless they have authorised you to do it. Ring this number if authorised to speak to a Doctor or Health professional if concerned about a student's health.

Kent & Canterbury Hospital, Ethelbert Road

Minor injuries must not be used for cold symptoms; it should be used for sprains, cuts, ear or throat infections, coughs, high fevers and mild allergic reactions. A student should only attend minor injuries if agreed by the BTL and the BTL/ EDM.

Out Of Hours Dentaline; 01634 890300 - This is an emergency number for severe toothache during the evening and weekends. They **DO NOT TREAT!** The nurses will advise. They will give a time to go to minor injuries and the student may be treated with painkillers and/or antibiotics if necessary. They will not see students for orthodontics such as braces, etc., Only to be used if pain is severe.

Emergency contraception: This can be sought from the Gate Clinic at Kent and Canterbury hospital via appointment. It can also be found at boots pharmacy and be prescribed by a Pharmacist.

EMERGENCY MEDICAL PROCEDURES

If there is a medical emergency or emergency accident the member of staff should phone 999 immediately and give as much detail to them as possible.

A student who is 17 years of age and under and is taken to hospital by ambulance will be accompanied by a member of staff who will act in loco parentis. When a student is taken to hospital by a member of staff, if the student is 17 and under, they should also take with them all the medication the student is currently taking and copies of the student's health information and parental consent forms. This information is held in the Wellness Centre and the BTL/ EDM on duty has access to these files.

In an emergency it may be necessary for a member of staff to take a student to hospital in their own car or in a taxi if they do not have appropriate insurance cover.

If a student is taken to hospital during School hours:

- Inform the Wellness Centre/Pastoral team – in their absence the APBW/Vice Principal. Also inform by email to the APBW, DSMHW and Vice-Principal
- The school will then undertake to inform the parents/guardian/agent and keep the them updated

If a student is taken to hospital after School Hours (17.30 – 08:30 and weekends)

- Telephone the emergency on call telephone number. The On Call Duty Manager will arrange the necessary cover and liaise with the APBW or in their absence the nurses who will inform the parents/guardian/agent as soon as is practicable

If a student refuses to take medication, this will be recorded on the students REACH page and the student's parents will be notified. If the medication is essential to the student's continued wellbeing, Medical/Welfare staff will talk to the student and take necessary remedial action.

Students requiring Quarantine:

The nurses and the Doctor may require a student to be quarantined if they develop an infectious disease. In these circumstances consideration will be given to whether quarantine is to the Wellness Centre or to quarantine the student's room in their Boarding House. If the student is in a shared room, then the student sharing the room will be moved until the quarantine period is over or as advised by the Nurse. Any student quarantined will have their care overseen by the nurses and the APBW/DSMHW.

Staff required to look after the student will be fully informed on the procedures that need to be adopted/implemented and will be given full guidance by the nurses.

Medical Absence

If a student is absent from School for more than three days in any one month, without a valid medical reason then the school reserve the right to not authorise the absence. If the student returns home for medical care, then the student must arrive back at the school with a Medical Certificate/report from a Doctor or Hospital detailing the intervention/treatment given and any diagnosis/prognosis/continuing care required. This must be translated into English to support this process.

HEALTH CARE PLANS

The Health Care Plan which the school define as the 'Care Plan' is designed to ensure that the school can effectively support students with a medical condition or an emotional health condition. Not all students who have medical/emotional needs will require an individual care plan.

Other health/care professionals from outside the school may also assist with a Student's care plan as necessary- e.g., CYPMHS/GP/Therapists/Medical Professionals.

The Care Plan will detail the following:

- Student's name/CEG number/Gender/Date of Birth/Age/Residence/Named Care Co-ordinator, GP and family Contact Information
- Medical Diagnosis/Symptoms/Triggers and Prescribed Medication
- Medication/Dosage and frequency
- Plan of Care/Actions – who does What/When – Including guidance on
- Emergency intervention guidance
- Review Date/Name of Reviewee
- Care Plan completed by/Signature and Date
- Reviewed date

The care plan will be completed with assistance from the student requiring the care plan and parents as necessary. The student will be spoken to about the dissemination of the care plan to relevant staff members. The level of detail in the plan will depend on the complexity of the student's condition and the degree of support required.

