



Whole School Medical and First Aid Policy and Procedures (Including EYFS and Out of School Provision)

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Review Due: August 2018 by Headmaster, Director of Finance and Operations, Matrons and Governors

Policy Statement:

Every effort is made to care for the physical and mental development of pupils at Cranford House School and all pupils are cared for in a holistic, non-judgmental way. In line with ISSR 14, the School recognises and accepts its responsibility for the well-being of the pupils in its care and ensures that any first aid required is administered in a timely and competent manner. This document is made available to all interested parties on our website and on request from the School Office. It is available to staff in hard copy in the Regulatory Policies file in the Staff Room. It should be read in conjunction with the following policies:

- **‘Whole School Health and Safety Policy’**
- **‘Whole School Safeguarding (including Child Protection) Policy’** and **‘Safeguarding Procedures’**

This policy is reviewed annually, or as events or legislation requires, by the Headmaster, Director of Finance and Operations, School Matrons, and the Governors. The next review date is August 2018.

Key Personnel:

School Matron:

During the School day, a pupil’s medical needs are met by the School Matrons or trained first aiders. Matron is on duty during the hours 8.30 am – 5.30 pm every day. See page 19 for a list of trained First Aiders at the School.

Responsibilities of School Matron:

- To provide first aid to pupils, staff and visitors as necessary. No medication can be given to parents and visitors if a medical history is not available, but in the case of an accident, first aid is always on hand;
- To care for pupils who are unwell during the School day. Matron is able to administer some medicines following protocol agreed by the School Doctor, Dr Hughes. Permission is gained annually from parents for this medication to be administered;
- To work with the academic staff (particularly the Deputy Head and Heads of Key Stages/Heads of Year) to provide medical and pastoral care to pupils;
- To ensure accurate records are kept: Accidents are recorded in the Accident Book. Information about every visit a child makes to Sick Bay, including dosage and timing of any medication given, is logged and transferred to confidential medical notes on PASS, our Management Information System;
- To promote the health and welfare of all pupils;
- To keep parents, the Headmaster and staff informed of medical issues;
- To facilitate vaccinations by Oxfordshire Primary Care Trust;
- To ensure all First Aid boxes around the School are checked and the contents are replenished regularly (**see Appendix A**);
- To be involved with Health Education within the School;
- To ensure reports under RIDDOR are maintained.

Trained First Aiders: (See Appendix A)

Cranford House has a regularly up-dated register of staff who hold a first aid qualification. In Matron's absence, one of the qualified first aiders will be called upon, usually by the School Office staff, to administer first aid if necessary. All first aid-trained staff update their training every three years and registers are kept in the School Office, the Bursary, the Staff Room and Sick Bay. All EYFS and Key Stage 1 teachers and Teaching Assistants are being trained in 12-hour paediatric first aid. At least one such qualified member of staff is on-site when EYFS children are present.

Procedures:

Medical Information, Confidentiality and Parental Consent:

All parents complete a Confidential Medical Questionnaire about their child at the point of registration. The Registrar then passes the information to the School Matron who records basic information on the database and on the 'Allergies' and 'At Risk' Register. This allows Matron to be aware of medical problems and thus offer appropriate and continued care to pupils. Parents are informed at this point that any changes to their child's medical condition or general health must be reported to Matron or the School Office as soon as possible, so that their medical records can be updated. Staff who come into contact with pupils who have a medical concern will be informed on a 'need to know' basis in order to care for them in the School situation.

Medical information about pupils, regardless of their age, will remain confidential. However, in providing care for a pupil, it is recognised that, on occasions, Matron may liaise with the Headmaster, other academic staff, catering staff and parents; and that information, ideally with the pupil's consent, will be passed on as necessary. With all medical and nursing matters, Matron will respect a pupil's confidence. On the very rare occasions when, having failed to persuade a pupil to give consent to divulgence, Matron considers that it is in the pupil's best interests, or necessary for the protection of the wider School community, or if the pupil is in danger, information will be passed to the relevant person or body, e.g. a potential safeguarding matter.

When a Pupil is Unwell or has an Accident during the School Day:

(see Appendix A: Procedures for First Aiders when Assisting an Individual in Sick Bay in the Absence of Matron)

If a pupil is unwell in class or during break or lunch times, or has an accident, he or she can be sent to see Matron or a first aider. Matron or a first aider will assess the pupil and decide on the course of management.

This may include:

- Allowing the pupil to rest for a short time (usually no longer than one hour). Sick Bay is open throughout the School day;
- Giving some simple treatment or first aid, such as applying a bandage, plaster or topical cream;
- Giving a simple analgesic such as paracetamol or ibuprofen in age-specific doses, having obtained prior permission from parents before any medication is given to pupils;

- Contacting the parents to request that the child is collected as soon as possible if Matron or the first aider feels the pupil is too unwell to stay in School or has a contagious illness.

Parents are advised that if their child develops a high temperature during the day and Matron or a member of staff calls them to collect their child, we request that the pupil is collected within one hour of the phone call wherever possible. This is particularly important for our younger pupils for whom a high temperature could lead to a more serious response.

The parents of any pupil who sustains any sort of head injury during the School day are advised by email of the injury, the time sustained and details of treatment.

In any case where Matron or the first aider has a concern about the health of a pupil, either following an accident or not, she will contact the parents of the pupil, detailing the treatment given, whether the pupil has been unwell and if they required analgesia and/or bed rest. Where possible, she will do this by approaching the parent at collection time or by telephone or email. Matron and in the case of EYFS pupils, the Key Person, ensures that any accident or injury sustained by a child is reported to the parents/carers on the day it occurred or as soon as practicable. All Reception children who visit Sick Bay are given a medical report form.

When to Call an Ambulance:

If a child is seriously unwell or injured, the School Matron or a first aider will detail a member of the School Office staff to contact the Emergency Services for an ambulance by dialling 999 (9999 from a School landline). They will give information about the incident and about the pupil from their medical file or PASS/3Sys (the School's Management Information System) should it be necessary. All staff are advised to call for an ambulance (via the School Office) immediately should a pupil or a member of staff:

- **Lose consciousness (other than fainting);**
- **Possible signs of concussion following a head injury;**
- **Show signs of difficulty in breathing;**
- **Suffer significant blood loss rapidly;**
- **Use an Epi-Pen due to an anaphylactic reaction;**
- **Sustain a suspected major fracture.**

Medication:

Following protocol agreed with the School Doctor, Matron or a first aider is permitted to administer a small number of conventional medicines to pupils, such as those purchased over the counter at pharmacies (e.g. paracetamol paediatric syrup and paracetamol 500mg tablets, ibuprofen 200mg and throat pastilles).

These are administered according to the age-specific dose and with the prior written consent of parents only. In cases where there has been no permission given for such analgesia by parents, Matron or the first aider will contact them, informing them that their child is in pain or has a high temperature and ask for verbal agreement to be given on this occasion, preferably while the child waits to be collected by the parents. A list of children without prior written permission for analgesia is kept in Sick Bay.

Matron or a first aider is also permitted to administer pupils' medicines and all medication is brought to her for safe storage.

Any such medication **MUST** come into the School in the original packaging from the pharmacy, clearly labelled with the child's name and with clear instructions indicating when the child should be given the next required dose. Parents are requested to bring medication to Matron or the School Office, rather than ask their child to bring it in to School. Matron or first aiders are not permitted to accept medication which has been re-packaged in envelopes etc. Prior written permission to administer this medication must be received from parents.

If a child usually travels to School by School bus, parents are requested to bring medication to School themselves, or to contact Matron or the Deputy Head to discuss.

If necessary, medication will be stored in a locked fridge in Sick Bay which is kept at between + 2 and - 8 °C. Any other medication is stored in a locked cabinet in Sick Bay. Members of staff who carry medication should ensure it is kept locked away or completely out of the reach of pupils at all times.

The following steps must be followed:

- The label on the medicine container should be checked to ensure that the instructions are the manufacturer instructions and not those of the parents;
- If the medicine is prescribed by a doctor, rather than an over the counter medicine, this must have the child's name on it. If other family names are on it, it must not be administered;
- Medicine should be returned to the parents at the end of the week and in some cases, the end of every term;
- A written record is kept by Matron/first aider each time a medicine is administered to a child;
- Parents must advise Matron or the School Office of any analgesia their child has been given before School and if they wish their child to have further doses, at what time, what sort and the strength of medication they require by note, email or in person where possible;
- Matron/first aider is obliged to ask any pupil who requests non-prescription medication when their last dose was. If the same medication was taken earlier that day, Matron must ascertain over how many days the pupil has been taking the medication. If this is over a 3-day period, Matron/first aider will contact the child's parents and advise them to refer their child to a G.P and will not give any further medication;
- Any analgesia should not be administered before 12.00 noon in Early Years and the Junior School, unless Matron/first aider first confirms with the parents that their child has not received any analgesia before coming to School;
- If analgesia is given late in the afternoon, a note, email or a telephone call should be made to inform parents what time it was given, what type and why it was given.

Illness and Contagious Diseases:

Parents are made aware of the following:

- If a child has a sickness and diarrhoea bug, they should not return to School until a **clear 48 hours** have passed since the last time the child experienced a bout of one or both symptoms;
- If a child has needed to take calpol or any such analgesia early in the morning in order to prepare them for a day at School or Nursery, he or she is not considered well enough to be attending that day. This is especially important as medication could be masking a high temperature which could be linked to a contagious illness.

- In the case of impetigo, they should not return to School until the lesions have crusted over and he/she has had at least 24 hours on antibiotics;
- Pupils with chicken pox should not return to School until all the chicken pox scabs have dried or crusted over;
- Children who have been off School with high temperatures should not return to School until their temperature has been normal for at least 24 hours;
- Children with other infectious diseases (such as scabies, hand, foot and mouth etc.) should not return to School until their G.P gives them the all-clear;
- Parents are asked to inform the School if their child is away from School with any of the above or a similar illness.

Head Lice:

Cranford House School is aware of the national problem of head lice and how it can sometimes affect young children at home and in school. School staff, including Matron will assist parents by:

- Alerting parents via an email if an outbreak is noted in a particular area of the School;
- Providing information and encouraging parents to seek advice from NHS websites and pharmacies;
- Maintaining a visual check on pupils;
- Alerting individual parents by phone call, email or in person if a more persistent case is noted.

The School requests that parents assist us in reducing the number and severity of outbreaks by:

- Undertaking weekly and where appropriate, daily checks to ensure that your child/family is not affected. A detector comb should be used and all family members checked;
- Seek advice from a medical practitioner (G.P or Pharmacist) about using an approved lotion and treat using this method in the recommended way;

Those parents of children with repeated and/or severe occurrences of head lice will be asked to treat their children thoroughly before returning them to School.

Pupils with Allergies:

Pupil allergies should be declared on the Confidential Medical Form by parents at the point of starting Cranford House School. Information about the allergy, any risk and the medication used should be included. Parents should also keep Matron informed and updated at all times regarding their child's condition and any changes to their treatment.

Parents of pupils with a newly-diagnosed allergy should write to Matron and to the child's Form Tutor/Class Teacher or Key Person, giving details of the allergy, any risks to the pupil and any necessary medication. All allergies are entered onto the 3Sys database and on the appropriate Allergy Register which is kept in Sick Bay and in the Staff Room.

Any pupil with a serious food allergy will have a photograph with listed allergy in the Sick Bay, Staff Room and in Willow Court Restaurant.

The Catering Manager is kept informed of any food-related allergies and liaises with parents to ensure all pupils' dietary requirements are met.

Cranford House aims to be a 'nut-free' zone. Staff receive Epi-Pen training by Matron on an annual basis. Isolated new cases of hives, sore eyes or rhinitis associated with high pollen counts may be given anti-histamine medication once written permission is received from parents via the annual Medical Forms. This medication is stored in Sick Bay.

(See **Appendix G** for the School's '**Policy on the Administration of Adrenaline (Epinephrine) using a Pre- Loaded Device (Epi-Pen) for the Emergency Treatment of Anaphylaxis for Children and Young People**').

