WEST KIRBY EDUCATIONAL TRUST

A charity changing children's lives

West Kirby Educational Trust

Medical Handbook

September 2026

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Last reviewed on:	September 2026	**Review cycle:** Annually

MEDICAL HANDBOOK
PROCEDURES AND POLICIES

CONTENTS

1. Allergy and Anaphylaxis Policy
2. Health Care
3. Medical Confidentiality
4. Training Staff in the Handling and Administration of Medications
5. Dispensing Medication from Original Boxes
6. Medical Policies
7. Allergies
8. First Aid
9. Giving Prescribed and non-Prescribed Medication
10. Medical Conditions
11. Sick Children in School
12. Treating Injuries in school
13. Epilepsy/Seizures
14. Diabetes
15. Asthma
16. Medical Sun Protection
17. Infectious Diseases
18. Medical Room Services to Pupils
19. Medical Room Services to Staff
20. Self-Harm
21. Self-Administration of Prescribed Pharmaceuticals
22. Emotional Resilience, Wellbeing and Mental Health Policy

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Allergy and Anaphylaxis Policy

Persons Responsible:

- Headteacher,
- SENCo,
- Safeguarding Governor,
- School Nurse

CONTENTS:

1. AIMS AND OBJECTIVES 5
2. WHAT IS AN ALLERGY? 5
3. DEFINITIONS 5
4. ROLES AND RESPONSIBILITIES 6
5. INFORMATION AND DOCUMENTATION 10
6. ASSESSING RISK 10
7. FOOD, INCLUDING MEALTIMES & SNACKS 10
8. EDUCATIONAL VISITS AND SPORTS FIXTURES 11
9. INSECT STINGS 12
10. ANIMALS 12
11. ALLERGIC RHINITIS/ HAY FEVER 12
12. INCLUSION AND MENTAL HEALTH 12
13. ADRENALINE PENS 13
14. RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS 14
15. TRAINING 14
16. ASTHMA 15
17. REPORTING ALLERGIC REACTIONS 15

1. AIMS AND OBJECTIVES

This policy outlines West Kirby Educational Trust approach to allergy management, including how the whole-school community works to reduce the risk of an allergic reaction happening and the procedures in place to respond if one does. It also sets out how we support our pupils with allergies to ensure their wellbeing and inclusion, as well as demonstrating our commitment to being an allergy aware school.

This policy applies to all staff, pupils, parents and visitors to the school and should be read alongside these other policies:

- Medical policy,
- Safeguarding,

  Mental

2. WHAT IS AN ALLERGY?

Allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune response and instead of ignoring the substance, the body produces histamine which triggers an allergic reaction.

Whilst most allergic reactions are mild, causing minor symptoms, some can be very serious and cause anaphylaxis, which is a life-threatening medical emergency.

People can be allergic to anything, but serious allergic reactions are most commonly caused by food, insect venom (such as a wasp or bee sting), latex and medication.

3. DEFINITIONS

ANAPHYLAXIS: Anaphylaxis is a severe allergic reaction that can be life-threatening and must be treated as a medical emergency.

ALLERGEN: A normally harmless substance that, for some, triggers an allergic reaction. You can be allergic to anything. The most common allergens are food, medication, animal dander (skin cells shed by animals with fur or feathers) and pollen. Latex and wasp and bee stings are less common allergens.

Most severe allergic reactions to food are caused by just 9 foods. These are eggs, milk, peanuts, tree nuts (which includes nuts such as hazelnut, cashew nut, pistachio, almond, walnut, pecan, Brazil nut, macadamia etc), sesame, fish, shellfish, soya and wheat.

There are 14 allergens required by UK law to be highlighted on pre-packed food. These allergens are celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame.

ADRENALINE AUTO-INJECTOR: Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto-injectors are commonly referred to as AAIs, adrenaline pens or by the brand name EpiPen. There are two brands licensed for use in the UK: EpiPen and Jext Pen. For the purposes of this Policy, we will refer to them as Adrenaline Pens.

ALLERGY ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan. [We use the BSACI Allergy Action Plan paediatric

templates which include versions for: people without a prescribed adrenaline pen, and people prescribed with different brands of adrenaline pen.

DESIGNATED ALLERGY LEAD: The member of staff responsible for overseeing allergy management across the school and acting as the main point of contact for pupils, parents and staff.

NEFFY: Neffy (official name in the UK is EURNeffy) is a nasal spray which delivers adrenaline. It is a needle-free alternative to an adrenaline auto-injector approved. Neffy was approved for use in the UK in 2025 and distribution is expected from late September. There is a factsheet attached to this Policy for reference.

INDIVIDUAL HEALTHCARE PLAN: A detailed document outlining an individual pupil's medical conditions, history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/carers and, where appropriate, pupils. All pupils with an allergy should have an Individual Healthcare Plan and it should be read in conjunction with their Allergy Action Plan.

RISK ASSESSMENT: A detailed document outlining an activity, the risks it poses and any actions taken to mitigate those risks. Allergy should be included on all risk assessments for events on and off the school site.

SPARE ADRENALINE PENS: School has purchased spare adrenaline pens. These are held as a back-up, in case pupils' prescribed adrenaline pens are not available. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline.

4. ROLES AND RESPONSIBILITIES

WKET takes a whole-school approach to allergy management.

4.1 Designated Allergy Lead

The Designated Allergy Lead is the Head of Inclusion and Clinical Services. They report to the CEO and the Safeguarding Trustee. They are responsible for:

- Ensuring the safety, inclusion and wellbeing of pupils and staff with an allergy;
- Taking decisions on allergy management across the school;
- Championing and practising allergy awareness across the school;
- Being the overarching point of contact for staff, pupils and parents with concerns or questions about allergy management;
- Ensuring allergy information is recorded, up-to-date and communicated to all staff although they have ultimate responsibility, the collation of information is delegated to the school nurse;
- Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment);
- Ensuring staff, pupils and parents have a good awareness of the school's Allergy and Anaphylaxis Policy, and other related procedures. [Consider obtaining and recording confirmation from staff that they have read and understood the policy];
- Reviewing the school's stock of spare adrenaline pens (check the school has an appropriate number for the setting, that they hold the correct dose, that spare adrenaline pens are stored appropriately) and ensuring staff know where they are;

- Keeping a record of any allergic reactions or near-misses, reporting these to the appropriate authority (e.g. Under RIDDOR) where necessary and ensuring the circumstances are investigated and learnings shared;
- Regularly reviewing and updating the Allergy and Anaphylaxis Policy; and
- Ensuring there is an anaphylaxis drill once a year.

At regular intervals the Designated Allergy Lead will check procedures and report to the SLT.