The care plan will be disseminated on a need-to-know basis only to staff- including Teachers and House Parents. Care plans will be kept in the student's Boarding House in the care plan file as well as uploaded to REACH. This file will be stored in the locked medical cabinet and is to remain confidential.

Staff will meet with the nurses on a one-to-one basis to review the care plan if necessary and receive further training on ensuring the plan is implemented as appropriate.

Care plans will be reviewed every half term or earlier if evidence is presented that the student's needs have changed.

Where a student has Special Educational Needs (SEN) identified in a statement or EHC plan, the care plan will either be linked or become part of the statement or EHC plan.

SELF-ADMINISTRATION RISK ASSESSMENTS

Each student has a right to manage their own medication, however, the School has an obligation to ensure that the student is administering and storing their medication in appropriate manner that does not place other students or themselves at risk from harm.

Every student who manages their own medication will be risk-assessed by the nurses. This assessment will look at the competency of the student and safe storage of the medication. The student will then be requested to sign a Self-Medication for Pupils form, countersigned by the Nurses, detailing the CEG, name, medication, dosage and frequency.

If the student is assessed as competent their House Parents will be informed of the assessment and the steps necessary to monitor the safe storage of the medication.

House Parents will monitor to ensure the medication is stored correctly. Any issues found will be reported to the nurses. The nurses will speak to the student and re-assess competency as appropriate.

Students found not in compliance with the risk assessment or not medically competent to store and administer their own medication will have alternative medicine administration in place under the nurse's guidance.

SELF-HARM

Self-Harm is defined as: Any deliberate, non- suicidal behaviour that causes physical injury to a person's own body. Self-harm is often a coping mechanism that enables a person to deal with their emotional distress. It can also be used by the person as a 'rouse' to feel again if they feel numb or detached from reality. The self-inflicted injuries can validate the person and create physical pain that is easier to deal with than the emotions that they are feeling. At The Worthgate School we will address self-harm from a non-judgemental standpoint and validate the student and their feelings. We will be supportive and assist the student to address the self-harming behaviour in a safe and supportive manner.

It is worth noting that people who have suicidal ideology may be involved with self-harm, but it is more commonly accepted that self-harming is a survival strategy and not about dying.

Self-Harm Injury can involve:

- Cutting, scratching, scarping and picking the skin
- Burning or scalding
- Hair Pulling/Eating
- Swallowing Objects
- Banging or hitting the head or other parts of the body
- Overdosing on non-Prescriptive or prescriptive medicines
- Swallowing caustic liquids
- Scouring or scrubbing the body vigorously.
- Engaging in risk taking behaviours such as drugs or alcohol

Risk factors include but are not limited to:

- Individual Factors: Depression/Anxiety
- Poor communication skills
- Low self esteem
- Substance Misuse
- Rejection in relationships

Social Factors:

- Difficulty in making friends/forming relationships/loneliness.
- Bullying from others – including cyber bullying

Family Factors:

- Physical abuse
- Sexual abuse
- Psychological/Emotional abuse
- Neglect
- Unreasonable expectations
- History of self-harming/suicide in family

The following warning signs should always be taken seriously and staff observing these should always be taken seriously. Staff observing these signs should not approach the student but seek advice from the DSMHW/APBW or the nurses.

Warning Signs:

- Changes in sleep pattern
- Changes in eating habits- refusal to eat/overeating/being sick after meals.
- Changes in appearance - self neglect
- Misuse of substances – legal or illegal
- Lowering of academic achievement
- Talking/making jokes about self-harm or suicide ideology
- Expressing feelings of failure/uselessness or loss of hope
- Changes in mood/character
- Covering of arms/legs even in warm weather
- Requesting bandages/dressings

Staff Guidance

- Actively listen to a student if a student discloses, they are self-harming – be non-judgemental in attitude and stay calm and be supportive but refer onto the DSMHW/nurses. Staff should not attempt to counsel the student or ask the student questions about their emotional health/why the self-harm etc.
- Apply the principle of First Aid for any fresh wounds as per first aid policy and ensure wounds are seen by a health care professional
- Do not offer 100% confidentiality- explain to the student the information will need to be shared with the nurses/DSMHW team. During School hours seek assistance from the nurses/DSMHW/APBW outside of School hours inform the BTL/ EDM who can offer support and advice and contact the DSL
- Any concerns for a student then report to the nurses/ APBW/DSL. The nurses and/or the Head of Boarding will meet with the young person and discuss the self-harm