'At Risk' Pupils:

Matron compiles a register which is regularly updated of any pupils who have serious illnesses or medical conditions which may affect their School activities. This information is uploaded to pupil records on 3Sys and located in hard copy in Sick Bay, in the files in the Staff Room near the spare Epi-Pen boxes and on the R-Drive under *Admin/General Office/Matron*. All staff are reminded to familiarise themselves regularly with these pupils during INSET training and must be aware when organising a trip or outing involving such pupils. Individual protocols (care plans) are set up for pupils with serious illnesses or at risk of serious illness. These are uploaded to the R-Drive along with the At Risk Register.

Off-Site Trips and Outings:

(Please also refer to the School's '**Whole School Outings and Trips Policy and Procedures**').)

When staff are organising a trip or visit off-site, Matron will advise on individual medical problems on a 'need to know' basis, in order to ensure individual pupil welfare during the trip. Fully completed Risk Assessment forms identify any pupil at risk on each trip. An Accident Form is given to parents to sign should their child sustain an injury or have an accident on a trip, thus parents acknowledge awareness of the accident taking place and the procedures followed.

Staff must ensure that first aid kit(s), appropriate to the type of trip and to the age-group of the pupils involved is/are taken with them. This kit should not contain any form of medicine (such as analgesia, asthma medication or a child's own medication). These should be carried in a separate '*medicine only*' first aid bag. Any such medication **MUST** be taken in the original packaging with the pharmacy details on the container and must not be decanted into a smaller container for the trip. No pupil should carry any medication at all and no pupil should be given another person's drugs (e.g. Piriton). The person who holds this bag must be responsible for administering medicine and recording it and not be responsible for first aid. Medication given by a first aider on a trip must be recorded and another member of staff should be present as a witness. Recordings should be directed to Matron upon return to School.

Health and Safety under RIDDOR:

('Reporting of Injuries, Diseases and Dangerous Occurrences Regulations' 2013)

The prevention of accidents is given on-going consideration within the School. Matron is able to give advice on Health and Safety Matters.

An Accident Book is maintained for staff and pupils; RIDDOR forms (F2508) are completed electronically as necessary and records are kept of any injury, occurrence or disease requiring report.

The Health and Safety Executive can be contacted on 0845 300 9923. Reports under RIDDOR are the responsibility of the School Matron. More details about the reporting of accidents are available in the '**Whole School Health and Safety Policy**' and '**Policy for Reporting Accidents under RIDDOR**' in the Staff Section of the VLE.

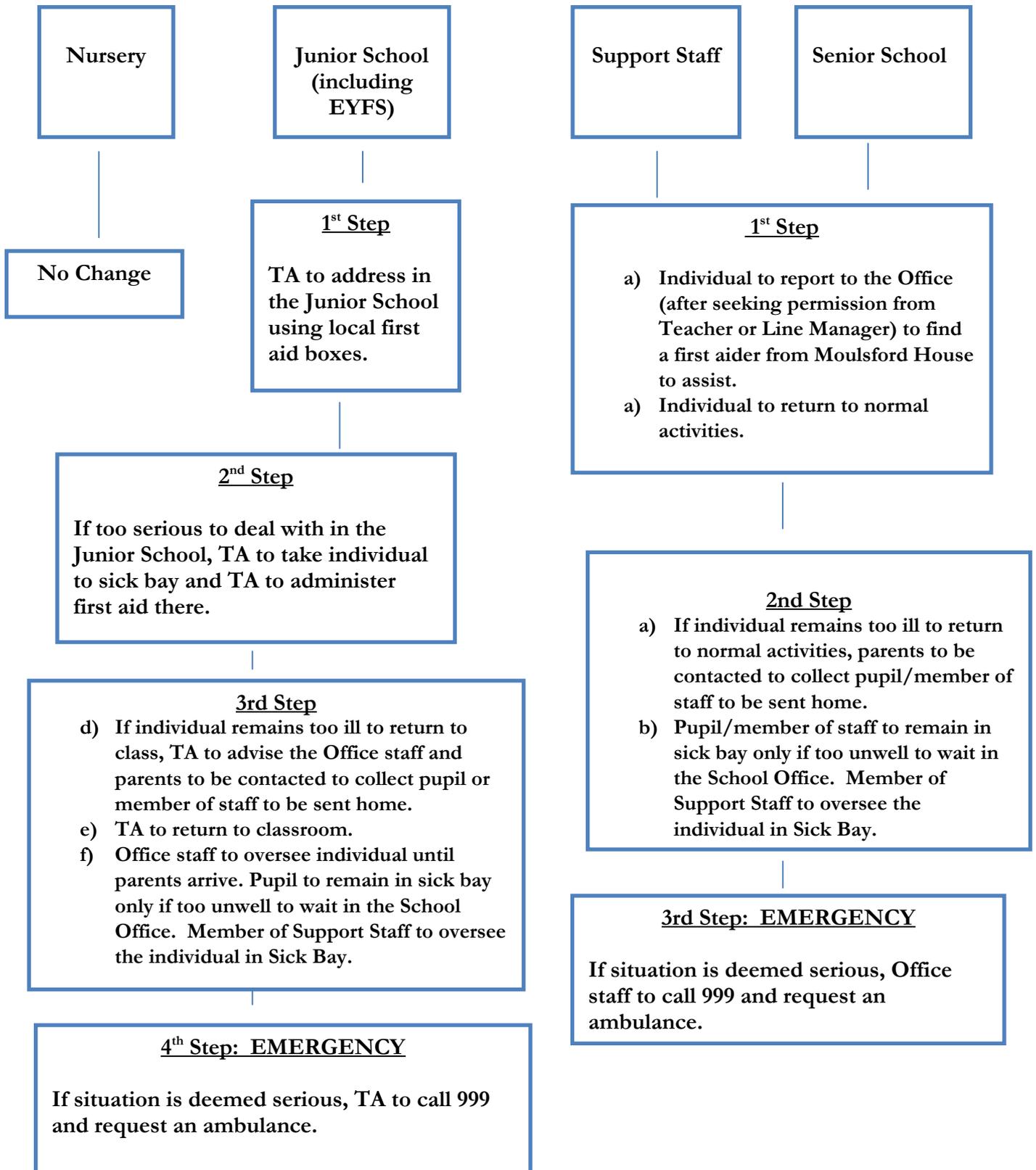
Hygiene Procedures for the Spillage of Blood and other Body Fluids:

The risk of infection through exposure when dealing with blood and bodily fluid spillage will be minimised by immediate, safe and effective cleaning as detailed below:

- All staff should wear protective clothing (disposable gloves and apron) and cover any open cuts;
- One person should be primarily responsible for each area;
- Apply the contents of a biohazard spillage kit and clean as directed;
- Clear away and use fresh paper towels with water/detergent solution to clean;
- Clear all items used and dispose of appropriately (wrap in paper or plastic first);
- Ensure the area is safe after cleaning;
- Perform hand hygiene both before and afterwards.

Note that splashing must be avoided and mops should not be used. All clinical waste is put into clinical waste bags and placed in the clinical waste bin in Sick Bay. This bin is collected by Ultimate Hygiene.

Appendix A: First Aid Procedures for Assisting an Individual in Sick Bay in the Absence of Matron



NB: ALL incidents must be recorded in the accident diary. (see example page attached).
ALL medication given must be recorded in the Medical Diary (see example attached).

Process for Administering Over the Counter Medication:

1. Check the inside of the medicine cabinet for a list of pupils whose parents have requested no medication be administered.
2. In addition to this, there will be a list of pupils where up-to-date medical information is outstanding so **NO MEDICINE CAN BE ADMINISTERED.**

No Permission	Permission
	a. If the medication is needed in the morning and the pupil is in the Junior School (including EYFS), contact parents to establish if any medication has been administered earlier that day at home (to avoid double dose).
	b. Check medication diary to see if medication has been administered earlier in the day at school (to avoid double dose).
If no consent, if the pupil is too ill to return to class, phone parent to come in to collect pupil.	c. If not, a dose can be administered according to the instructions.
	d. Log the following information in the medication diary: <ul style="list-style-type: none"> • Time • Child's Name • What Administered • Amount Administered • Reason i.e. Headache/tummy ache. • Given by... (See example copy attached)

Process for Administering Prescribed Medication:

Parents must bring all prescribed medication to the Office or directly to Matron and complete Permission to Administer Medicine Form (see example on page 6). The slip is to be put in Matron's pigeon hole.

1. Check the name on the medication is the name of the pupil needing the dose.
2. Check the date on the medication to ensure that it is in date.
3. Check the dose to be administered.
4. Administer Medication
5. Log in medication diary (see example on page 4):
 - Time
 - Child's name
 - What Administered
 - Given by...
6. Log in Individual Medication Administered Form (see attached copy on page 7) and put in Matron's pigeon hole.

Permission to Administer Prescribed Medication:



I give permission for a First Aider to administer
..

To my son/daughter: Form:

Dose Frequency

Amount supplied Tablets/Liquid/ Other

.....

Signed.....

Print Name

Date

Hints and Tips:

Cuts and Grazes:

1. Clean the cut/graze with water and a gauze swab.
2. Dry and apply plaster/dressing.

Sickness and Diarrhoea:

1. Try to contain sickness in to a sick bag. Tie off and place in **yellow bin**.
2. Call parents to collect child.
3. Remind parents/individual that school policy is **48 hours** from their last bout of illness before returning to school.
4. If individual has been sick on floor/playground etc. please call maintenance to attend to cleaning up.

Minor Bumped Heads:

1. Providing no blood:
 - A) Check with individual that their vision has not changed and ask them to tell you how it happened (this is so you can hear if their speech has changed and memory of event);
 - B) Check that both pupils are the same size;
 - C) Apply ice pack from fridge to affected area to ease pain;
 - D) Apply a bumped head sticker on EYFS and Junior pupils;
 - E) Fill out Medical Report Form for EYFS pupils (see copy attached);
 - F) Place in school bag to take home. Phone or email parents to advise.
2. If bleeding
 - A) Clean with gauze swab and water;
 - B) Check with individual that their vision has not changed and ask them to tell you how it happened (this is so you can hear if their speech has changed and memory of event);
 - C) Check that both pupils are the same size;
 - D) Keep individual with you until bleeding has stopped;
 - E) Apply Ice pack from fridge to affected area to ease pain;
 - F) Apply a bumped head sticker on EYFS and Junior pupils;
 - G) Call parents just to inform them to avoid shock at pick-up;
 - H) Fill out Medical Report Form for EYFS pupil (see copy attached);
 - I) Place in school bag to take home. Phone or email parents to advise.

Asthma:

1. Place individual in position that is comfortable for them and allow them to use their inhaler.
2. Do not leave individual alone;
3. Tell them to breathe slowly and as deeply as they can;
4. A mild attack should only last a few minutes. If no improvement ask them to take another dose from their inhaler;
5. If the inhaler has no effect at all and breathlessness makes talking difficult or individual becomes exhausted call **999**.

Anaphylaxis:

1. If Piriton/antihistamine is administered **DO NOT** allow the individual to be left alone for up to a period of 45 minutes. (As antihistamine can improve things for a short time but not be fully effective);
2. Call parents and advise that antihistamine has been administered and why;
3. If Epi-pen needs to be administered take note of time and call 999.

NB: Any items containing or tainted with blood MUST be disposed of in the yellow bin in Sick Bay.