4.2 School nurse is responsible for:

- Collecting and coordinating the paperwork (including Allergy Action Plans and Individual Healthcare Plans) and information from families (this is likely to involve liaising with the admissions team for new joiners);
- Supporting the Designated Allergy Lead with disseminating this information to all school staff, including the catering team, occasional staff and those running clubs
- Ensuring the information from families is up-to-date, and reviewed annually (at a minimum) Coordinating medication with families and ensuring medication is in date. Whilst it's the responsibility of parents/carers to ensure medication is up to date, the nursing team lead should also have systems in place to check this and notify the parents/carers when they see the expiry dates are approaching in respect of medicines held by the school;
- Keeping an adrenaline pen register to include adrenaline pens prescribed to pupils and the school's stock of spare adrenaline pens, including brand, dose and expiry date. The location of spare adrenaline pens should also be documented;
- Regularly checking spare adrenaline pens are where they should be, and that they are in date;
- Replacing the spare adrenaline pens when necessary;
- Providing on-site adrenaline pen training for staff and pupils and refresher training as required e.g. before school trips; and
- Add any other responsibilities delegated by Designated Allergy Lead.

4.3 Admissions Team

The admissions team is likely to be the first to learn of a pupil or visitor's allergy. They should work with the Designated Allergy Lead and school nursing team/medical lead to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity this should be in place before a school visit, an Open Day or Taster Days if food is offered or likely to be eaten;
- There is a clear structure in place to communicate this information to the relevant parties (i.e. school nursing team, catering team);
- Parents and applicants are informed of catering arrangements during admission events; and
- Plans are made for emergency medication if the child is to be left without parental supervision.

4.4 All staff

All school staff, including teaching staff, support staff, occasional staff - for example sports coaches, music teachers and those afterschool clubs are responsible for:

- Championing and practising allergy awareness across the school;
- Reading, understanding and putting into practice the Allergy and Anaphylaxis Policy and related procedures, and asking for support if needed;

- Being aware of pupils (and staff, when necessary) with allergies and what they are allergic to;
- Considering the risk to pupils with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate;
- Ensuring pupils always have access to their medication or carrying it on their behalf depending on the age of the pupils and the management of adrenaline pens in the school;
- Being able to recognise and respond to an allergic reaction, including anaphylaxis, after appropriate training;
- Taking part in training and anaphylaxis drills as required (at least once a year). Whilst it is the school's responsibility to ensure staff have received annual training, if the member of staff is aware they have not received any allergy training in the last 12 months they should alert a manager;
- Considering the safety, inclusion and wellbeing of pupils with allergies at all times. Preventing and responding to allergy-related bullying, in line with the school's anti-bullying policy;
- Forwarding any communication or information that comes directly to them from parents regarding allergens to the School Nurse.
- Ensuring that pupils have their medication and their Allergy Action Plan or Individual Health Care Plan with them when leaving school site, for a match or trip.

4.5 All parents

All parents and carers (whether their child has an allergy or not) are responsible for:

- Being aware of and understanding the school's Allergy and Anaphylaxis Policy and considering the safety and wellbeing of pupils with allergies;
- Providing the school nurse with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the school of any related conditions, for example asthma, hay fever, rhinitis or eczema;
- Considering and adhering to any food restrictions or guidance the school has in place when providing food, for example in packed lunches, as snacks or for fundraising events;
- Refraining from telling the school their child has an allergy or intolerance if this is a preference or dietary choice; and

Encouraging their child to be allergy aware.

4.6 Parents of children with allergies

In addition to point 4.5, the parents and carers of children with allergies should:

- Work with the school to fill out an Individual Healthcare Plan and provide an accompanying Allergy Action Plan;
- If applicable, provide the school or their child with two labelled adrenaline pens and any other medication, for example antihistamine (with a dispenser, ie. spoon or syringe), inhalers or creams;
- Ensure medication is in-date and replaced at the appropriate time;
- Ensure their child has access to their allergy medication, including two adrenaline pens if prescribed, on the journey to and from school;

- Update school with any changes to their child's condition and ensure the relevant paperwork is updated too;
- Provide the school with an up-to-date photograph of their child and sign the associated permission for it to be shared appropriately as part of their allergy management; and
- Support their child to understand their allergy diagnosis and to advocate for themselves and to take reasonable steps to reduce the risk of an allergic reaction occurring eg. not eating the food to which they are allergic.

4.7 All pupils

All pupils at the school should:

- Be allergy aware;
- Understand the risks allergens might pose to their peers and respect measures to support them;
- Learn how they can support their peers and be alert to allergy-related bullying;
- Older pupils will learn how to recognise an allergic reaction and support their peers and staff in case of an emergency; and
- [If pupils are likely to be buying or bringing in food from home and are old enough to check the ingredients, they must adhere to food restrictions or guidance about food being brought in].
- All of the above should be done in an age and capability appropriate way

4.8 Pupils with allergies

In addition to point 4.7, pupils with allergies are responsible for:

Knowing what their allergies are and how to mitigate personal risk this will depend on age and capability;

- Avoiding their allergen as best as they can;
- Understanding the importance of following the school specific processes of lunch and snack services and how that mitigates risk;
- Understanding that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction;
- Carrying two adrenaline auto-injectors with them at all times, if age and capability appropriate. They must only use them for their intended purpose;
- Understanding how and when to use their adrenaline auto-injector;
- Talking to the Designated Allergy Lead or a member of staff if they are concerned by any school processes or systems related to their allergy;
- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies;
- Pupils permitted to leave the school site [should know what to do if they have an allergic reaction off school premises. This should include how to treat themselves and raise the alarm to get help; and
- If age and capability appropriate, ensuring they have their medication with them on the journey to and from school.

5. INFORMATION AND DOCUMENTATION

5.1 Register of pupils with an allergy

The school has a register of pupils who have a diagnosed allergy. This includes children who have a history of anaphylaxis or have been prescribed adrenaline pens, as well as pupils with an allergy where no adrenaline pens have been prescribed.

5.2 Individual Healthcare Plans

Each pupil with an allergy has an Individual Healthcare Plan. The information on this plan includes:

- Known allergens and risk factors for allergic reactions;
- A history of their allergic reactions;
- Detail of the medication the pupil has been prescribed including dose, this should include adrenaline pens, antihistamine etc;
- A copy of parental consent to administer medication, including the use of spare adrenaline pens in case of suspected anaphylaxis;
- A photograph of each pupil; and
- A copy of their Allergy Action Plan. See definitions for the BSACI templates.

6. ASSESSING RISK

Allergens can crop up in unexpected places. Staff (including visiting staff) will consider allergies in all activity planning and include it in risk assessments. Some examples include:

- Classroom activities, for example craft using food packaging, science experiments where allergens are present, food lessons or cooking;
- Bringing animals into the school, for example a dog or hatching chick eggs can pose a risk;
- Running activities or clubs where they might hand out snacks or food “treats”. Ensure safe food is provided or consider an alternative non-food treat for all pupils; and
- Planning special events, such as cultural days and celebrations.

Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, adapt the activity. The school will ensure compliance with the Equality Act 2010.

7. FOOD, INCLUDING MEALTIMES & SNACKS

7.1 Catering in school

The school is committed to providing a safe meal for all students, staff and visitors, including those with food allergies.

Due diligence is carried out with regard to allergen management when appointing catering staff;

All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training;

With Early year pupils, school adheres to new Early Years Foundation Stage statutory guidance. And the “Safer Eating” section has the relevant information for allergies;

Anyone preparing food for those with allergies will follow good hygiene practices, food safety and allergen management procedures;

The catering team will endeavour to get to know the pupils with allergies and what their allergies are, supported by school staff;

The catering team will endeavour to provide varied meal options to students and staff with allergies;

The school has robust procedures in place to identify pupils with food allergies, these are:

A visual check from a member of staff familiar with the pupils who have allergies.

Photos of pupils with allergies is also available

Food containing the main 14 allergens (see Allergens definition) will be clearly labelled . Other ingredient information will be available on request.

Pre-packaged food will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging;

Where changes are made to the ingredients this will be communicated to pupils with dietary needs by the kitchen staff.

Any products with Precautionary Allergen Labelling or "May Contain' labelling will be sent home with the pupil and a letter explaining why is also sent home.

Food provided at breakfast club and after school club will follow these procedures (or adapt accordingly, but ensure procedures to ensure safety are outlined);

Any food prepared for a pupil with allergies is prepared separately to avoid cross contamination.

7.2 Food bans or restrictions

This school is an Allergen Aware school. We have students with a wide range of allergies to different foods, so we encourage a considered approach to bringing in food;

- We try to restrict peanuts and tree nuts and other allergies identified as much as possible on the site and check all foods coming into the kitchen; and
- All food coming onto school premises or taken on a school trip or to a match should be checked to ensure allergens are not an ingredient in another product. Please check the label on all foods brought in. Common foods that contain these goods as an ingredient include: packaged nuts, cereal bars, chocolate bars, nut butters, chocolate spread, sauces.

7.3 Food hygiene for pupils

- Pupils will wash their hands before and after eating;
- Sharing, swapping or throwing food is not allowed;
- Water bottles and packed lunches should be clearly labelled; and

8. EDUCATIONAL VISITS AND SPORTS FIXTURES

Staff leading the trip will have a register of pupils with allergies and details of their medication. Staff should notify the trip leader of any allergies;

- Allergies will be considered on the risk assessment and catering provision put in place;
- Parents, and pupils where appropriate, may be consulted if considered necessary, or if the trip requires an overnight stay;

- Staff (and some pupils, if appropriate) accompanying the trip will be trained to recognise and respond to an allergic reaction;
- Allergens will be clearly labelled on catered packed lunches
- If attending Match Tea at another school, details of their dietary requirements will be sent ahead to ensure they have a safe meal; and
- See Adrenaline Pens section for School Trips and Sports Fixtures.

9. INSECT STINGS

To prevent and deal with insect stings. For example, those with a known insect venom allergy should:

- Avoid walking around in bare feet or sandals when outside and when possible keep arms and legs covered;
- Avoid wearing strong perfumes or cosmetics; and
- Keep food and drink covered.

The school site team will monitor the grounds for wasp or bee nests. Pupils (with or without allergies) should notify a member of staff if they find a wasp or bee nest in the school grounds and avoid them.

10. ANIMALS

It's normally the dander (flakes of skin) saliva or urine that causes a person with an animal allergy to react.

Precautions to limit the risk of an allergic reaction include:

- A pupil with a known animal allergy should avoid the animal to which they are allergic;
- If an animal comes on site a risk assessment will be done prior to the visit;
- Areas visited by animals will be cleaned thoroughly;
- Anyone in contact with an animal will wash their hands after contact;
- If an animal lives on site, for example in a Boarding House, pupils, parents and staff will be made aware and consideration and adaptations will be made; and
- School trips that include visits to animals will be carefully risk assessed.

11. ALLERGIC RHINITIS/ HAY FEVER

We provide oral and topical antihistamines on site.

12. INCLUSION AND MENTAL HEALTH

- Allergies can have a significant impact on mental health and wellbeing. Pupils may experience anxiety and depression and are more susceptible to bullying.
- No child with allergies should be excluded from taking part in a school activity, whether on the school premises or a school trip;
- Pupils with allergies may require additional pastoral support including regular check-ins from their key staff

- Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives; and
- Bullying related to allergy will be treated in line with the school's anti-bullying policy.

13. ADRENALINE PENS

See the government guidance on Adrenaline Pens in Schools.

13.1 Storage of adrenaline pens

Pupils prescribed with adrenaline pens will have easy access to two, in-date pens at all times;

If adrenaline pens are to be stored centrally or if age/ stage appropriate pupils will carry them. If stored centrally, state where this is and ensure access at all times. They are stored centrally and labelled, with the pupil's Allergy Action Plan. Pupils must also have access to two adrenaline pens as they travel to and from school;

- Spot checks will be made to ensure adrenaline pens are where they should be and in date;
- Adrenaline pens must not be kept locked away;
- Adrenaline pens should be stored at moderate temperatures (see manufacturer's guidelines), not in direct sunlight or above a heat source (for example a radiator); and
- Used or out of date pens will be disposed of as sharps.

13.2 Spare adrenaline pens

This school has 2x300mcg & 2x150mcg AVPS, 4x300mcg & 4x150mcg spare adrenaline pens to be used in accordance with government guidance.

- The locations of spare adrenaline pens are clearly signposted.
- The Allergy Lead and Nurse are responsible for:
- Deciding how many spare pens are required.
- What dosage is required, based on the Resuscitation Council UK's age-based guidance (see page 11);
- Which brand(s) to buy. Schools are recommended to buy a single brand if possible to avoid confusion;
- The purchasing of spare adrenaline pens which can be obtained at low cost from a local pharmacy. See government guidance above; and
- Distribution around the site and clear signage.