Supporting the Student:

- The student will be offered support services form outside the School –such as GP/CYPMHS/private psychological services intervention
- Consideration will be given to a tier three assessment by Children's Social Services depending on the student's age – The DSMHW or the nurses will co-ordinate any referrals made
- A Care Plan will be put into place – completed with the student as a means of providing support for the student- this will be on a need-to-know basis for staff
- Contacting the student's parent/carer if appropriate
- A contract with the student- to enable them to take control of their emotions and manage their self-harm

- A card system enabling the student to hand to staff – which states they have self-harmed and wish to talk, or if they need to be excused from a lesson

All staff and teachers having direct contact, and on a need-to-know basis should:

- Review all Care Plan documents when sent and be aware of the communication processes
- If the DSMHW advises you, ensure the student is aware you are available to listen. The fewer people are aware of the self-harm, the better it is for the student
- Remain non-judgemental. If you feel you cannot do this, immediately refer to someone who can. You will appear transparent to the student, and they will not communicate with you freely
- Try to enable the student to take control by asking what they would like to do and what help they think they need, if advised to do so
- Do not make promises you cannot keep such as confidentiality
- Avoid dismissing a student's reason for distress. It is a valid reason to them
- Take care of your own emotional needs and seek support as and when necessary

In the case of an acutely distressed student, their immediate safety is paramount, and the student must be with an adult at all times.

If a student has self-harmed in School/Boarding House, First Aid needs should be addressed as priority.

Staff Roles:

It can be difficult when dealing with self-harm from a personal perspective. A person can feel a range of emotions in response to self-harm. This could be anger, panic, disbelief, helplessness, deep sadness, a feeling of wanting to stop the young person from harming themselves. Any student, who confides in you, as a member of staff, is taking a huge leap of faith and trusting you with something that is very private to them. To best support the student, you will need to recognise and acknowledge your own emotions while initially keeping these to yourself. Do not show the student – it is very important to be non-judgemental and maintain a supportive and open attitude.

Once you have listened to the student refer on to either the nurses/DSMHW or Head of Boarding. Then you may decide you would like to talk about your own emotions and how you felt at that time, as the impact of the disclosure may also have affected you. It is very normal to feel a range of different emotions and there is no judgement to be placed on them. You can come and discuss this in a 'debrief' session with the DSMHW or APBW or you may decide you would like to see a professional outside of the School. Whatever you decide your own emotional Health and Wellbeing is just as important too.

Please see the Worthgate Mental Health and Well Being policy for advice/guidance on Mental Health Support for students.

EATING DISORDERS

Definition of Eating Disorders:

Anyone can have an eating disorder regardless of their age, sex or cultural background. Students with eating disorders are preoccupied with food and/or their weight and body shape and are usually highly dissatisfied with their appearance. Many eating disorders involve low self-esteem, shame, secrecy and denial.

Anorexia nervosa and bulimia nervosa are the major eating disorders. Students with anorexia live at a low body weight, beyond the point of slimness and in an endless pursuit of thinness by restricting what they eat and sometimes compulsively over-exercising. In contrast, people with bulimia have intense cravings for food, secretively overeat and then purge to prevent weight gain (by vomiting or use of laxatives, for example).

Risk Factors

The following risk factors, particularly in combination, may make a young person particularly vulnerable to developing an eating disorder:

Individual Factors:

- Difficulty expressing feelings and emotions
- A tendency to comply with other's demands
- Very high expectations of achievement

Family Factors

- A home environment where food, eating, weight or appearance have a disproportionate significance
- An over-protective or over-controlling home environment
- Poor parental relationships and arguments
- Neglect or physical, sexual, or emotional abuse
- Overly high family expectations of achievement

Social Factors

- Being bullied, teased, or ridiculed due to weight or appearance
- Pressure to maintain a high level of fitness / low body weight for e.g. sport or dancing

Warning Signs

Staff may become aware of warning signs which indicate a student is experiencing difficulties that may lead to an eating disorder. These warning signs should **always** be taken seriously and staff observing any of these warning signs should seek further advice from either the nurses or the head of boarding.