First Aiders List per Area of School

Moulsford House	Nursery	Junior School	Senior School	P.E
Penny Athorne (6 hrs Paediatric Emergency First Aid)	Lucy Hayne (12 hrs Paediatric First Aid)	Dawn Bainbridge (6 hrs Paediatric Emergency First Aid)	Rupert Barker (6 hrs Sports Focused First Aid)	Sam Carrington (6 hrs Sports Focused First Aid) 16 hrs Forest School First Aid
Carly Belcher (6 hrs Paediatric Emergency First Aid)	Angela John (12 hrs Paediatric First Aid)	Cara Bennett (12 hrs Paediatric First Aid)	Steve Cowley (Rescue Emergency Care Scheme Guidelines & 6 hrs Sports Focused First Aid)	Howard Cooke (6 hrs Sports Focused First Aid)
Jane Cuffe (6 hrs Paediatric Emergency First Aid)	Kim Knight (12 hrs Paediatric First Aid)	Linda Bowen (12 hrs Paediatric First Aid)	Jenny Felton (6 hrs Paediatric Emergency First Aid)	Dani Cranton (Sports First Aid)
Karen Fredrick (6 hrs Paediatric Emergency First Aid)	Sally Swift (12 hrs Paediatric First Aid)	Sarah Brudenell (6 hrs Paediatric Emergency First Aid)	Kathryn Heard (Paediatric First Aid)	Susan Crowe (12 hrs Paediatric Emergency First Aid)
Katie French (6 hrs Paediatric Emergency First Aid)		Rebecca Carpenter (12 hrs Paediatric First Aid)	Pat Heaton (6 hrs Paediatric Emergency First Aid)	Bridget Graham (6 hrs Sports Focused First Aid)
Elaine Furner (6 hrs Paediatric Emergency First Aid)		Sally Charlesworth (6 hrs Paediatric Emergency First Aid)	Anna Roberts (6 hrs Paediatric Emergency First Aid)	Amanda Watkins-Cooke (6 hrs Sports Focused First Aid)
Melanie Parfitt (12 hrs Paediatric/ First Aid @ Work/Anaphylaxis Awareness Training)		Anne Greedy (12 hrs Paediatric Emergency First Aid)	Mandy Stoker (6 hrs Paediatric Emergency First Aid)	
Jay Patel (6 hrs Paediatric Emergency First Aid)		Alison Harris (6 hrs Paediatric Emergency First Aid)	Sharon Sulley (6 hrs Paediatric Emergency First Aid)	
Christine Shephard (12 hrs Paediatric & First Aid @ Work)		Beata (BB) Kwidzinska (12 hrs Paediatric First Aid)	Lizzie Webb (6 hrs Paediatric Emergency First Aid)	
Jean Simmons (6 hrs Paediatric Emergency First Aid)		Kerry McKenzie (12 hrs Paediatric Emergency First Aid)		
Stephanie Treadwell (6 hrs Paediatric Emergency First Aid)		Emma Owen (6 hrs Paediatric Emergency First Aid)		
Alison Young (6 hrs Paediatric Emergency First Aid)		Wendy Rant (12 hrs Paediatric Emergency First Aid)		
		Kay Raymond (12 hrs Paediatric Emergency First Aid)		
		Jane Ryde (6 hrs Paediatric Emergency First Aid)		

First Aiders List Alphabetically by Staff Name

Correct as at August 2017. Please see Matron for any changes/updates

Name	Qualification	Valid From	Expires on
Penny Athorne	6 hrs Paediatric Emergency First Aid (a.i.d Training)	01.09.15	31.08.18
Dawn Bainbridge	6 hrs Paediatric Emergency First Aid (a.i.d Training)	27.08.15	26.08.18
Rupert Barker	6 hrs Sports Focused First Aid	06.01.15	05.01.18
Carly Belcher	6 hrs Paediatric Emergency First Aid (St Johns Ambulance))	03.01.17	02.01.20
Cara Bennett	12 hrs Paediatric Emergency First Aid (St Johns Ambulance)	12.05.17	11.05.20
Linda Bowen	12 hrs Paediatric First Aid (St Johns Ambulance)	31.01.17	30.01.20
Sarah Brudenell	6 hrs Paediatric Emergency First Aid (a.i.d Training)	01.09.15	31.08.18
Rebecca Carpenter	12 hrs Paediatric First Aid (a.i.d Training)	16.12.14	15.12.17
Sam Carrington	6 hrs Sports Focused First Aid 16 hrs Forest School First Aid	06.01.15 14.02.17	05.01.18 13.02.20
Sally Charlesworth	6 hrs Paediatric Emergency First Aid (a.i.d Training)	01.09.15	31.08.18
Howard Cooke	6 hrs Sports Focused First Aid	06.01.15	05.01.18
Steve Cowley	Rescue Emergency Care Scheme Guidelines 6 hrs Sports Focused First Aid	23.02.14 06.01.15	22.02.17 06.01.18
Dani Cranton	Sports First Aid (St Johns Ambulance)	03.02.17	02.02.20
Susan Crowe	12 hrs Paediatric Emergency First Aid (St Johns Ambulance)	07.04.17	06.04.20
Jane Cuffe	6 hrs Paediatric Emergency First Aid (a.i.d Training)	27.08.15	26.08.18
Jenny Felton	6 hrs Paediatric Emergency First Aid (St Johns Ambulance)	03.01.17	02.01.20
Karen Fredrick	6 hrs Paediatric Emergency First Aid (a.i.d Training)	27.08.15	26.08.18
Katie French	6 hrs Paediatric Emergency First Aid (a.i.d Training)	01.09.15	31.08.18
Elaine Furner	6 hrs Paediatric Emergency First Aid (St Johns Ambulance)	03.01.17	02.01.20
Bridget Graham	6 hrs Sports Focused First Aid	06.01.15	05.01.18
Anne Greedy	12 hrs Paediatric First Aid (a.i.d. Training)	15.12.14	14.12.17
Alison Harris	6 hrs Paediatric Emergency First Aid (a.i.d Training)	01.09.15	31.08.18
Lucy Hayne	12 hrs Paediatric Emergency First Aid (St John Ambulance)	15.09.17	14.09.20
Kathryn Heard	Paediatric First Aid (St Johns Ambulance)	14.05.15	13.05.18
Pat Heaton	6 hrs Paediatric First Aid (a.i.d Training)	26.03.14	25.03.17
Angela John	12 hrs Paediatric First Aid (a.i.d Training)	16.12.14	15.12.17
Kim Knight	12 hrs Paediatric First Aid (British Red Cross)	06.12.16	05.12.19
Beata (BB) Neumann-Kwidzinska	12 hrs Paediatric First Aid (St John Ambulance)	16.06.17	15.06.20
Kerry McKenzie	12 hrs Paediatric First Aid (a.i.d Training)	15.12.14	14.12.17
Emma Owen	6 hrs Paediatric Emergency First Aid (a.i.d Training)	01.09.15	31.08.18
Melanie Parfitt	First Aid at Work 12 hrs Paediatric Emergency First Aid Anaphylaxis Awareness Training (a.i.d Training)	22.11.16 14.03.17 09.09.14	21.11.19 13.03.20 08.09.17
Jay Patel	6 hrs Paediatric Emergency First Aid (St Johns Ambulance)	03.01.17	02.01.20
Wendy Rant	12 hrs Paediatric First Aid (St John Ambulance)	28.02.17	27.02.20
Kay Raymond	12 hrs Paediatric First Aid (St John Ambulance)	16.06.17	15.06.20
Anna Roberts	6 hrs Paediatric Emergency First Aid (St Johns Ambulance)	03.01.17	02.01.20
Jane Ryde	6 hrs Paediatric Emergency First Aid (a.i.d Training)	01.09.15	31.08.18
Christine Shephard	12 hrs Paediatric First Aid (St Johns) Emergency First Aid at Work (St Johns)	08.04.16 24.11.15	07.04.19 23.11.18
Jean Simmons	6 hrs Paediatric Emergency First Aid (a.i.d Training)	27.08.15	26.08.18
Carole Smythe	6 hrs Paediatric Emergency First Aid (a.i.d Training)	27.08.15	26.08.18
Mandy Stoker	6 hrs Paediatric Emergency First Aid (a.i.d Training)	01.09.15	31.08.18
Sharon Sulley	6 hrs Paediatric Emergency First Aid (St Johns Ambulance)	03.01.17	02.01.20
Sally Swift	12 hrs Paediatric First Aid (St Johns Ambulance)	31.01.17	30.01.20
Stephanie Treadwell	6 hrs Paediatric Emergency First Aid (a.i.d Training)	27.08.15	26.08.18
Amanda Watkins-Cooke	6 hrs Sports Focused First Aid	06.01.15	05.01.18
Lizzie Webb	6 hrs Paediatric Emergency First Aid (a.i.d Training)	01.09.15	31.08.18
Alison Young	6 hrs Paediatric Emergency First Aid (a.i.d Training)	27.08.15	26.08.18

First Aid Boxes Locations

Location	Number
Art Room	1
Top of Moulsoford House	1
Cleaner's first aid box in Staff Work Room	1
Atrium	1
Food Tech	1
Kitchen	1
Mini Bus x 7	7
Junior School Reception Area	1
Top of Junior School Staircase	1
Reception	2
Year 1	1
Year 2	1
Year 3	1
Year 6	1
P.E Department (in Sports Hall) x 6	6
Science Laboratory x 1	1
Sick Bay	
2 x large	2
4 x medium	4
4 x small first aid boxes	4
7 x first aid pouches	7
Swimming Pool	1
The Main School Office	1
Workshop	1
Music	1

Pupils at Risk Register:

For the up-to-date Pupils at Risk Register, please see list in the Staff Work Room, Sick Bay and on the R: Drive under (*Matron/2017/Medical Form Lists*).

Location of Epi-Pens:

Epi-Pens are kept with the individual for pupils in Year 6 and those in the Senior School. For EYFS pupils and those in Years 1 – 5, they are kept with the Key Person/Form Tutor and carried to other lessons around the School such as PE lessons, Clubs etc. Spare ones are kept in the Staff Room.

Appendix B: In the Event of a Flu Pandemic

1. The Headmaster will keep the Chair of the Governors informed as to pupil numbers, falling roll and staff absence.
2. The Headmaster will consult SLT, the Facilities Manager, the School Matron and all school First Aiders who will oversee the following actions:
 - Increase hygiene by insisting on extra hand washing. All paper towels will be put into sealed bins. Alcohol rubs will also be used and additional warning notices will be displayed in toilets etc.
 - Surfaces, door handles, toilets, sinks and telephones to be cleaned with antibacterial spray regularly throughout the day;
 - Ventilation will be increased and the thermostats turned down in classrooms and all common areas;
 - The ambient temperatures will be routinely checked;
 - The Sports Hall or Gym will be used as an isolation area and a holding area of sick children waiting to be collected;
 - A rota will be established amongst Matron, the First Aiders, and any other available staff, to be responsible for sick pupils and staff;
 - Those responsible will liaise with the School Office, ensuring regular updating of registers, contact details and progression of the illness;
 - Extra supplies, such as thermometers, tissues, hand wash and alcoholic gel, hand towels, disinfectant, bins with lids and analgesia will be needed. The School Matron will delegate a member of staff to buy more supplies;
 - Parents will be advised immediately if their child develops flu-like symptoms.
3. Teaching and learning is to continue for as long as is feasible by combining groups. A shorter working day could be introduced and email teaching could happen from home. Pupils may have to bring in packed lunches if the kitchen is no longer in action. Staff will attend work unless unwell when normal sick conditions apply.
4. If the Headmaster decides that the School should close, then the **'Procedure for Closure of the School'** (in the **'Whole School Crisis Management Policy'**) should be followed.
5. The Headmaster should designate certain members of staff to answer telephone calls, update the School's website and change the messages on the answer phone as appropriate.
6. Liaison should be maintained with the Independent Schools' Register of Support Network and their advice followed.

This policy is based on Oxfordshire's Pandemic flu planning from Oxfordshire Primary Care Trust and Health Protection Unit with information shared at the Oxfordshire Health Emergency Planning Group.

Appendix C: In the Event of Food Poisoning

1. It is likely that parents will start to ring the School between 24 and 48 hours after their child comes down with suspected food poisoning. The School Office must keep a record of the number of calls received. If eight or more calls are received, the Headmaster will inform the Chair of Governors, SLT, staff and parents as appropriate.
2. SODC will be informed. Ofsted will be informed if children in the After School Care facility and in the Foundation Stage are affected. Moulsoford Prep School and the Old Vicarage will be informed if appropriate.
3. The School Kitchens will be closed. Non-domestic staff could be deployed to go shopping for sandwiches to feed children left at school at lunch time.
4. Any pupils falling ill during the day will be isolated; depending on the numbers and age range, the Willow Theatre, Sports Hall/Gym or a set of classrooms could be used. Pupils' parents will be contacted. Parents of pupils in the EYFS and of those pupils who travel on the minibuses should be contacted first. Records should be kept of each phone call.
5. Healthy staff will be nominated to take charge of:

Nursing: e.g. the School Matron and First Aiders;
Pupils: e.g. Form Tutors or other staff;
Communication: e.g. Office staff;
Kitchen: e.g. the Bursary Admin Department.