13.3 Adrenaline pens on off-site activities

No child with a prescribed adrenaline pen will be able to go on a school trip without two of their own devices. It is the trip leader's responsibility to check they have them;

- Adrenaline pens will be kept close to the pupils at all times e.g. not stored in the hold of the coach when travelling or left in changing rooms;
- Adrenaline pens will be protected from extreme temperatures;
- Staff accompanying the pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction; and

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14. RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

See appendix on recognising and responding to an allergic reaction

- If a pupil has an allergic reaction:
- Treat the pupil in accordance with their Allergy Action Plan;
- Instigate the school's Emergency Response Plan.
- If anaphylaxis is suspected administer adrenaline without delay;
- Treat the pupil where they are. Lie them down with their legs raised and bring medication to them;
- Use pupil's own prescribed medication if immediately available;
- Pupil can administer the adrenaline pen themselves [if able to] or a member of staff can administer pen. Ideally the member of staff will be trained, but in an emergency, anyone can administer adrenaline;
- If the pupil's own adrenaline pen is not available or misfires, then use a spare adrenaline pen;
- If anaphylaxis is suspected but the pupil does not have a prescribed adrenaline pen or Allergy Action Plan, lie the pupil down with their legs raised, call 999 and explain anaphylaxis is suspected. Inform the operator that spare adrenaline pens are available and follow instructions from the operator. The MHRA says that in exceptional circumstances, a spare adrenaline pen can be administered to anyone for the purposes of saving their life;
- If, after 5 minutes, there is no improvement, use a second adrenaline pen and call the emergency services again and inform them that a second dose of adrenaline has been given;
- Do not move the pupil until a medical professional/ paramedic has arrived, even if they are feeling better; and
- Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff should accompany them in an ambulance until a parent or guardian arrives.

15. TRAINING

15.1 The school is committed to training all staff annually to give them a good understanding of allergy.

This includes:

- Understanding what an allergy is;
- How to reduce the risk of an allergic reaction occurring;
- How to recognise and treat an allergic reaction, including anaphylaxis
- How the school manages allergy, for example Emergency Response Plan, documentation, communication etc;
- Where adrenaline pens are kept (both prescribed pens and spare pens) and how to access them;
- The importance of inclusion of pupils with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying;
- Understanding food labelling; and
- Taking part in an anaphylaxis drill.

15.2 The school will carry out an anaphylaxis drill once a year.

This includes:

- An exercise simulating an event where a pupil or member of staff has an allergic reaction and testing the whole school response.

16. ASTHMA

It is vital that pupils with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions. Each pupil will have their own Asthma care plan.

17. REPORTING ALLERGIC REACTIONS

The school will log allergic reaction incidents and near-misses. This is recorded in the child's notes, parents would be informed as would both the allergy lead and allergy governor.

HEALTH CARE

The Health Care Team are committed to promoting and safeguarding the welfare of children, young people and to adhere to national, local and WKET policies and procedures.

Necessary consent

This will be obtained in writing and details placed on their health care plans: -

1. Any specialist medical or nursing treatment.

2. Written consent – for emergency treatment at a hospital following a serious accident.

3. Two contact telephone numbers, where parents or other nominated person can be contacted if the need arises.

4. Parents/Carers/Guardians of children requiring medication while at school must provide the medication properly labelled in the container supplied by the pharmacist stating type of medication with clear instructions; along with a letter authorising the administration.

5. Form giving permission to give home remedies and what type.

6. Each pupil will have an individual medical health care treatment plan in which a record is kept of changes in medications, and any hospital appointments.

7. Each child will be given professional treatment using appropriate support and therapy as needed and a qualified nurse will be on duty Monday-Friday.

8. A Health care assistant is also on duty Monday-Friday.

Pupils will be familiarised with the nature of their medical condition in order that they may understand and gradually accept responsibility for the safe management of it.

A positive attitude will be fostered towards health in order that all children will reach their full potential socially, emotionally and educationally.

West Kirby Educational Trust promotes a healthy lifestyle through nutrition, diet, exercise and rest, personal hygiene, self-discipline, good example and advice.

A programme of vaccination (with parental consent) will be maintained through Wirral Community NHS Foundation Trust.

As soon as possible after admission to the school a Height and weight will be recorded with the consent of the pupil and parents/carers.

Medications will be correctly stored and carefully administered under the supervision of designated staff. All staff who administer medications will receive the appropriate training.

Along with the appropriate authorisation in advance of a trip/holiday, medication for residential holidays or day trips should be sent in by carers/parents/guardians properly labelled in the container supplied by the pharmacist stating type of medication with clear instructions. This will be collated by the Medical Department and the appropriate forms drawn up for staff administrating the medication.

Parents / carers of pupils must provide an adequate supply of medication for use as prescribed in school in the correct manner.

Warm, pleasant accommodation will be available for pupils should they become unwell. However, the school policy is for children who are unwell to be cared for at home.

Any incident in school resulting in a head injury will be recorded in the pupil's Health Care plan and on the online accident form. Parents/Carers will be informed along with the Principal or his representatives and the Safety Officer. Should a pupil require hospital treatment for an injury/serious accident, a report will be sent to RIDDOR and OFSTED.

If a child becomes ill during the school day, the parents/guardian/social worker or other named contact will be required to collect the child and take him/her home at the earliest opportunity.

MEDICAL CONFIDENTIALITY

Health professionals are bound by their professional codes of conduct to maintain confidentiality when working in a one to one situation. When working in a classroom, they are bound by relevant school policies.

"To ensure confidentiality, nursing staff will not disclose any information, unless they feel that the pupil is at risk of harm or harming others" or a crime has been committed. (UKCC 1992).

A clear Confidentiality Statement is posted in the Medical Room for Staff and Pupils to read.

N.M.C. Code of Conduct

TRAINING OF STAFF IN THE HANDLING AND ADMINISTRATION OF MEDICATIONS

All Staff who dispense medication at WKET should be appropriately trained in the handling and use of medication and their competence assessed by the senior nurse at WKET.

Training must cover:

- The supply, storage and disposal of medicines
- Safe administration of medicines
- Quality assurance and record keeping
- Accountability, responsibility and confidentiality
- Basic understanding of the most common drugs taken by pupils.

Medicines Act 1968 – "Medicines may be given by a third party e.g. or suitably trained member of staff to the person that they were intended for when this is strictly in accordance with the directions that the prescribed has given".

When dispensing medications a second member of appropriately trained staff is required to confirm and counter-sign that the correct medication, in the correct dose has been dispensed to the correct child.

Staff competence must be reviewed every year.

DISPENSING AND ADMINISTRATION OF MEDICATION FROM ORIGINAL BOXES

We follow guidelines when dispensing medication from original boxes.

For practical purposes and to ensure the safest management of medication, there are occasions when double dispensing has to take place as described below.

In the Medical Department the School Nurse and Health Care Assistant dispense individual pupil's medication from the original box into a duplicate pharmacy box. The pupil's dispensing sheet is then signed by both the School Nurse and the Health Care Assistant.

MEDICAL POLICIES

Only staff trained in dispensing medication administer medication to pupils.
When staff administer medication to individual pupils, staff check MAR (Medication Administer Record) sheet, pupil, the dose and type and brand of medication. When they administer medication the MAR sheets and the controlled drug book are signed by the staff member dispensing the medication and counter-signed by the staff member checking the medication.