Physical Signs

- Weight loss
- Dizziness, tiredness, fainting
- Feeling Cold
- Hair becomes dull or lifeless
- Swollen cheeks
- Callused knuckles
- Tension headaches
- Sore throats / mouth ulcers
- Tooth decay

Behavioural Signs

- Restricted eating
- Skipping meals
- Scheduling activities during lunch
- Strange behaviour around food
- Wearing baggy clothes
- Wearing several layers of clothing
- Excessive chewing of gum/drinking of water
- Increased conscientiousness
- Increasing isolation / loss of friends
- Believes s/he is fat when s/he is not
- Secretive behaviour
- Visits the toilet immediately after meals

Psychological Signs

- Preoccupation with food
- Sensitivity about eating
- Denial of hunger despite lack of food
- Feeling distressed or guilty after eating
- Self dislike
- Fear of gaining weight
- Moodiness
- Excessive perfectionism

The most important role School staff can play is to familiarise themselves with the risk factors and warning signs outlined above and to make the DS aware of any student causing concern.

Following the report, the DSL will decide on the most appropriate course of action. This may include:

- Contacting parents / carers
- Arranging professional assistance e.g. doctor, nurse

- Arranging an appointment with a counsellor
- Arranging a referral to CYPMHS or CSS for a Tier assessment – with parental consent if appropriate
- Giving advice to parents, teachers, and other students

Students may choose to confide in a member of School staff if they are concerned about their own welfare, or that of a peer. Students need to be made aware that it may not be possible for staff to offer complete confidentiality. It is important not to make promises of confidentiality that cannot be kept. If a student does disclose, please ensure this is reported to the nurses or DSL. (Child Protection and Safeguarding Policy for guidance).

Students Undergoing Treatment for / Recovering from Eating Disorders:

The decision about how, or if, to proceed with a student's schooling while they are suffering from an eating disorder should be made on a case-by-case basis. Input for this decision will come from discussion with the student, their parents, School staff and members of the multi-disciplinary team treating the student as appropriate.

The reintegration of a student into School following a period of absence should be handled sensitively and carefully and again, the student, their parents, School staff and members of the multi-disciplinary team treating the student should be consulted during both the planning and reintegration phase.

UNACCEPTABLE PRACTICE

School staff should use their discretion, judge each student medical case on its merit of reference to a student's Care Plan, however, it is not generally acceptable practice to:

- Prevent students from easily accessing their inhalers or medication and administering their medication when and where necessary
- Assume every student with the same condition requires the same treatment
- Ignore the views of the student or their parents: or ignore medical evidence or opinion (although this may be challenged)
- Send students with manageable medical conditions home frequently or prevent them from doing normal School activities unless specified in the individual care plan
- If a student becomes ill send them to the Wellness Centre without an escort or with someone unsuitable (as per their care plan)
- Penalise students for their attendance record if their absences relate to their medical condition e.g. Hospital Appointments
- Prevent students from eating/drinking or taking toilet or other breaks whenever they need to manage their medical condition effectively
- Prevent students from participating or create unnecessary barriers to participating in any aspect of School life, including School trips

DISPOSAL OF MEDICINES/SHARPS

Medicines requiring disposal need to be given to the nurses. The nurses will organise this disposal at the Local Nominated pharmacy for the school (Boots).

Sharps boxes will be provided for the disposal of needles. Sharps boxes are obtained via the Wellness Centre. All full sharps boxes should be taken to the Wellness Centre who will arrange collection and replace the bin with an empty bin for the student to use.

GOOD HYGIENE PRACTICE

Handwashing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhea and vomiting and respiratory disease. The recommended method is the use of liquid soap, water, and paper towels.

Always wash hands after using the toilet, before eating or handling food, and after handling animals. Cover all cuts and abrasions with waterproof dressings.

Coughing and sneezing easily spread infections. Young people and adults should be encouraged to cover their mouth and nose with a tissue. Wash your hands after using or disposing of tissues. spitting should be discouraged.