Teams of helpers may need to be allocated.
6. In the event of the School being unable to function, the Headmaster will close the school. Procedures for this can be found in the **'Procedures for Closure of the School'** section of the **'Whole School Crisis Management Policy and Procedures'**.
7. A statement will be put on the School website by the Data Manager or the Marketing Manager which will be regularly updated.

Appendix D: Immunisation Policy and Procedures

Introduction:

Cranford House School will co-operate fully with outside agencies to ensure that National Immunisation Programmes (e.g. HPV and DPT booster vaccination) are complied with.

Protocol:

1. All pupils are offered vaccinations in line with the current Government guidelines;
2. The Primary Care Trust will send out documentation for the appropriate vaccination programme and they will attend on a mutually agreed date;
3. Consent must be obtained from the pupil and the parents;
4. Vaccinations are only given in School by the Primary Care Trust immunisation team. The nurses also supply the required amount of vaccine;
5. Routine booster vaccinations of Diphtheria, Tetanus and Polio will be offered in Year 9 as well as the Men ACWY jab and the HPV in Year 8. The School Matron will be responsible for sending out the forms, collecting in and collating the information. Pupils who have consent for immunisation will be collected from their classes on vaccination day;
6. All forms are taken by the Primary Care Trust nurses for documentation for their records. The forms are then returned to the parents via the child;
7. All vaccinations completed at School are recorded in the pupil's medical records on the School database;
8. The immunisation nurses will ensure that all equipment is safely disposed of and taken away at the end of the vaccination session.

Procedure:

- Parents are requested to complete the Confidential Medical Form prior to their child starting at Cranford House. This information should include the dates of all childhood vaccinations;
- The School Matron will check the immunisation details of all pupils as they join the School;
- Parents should inform Matron of any vaccinations given so that the pupil's medical records can be up dated.

BCG's:

The routine administration of BCG's are no longer part of the Government-recommended immunisation programme.



Appendix E: Policy and Procedures for the Management of Asthma **(Including EYFS and Out of School Provision)**

What is Asthma?

Asthma is a condition that affects the airways, the small tubes that carry air in and out of the lungs. When a pupil with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscle around the walls of the airways tightens so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell. All these reactions cause the airways to become narrower and irritated making it difficult to breathe and leading to symptoms of asthma.

Aim of this Policy:

The aim is to develop a comprehensive policy to improve the management of pupils with asthma on the School site, on trips and at School events, thus encouraging them to achieve their potential in all aspects of School life.

Objectives:

- To recognise that asthma is a condition affecting many children and the School welcomes all pupils with asthma;
- To ensure pupils with asthma participate fully in all aspects of School life including PE and off-site activities;
- To recognise that immediate access to reliever inhalers are vital;
- To ensure, wherever possible, that the School environment is favourable to pupils with asthma;
- To ensure that updates are given to all staff who come into contact with asthmatic pupils in order that they know what to do in the event of an asthma attack;
- To work in partnership with all parties involved with pupils, including staff, parents and Matron to ensure this policy is implemented and maintained successfully;
- To teach pupils who have asthma about the disease and its management and to encourage them to take care of their symptoms.

Management of the Pupil's Asthma:

Parents of a pupil with asthma must notify the School either via the Confidential Medical Form completed prior to entry or in writing to the child's Form Tutor/Class Teacher and/or Matron. They should also inform the School of the medication prescribed to the child, when it is used and the Doctor's diagnosed reason for the asthma.

If inhalers are being used more than three times a week above the normal dose for the child, parents are advised to refer the child back to their G.P.

In the EYFS and Junior School, the pupil's asthma treatment should be kept with them in the classroom with their teacher or Key Person and taken out with them when doing PE and going out on trips.

In the Senior School, the pupil has the responsibility of keeping their own asthma treatment with them at all times.

If parents and pupils wish, a spare inhaler can be kept in Sick Bay in case of loss or emergency. This must have the pupil's name on and be replaced when out-of-date, it is the responsibility of the parents to make sure the inhalers are in-date and replaced as necessary. The School has a supply of non-prescription inhalers for use when necessary which the School Doctor, Dr Hughes has issued for emergency use. They are kept in the top medical cabinet in Sick Bay. **All** inhalers must be labelled with the child's name and the required dosage. This includes the inhalers which are carried by pupils.

Actions:

- a) For the School Matron to liaise with Staff and regularly update the Allergies and At Risk List; This list is available to staff through 3Sys and in hard copy in the Staff Room and Sick Bay;
- b) Staff will allow pupils to administer their own medication when needed.

School Outings and Trips:

- Ensure trip leaders gain relevant medical information prior to the trip from Matron;
- Care plans will be issued to trip leaders with relevant medication and the trip leader will liaise with Matron to go through these plans and the correct use of the inhaler;
- For further details, please see **'Whole School Outings and Trips Policy and Procedures'** which is located on the School website and in the Staff Section of the VLE.

During PE Lessons and Sports Events:

- Staff are aware of pupils with asthma as this information is listed in 'At Risk' Register with details in hard copy in the Staff Room, Sick Bay and on 3Sys;
- In the case where a pupil's asthma is triggered by exercise, remind the pupil to take a dose of reliever medication 15 minutes before they begin the lesson/fixture;
- Encourage pupils with asthma to do a few short sprints over 5 minutes to warm up;
- Make sure pupils bring their reliever inhalers (blue) to any sports/PE events;
- Ensure that any pupil who says they need their asthma medication, take their reliever inhaler and rest until they feel better. Talk to Matron if the pupil needs more reliever inhaler than usual or ask her to check the pupil;
- Speak to Matron if you are concerned that a pupil has undiagnosed asthma.

Procedures for the Management of an Asthma Attack

1. Warning Signs and Symptoms:

- **Coughing;**
- **Shortness of breath;**
- **Wheezing;**
- **Tightness of the chest area;**
- **Difficulty in speaking;**

2. Action: Ensure the reliever inhaler is taken immediately.

- 1 puff followed by a further puff 1 minute apart, using volumatic if normally used. This is usually the blue inhaler and opens up the airways;
- Stay calm and reassure the pupil. Attacks can be frightening;
- Listen to what the pupil is saying. Do not put your arms around the child as this may restrict their breathing;
- Help the pupil to breathe. Encourage him/her to breathe slowly and deeply. Most people find it easier to sit upright or lean forward slightly; Lying flat on the back is not recommended. Send a runner to bring the School Matron to assess the pupil;
- After the attack: minor attacks should not interrupt a pupil's involvement in School. As soon as the pupil feels better, a return to normal activities should be encouraged Matron should be informed if not attending and she should check the pupil before returning to lessons.

If **No** Improvement within 5 minutes:

- Continue to give the inhaler (1 puff followed by a further puff 1 minute apart, using volumatic if normally used) until symptoms improve.

If **No** improvement between 5 and 10 minutes:

- The pupil is too breathless, distressed or exhausted to talk;
- The pupil's lips are blue, chest tightness or wheezing;
- **OR YOU ARE IN ANY DOUBT** at all about the condition of the pupil:

Call 999 (9999 if using a School phone) and continue to give reliever medication every minute until the ambulance arrives.

NB: Do not take the pupil to hospital in your car. The pupil must go in an ambulance as his/her condition could deteriorate very quickly. Do not give aspirin or ibuprofen (nurofen) to anyone with asthma.



Appendix F: Policy and Procedures for the Management of Diabetes **(Including EYFS and Out of School Provision)**

What is Diabetes?

Diabetes (diabetes mellitus to give it its full name) is a life-long condition in which the amount of glucose (sugar) in the blood is too high because the body's way of converting glucose into energy is not working as it should.

Our bodies need glucose for energy. Glucose enters the bloodstream when you digest carbohydrate from various kinds of food and drink, including starchy foods (such as bread, rice, potatoes) fruit, some dairy products, sugar and other sweet foods. Glucose is also produced by the liver.

In people with diabetes, a hormone (a chemical messenger) called insulin carefully controls the amount of glucose in the blood. Insulin is made by a gland called the pancreas, which lies just behind the stomach. It acts as the 'key' that 'unlocks' the body's cells to let the glucose in. The body's cells then convert the glucose into energy.

Aim of the Policy:

- To identify pupils who may be at risk of developing diabetes;
- To optimise care of the disease;
- To identify and optimise care of co-existing conditions;
- To prevent complications of the disease;
- To promote pupil education and self-care.

Management of the Pupil's Diabetes:

An individual care plan is put in place, taking instructions on treatment from the parents, the pupil's diabetic nurse and the School Doctor based at Wallingford Medical Centre. Over-arching responsibility at School lies with the School Matrons and the trained emergency first aiders. A parents' responsibility plan is also put in place.

Procedures for the Management of Hypoglycaemia and Hyperglycaemia

HYPO (hypo is when blood glucose drops too low). Common Symptoms:

- Sweating;
- Hunger;
- Tiredness;
- blurred vision;
- lack of concentration;
- headaches;
- feeling tearful, stropky or moody;
- going pale;
- feeling shaky.

The causes of this could be:

- too much insulin;
- a delayed or missed meal or snack;
- not enough carbohydrate food;
- unplanned physical activity.

But sometimes there is no obvious cause.

HYPER (hyper – when blood glucose rises too high). Common Symptoms:

- increased thirst;
- passing urine more frequently;
- headaches;
- lethargy;
- abdominal pain.

The causes of this could be:

- missed insulin dose;
- too little insulin given;
- eating too much sugary or starchy food;
- over-treating a hypo;
- stress;
- being unwell with an infection.

Action:

If the pupil's blood glucose level is high for just a short time, emergency treatment won't be necessary. But if it stays high you will need to contact the emergency services immediately to prevent the pupil developing diabetic ketoacidosis.



Appendix G: (Document issued to parents of any anaphylactic pupil by Matron)

Pupil's Name.....

DOB.....

School.....

Administration of Adrenaline (Epinephrine) using a Pre-Loaded Injection Device for the Emergency Treatment of Anaphylaxis for Children and Young People



Policy and Procedures for the Management of Anaphylaxis and the Administration of Epinephrine (Adrenaline) for Emergency Treatment

(Including EYFS and Out of School Provision)

What is Anaphylaxis?

Anaphylaxis is an acute, severe allergic reaction when the body reacts to foreign substances called allergens. These allergens trigger an exaggerated response from the immune system. Up to 0.5% of the population are allergic to the venom of bee and wasp stings and 1 – 2% suffer from food allergies, such as peanuts, seafood, eggs and milk.

Most allergic reactions are mild and symptoms are treated with antihistamines; however, some people may suffer severe allergic reactions, known as anaphylaxis, which require emergency treatment with epinephrine (adrenaline) injections, possibly via a pre-loaded injection device (Epi-Pen).

Action and Key Responsibilities:

Level 1 Co-ordinator – Based in School:

The Level 1 Co-ordinator will either be the Headmaster or their appointed representative, in the case of Cranford House School, the School Matron. They will be responsible for:

- Ensuring adequate numbers of trained volunteers are maintained. At Cranford House, all teaching staff are trained annually in the management of anaphylactic shock by the School Matron. This training includes an annual update on signs and symptoms of anaphylaxis and on the giving of epinephrine (adrenaline) via the pre-loaded injection device. In addition, there are qualified First Aiders on site;
- Informing the new pupil's new school as early as possible if the young person changes school;
- Or for Non-Local Authority Maintained Establishments/Settings ensuring that an up-to-date copy of the trained volunteer list is given to their specified insurance company;
- Establishing the safe storage of epinephrine (adrenaline) emergency packs and, in liaison with parents, check that the adrenaline is 'in date' and liaise with parents or careers as required.

The Management of Anaphylaxis:

What is an Allergic Reaction?

An allergic reaction occurs when the body's immune system reacts to normally harmless substances. An allergic person's immune system considers these substances to be potentially damaging and releases histamine to defend the body against them. This defence causes certain changes in the body, which may produce a variety of mild to severe symptoms. This allergic response can develop following exposure to skin contact, swallowing, inhalation or injection. The response can be immediate or take some time to develop and may become life threatening. This severe reaction is called anaphylaxis.

