

	Health and Well-Being Policy	
	Committee: Students and Staff Committee	
	Co-ordinator : Mrs K Robertson	
	Last Reviewed : Summer 2023	Next Review : Summer 2025
	Policy links to Equal Opportunities Policy and Behaviour and Anti-bullying Policy.	

Purpose

This policy aims to ensure that:

Pupils, staff and parents/carers understand how our school will support pupils with medical conditions (physical and mental) in both in day school and in boarding.

Pupils with medical conditions are supported via reasonable adjustments aiming to enable them to access the same education and experiences as other students.

This policy incorporates the DfE Guidance:

[Promoting children and young people's emotional health and wellbeing](#) [Supporting pupils at school with medical conditions](#)

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SECTION A: SUPPORTING PUPILS WITH MEDICAL CONDITIONS

The named member of school staff responsible for this policy and its implementation is the Assistant Head/DSL.

This school is an inclusive community that supports and welcomes pupils with medical conditions.

The school recognises its duties as detailed in Section 100 of the Children and Families Act 2014. Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case, this school complies with their duties under that Act. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care plan (EHCP) which brings together health and social care needs, as well as their special educational provision. For children with SEN,

this policy should be read in conjunction with the Special Educational Needs and Disability (SEND) code of practice.

This school's Health and Well-being Policy is drawn up in consultation with a range of local key stakeholders within both the school and health settings. Stakeholders include pupils, parents/carers, school staff, and governors.

In evaluating the policy, this school seeks feedback from key stakeholders. The views of pupils with medical conditions are central to the evaluation process.

Inclusion of pupils with medical conditions

This school takes a holistic approach to health and well-being and is supportive of pupils with medical conditions. It aims to provide children with medical conditions with the same opportunities and access to activities (both school-based and out-of-school) as other pupils. All reasonable adjustments will be made to ensure that no child is denied admission or prevented from taking up a place in this school because of a medical condition.

This school will listen to the views of pupils and parents/carers and we aim to create confidence in the care that their young person receives from this school and the level of that care that meets their needs.

School staff understand that there are students at this school with various medical conditions which may affect a child's quality of life and impact on their ability and confidence and they are given specific guidance on how to support individual students in class.

The school understands that all children with the same medical condition will not have the same needs; our school will focus on the needs of each individual child.

School staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition. They will encourage students to develop resilience in managing and working through these impairments.

School staff understand their duty of care to children and young people and will act professionally in the event of an emergency.

Staff will refer pupils with medical conditions who are finding it difficult to keep up educationally to their Head of House who will liaise with the pupil (where appropriate), parent/carer and the pupil's healthcare professional.

The school will always be open to the views of clinicians involved in supporting a child with a medical condition; however, the staff of the school are the experts in this educational setting, and also the expert in the student as a learner.

1. Staff training on emergency situations for pupils with a medical condition

All school staff are aware of their duty of care to pupils in an emergency.

All staff receive training in what to do in an emergency in cases of Anaphylaxis and Asthma.

All children with medical conditions that are complex, long-term or where there is a high risk that emergency intervention will be required at this school have an individual healthcare plan (IHCP) which explains what help they need in an emergency.

Staff are aware of the common triggers that can make common medical conditions worse or can bring on an emergency.

The IHCP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole school day and on out-of-school activities.

This school makes sure that those staff providing support to a pupil (including all boarding staff in the case of a boarder) have received suitable training and ongoing support to ensure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHCP. This should be provided by the specialist nurse/First Responder/other suitably qualified healthcare professional and/or parent/carer. The specialist nurse/First Responder/other suitably qualified healthcare professional will confirm their competence and this school keeps an up-to-date record of all training undertaken and by whom.

The student's Head of House is the creator and holder of the IHCP and will ensure that this is reviewed and monitored in conjunction with input from the pupil, parents/carers and medical professionals.

This school has chosen to hold an emergency salbutamol inhaler for use by pupils who have been prescribed a reliever inhaler and for whom parental consent for its use has been obtained.

This school has chosen to hold a 'spare' emergency adrenaline auto-injector (AAI) for use on pupils who are at risk of anaphylaxis but whose own device is not available or not working and for whom parental consent for its use has been obtained.

Asthma inhalers, epi-pens etc. are readily available wherever the pupil is in the school and are not locked away.

If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent/carer arrives, or accompany a pupil taken to hospital by ambulance or taxi if they need urgent medical care.

2. Administration of medication at school

This school understands the importance of medication being taken and care received.

Medication will only be administered when it is considered necessary and with parental permission.

This school will look to make sure that there are sufficient members of staff who have been trained to administer the medication and meet the care needs of an individual pupil. This school will look to ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies.

We will not give medication (prescription or non-prescription) to a pupil without a parent/carer's written consent except in exceptional circumstances when prescribed by a GP, and every effort will be made to encourage the pupil to involve their parent/carer, while respecting their confidentiality.

When administering medication, for example pain relief, this school will check the maximum dosage and when the previous dose was given.

We will look to make sure that a member of staff who is first aid trained is available to accompany a pupil with a medical condition on a residential trip.

Parents/carers at this school understand that **they must** let the school know immediately if

their child's needs change.

If a pupil misuses their medication, or anyone else's, their parent/carer is informed as soon as possible and the school's disciplinary procedures are followed.

3. Storage of medication and equipment at school.

This school makes sure that those staff involved with the pupil understands what constitutes an emergency for that individual pupil and makes sure that emergency medication/equipment, e.g., asthma inhalers etc. are carried on the pupil who has been prescribed them.