Cleaning of the environment, including equipment should be frequent, thorough, and follow national guidance e.g. use colour coded equipment, COSHH, correct decontamination of cleaning equipment. Monitor cleaning contracts and ensure cleaners are appropriately trained with access to Personal Protective Equipment PPE (see below).

Cleaning of blood and body fluid spillages:

All spillages of blood, feces, saliva, vomit, nasal, and eye discharges should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product which combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses, and suitable for use on the affected surface. NEVER USE mops for cleaning up blood and body fluid spillages use disposable paper towels and discard clinical waste as described below.

Personal Protective Clothing (PPE): Disposable non powdered vinyl or latex free CE marked gloves and disposable plastic aprons, must be worn where there is a risk of splashing or contamination with blood/body fluids. Goggles should also be available for use if there is a risk of splashing to the face. Correct PPE should be used when handling cleaning chemicals.

Clinical Waste: Always segregate domestic and clinical waste in accordance with local policy. Used sanitary products, gloves, aprons, and soiled dressings should be stored in correct clinical waste bags in foot operated bins. All clinical waste must be removed by a registered waste contractor. All clinical

waste bags should be less than 2/3rds full and stored in a dedicated, secure area whilst awaiting collection.

SHARPS INJURIES AND BITES:

If skin is broken make wound bleed/wash thoroughly using soap and water. Contact GP or go to Accident and Emergency immediately.

OVER THE COUNTER MEDICINE APPROVED USE LIST WITH CONTRAINDICATIONS

Over the counter Remedies

CONDITION	TREATMENTS
Cold and 'flu like symptoms'	Paracetamol or Iemsip
Muscular Pain Relief, anti-inflammatory	Ibuprofen
Allergy relief, hay fever	Piridon or Zirtec
Diarrhoea	Immodium/Loperamide hydrochloride
Indigestion relief	Gaviscon or Rennie
Sore throat	Cough mixture/Paracetamol/ lozenges
Sore gum relief	Bongela- (only available from the nurses' office)
Sun burn	Calamine lotion
Minor cuts and grazes	Clean Wound/Dressing
Headaches	Paracetamol or Ibuprofen
Fevers	Paracetamol or Ibuprofen

Paracetamol

Indications

When it can be used	Pain relief for mild to moderate pain, pyrexia (fever)
Do Not Give	In conjunction with other medicines containing paracetamol

Treatment to be given

Name of Medicine	Paracetamol 500mg
Dose	Age 12-16 - 1 tab – age 16+ - 2 tablets
Route	Oral
Frequency	Four to Six hours between doses dependant on age – No more than 4 DOSES in 24 HOURS unless advised.
Max dose in 24 hrs	4g for 16 and over (8 tablets) 2g for 12-16 over (4 tablets)
Follow up	Temperature to be taken- if above 37.5 to be monitored regularly – If above 38 BTL/ EDM to be informed
Warning/Adverse reactions	Side effects rare – rash, blood disorders, liver damage in overdose

Ibuprofen

Indications

When it can be used	Pain relief for mild to moderate pain, migraine, musculoskeletal pain.
Do not give	Asthma, pregnancy, known hypersensitivity to aspirin, ibuprofen or other NSAID. Current or previous history of dyspepsia or peptic ulceration, patients taking oral anticoagulants, warfarin, heparin, aspirin or other NSAIDs, patients taking lithium, methotrexate, tacrolimus, ciclosporin, and patients with known severe cardiac disease, heart failure, oedema, hypertension or renal impairment

Treatment to be given

Name of Medicine	Ibuprofen 200 mg tablets
Dose	Over 12 years 200mg-400mg 8 hourly.
Route	Oral
Frequency	Every 6-8 hours (Maximum dosage 6 x 200mg or 3 x 400mg Ibuprofen in any 24-HOUR period)
Max Dose in 24 hrs	6 tablets for 16+ or 3 tablets for 12-16.
Follow up	If condition worsens or symptoms persist then Seek further medical advice
Warnings/Adverse Reactions	Discontinue if indigestion or other gastro – intestinal symptoms develop e.g. haematemesis (blood in vomit)
Advice to student	Take Medicine with or after food or milk. Ibuprofen may be taken with paracetamol if necessary, as advised. Advise Students not to take other Non-Steroidal anti – inflammatory (NSAIDS) containing products at the same time.