Causes of Severe Allergic Reactions:

Certain Foods:

- Commonly allergic foods are nuts (especially peanuts), fish, shell fish, eggs and milk.
- Rarer allergic foods are:
 - Legumes – a group of foods that include pulses, beans, peas and lentils;
 - Fruits and vegetables.
- Most food allergic reactions occur immediately after ingestion, but some can occur up to several hours afterwards.

Insect Stings:

- In particular, wasp stings;
- The reaction to an insect sting can be immediate.

Natural Rubber Latex:

Some common sources of latex:

- Balloons;
- Rubber bands;
- Carpet backing;
- Furniture filling;
- Medical items such as catheters, gloves, disposable items.

Medicines:

This is a rare cause of a severe allergic reaction.

Cleaning Materials:

- Sprays;
- Disinfectants.

The Importance of Prevention in the Management of Anaphylaxis:

Food:

When a food allergy has been identified, it is essential that the young person does not eat even a minute quantity of the food that they are allergic to. A severe allergic reaction may occur even on skin contact with particular food.

A major problem with foods is the accidental exposure to particular food, especially peanuts, when it is concealed or it is an undisclosed ingredient.

- **At Meal Times:**

Commercially prepared foods contain hidden ingredients to which the allergic young person could severely react. When a young person has a home-prepared packed lunch, care is still needed to prevent inappropriate sharing of food.

- **On Outings and Trips:**

Allergic young people should not be excluded from outings for trips, but their safety should be assured by whatever additional precautions their individual plan indicates.

- **In Class-Based Activities:**

In the case of nut allergy, for example, peanuts may be used in Food Technology as a cooking ingredient, in Art; in a Science lesson, to burn calorific value estimation; in statistics to measure or weigh to determine the normal distribution. The oil in play dough may contain nuts.

Cranford House aims to be a nut-free school.

- **At Play:**

The ground under bird feeders may be littered with peanut fragments that constitute a significant hazard to nut-allergic young people. Sweets given to a young person may contain unexpected hidden nuts.

Insect Stings:

The following are steps to help prevent a young person at risk from getting stung:

- Avoid dressing the young person in shiny or brightly coloured clothing;
- Ensure the young person wears shoes when outside;
- Avoid eating outside;
- Avoid drinks in cans in the wasp season; boxed drinks with straws may be safer;
- When outside, avoid open rubbish bins and keep food covered.

Latex:

A severe allergic reaction is most likely to occur when latex has come in contact with mucus membranes or directly with tissue. It is important to:

- Warn doctors, dentists and paramedical staff that the young person is allergic to latex;
- Be aware of substances that may contain latex.

The Signs and Symptoms of Anaphylaxis:

In an allergic reaction, any or all of the following symptoms may occur and they may progress from mild to severe:

Mild/Moderate Symptoms:

- Tingling or itching sensation in the mouth: this is a useful warning that the young person may have eaten food to which they are allergic;
- Feeling hot or chilled;
- Intense itching;
- Rapid development of nettle rash/wheals (hives);
- Swelling, particularly to the face;
- Rising anxiety/worry;
- Nausea/sickness;
- Abdominal pain;
- Pallor/paleness;
- Mild wheeziness.
-

Severe Symptoms (Possibly Life-Threatening):

- Difficulty in breathing: severe wheezing and/or hoarseness and/or croupy sound or choking, cough, pale blue lips;
- Decreased level of consciousness: faint, floppy;
- Collapse.
-

Types of Reactions:

- Milder reactions are more common;
- Anaphylaxis, the most severe type of allergic reaction, is uncommon;
- Anaphylaxis can be life-threatening, but is very rarely fatal in young people.

Principles of Treatment:

Treatment of a severe reaction is with epinephrine (adrenaline), a drug given by injection and which is the mainstay in the treatment of anaphylaxis.

Epinephrine (adrenaline) is a drug prescribed on an individual basis and must only be given to the named young person.

Do not be afraid to use the epinephrine adrenaline in a severe allergic reaction. There is evidence to show that in a severe allergic reaction, if epinephrine adrenaline is given early on, then the outcome is better.

Using Pre-loaded Injection Devices (Epi-Pens):

Pre-loaded injection devices are obtained through the parent. There are two sizes of pre-loaded injection devices:

- A smaller dose for young people 30kg in weight (under 10 years of age);
- Adult pre-loaded injection devices 0.3mg for young people over 30kg in weight (over 10 years of age).

Always have 2 in-date pre-loaded injection devices in School, available wherever the young person goes. However, the device should not be carried by the young person until they are over 10 years of age and considered sufficiently responsible. **Staff are informed that they must only use an Epi-Pen on a child for which it is prescribed.**

The recommended number of devices is:

- For under 10 years of age: 2 pre-loaded injection devices at School and 1 – 2 at home;
- Over 10 years of age: 1 pre-loaded at School, 1 with the person and 1 at home.

Keep an action plan and agreement with the pre-loaded epinephrine adrenaline injection device.

Check the expiry date of all the pre-loaded injection devices and renew them as necessary.

Out-of-date medication is the property of the parent and should be returned to them for disposal at the dispensing pharmacy. It is the responsibility of the parent to supply and ensure that the anaphylactic medication is in-date and replaced when medication goes out of date.

All adults within the School should be aware of where the pre-loaded injection devices are stored, if they are carried by the young person and what to do in an emergency. At Cranford House, all pupils who have Epi-Pens have spare devices in the Staff Room on the shelf (together with anti-histamines and the pupil's individual care plan) in a named box with a photograph of the pupil to which they belong).

The pupil will also carry one Epi-Pen with them at all times (Senior School and those in Year 6). EYFS and pupils in Reception and Years 1 – 5 will have their own Epi-Pen looked after by their Key Person/Form Tutor which follows the pupil when they move around the site e.g. to PE lessons, Clubs etc. Individual teachers are responsible for checking that a child in their care for each lesson has their Epi-Pen about their person. Each pupil will have an Individual Action Plan (Procedure for) the management of their anaphylaxis which is stored with their Epi-Pen.

Epi-Pens must be taken when a pupil does PE or goes on School trips, this includes the Senior pupils who carry one about their person.

This document is underpinned by the principles of the United Nations Convention on the rights of the child, in particular Article 12 – the right of the child to say what they think and to be listened to by adults when they make a decision about them.

How to Use the Epi-Pen Auto-Injector:

- 1. Pull off grey safety cap;**
- 2. Place tip against upper, outer thigh;**
- 3. Press hard onto thigh until auto-jet mechanism functions;**
- 4. Hold in place for 10 seconds;**
- 5. Remove Epi-Pen and put safely out of reach. Rub the area injected for 10 seconds;**
- 6. Note the time given. Write it on the young person's hand;**
- 7. If no improvement, give a second Epi-Pen injection in 5 minutes.**

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Procedures for the Management of Severe Allergic Reaction (Anaphylaxis)

Name of Pupil.....	
Known Allergies.....	
Antihistamines to be given for mild symptoms: Yes/No Signed GP: Yes/No	
Medication.....	
Dose.....	
Reliever Inhaler available if wheezy:	Yes/No Signed GP: Yes/No
Medication.....	
Dose.....	

If unsure as to the severity of the reaction, always treat as severe.
The pre-loaded epinephrine (adrenaline) injection device should be administered into the muscle of the upper outer thigh.
The dose that is given is low; therefore no harm can be done.

- 1. Warning Signs and Symptoms:**
- Tingling or itching sensation in the mouth;
 - Feeling hot or chilled;
 - Intense itching/nettle rash/wheals (hives);
 - Rising anxiety/worry;
 - Nausea/sickness/abdominal pain;
 - Pallor/paleness;
 - Mild wheezing;
 - Rapid development of swelling, particularly to face.

- 2. Action: NEVER LEAVE THE YOUNG PERSON ALONE**
- Place the young person in a comfortable position, sitting up if he/she is experiencing breathing difficulties. Reassure them constantly.
- Phone 999 (9999 if calling from school). State: ‘Young person with anaphylaxis;
 - Collect EPINEPHRINE (ADRENALINE) in a pre-loaded device and (if prescribed) antihistamines/inhalers (the Emergency Pack);
 - Consider giving antihistamines by mouth;
 - Give reliever inhaler for mild wheezing.

3. Watch very carefully. If any of the following occur, give the epinephrine (adrenaline).

Severe Symptoms: (Possibly life-threatening)

- **Difficulty in breathing: severe wheezing and/or hoarseness and/or croupy sounds;**
- **Decreased level of consciousness: faint, pale and floppy;**
- **Collapse.**

- **Inject pre-loaded injection device into the upper, outer aspect of the thigh;**
- **Note the time of the injection;**
- **Place in the recovery position if unconscious. Attempt resuscitation if necessary.**

If severe symptoms occur DO NOT WAIT FOR MEDICAL ADVICE OR AN AMBULANCE TO ARRIVE prior to giving EPINEPHRINE (ADRENALINE) via the pre-loaded device.

- **If no improvement after 5 minutes, give a second dose of the pre-loaded injection device;**
- **Note the time;**
- **Store the injection device safely and give to the ambulance crew for disposal;**
- **At the first available opportunity, contact the parent/carer;**
- **Document action and notify the GP.**

Anaphylaxis Training Record (For use at INSET Training)
Pupil's Name.....

First Aiders Register: Cranford House School

One person to be available at ALL times. (This form is kept with Epi-Pens and with Matron). All staff are trained annually.

Name	Qualification	Valid From	Expires on
Penny Athorne	6 hrs Paediatric Emergency First Aid (a.i.d Training)	01.09.15	31.08.18
Dawn Bainbridge	6 hrs Paediatric Emergency First Aid (a.i.d Training)	27.08.15	26.08.18
Rupert Barker	6 hrs Sports Focused First Aid	06.01.15	05.01.18
Carly Belcher	6 hrs Paediatric Emergency First Aid (St Johns Ambulance))	03.01.17	02.01.20
Cara Bennett	12 hrs Paediatric Emergency First Aid (St Johns Ambulance)	12.05.17	26.08.18
Linda Bowen	12 hrs Paediatric First Aid (St Johns Ambulance)	31.01.17	30.01.20
Sarah Brudenell	6 hrs Paediatric Emergency First Aid (a.i.d Training)	01.09.15	31.08.18
Rebecca Carpenter	12 hrs Paediatric First Aid (a.i.d Training)	16.12.14	15.12.17
Sam Carrington	6 hrs Sports Focused First Aid 16 hrs Forest School First Aid	06.01.15 14.02.17	05.01.18 13.02.20
Sally Charlesworth	6 hrs Paediatric Emergency First Aid (a.i.d Training)	01.09.15	31.08.18
Howard Cooke	6 hrs Sports Focused First Aid	06.01.15	05.01.18
Steve Cowley	Rescue Emergency Care Scheme Guidelines 6 hrs Sports Focused First Aid	23.02.14 06.01.15	22.02.17 06.01.18
Dani Cranton	Sports First Aid (St Johns Ambulance)	03.02.17	02.02.20
Susan Crowe	12 hrs Paediatric Emergency First Aid (St Johns Ambulance)	07.04.17	06.04.20
Jane Cuffe	6 hrs Paediatric Emergency First Aid (a.i.d Training)	27.08.15	26.08.18
Jenny Felton	6 hrs Paediatric Emergency First Aid (St Johns Ambulance)	03.01.17	02.01.20
Karen Fredrick	6 hrs Paediatric Emergency First Aid (a.i.d Training)	27.08.15	26.08.18
Katie French	6 hrs Paediatric Emergency First Aid (a.i.d Training)	01.09.15	31.08.18
Elaine Furner	6 hrs Paediatric Emergency First Aid (St Johns Ambulance)	03.01.17	02.01.20
Bridget Graham	6 hrs Sports Focused First Aid	06.01.15	05.01.18
Anne Greedy	12 hrs Paediatric First Aid (a.i.d. Training)	15.12.14	14.12.17
Alison Harris	6 hrs Paediatric Emergency First Aid (a.i.d Training)	01.09.15	31.08.18
Lucy Hayne	12 hrs Paediatric Emergency First Aid (St John Ambulance)	15.09.17	14.09.20
Kathryn Heard	Paediatric First Aid (St Johns Ambulance)	14.05.15	13.05.18
Pat Heaton	6 hrs Paediatric First Aid (a.i.d Training)	26.03.14	25.03.17
Angela John	12 hrs Paediatric First Aid (a.i.d Training)	16.12.14	15.12.17
Kim Knight	12 hrs Paediatric First Aid (British Red Cross)	06.12.16	05.12.19
Beata (BB) Kwidzinska	12 hrs Paediatric First Aid (St John Ambulance)	16.06.17	15.06.20
Kerry McKenzie	12 hrs Paediatric First Aid (a.i.d Training)	15.12.14	14.12.17
Emma Owen	6 hrs Paediatric Emergency First Aid (a.i.d Training)	01.09.15	31.08.18
Melanie Parfitt	First Aid at Work 12 hrs Paediatric Emergency First Aid Anaphylaxis Awareness Training (a.i.d Training)	22.11.16 14.03.17 09.09.14	21.11.19 13.03.20 08.09.17
Jay Patel	6 hrs Paediatric Emergency First Aid (St Johns Ambulance)	03.01.17	02.01.20
Wendy Rant	12 hrs Paediatric First Aid (St John Ambulance)	28.02.17	27.02.20
Kay Raymond	12 hrs Paediatric First Aid (St John Ambulance)	16.06.17	15.06.20
Anna Roberts	6 hrs Paediatric Emergency First Aid (St Johns Ambulance)	03.01.17	02.01.20
Jane Ryde	6 hrs Paediatric Emergency First Aid (a.i.d Training)	01.09.15	31.08.18
Christine Shephard	12 hrs Paediatric First Aid (St Johns) Emergency First Aid at Work (St Johns)	08.04.16 24.11.15	07.04.19 23.11.18
Jean Simmons	6 hrs Paediatric Emergency First Aid (a.i.d Training)	27.08.15	26.08.18
Carole Smythe	6 hrs Paediatric Emergency First Aid (a.i.d Training)	27.08.15	26.08.18
Mandy Stoker	6 hrs Paediatric Emergency First Aid (a.i.d Training)	01.09.15	31.08.18
Sharon Sulley	6 hrs Paediatric Emergency First Aid (St Johns Ambulance)	03.01.17	02.01.20
Sally Swift	12 hrs Paediatric First Aid (St Johns Ambulance)	31.01.17	30.01.20
Stephanie Treadwell	6 hrs Paediatric Emergency First Aid (a.i.d Training)	27.08.15	26.08.18
Amanda Watkins-Cooke	6 hrs Sports Focused First Aid	06.01.15	05.01.18
Lizzie Webb	6 hrs Paediatric Emergency First Aid (a.i.d Training)	01.09.15	31.08.18
Alison Young	6 hrs Paediatric Emergency First Aid (a.i.d Training)	27.08.15	26.08.18