Any change to a pupil's prescribed medication would require written confirmation from a Paediatrician or an up to date pharmacy label prior to medication being altered.

School Trips.

If a pupil who has prescribed medication is taken on a trip, the school nurse and health care assistant dispense individual pupil's medication from the original box into a second original box. The member of staff taking the pupil out counts the medication, checks the box and signs a medication receipt. All staff giving medication are trained in the dispensing of medication annually.

FIRST AID POLICY

There are first aid boxes situated all around school and in certain areas, there is a list of where these are kept outside the medical room. There are also first aid boxes in all school vehicles. The medical staff will re- stock them as and when required. There is also a list of all first aid trained staff outside the medical room.

GIVING PRESCRIBED AND NON-PRESCRIBED MEDICATIONS

All prescribed medication given at school will be signed for on the MARS sheets and in the controlled drug book. All non-prescribed medication will be documented in the pupil's health care plan and parents will be informed

MEDICAL CONDITIONS

This school is an inclusive community that aims to support and welcome pupils with medical conditions.

WKET understands that it has a responsibility to make the school welcoming and supportive to pupils with medical conditions who currently attend and to those who may enrol in the future.

WKET aims to provide all children with all medical conditions the same opportunities as others at school. We will help to ensure they can:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well-being

When a pupil arrives at WKET, if required the School Nurse meets with parents/carers to discuss pupil's health needs including any prescribed medication which may need to be dispensed in the school. The School Nurse may invite specialist nurses in for further training.

If a pupil suffers from any medical health needs e.g. Epilepsy or severe allergies needing emergency treatment an individual protocol is written to guide staff on how to manage the pupil in an emergency situation, including where any prescribed medication which may be needed is stored.

WKET aims to include all pupils with medical conditions in all school activities.

WKET ensures all staff understand their duty of care to children and young people in the event of an emergency.

All WKET staff feel confident in knowing what to do in an emergency.

First Aid trained staff know what to do in an emergency for the most common or serious medical conditions at this school.

Staff at WKET understand their duty of care to pupils in the event of an emergency. In an emergency situation school staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication.

All staff understand the school's general emergency procedures

All staff know what action to take in the event of a medical emergency. This includes:

- How to contact emergency services and what information is given.
- To contact school nurse/first aid member of staff

SICK CHILDREN IN SCHOOL

Guidelines

Pupils who are unwell should not be sent to school.

If a pupil becomes unwell at school, he/she will be taken to the Medical Department and their needs assessed by the School Nurse or Health Care Assistant.

1. Minor problems will be treated by the School Nurse/Health Care Assistant and the pupils will return to class as soon as he/she is well enough, this may include their temperature being monitored or offered a home remedy or mild analgesia after gaining consent from their parent/carer.

2. A medical room notification may be completed and sent home to parent/carer.

3. Should the problem be more serious the parent/carer (or person designated by them) will be contacted and asked to take the child home, where they should remain until fully recovered. Whilst waiting to be taken home, the sick child will be cared for in the Medical Room by the Nurse on duty.

TREATING INJURIES IN SCHOOL

1. The child is seen by the Medical staff either at their own request, or their Parent's or School staff..

2. From observation and questioning, the Medical staff will assess the severity of the injury and course of action to be taken which will be as follows;

    a) IF A MINOR INJURY – Small graze, small cuts, School Nurse will cleanse and apply a suitable dressing and this will be recorded in the health care plan. A Medical Room notification may be sent home.

    b) IF A SEVERE INJURY – Requiring immediate attention, Headteacher or Deputy Head is informed and pupil will be transferred to hospital and parents informed.

c) IF THE INJURY IS SUCH THAT IMMEDIATE MEDICAL ATTENTION IS NOT INDICATED – A parent should be informed and a request made to collect the child from school. If the parents cannot be contacted, the child should be kept in school, under the observation of School Nurse or Teaching staff. When the child is taken or goes home, any relevant information/advice should be given or sent to the Parents/Carers in writing or by phone. This is to be documented in the pupil's Health Care Plan. A Medical Room notification may be sent home.

3. School Nurse should keep an accurate record of all treatments, date and time, in the pupil's Health Care Plan and record any action. She will remind teachers to record any actions in their documents.

EPILEPSY/SEIZURES

Each pupil who suffers from Epilepsy and/or seizures will have their own protocol which is kept with their own medication. There is also a copy of their protocol kept in their Health care plan in the medical room.
All staff are also trained yearly by either the school nurse or the Epilepsy specialist nurse in how to administer the epilepsy rescue medication. All medication is required to be taken out with staff when the pupil goes on a school trip.

DIABETES

Each pupil with Diabetes has their own protocol which is kept with their medication.

All staff will be trained by either the school nurse or Diabetic specialist nurse in how to administer the insulin if the pupil is type 1 and also the signs and symptoms of Hypoglycaemia and Hyperglycaemia. All medication is required to be taken out with staff when the pupil goes on a school trip.

ASTHMA

If a pupil suffers from Asthma, individual inhalers will be kept in the medical room. Staff will be required to take these with them when they leave school on trips. Should a pupil require their inhaler whilst in school, they will be bought to the medical room to use it or the medical staff will take it to the pupil if they are unable to come to the medical room.

If a pupil has an Asthma attack the medical staff will be called and/or 999 if the pupil is struggling to breath.

MEDICAL SUN PROTECTION

Every care will be taken to ensure that pupils will be adequately protected from harmful exposure to the sun.

Parents will be made aware of the way in which this is achieved.

Use of adequate sun factor for appropriate skin types
Provision of shady areas

Parents will be asked to give written consent to supply sun lotion for their child to apply to themselves in school, under supervision.

Medical staff have a list of who is allowed sun cream.

INFECTIOUS DISEASES

If any pupil is discovered with an infectious disease, the child will be removed from class and taken to the medical department and seen by School Nurse or HCA.

Parents will be informed and asked to collect their child and keep them away from school for a length of time as advised by government and NHS guidelines at the Health Protection Duty Room on 0300 555 0119, or visit www.publichealth.hscni.net.

Any infectious disease details will be reported to senior management by the school nurse.

Good hygiene practice is paramount by all staff involved.

It is good practice, if applicable, for the school nurse to check the immunisation status if applicable. E.g. if measles is suspected, check with the NHS Child Health that the pupil has received their MMR – 2 doses.

Also, please refer to the **Health & Safety Handbook** for further details.

MEDICAL ROOM SERVICES TO PUPILS

One aspect for our school is supporting children and young people to be healthy both physically and emotionally, and to achieve their best outcomes and are able to thrive by accessing a high quality holistic medical service.