Lemsip

Indications

When it can be used	For relief of colds and flu symptoms
Do not give	If allergic to paracetamol, ascorbic acid, or any of the ingredients contained within this product. Have kidney or liver problems, overactive thyroid, diabetes, high Blood Pressure or heart disease. Taking drugs for heart problems or tricyclic antidepressants or have been prescribed drugs for depression in the last two weeks

Treatment to be given

Name of medicine	Lemsip
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Dose	1 sachet every 4-6 hrs. Only for use in over 12 years. Check box as instructions vary; some only for 16 years and above.
Route	Oral
Frequency	One sachet every 4-6 hrs
Max Dose in 24hrs	No more than 4 sachets
Follow up	See GP if condition worsens or does not improve
Warnings/Adverse Reactions	Rare – allergic reactions, such as skin rash

Hay fever and allergy relief - Piriton

Indications

When it can be used	Symptomatic relief of allergy such as hay fever, urticaria
Do Not Give	Kidney problems, pregnant or breastfeeding

Treatment to be given

Name of Medicine	Piriton (Chlorphenamine 4mg) or Zirtex (Cetirizine 10mg once a day)
Dose	One tablet
Route	Oral
Frequency	4-6 Hourly for Piriton. Once a day for Cetirizine
Max dose in 24hrs	5
Follow up	If no relief, refer to GP
Warnings/Adverse Reactions	Rare – headache, dizziness, dry mouth, drowsiness, stomach or intestinal discomfort

Cough Linctus

Indications

When it can be used	For relief of coughs/sore throats
Do not give	Fructose intolerance or allergic to ingredients

Treatment to be given

Name of medicine	Cough Linctus
Dose	10ml (2x5ml spoonful)
Frequency	2-3 hrly (can be in warm water to sip to ease coughs)
Max dose in 24hrs	As and when required
Follow up	Refer to GP if symptoms persist with a temperature
Warnings/Adverse Reactions	Rare – stomach upset

Loperamide hydrochloride

Indications

When it can be used	To relieve symptoms of diarrhoea
Do not use	Cases of severe diarrhoea after taking antibiotics, inflammatory bowel conditions such as ulcerative colitis, constipation, acute dysentery. Advice needed if patient has AIDS and stomach becomes swollen. If diarrhoea lasts more than two weeks (or is related to IBS) or diarrhoea is severe

Treatment to be given

Name of Medicine	Loperamide Hydrochloride
Dose	Two tablets initially, followed by 1 capsule after each loose bowel movement
Route	Oral
Frequency	Take 2 capsules after first bowel movement then x1 capsule after each bowel movement up to max dose of 8 in any 24hr period
Max dose in 24hrs	8 capsules
Follow up	If symptoms persist after 3 days, seek medical help
Warnings/Adverse Reactions	Abdominal cramps, nausea, vomiting, tiredness, drowsiness, dizziness, dry mouth and skin reactions
Advice to student	Drink plenty of fluids to maintain hydration. To prevent spread of infection wash hands after going to the toilet, before you touch food. Rehydration therapy may be needed in cases of severe diarrhoea where large amounts of fluids are lost.

Bongela – kept in the Nurses' Office

Indications

When it can be given	To relieve sore gums
DO NOT GIVE	If suffering from stomach ulcer. Allergic to any ingredients contained within the product. DO NOT GIVE to children or adolescents under the age of 16. There is a junior Bonjela available for this age group or boots own sore gum. Seek advice if pregnant or breastfeeding. Linked to Reyes syndrome if given to children.

Treatment to be given

Name of Medicine	Bonjela
Dose	One centimetre applied to sore area
Route	Oral

Frequency	Every 3hrs
Max Dose in 24 hrs	8 applications
Warnings/Adverse reactions	Possible allergic reaction, symptoms may like those of asthma.
Advice	If symptoms persist after 7 days, seek advice

Indigestion Remedies

Indications

When it can be used	To relieve Indigestion
DO NOT GIVE	Within two hours of taking other medicine by mouth as it may be less effective. Seek advice if suffering from phenylketonuria as this product is sweetened with aspartame

Treatment to be given

Name of Medicine	Gaviscon
Dose	2-4 tablets after meals and at bedtime
Route	Oral – to be sucked or chewed
Frequency	After meals
Max dose in 24 hrs	16 tablets
Warnings/Adverse reactions	Too many tablets can cause bloating. Rare- allergic reaction
Advice to students	Look at lifestyle of student if appropriate. Do they smoke, drink too much coffee, alcohol or eat too many fatty foods, chocolate.