Where the Emergency pack is Stored
Expiry Date.....
September 2018 (Every September)

Batch Number.....

Proposed Date of Up-dating Session.....Whole School Training



Notification of an Anaphylactic Event

To be completed by Level I Co-ordinator (Headmaster or Matron) and sent to the GP

School.....

Pupil's Name..... D.O.B.....

**Address.....
.....**

GP.....

Date and Time of Event.....

Brief Description of event, action taken and outcome:

Batch Number of pre-loaded injection device

Name (print)..... Signature.....



Agreement for the Administration of Epinephrine (Adrenaline) in Anaphylaxis Using a Pre-Loaded Injection Device

Pupil's Name.....

Date of Birth.....Year/Class.....

Address.....

..... Postcode.....

Telephone Numbers.....

Email.....

Known Allergies.....

Non-County Council establishments must notify their insurance company (in writing) that they are caring for a young person who has been prescribed a pre-loaded injection device.

I confirm that the named young person above has been prescribed epinephrine (adrenaline) for the treatment of anaphylaxis, to be administered by suitably trained volunteer staff who are acting in 'loco parentis' in an emergency.

Drug	Prescribed Drug	Dose	Paed/GP/Nurse Prescriber Print Name	Signature	Date
Pre-loaded adrenaline		mg			
Antihistamine	Mg per ml	mls			
Inhaler if applicable	mcg	puffs			

General Practitioner: Name (print).....

Signed..... Date.....

Parent/Carer: Name (print).....

Signed..... Date.....

Parent/Carer: Name (print).....

Signed..... Date.....

Headmaster: Name (print).....

Signed..... Date.....



Appendix H: Self-Harm Policy and Procedures and Emotional and Mental Health Statement

What is Self-Harm?

We regard self-injury to be a coping mechanism for young people who are attempting to manage high levels of distress and emotional pain. It is any deliberate, non-suicidal behaviour, which causes physical pain or injury and is aimed at reducing the emotional pain and distress of the individual concerned.

These behaviours may include deliberate bone-breaking, cutting, bruising, banging and non-suicidal overdosing and the behaviours are usually chronic, repetitive and habitual. Young people who self-injure will generally attempt to hide any scarring or injuries and can find it extremely difficult to discuss their behaviours, and the emotions behind them, with others. We understand these behaviours not to be about seeking attention but rather to be about seeking relief and release from emotional distress. We also understand that self-injury is not suicidal behaviour. However, the emotional distress that causes these behaviours can lead to suicidal thinking and actions. Therefore, we will consequently take ALL incidents of self-injury seriously, investigate them and attempt to provide the most appropriate emotional support possible.

Aims of the Policy:

Our School team is dedicated to ensuring the emotional, physical and mental well-being of all the pupils in our community. We consequently aim to:

- Recognise any warning signs that one of our pupils may be engaging in self-harming behaviours;
- Understand the risk factors associated with these behaviours including low self-esteem, perfectionism, mental health issues such as anxiety or depression, home or school problems, social isolation, emotional, physical or sexual abuse;
- Be pro-active in discussing this topic with pupils or their families who we might feel are deliberately harming themselves;
- Know how to respond to pupils who wish to discuss these behaviours with us and take them seriously at all times;
- Be able to produce short and long-term care and management plans for such pupils in conjunction with external agencies if necessary;
- Provide the appropriate level of practical and emotional support for staff dealing with pupils who self-harm and ensure appropriate training and education is available to all staff regarding this issue;

- Provide an appropriate awareness campaign for pupils and ensure the topic is a significant part of our PSHCEE Emotional Literacy curriculum. (Please refer to **'Whole School PSHCEE Policy'** and PSHCEE Schemes of Work).

Recognising Warning Signs:

We are aware that for some young people there will not be any specific warning signs that they are engaging in or contemplating engaging in self-harming behaviours. For others, the following indicators may be noted:

- Risky behaviours, for example, drug taking, alcohol misuse;
- Lack of self-esteem, being overly negative;
- Bullying of others;
- Social withdrawal;
- Significant change in friendships;
- Regularly bandaged wrists and arms;
- Obvious cuts, burns or scratches (that don't look like accidents);
- A reluctance to participate in PE or change clothes;
- Frequent accidents that cause physical injuries;
- Wearing long-sleeved tops even in very hot weather.

Action and Key Responsibilities:

Everyone in the School community, the Headmaster, all staff and teachers, pupils and parents, all have responsibilities to promote and adhere to this policy in order to help ensure the well-being of all within the community. These are outlined as follows:

Headmaster:

- Ensure pupils have access to appropriate and accurate information regarding self-harm alongside details of relevant support agencies;
- Determine how and when the topic is covered in the School curriculum;
- Provide access to appropriate and accurate information for parents;
- Ensure that 'special arrangements' are made for pupils who self-harm (for example, time out, and wearing long-sleeved tops) as part of the Pastoral Support Plans and that these are appropriately reviewed;
- Ensure the existence of a policy in case of self-harming incidents occurring within the School context and that this is reviewed as necessary;
- Ensure that all pupils are aware of the behaviours that will not be tolerated and that they understand these key rules, for example, no self-injury in front of others, no attempts to manipulate others into self-harming, e.g. through the use of posts on social media sites etc.
- Appoint a designated member of staff to be responsible for all incidents of self-harm and be responsible for disseminating the policy and training to the whole team. This is usually the School Matron or Deputy Head but could be another designated member of staff;
- Ensure that an appropriate Risk Assessment is in place for the pupil in School;
- Be ultimately responsible for ensuring that designated staff receive appropriate training and supervision (possibly from the local CAMHS team or PCAMHS team);
- Ensure that all staff in the School community are fully conversant with and adhere to our policy to prevent self-harming;

Designated Staff:

- Ensure that the policy is disseminated and implemented appropriately, providing regular feedback and updated to the Headmaster and Governing Body;
- Develop a record-keeping system to record such incidents, principally in the Safeguarding Log, and ensure that this is kept up to date and incidents and developments are regularly reported to the Headmaster;
- Ensure that pupils have an appropriate care and management plan which is recorded and, if necessary, developed with the support of external specialist agencies;
- Liaise with external agencies (specifically mental health) in order to provide the most appropriate support alongside utilising key services to provide up-to-date education and information for pupils, parents and staff;
- Liaise with parents as appropriate in order to ensure the safety and well-being of pupils in the School community;
- Report on suicidal intent or feelings straight away and refer to her professional bodies as appropriate;
- Engage in appropriate supervision so as to ensure personal well-being.

All Staff:

- Act in an empathetic manner, assuring students that they are available to actively listen in a calm and non-judgmental manner;
- Will not invalidate any pupil's concerns or emotional distress;
- Know the available support options or referral routes and refer students to these as appropriate;
- Ensure that pupils know they cannot make any promises to keep things confidential if they feel that the pupil is at risk;
- Adhere to our '**Whole School Health and Safety Policy**';
- Be committed to providing an empathetic context in which the self-esteem and emotional and mental well-being of all are fostered and prompted;
- Be aware of the 'healthy' coping strategies pupils can utilise and know who to ask for advice if it is felt that these are being abused or becoming unsuccessful for the pupil;
- Ask for help if they feel a situation falls outside of their emotional competency, skills or knowledge base.

Parents:

- Ensure that they both understand and endorse this policy;
- Find out about self-harm, making use of school-based and external resources and discuss your findings with your child;
- Ensure that school staff are kept informed of any changes or incidents that occur outside of the school that you feel may impact on the behaviour and well-being of your child;
- If you become aware that your child is engaging in these behaviours, work with designated staff in order to help us develop the best ways of supporting you and your child;
- Know that you may also need emotional support and find out where this is best accessed.

Pupils:

- If they are self-harming, they will take care of any wounds appropriately and not display them in the School context;

- Ensure that they don't engage in 'sensationalised' conversations with peers or staff or talk about the methods they use to other pupils;
- Try to find something fun and positive in each day;
- Never encourage others to participate in self-harm;
- Discuss why they or others might self-harm: that is, emotional factors, and not focus on the act of self-harm itself;
- Ensure that they know who they can talk to in both the immediate and longer term, should they feel distressed or at risk in either the school or social contexts (such as designated staff);
- Alert a member of staff if they are at all concerned about a friend or peer who may be at risk of self-harming, engaging in these behaviours, or who may present suicidal or discussing suicide.

Links to Other Policies:

This Self-Harm Policy and Emotional and Mental Health Statement should be read in conjunction with the following policies:-

- **'Whole School Health & Safety Policy'**
- **'Whole School Behaviour Policy Including Rewards, Sanctions and Exclusions'**
- **'Attendance Policy'**
- **'Whole School PSHCEE Policy'**
- **'Whole School Anti-Bullying Policy and Procedures'**
- **'Whole School Policy for Racial Equality'**
- **'Whole School Special Education Needs Policy'**
- **'Whole School Safeguarding (including Child Protection) Policy' and 'Safeguarding Procedures'**

This policy will be monitored by the Headmaster and Governors and reviewed annually. This will enable us to make the relevant and appropriate changes and ensure that this policy remains useful and user-friendly.

Guidelines for School Staff:

What is self-harm and how common is it?

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

Some people who self-harm have a strong desire to kill themselves. However, there are other factors that motivate people to self-harm, including a desire to escape an unbearable situation or intolerable emotional pain, to reduce tension, to express hostility, to induce guilt or to increase caring from others. Even if the intent to die is not high, self-harming may express a powerful sense of despair and needs to be taken seriously. Moreover, some people who do not intend to kill themselves may do so because they do not realise the seriousness of the method they have chosen, or because they do not get help in time.