The medical department provides daily access to health advice, support and treatment to all pupils by

1. Safeguarding and promoting the welfare of pupils by regularly assessing the medical needs.

2. Setting up the pupil's own Health Care Plan.

3. Identifying how a health outcome can be improved, based on need.

4. Identifying priorities of care jointly and put an action plan together on how it should be delivered and reviewed.

5. Providing a facility for outside professionals and multi-disciplinary teams to indicate any concerns about a pupil and therefore improve outcomes of all pupils by early identification and action to meet their needs.

6. Enabling communication to relevant staff of any specific pupil's health needs, enabling the pupil to access their educational curriculum to the full
   .
7. Promoting Health and Wellbeing – identifying needs and intervening early. (For example, we measure height and weight regularly for all pupils).

8. Supporting parents/carers by informing them of any new Government initiatives and providing information on their accessing support from other professionals.

9. Making sure all pupils know the medical department is available for them to talk about any personal issues, by providing a one to one service for young people to

discuss anything in a confidential setting, e.g. Sex and relationships, substance misuse etc.

10. Providing medical facilities for pupils with long term medical conditions, which involve nursing care. Help pupils come to a joint decision about their care to enable them to access their education to the full. e.g.: diabetes, epilepsy, disability and complex health needs. Provide relevant training to staff in supporting such pupils.
11. Providing a facility to meet the mental health and psychological wellbeing of children by regular contact with medical staff, school staff and pupil's local CAMHS team.

12. Managing the administration of prescribed medicines and ensure good practice.

13. Providing Emergency First Aid treatment to all.

14. Providing an area of safety to enable children to "calm down" and prevent self-harm.

15. Updating pupil's documentation in the Nursing Care Notes and informing parents/carers of any outcomes.

MEDICAL ROOM SERVICES TO STAFF

In line with the overall support shown to WKET staff the Medical Room is available to all staff:

1. To give Emergency First Aid treatment (should it be required).

2. To treat any minor injury or illness and advise senior staff on the prospect of staff needing to go home. (E.g. due to contagious condition).

3. To administer medication, e.g. Paracetamol for pain relief.

4. To give confidential advice and support on health matters as per the confidentiality statement clearly shown in Medical Room.

5. To offer a private room for staff to talk or have time if they have been in an intervention.

Staff should be aware that medical staff are not able to direct them to go home when feeling ill. A member of SLT may direct such action if it is felt to impact on the Health and Safety of yourself or others.

SELF HARM

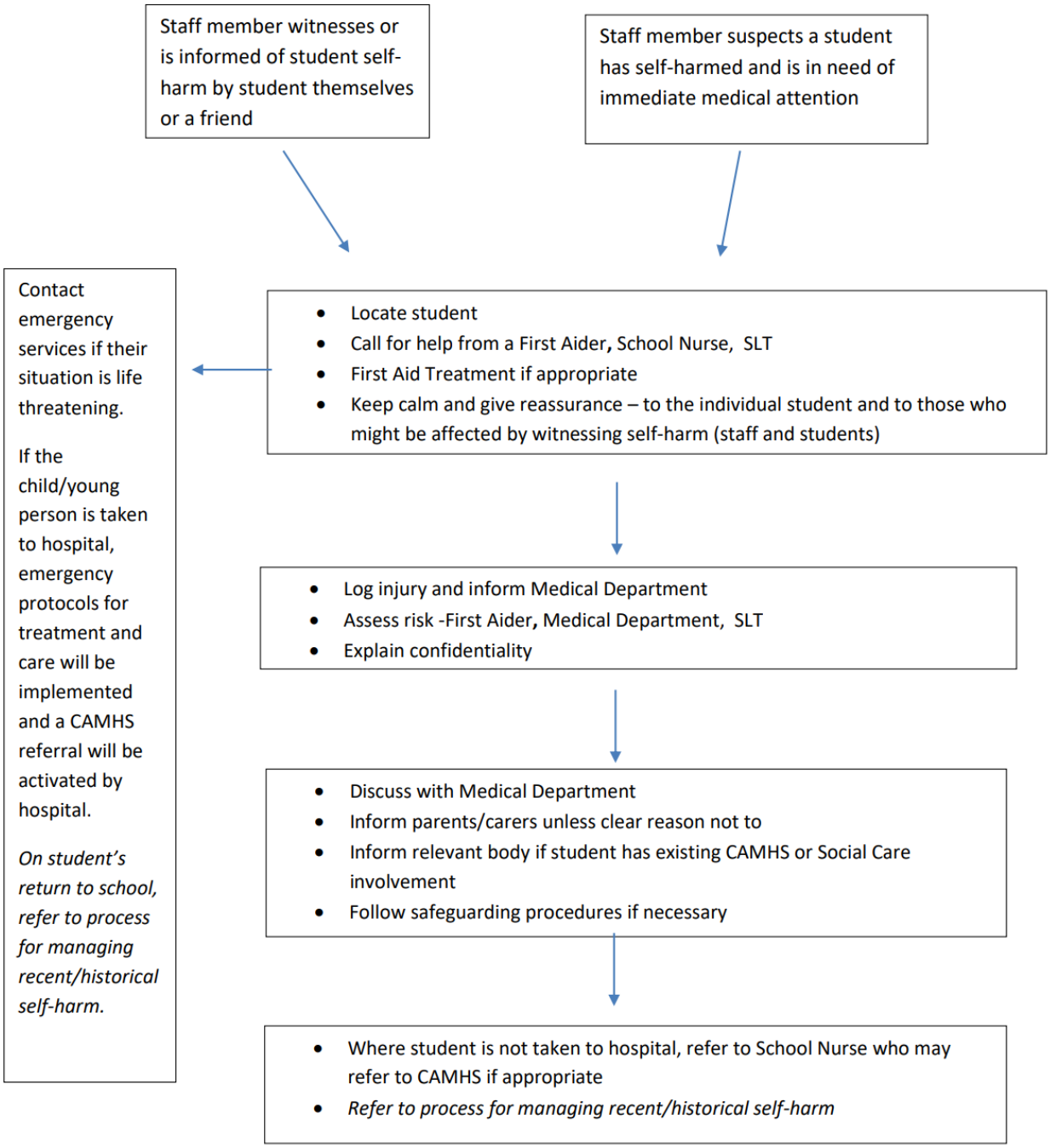
Introduction

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

The following principles underpin this guidance:

- Duty of care is, as always, paramount.
- The child or young person is central to the whole process and should be given appropriate priority by all involved.
- All school colleagues will adhere to a consistent response to and understanding of self-harm.
- The emotional wellbeing and mental health of the child and young person must be supported and harm minimised.

Model process for managing self-harm in schools in a crisis situation



Definition of Self Harm

The definition of self-harm, adopted by these guidelines, is intentional self-poisoning or injury, irrespective of the apparent purpose of the act. Self-harm includes poisoning, asphyxiation, cutting, burning and other self-inflicted injuries (NICE).