Calamine Lotion

Indications

When it can be used	To relieve sunburn and skin irritation
DO NOT USE	If allergic to lotion

Treatment to be given

Name of Medicine	Calamine Lotion
Dose	Apply as necessary to affected area.
Frequency	As required
Follow up	See GP if symptoms persist

IMPLEMENTATION, MONITORING AND REVIEW PROCEDURES

- This policy is formally reviewed on an annual basis and is signed off by the Principal of The Worthgate School Canterbury by the authority of the Governors
- All relevant staff receives initial Medical Policy training, including the administration of OTC medications and recording of said medication on appointment before administering any

medication. Staff are also required to complete the Administration of Medication online e-learning training – This e-learning training is refreshed every two years

- All over the counter medicines administered will be written in medication files kept in Boarding Houses and this paperwork will be audited by the nurses and reported to the DSMHW/APBW
- Monitoring of this policy will be undertaken by: The nurses and the DSMHW

RELATED POLICY

First Aid Policy

Mental Health and Wellbeing Policy

Voice Care Policy

Misuse of Non-prescribed Drugs Policy

USEFUL LINKS

Allergy UK

Allergy Help Line: (01322) 619864

Website: www.allergyfoundation.com

The Anaphylaxis Campaign

Helpline: (01252) 542029

Website: www.anaphylaxis.org.uk and www.allergyinschools.co.uk

Association for Spina Bifida and Hydrocephalus

Tel: (01733) 555988 (9am to 5pm)

Website: www.asbah.org

Asthma UK (formerly the National Asthma Campaign)

Adviceline: 08457 01 02 03 (Mon-Fri 9am to 5pm)

Website: www.asthma.org.uk

Council for Disabled Children

Tel: (020) 7843 1900

Website: www.ncb.org.uk/cdc/

Contact a Family

Helpline: 0808 808 3555

Website: www.cafamily.org.uk

Cystic Fibrosis Trust

Tel: (020) 8464 7211 (Out of hours: (020) 8464 0623)

Website: www.cftrust.org.uk

Diabetes UK

Careline: 0845 1202960 (Weekdays 9am to 5pm)

Website: www.diabetes.org.uk

Department for Education and Skills

Tel: 0870 000 2288

Website: www.dfes.gov.uk

Department of Health

Tel: (020) 7210 4850

Website: www.dh.gov.uk

Disability Rights Commission (DRC)

DRC helpline: 08457 622633

Textphone: 08457 622 644

Fax: 08457 778878

Website: www.drc-gb.org

Epilepsy Action

Freephone Helpline: 0808 800 5050 (Monday – Thursday 9am to 4.30pm, Friday 9am to 4pm)

Website: www.epilepsy.org.uk

Health and Safety Executive (HSE)

HSE Infoline: 08701 545500 (Mon-Fri 8am-6pm)

Website: www.hse.gov.uk

Health Education Trust

Tel: (01789) 773915

Website: www.healthedtrust.com

Hyperactive Children's Support Group

Tel: (01243) 551313

Website: www.hacsg.org.uk

MENCAP

Telephone: (020) 7454 0454

Website: www.mencap.org.uk

National Eczema Society

Helpline: 0870 241 3604 (Mon-Fri 8am to 8pm)

Website: www.eczema.org

National Society for Epilepsy

Helpline: (01494) 601400 (Mon-Fri 10am to 4pm)

Website: www.epilepsynse.org.uk

Psoriasis Association

Tel: 0845 676 0076 (Mon-Thurs 9.15am to 4.45pm Fri 9.15am to 16.15pm)

Website: www.psoriasis-association.org.uk/

APPENDIX 1 - PROCESS FOR INDIVIDUAL CARE PLANS.