Over the past forty years, there has been a large increase in the number of young people who deliberately harm themselves. The Mental Health Foundation/Camelot Foundation (2006) suggests there are 'probably two young people in every secondary school classroom who have self-harmed at some time'. (*The Truth about Self-Harm*. London MHF/CF).

What causes self-harm?

The following risk factors, particularly in combination, may make a young person vulnerable to self-harm:

Individual Factors:

- Depression/anxiety;
- Poor communication skills;
- Low self-esteem;
- Poor problem-solving skills;
- Hopelessness;
- Impulsivity;
- Drug or alcohol abuse.

Family Factors:

- Unreasonable expectations;
- Neglect or abuse (physical, sexual or emotional);
- Poor parental relationships and arguments;
- Depression, deliberate self-harm or suicide in the family.

Social Factors:

- Difficulty in making relationships/loneliness;
- Persistent bullying or peer rejection;
- Easy availability of drugs, medication or other methods of self-harm.

A number of factors may trigger the self-harm incident, including:

- Family relationship difficulties (the most common trigger for younger adolescents);
- Difficulties with peer relationships, e.g. break-up of relationship (the most common trigger for older adolescents);
- Bullying;
- Significant trauma e.g. bereavement, abuse;
- Self-harm behaviour in other pupils (contagion effect);
- Self-harm portrayed or reported in the media;
- Difficult times of the year, e.g. anniversaries;
- Trouble in school or with the police;
- Feeling under pressure from families, school or peers to conform/achieve;
- Exam pressure;
- Times of change, e.g. parental separation/divorce.

Warning Signs:

There may be a change in the behaviour of the young person that is associated with self-harm or other serious emotional difficulties, such as:

- Changes in eating/sleeping habits;
- Increased isolation from friends/family;
- Changes in activities and mood, e.g. more aggressive than usual;
- Lowering of academic grades;

- Talking about self-harming or suicide;
- Abusing drugs or alcohol;
- Becoming socially withdrawn;
- Expressing feelings of failure, uselessness or loss of hope;
- Giving away possessions;
- Risk taking behaviour (substance misuse, unprotected sexual acts).

Examples of Self-Harming Behaviour:

- Cutting;
- Taking an overdose of tablets;
- Swallowing hazardous materials or substances;
- Burning, either physically or chemically;
- Over/under medicating, e.g. misuse of insulin;
- Punching, hitting, bruising;
- Hair-pulling/skin-picking/head-banging;
- Episodes of alcohol/drug abuse or over/under eating at times may be deliberate acts of self-harm;
- Risky sexual behaviour.

Self-harm can be transient behaviour in young people that is triggered by particular stresses, and which is resolved fairly quickly, or it may be part of a longer-term pattern of behaviour that is associated with more serious emotional/psychiatric difficulties. Where a number of underlying risk factors are present, the risk of further self-harm is greater.

Some young people get caught up in mild repetitive self-harm, such as scratching, which is often done in a peer group. In this case, it may be helpful to take a low-key approach, avoiding escalation, although at the same time being vigilant for signs of more serious self-harm.

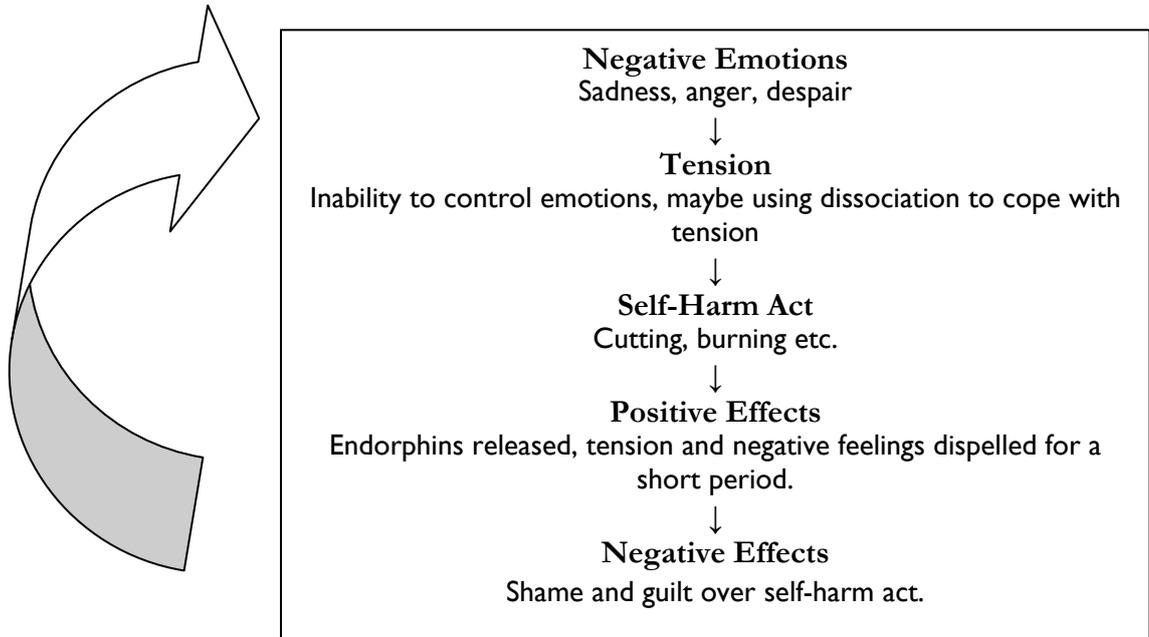
What Keeps Self-Harm Going?

Once self-harm, particularly cutting, is established, it may be difficult to stop. Self-harm can have a number of functions for the pupil and **it becomes a way of coping**, for example:

- Reduction in tension (safety valve);
- Distraction from problems;
- Form of escape;
- Outlet for anger and rage;
- Opportunity to feel **real**;
- Way of punishing self;
- Way of taking control;
- To not feel numb;
- To relieve emotional pain through physical pain;
- Care-eliciting behaviour;
- Means of getting identity with a peer group;
- Non-verbal communication (e.g. of abusive situation);
- Suicidal act.

Cycle of Self-Harming/Cutting:

When a person inflicts pain upon him- or herself, the body responds by producing endorphins, a natural pain-reliever that give temporary relief or a feeling of peace. The addictive nature of this feeling can make the stopping of self-harm difficult. Young people who self-harm still feel pain, but some say the physical pain is easier to stand than the emotional/mental pain that led to the self-harm initially.



Coping Strategies:

Replacing the cutting or other self-harm with other safer activities can be a positive way of coping with the tension. What works depends on the reasons behind the self-harm. Activities that involve the emotions intensively can be helpful. Examples of ways of coping include:

- Using a creative outlet e.g. writing poetry and songs, drawing and talking about feelings;
- Writing a letter expressing feelings, which need not be sent;
- Contacting a friend or family member;
- Ringing a helpline;
- Going into a field and screaming;
- Hitting a pillow or soft object;
- Listening to loud music;
- Going for a walk/run or other forms of physical exercise;
- Wearing an elastic band around the wrist which can be 'twanged' or twisted when feelings become overwhelming;
- Getting out of the house and going to a public place, e.g. a cinema;
- Reading a book;
- Keeping a diary;
- Using stress-management techniques, such as relaxation;
- Having a bath;
- Looking after an animal.

For some young people, self-harm expresses the strong desire to escape from a conflict of unhappiness. In the longer term, the young person may need to develop ways of understanding and dealing with the underlying emotions and beliefs. Regular counselling/therapy may be helpful. Family support is likely to be an important part of this.

It may also help if the young person joins a group activity such as a youth club, a keep-fit class or a School-based club that will provide opportunities for the person to develop friendships and feel better about him or herself. Learning problem-solving and stress-management techniques, ways to keep safe and how to relax may also be useful. Increasing coping strategies and developing social skills will also assist.

Reactions of School Staff:

School staff members may also experience a range of feelings in response to self-harm in a young person, such as anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection. It is important for all work colleagues to have an opportunity to discuss the impact that self-harm has on them personally. The type and nature of opportunities where these issues are discussed will vary between schools.

Pupils may show their injuries to first aid or PE staff. It is important that these staff are aware that an injury may be self-inflicted and that they pass on any concerns as per the School's **'Whole School Safeguarding (Including Child Protection) Policy and Procedures'**.

Procedures for Managing Self-Harm:

(1) How to Help if Approached by a Pupil: (also refer to the School's **'Whole School Safeguarding (Including Child Protection) Policy'** and **'Safeguarding Procedures'**)

- When you recognise signs of distress, try to find ways of talking with the young person about how he or she is feeling;
- Build up a full picture of the young person's life by talking to his or her Form Tutor, Deputy Head, Head of Senior School (Pastoral Care) and any other adults who come into contact with him or her. Find out any particular strengths and vulnerabilities;
- What appears to be important for many young people is having someone to talk to who *listens properly* and does not judge;
This person may be, for example, a mentor, counsellor, youth worker, school nurse, teacher, special educational needs coordinator, educational psychologist or someone that the young person chooses to talk to;
- Resist the temptation to tell them not to do it again, or promise you that they won't do it;
- It is important that all attempts of suicide or deliberate self-harm are taken seriously. All mention of suicidal thoughts should be noticed and the young person listened to carefully;
- If you find a young person who has self-harmed, e.g. by overdosing or self-cutting, try to keep calm, give reassurance and follow the first aid guidelines as directed by School Policy. In the case of an overdose of tablets, however small, advice must be obtained from the School Matron or ring 999. (9999 if calling from a School phone);

- Take a non-judgemental attitude towards the young person. Try to reassure the person that you understand that the self-harm is helping him or her to cope at the moment and that you want to help. Explain that you will need pass on information in order to help them as per the **'Whole School Safeguarding (Including Child Protection) Policy and Procedures'**.
- The Designated Safeguarding Lead will discuss with the young person the importance of letting his or her parents know and any fears he or she may have about this. Log any conversations;
- Contact the person's parents, unless it places the child or young person at further risk (see **'Whole School Safeguarding (Including Child Protection) Policy'** and **'Safeguarding Procedures'**). Discuss the School's concern. Provide the parents with the Parents' Fact Sheet and help the parents to understand the self-harm so that can be supportive of the young person;
- Think about the resources there are in School and the local community which could support the young person; this should include a Pastoral Support Plan. A referral to the G.P or school counsellor may be considered. Follow the School Policy of informing your Line Manager and the Assistant Head (Pastoral) ;
- The Children and Young People's Service Safeguarding Team should be informed if the young person discloses child protection concerns. Follow the Area Child Protection advice given. Document any conversations you have had with the social worker. Record whom you spoke to. The time, date and any advice they have given you to follow;
- If other agencies are already involved with the young person, then it may be important to liaise with these agencies and work together;
- Have crisis telephone numbers available and easily accessible to young people;
- Record any incident;
- Seek support for yourself if necessary.

Simple Things you can Say:

- Check your own feeling and thoughts before asking any questions. If your feelings or thoughts about the young person are negative in any way, they will be communicated to them non-verbally when you talk to them and hinder the helping process;
- See the person, not the problem; talk in a genuine way. Address them as you would wish to be addressed;
- 'I've noticed that you seem bothered/worried/preoccupied/troubled. Is there a problem?';
- 'I've noticed that you have been hurting yourself and I am concerned that you are troubled by something at present';
- 'We know that when young people are bothered/troubled by things, they cope in different ways and self-injury is one of these ways. Those who do this need confidential support from someone who understands problems in relation to self- injury;
- Unfortunately, I don't have the skills to help, but I would like to help by asking the Deputy Head/Form Tutor/Counsellor/Matron to see you. Would you agree to this?'

Understanding the Self-Harm:

It may be helpful to explore with the young person what led to the self-harm – the feelings, thoughts and behaviours involved. This can help the young person make sense of the self-harm and develop alternative ways of coping.

Confidentiality:

Confidentiality is a key concern for young people, and they need to know that it may not be possible for their support member of staff to offer complete confidentiality. If you consider that a young person is at serious risk of harming him or herself or others, then confidentiality cannot be kept.

It is important not to make promises of confidentiality that you cannot keep, even though the young person may put pressure on you to do so. If this is explained at the outset of any meeting, then the young person can make an informed decision as to how much information he or she wishes to divulge.