Self-harm is any behaviour where the intent is to cause harm to one's own body for example:

- Cutting, repeatedly scratching, scraping or picking skin.
- Swallowing inedible objects.
- Taking an overdose of prescription or non-prescription drugs.
- Swallowing hazardous materials or substances.
- Burning or scalding.
- Hair pulling.
- Banging or hitting the head or other parts of the body.
- Scouring or scrubbing the body excessively.

Self-harm is usually conducted at times of anger, fear, distress, emotional worry, low mood or low self-esteem in order to manage negative feelings. It is not accidental. Accidents do happen and are a different circumstance.
The following risk factors, particularly in combination, may make a young person particularly vulnerable to self-harm:

Individual Factors:

- Depression/anxiety.
- Eating disorders.
- Poor communication skills.
- Low self-esteem.
- Poor problem-solving skills.
- Impulsive behaviour.
- Drug or alcohol abuse.
- Unreasonable or unsustainable expectations of self or parent.

Family Factors:

Neglect or physical, sexual or emotional abuse.
Poor relationship with parents.

- Depression, self-harm or suicide in the family.
- Being a current or previous child in care.

- Being a young carer.

Social Factors:

- Difficulty in making relationships/loneliness.
- Being bullied, teased or rejected by peers.
- Banging or hitting the head or other parts of the body.
- Scouring or scrubbing the body excessively.

Self-harm is usually conducted at times of anger, fear, distress, emotional worry, low mood or low self-esteem in order to manage negative feelings.

Confidentiality

Staff should adhere to WKET school guidelines regarding information sharing and confidentiality.

The child/young person must be involved wherever possible and consulted on his/her views.

Professionals should always take age and understanding into account when involving children and young people in discussions and decision making.

There should be clear explanations about what is going to happen and the choice and rationale for certain courses of action.

It is important not to make promises of confidentiality that you cannot keep.

Staff should tell a child/young person why they have to share information without their consent.

Information given to staff by a pupil should not be shared without the child/young person's permission except in exceptional circumstances. Such exceptional circumstances will include:

- A child is not old enough or competent enough to take responsibility for themselves
- Urgent medical treatment is required

- The safety and wellbeing of a child/young person is at risk or there is the possibility of harm to other (i.e. child protection or suicide)
- By virtue of statute or court order
- For the prevention, detection or prosecution of serious crime

If there is reasonable staff concern that a child may be at risk of harm this will always override a requirement to keep information confidential. If a child or young person reveals they are at risk, staff should follow the school's safeguarding process immediately.

Assessing risk

There is a need to initiate a prompt assessment of the level of risk self-harm presents.

Unless the pupil is in obvious emotional crisis, kind and calm attention to assuring that all physical wounds are treated should precede additional conversation with the pupil about the non-physical aspects of self-harm. Questions of value in assessing severity might include:

- Where on your body do you typically self-harm?
- What do you typically use to self-harm?
- What do you do to care for the wounds?
- Have you ever hurt yourself more severely than you intended?
- Have your wounds ever become infected?
- Have you ever seen a doctor because you were worried about a wound?

Collecting basic information is also important in determining the need for engagement of outside resources. Questions might include aiming to assess:

- history
- frequency
- types of method use
- triggers
- disclosure
- help seeking and support
- past history and current presence of suicidal ideation and/or behaviours

In general pupils are likely to fall into 1 of 2 risk categories:

Low risk pupils

Pupils with little history of self-harm, a generally manageable amount of stress, and at least some positive coping skills and some external support.

Higher risk pupils

Pupils with more complicated profiles – those who report frequent or long-standing self-harm practices; who use high lethality methods, and/or who are experiencing chronic internal and external stress with few positive supports or coping skills.

Logging incidents

It is vital to keep a log of all incidents of self-harm. All self-harm incidents should be logged via Accident Forms and where appropriate a Cause for Concern to be reviewed by the Safeguarding Team.

Supporting the child or young person

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

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

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

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

Information sheet for young people on self-harm

What is self-harm?

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

How many young people self-harm?

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

Why do young people self-harm?

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

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

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

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

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

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

For young people with Autism, it can also be a manifestation of:

- Frustration.

- Inability to communicate need.
- Sensory stimulation.
- Inability to emotionally regulate.
- Control.

Our awareness of these aspects should remain vigilant at all times.

How can you cope with self-harm?

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

Helpful strategies can include:

- Finding someone to talk to about your feelings (this could be a friend or family member)
- Talking to someone on the phone (you might want to ring a help line)
- Sometimes it can be hard to talk about feelings; writing and drawing about your feelings may help.
- Scribbling on and/or ripping up paper
- Listening to music
- Going for a walk, run or other kinds of exercise
- Getting out of the house and going somewhere where there are other people Keeping a diary
- Having a bath/using relaxing oils e.g. lavender
- Hitting a pillow or other soft object
- Watching a favourite film

Getting help

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

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

Websites and phone numbers where you can find help and support (A-Z)

CALM (Campaign Against Living Miserably)

Tel: Helpline for 15 –24 year old males 0800 58 58 58

7 days a week 5pm –midnight

Website: www.thecalmzone.net

Childline 24 hr helpline 0800 1111

Health and Wellbeing/Mental Health
Website: www.themix.org.uk

MIND Info line 9:00-6:00 Monday to Friday (not Bank Holidays) 0300 123 3393

National Self-Harm Network (forum supporting individuals who self harm)

Website: www.nshn.co.uk

Papyrus (support young people and those who live with them) 0800 068 4141

Website: www.papyrus-uk.org

E-mail: pat@papyrus-uk.org

Samaritans 24 hour helpline 116 123

Website: www.samaritans.org

E-mail: jo@samaritans.org.uk

Young MINDS 0808 802 5544

Website: www.youngminds.org.uk

Youth Access 0208 772 9900

Website: www.youthaccess.org.uk/

E-mail: admin@youthaccess.org.uk

My friend has a problem - How can I help?

- You can really help by just being there, listening and giving support.

- Be open and honest. If you are worried about your friend's safety, you should tell an adult. Let your friend know that you are going to do this and you are doing it because you care about him/her.

- Encourage your friend to get help. You can go with them or tell someone they want to know.

- Get information from telephone help lines, website, library etc. This can help you understand what your friend is experiencing.

- Your friendship may be changed by the problem. You may feel bad that you can't help your friend enough or guilty if you have had to tell other people. These feelings are common and don't mean that you have done something wrong/not done enough.

- Your friend may get angry with you or say you don't understand. It is important to try not to take this personally. Often when people are feeling bad about themselves they get angry with the people they are closest to.

- It can be difficult to look after someone who is having difficulties. It is important for you to find an adult to talk to, who can support you. You may not always be able to be there for your friend and that's OK.

Engaging families

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

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

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

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

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

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

How should we deal with parents that have extreme reactions? The school's role is to gently suggest that the parents seek outside counselling/support services. However, if staff believe there is a potential risk to the child, they should follow safeguarding procedures immediately.

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

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

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

SELF-ADMINISTRATION OF PRESCRIBED PHARMACEUTICALS AT WKET

Great emphasis is laid on the desirability to promote pupil independence whenever possible, but self-administration of prescribed medication is usually not an option. There are however several pupils at the school who self-administer Asthmatic inhalers via a volumetric-spacer, nasal sprays and prescribed creams and lotions.

Each child attends the medical room to administer inhalers, when required under close supervision of the medical staff. Depending on the area concerned, creams and lotions are either applied in the medical room.

On commencement of the prescribed medication each individual child is assessed to ensure that they have been correctly instructed on how to self-administer to promote maximum effectiveness. Advice and reassurance is given to the pupil with regards to self-medicating. This is documented in the relevant section of the Health Care Plan and reviewed on a regular basis.

It is the responsibility of the nurse on duty or designated person to record on the MAR sheet each time pupils self-administer their own prescribed medications.

WEST KIRBY EDUCATIONAL TRUST

A charity changing children's lives

West Kirby Educational Trust

Emotional Resilience, Wellbeing and Mental Health Policy

Contents

- Emotional Wellbeing Policy
- Suicide Prevention Guidance
- Self-Harm Guidance
- Appendix A – Sources of Support
- Appendix B – Information on Mental Health Issues
- Appendix C – Guidance on Disclosures

Introduction – Emotionally Healthy Schools

At WKET, we recognise that mental health and emotional wellbeing are fundamental to the overall development, learning and achievement of our pupils.

National data suggests that **1 in 6 young people** experience a diagnosable mental health difficulty. Schools play a vital role in promoting resilience, identifying concerns early, and providing appropriate support.

Our vision is to ensure that every pupil develops the resilience, confidence and skills needed to navigate the challenges of modern life. We aim to embed a whole-school approach to mental health, ensuring that wellbeing is promoted through our culture, curriculum and daily interactions. This includes both universal approaches for all pupils and targeted support for those who are more vulnerable or experiencing difficulties

.

Definition of Mental Health

Mental health is defined by the World Health Organization as:

“A state of wellbeing in which every individual realises their potential, can cope with the normal stresses of life, can work productively and is able to contribute to their community.”

At WKET, we adopt this definition and seek to promote positive mental health for all members of our school community, including pupils, staff and families.

Our Approach

At WKET we:

- Promote **positive mental health for all** (universal support)
- Provide **targeted interventions** for vulnerable pupils
- Respond appropriately to **mental health concerns and crises**

We aim to be a **trauma-informed setting**, recognising how experiences impact behaviour, learning and relationships.

Scope

This policy outlines the school's approach to promoting emotional wellbeing and supporting mental health. It applies to all members of the school community, including teaching staff, support staff, governors, pupils and parents or carers. The policy should be read alongside other relevant school policies, including safeguarding and child protection, SEND, behaviour and medical policies, as there may be overlap in how these areas are addressed.

Policy Aims

This policy aims to:

- Promote positive mental health and wellbeing
- Develop emotional resilience in pupils and staff
- Increase awareness of mental health issues
- Enable early identification of concerns
- Provide clear guidance for staff
- Support pupils, families and staff effectively

Lead Members of Staff

All staff have a responsibility for wellbeing. Key roles include:

- Headteacher
- Designated Safeguarding Lead (DSL)
- SENCO
- Medical team

Supporting Pupils

Any staff member concerned about a pupil should:

- Report concerns to the **Mental Health Lead or DSL**
- Record concerns in line with school systems

If a pupil is at **immediate risk**:

- Contact emergency services (999)
- Follow safeguarding procedures immediately

Support may include:

- Pastoral support
- Individual care plans
- Referral to external services (e.g. CAMHS)

Supporting Staff

Staff wellbeing is a priority. Support includes:

- Access to wellbeing resources
- Mental Health First Aiders
- External support services

Staff should speak to senior leaders if concerned about themselves or colleagues.

Induction

All new staff and pupils will receive:

- Information on wellbeing support
- Safeguarding and reporting procedures
- Key contacts

Individual Care Plans

Where appropriate, care plans will include:

- Mental health needs
- Triggers and warning signs
- Support strategies

- Emergency contacts

Plans are created with:

- Pupils
- Parents/carers
- Relevant professionals

Teaching About Mental Health

Mental health is taught through:

- PSHE curriculum
- Assemblies
- Tutor time

We follow guidance from the PSHE Association to ensure safe and appropriate delivery.

Focus areas include:

- Emotional literacy
- Coping strategies
- Reducing stigma
- How to seek help

Signposting

We ensure pupils, staff and families know:

- What support is available
- How to access it

Support information is shared via:

- Displays
- Website
- Assemblies
- Pastoral support

Warning Signs

Staff should be alert to:

- Changes in mood or behaviour
- Withdrawal or isolation
- Decline in academic performance
- Self-harm indicators
- Talking about hopelessness or suicide

Any concerns must be reported.

Managing Disclosures

If a pupil discloses:

- Listen calmly and without judgement
- Do not promise confidentiality
- Reassure and validate feelings
- Report and record appropriately

Confidentiality

We will:

- Be honest about information sharing
- Only share information when necessary
- Follow safeguarding procedures

Working with Parents

We will:

- Communicate concerns sensitively
- Offer support and information
- Involve parents in planning support

Supporting Peers

We recognise the impact on friends and peers.

Support may include:

- Guidance on how to help
- Emotional support
- Safe information

Training

Staff receive training in:

- Mental health awareness
- Safeguarding
- Trauma-informed practice

Additional training is provided as needed.

Suicide Prevention

We acknowledge:

- Suicide is a leading cause of death in young people
- Early intervention is essential

We believe:

- Talking about suicide is safe and necessary
- Stigma must be challenged
- Support must be accessible

Staff are trained to:

- Recognise warning signs
- Respond appropriately
- Follow safeguarding procedures

Self-Harm Guidance

Definition

Self-harm is a way of coping with emotional distress.

Possible Signs

- Unexplained injuries
- Covering up (e.g. long sleeves)
- Withdrawal
- Low mood

Staff Response

- Stay calm and non-judgemental
- Report concerns
- Support referral to appropriate services

Appendix A – Sources of Support

National Support

- YoungMinds
- NSPCC
- Childline
- Samaritans

Local Support

- CAMHS services
- Local authority wellbeing services
- School-based support

Appendix B – Common Mental Health Issues

Includes:

- Anxiety
- Depression
- Self-harm
- Eating disorders
- OCD

Appendix C – Guidance on Disclosures

Key principles:

- Listen more than you talk
- Avoid judgement
- Be honest
- Agree next steps