Strategies to Help:

- Consider consultation with a CAMHS Primary Mental Health Worker (PMHW)/Education Specialist Teacher Mental Health/School Nurse;
- Arrange a mutually convenient time and place to meet within the school environment;
- At the start of the meeting, set a time limit;
- Make sure that the young person understands the limits of your confidentiality;
- Encourage the young person to talk about what has led him or her to self-harm;
- Remember that listening is a vital part of this process;
- Support the young person in beginning to take the steps necessary to keep him or her safe and to reduce the self-injury (if he or she wishes to), e.g.
 - Washing implements used to cut;
 - Avoiding alcohol if it's likely to lead to self-injury;
 - Taking better care of injuries (the school health nurse may be helpful here).
 - Help the young person to build up self-esteem.
- Help the young person to find his or her own way of managing the problem e.g. talking, writing, drawing or using safer alternatives, if their person dislikes him or herself, begin working on what he or she does like, if life at home is impossible, begin working on how to talk to parents/carers;
- Help the young person to identify his or her own support network or other therapeutic strategies;
- Offer information about support agencies. Remember that some Internet sites may contain inappropriate information;
- If you have a number of young people who self-harm in your school, you may consider seeking consultation with your PMHW and Educational Psychologist.

(2) Further Consideration:

- Record any meetings with the young person. Include an agreed action plan, including dates, times and any concerns you have, and document who else has been informed of any information. Inform Matron/the Form Tutor/Assistant Head (Pastoral) if you are suspicious. Call a case conference to decide what action may be taken. Decide whether to speak directly to the pupil, whether to contact the parents, whether to Safeguarding Cause for Concern form (available in the Staff Section of the VLE) ;
- Decide whether to contact Social Services;
- Record any conversations or recommended actions;
- Be aware of any communications through Facebook etc. Try to establish if the pupil has posted any material which may be harmful to the pupil or others;
- Inform staff who need to know;
- Put in place a Pastoral Support Plan; this may be drawn up with the help of the GP or PCAMHS;

- Meet the pupil regularly;
- Arrange for a key member of staff to be a contact for the pupil during the holidays if appropriate;
- It is important to encourage young people to let you know if one of their group is in trouble, upset or shows signs of harming. Friends can worry about betraying confidences, so they need to know that self-harm can be dangerous to life and that by seeking help and advice for a friend they are taking a responsible action. Reiterate this through PSHCEE lessons;
- Be aware that the peer group of a young person who self-harms may value the opportunity to talk to an adult individually. Offer support to the peer group if necessary.

(3) Response of Supportive Members of Staff:

For those who are supporting young people who self-harm, it is important to be clear with each individual how often and for how long you are going to see them, i.e. the boundaries need to be clear. It can be easy to get caught up in providing too much help, because of one's own anxiety. However, the young person needs to learn to take responsibility for his or her self-harm.

If you find that the self-harm upsets you, it may be helpful to be honest with the young person. However, be clear that you can deal with your own feelings and try to avoid the young person feeling blamed. The young person probably already feels low in mood and has a poor self-image; your anger or upset may add to his or her negative feelings. However, your feelings matter too. You will need the support of your colleagues and management if you are to listen effectively to young people's difficulties.

(4) Issues Regarding Contagion:

When a young person is self-harming, it is important to be vigilant in case close contacts of the individual are also self-harming. Occasionally, schools discover that a number of pupils in the same peer group are harming themselves. Self-harm can become an acceptable way of dealing with stress within a peer group and may increase peer identity. This can cause considerable anxiety, both in school staff and in other young people.

Each individual may have different reasons for self-harming and should be given the opportunity for one-to-one support. However, it may also be helpful to discuss the matter openly with the group of young people involved. In general, it is not advisable to offer regular group support for young people who self-harm.

(5) Support/Training Aspects for Staff:

Staff members giving support to young people who self-harm may experience all sorts of reactions to this behaviour in young people, such as anger, helplessness and rejection. It is helpful for staff to have an opportunity to talk this through with work colleagues or senior management. Liaison with the CAMHS Primary Mental Health workers might be helpful.

(6) General Aspects of Prevention of Self-Harm:

An important part of prevention of self-harm is having a supportive environment in the school that is focused on building self-esteem and encouraging healthy peer relationships.

An effective anti-bullying policy and a means of identifying and supporting young people with emotional difficulties is an important aspect of this. The checklist of procedures and practices can help in the management and prevention of self-harm. Use of the Social and Emotional Aspects of Learning (SEAL) resources and seeking accreditation through the Healthy Schools Scheme are useful strategies for the School to use.

<http://www.standards.dfes.gov.uk/primary/publications/banda/seal>

<http://publications.teachernet.gov.uk/default.aspx?pageFunction=productdetails&PageMode=publications&ProductId=DFES%2F0110%2F2005>

<http://www.healthyschools.gov.uk>

(Acknowledgement: Optimus Education for the Policy Template)

Fact Sheet on Self-Harm for Parents:

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. The person needs you to stay calm and listen to them cope with very difficult feelings that build up and cannot be expressed. The person needs 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 a car, risk-taking behaviour e.g. alcohol intoxication where the intent is to deliberately cause harm to self.

How Common is Self-Harm?

Over the past 40 years, there has been a large increase in the number of young people who harm themselves. A large community study found that among 15- to 16-year-olds, approximately 7% 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 that 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, such as arguments with family, break-up of a relationship, failure in exams and bullying at School. Sometimes, several stresses occur over a short period of time and one more incident is 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. For some people, self-harm is a desperate attempt to show others that something is wrong in their lives.

What You Can do Help:

- Keep an open mind;
- Make the time to listen;
- Help the person find different ways of coping;
- Go with the person 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;
- Young Minds Parents Information Service: tel: 0800 018 2138;
- Samaritans: tel: 0845 790 9090;
- POPYRUS HOPE Line UK: tel: 0870 170 4000;
- MIND Info Line: tel: 0845 766 0163 (self-help books also available);
- Youth Access: tel: 0208 772 9900

- PCAMHS and CAMHS.

Information on Self-Harm for Young People:

What is Self-Harm?

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

How Many Young People Self-Harm?

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

Why do Young People Self-Harm?

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

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

When difficult or stressful things happen in a person'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 can build up until the young person feels he or she cannot cope anymore. Self-harm can be a way of trying to deal with or escape from these difficult feelings. It can also be a way of the person showing other people that something is wrong in his or her life.

How Can You Cope with Self-Harm?

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

- Finding someone to talk to about your feelings, such as a friend or family member;
- Talking to someone on the phone, e.g. you might want to ring a helpline;
- Writing and drawing about your feelings, because sometimes it can be hard to talk about feelings;
- Scribbling on and/or ripping up paper;
- Listening to music;
- Going for a walk, run or other kind 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 learns to understand and deal with the causes of stress that he or she feels. 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;
- G.P : you can talk to your G.P about your difficulties and he or she can make a referral for counselling of specialist CAMHS support;
- Help Lines :
 - Young Minds : tel 0207 336 8445 or email enquiries@youngminds.org.uk;
 - Samaritans : tel 0845 790 9090 or email jo@samaritans.org.uk;
 - MIND Info Line : tel 0845 766 0163 (self-help books are also available);
 - Youth Access : tel 0208 772 9900;
- Information Leaflet available through www.nch.ork.uk/selfharm
- Another useful address is:

National Self-Harm Network
PO Box 7264
Nottingham
NG1 6WJ
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 that you are doing it because you care about him or her;
- Encourage your friend to get help. You can go with your friend or tell someone that he or she wants to know about it;
- Get information from telephone helplines, websites, a 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 or not done enough;
- Your friend may get angry with you or tell you that 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 talk to an adult who can support you. You may not always be able to be there for your friend, and that is ok.

National Advice and Help Lines:

Careline:

0208 514 1177

Monday to Friday 10.00 am – 4.00 pm and 7.00 pm – 10.00 pm.

Confidential telephone counselling for people of any age on any issue.

Childline:

0800 1111

www.childline.org.uk

24 hour helpline for children and young people under 18, providing confidential counselling.

PAPYRUS:

www.papyrus-uk.org

0870 170 4000

Offers a helpline to give support, practical advice and information to anyone who is concerned that a young person may be suicidal

NCH:

0207 704 7000

www.nch.org.uk

Provides family centres, child abuse treatment services, leaving care projects, respite etc. Counselling for families and children and printed information.

Bristol Crisis Service for Women:

0117 925 1119

Fri & Sat 9.00pm – 12.30am Sun 6.00pm – 9.00pm

Supports women and girls in emotional distress, especially those who self-harm, or their friends and relatives.

Provides publications and holds lists of local groups throughout the country

National Self-Harm Network:

www.nshn.co.uk

Support for people who self-harm, provides free information pack to service users.

Samaritans:

08457 90 90 90

www.samaritans.org.uk

Confidential emotional support for anybody who is in crisis.

Young Minds:

www.youngminds.org.uk

Information on a range of subjects relevant to young people.

Self-Harm UK:

<https://www.selfharm.co.uk/>

There are many other projects available traceable through phone directories, web searches etc.



Emotional and Mental Health Statement

Please read this in conjunction with the **'Self-Harm Policy and Procedures'**, **'Whole School Safeguarding (Including Child Protection) Policy'**, **'Safeguarding Procedures'**, **'Whole School Health & Safety Policy'**, **'Whole School Behaviour Policy Including Rewards, Sanctions and Exclusions'**, **'Attendance Policy'**, **'Whole School Anti-Bullying Policy and Procedures'**, **'Whole School Policy for Racial Equality'** and **'Whole School Special Educational Needs Policy'**.

We aim to create an atmosphere in which all pupils and staff feel comfortable and at ease with themselves. Cranford House places special value on each person knowing and appreciating their worth and their value in the community. The School works very hard at raising pupils' self-esteem, creating a culture of celebration and rewarding both effort as well as success. The rewards systems, assemblies and creating opportunities for individuals, as well as groups of pupils, all give a platform for pupils and staff to feel valued.

In spite of this, Cranford House recognises that pupils and staff can find life stressful and we are committed to spotting signs of emotional and mental distress and being proactive to help the person concerned and procedures will be followed to obtain the most appropriate help.



Appendix I: Procedure for Using an Automated External Defibrillator (AED)

The AED is located on the wall next to Thomas Arch. The machine will talk you through the process.

Warning Signs and Symptoms:

- Vice-like chest pain spreading to one or both arms;
- Breathlessness;
- Discomfort, like indigestion, in upper abdomen;
- Sudden collapse, with no warning;
- Casualty may have sense of impending doom;
- Ashen skin and blueness of lips;
- Rapid, weak or irregular pulse;
- Profuse sweating;
- Extreme gasping for air (air hunger).

Action:

1. Assess scene safety. Rescuers are volunteers and are not expected to place themselves at risk in order to provide aid to others, instead, the scene or environment around a casualty must be safe prior to attempts to assist.
2. Confirm unresponsiveness. Perform CPR until the AED arrives to the casualty.
3. Call Emergency Services 999 (9999 if using a School phone).
4. Switch on AED.
5. Attach pads to casualty's chest as illustrated on the pads.
6. AED gets ready to analyse the casualty's heart rhythm. It says: "Do not touch the patient", "Analysing heart rhythm".
7. Follow the chart below according to the reading from the AED:

YES	NO
<p>“Shock advised, stand clear”; “press the orange button now”; “deliver shock now”; “shock delivered” (the casualty will appear to jump this is quite normal.)</p>	<p>“be sure Emergency Medical Services have been called”; “you may touch the patient”; “begin CPR now”; “press the flashing blue i button for CPR prompt”.</p>
<p>AED instructs you to carry out chest compressions and rescue breaths (CPR) 30:2 for two minutes before it re-analyses.</p>	
<p>The AED re-analyses heart rhythm.</p> <p>If at any time the casualty starts breathing normally, place them in the recovery position.</p> <p>LEAVE the AED attached to the casualty.</p>	<p>The AED re-analyses heart rhythm.</p>

Continue to follow instructions provided by AED until Emergency Services arrive.

NB: Do not take the casualty to hospital in your car. They must go in an ambulance as their condition could deteriorate very quickly.