Those pupils deemed competent to carry their own medication/equipment with them will be identified and recorded through the pupil's IHCP in agreement with parents/carers. This will be agreed on a case-by-case basis.

Day pupils may carry one dose of their medication (e.g., paracetamol). For boarders, because of the nature of their care, this must be administered by one of the medical team. However, pupils cannot carry controlled drugs in school and parents/carers should ensure that any such drugs are handed in to Goddard Reception for the First Responders to collect them in person. They will store controlled drugs securely under double lock, with only named staff having access. Staff at this school can administer a controlled drug to a pupil once they have had specialist training.

For pupils requiring insulin injections/insulin via pumps or blood glucose monitoring in schools, the Paediatric Diabetes Team will provide this level of training and education. Parents are required to consent for the school to administer medication/meet other support needs as part of that plan; trained staff undertake these support needs and record keeping in relation to administration is robust then liability cover would be in place for common treatments administered by staff. (E.g., in relation to oral medication, inhalers, epi-pens, prepackaged doses via injection etc.)

The school will make sure that all medication is stored safely, and that pupils with medical conditions know where they are at all times and have access to them immediately. Under no circumstances will medication be stored in first aid boxes.

This school will only accept medication that is in date, labelled and in its original container including prescribing instructions for administration. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.

Parents/carers are asked to collect all medications/equipment at the end of the school year, and to provide new and in-date medication at the start of each year. Any drugs which are not collected will be disposed of at the local pharmacy.

This school disposes of needles and other sharps in line with local policies. Sharps boxes are kept securely at school. They are collected and disposed of in line with local authority procedures.

4. Record keeping.

As part of the school's admissions process and annual data collection exercise, parents/carers are asked if their child has any medical conditions. These procedures also cover transitional arrangements between schools.

This school uses an IHCP to record the support of an individual pupil with significant medical conditions. The IHCP is developed with the pupil (where appropriate), parent/carer and the Head of House, specialist nurse/First Responder, boarding staff (where appropriate) and relevant healthcare services. Where a pupil has SEN but does not have an EHC plan, their special educational needs are mentioned in their IHCP.

This school has a centralised register of IHCPs on SIMS which is reviewed regularly, at least every year or whenever the pupil's needs change.

The pupil (where appropriate) parents/carers, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHCP. Other school staff are made aware of and have access to the IHCP for the pupils in their care.

This school makes sure that the pupil's confidentiality is protected.

This school seeks permission from parents/carers and the pupil before sharing any medical information with any other party.

This school keeps an accurate record of all medication administered, including the dose, time, date and supervising staff using Patient Tracker.

5. Managing the school environment, social, sporting, and educational activities

Within the constraints of our historic site, the school looks to ensure that students with medical needs can access all necessary facilities and specialist workspaces. This school is committed to making reasonable adjustments to help create a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility.

This school makes sure the needs of pupils with medical conditions are adequately considered to ensure that reasonable adjustments are put in place to aid their involvement in structured and unstructured activities, extended school activities and residential visits.

Staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's anti-bullying policy, to help prevent and deal with any problems. They use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment.

This school understands the importance of all pupils taking part in off-site visits and physical activity and that all relevant staff make reasonable and appropriate adjustments to such activities in order they are accessible to all pupils. This includes out of school clubs and team sports. Risk assessments will be conducted as part of the planning process to take account of any additional controls required for individual pupil needs.

This school understands that all relevant staff are aware that pupils should not be forced to take part in activities if they are unwell, although this does not exclude challenging pupils to be resilient and hardy. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these.

This school shares with parents and pupils themselves the duty to make sure that pupils have the appropriate medication/equipment/food with them during physical activity and offsite visits.

We review significant medical emergencies and incidents to see how they could have been avoided, and change school policy according to these reviews. Should parents and pupils be dissatisfied with the support provided they should raise the issue through the school complaints procedure.

6. Pupils with medical conditions and attendance

Our practice seeks to overcome potential barriers to learning for our pupils who have medical needs. This includes those who are physically ill or who are injured; those with mental health problems and pregnant pupils who are unable to attend school for medical reasons. The aim is to minimise the interruption and disruption to the pupil's schooling by continuing education as normally as their condition permits but within the resources available to us. We work towards the pupil's reintegration into school as soon as possible and as soon as in the student's interest.

We will not put in place sanctions for pupils (or parents/carers) for their attendance if their absences relate to their medical condition.

This school will refer pupils with medical conditions who are finding it difficult to keep up educationally to the Head of House who will liaise with the pupil (where appropriate), parent/carer and the pupil's healthcare professional.

We will ask for medical documentation from health professionals to support the absences due to medical conditions.

Where a pupil with a medical condition has been absent for a considerable time period, a phased return may be considered to support them coming back to school full-time. However, where viable, some attendance in some form is the expectation.

The imperative of supporting pupils with medical needs does not preclude the obligation on the school to promote normal attendance, as where achievable this will be in the best interest of the pupil's academic outcomes.

Where there is concern about the reasons for a pupil's continuing absence or pattern of absences, the school's Safeguarding Lead will discuss this with parents and if concerns develop, will consider the possibility of Fabricated or Induced Illness (FII) in line with the guidance set out in 'Keeping Children Safe in Education'.

7. The Leads on Individual Health Care Plans

The designated teacher in this school who is responsible for ensuring that the needs of all pupils with medical needs are met is their Head of House. They will take an active and continuing role in the pupil's educational, social and emotional progress. They will aim to work in partnership with parents or carers to ensure the best possible outcomes and a return to school as soon as possible.

The Head of House will have the responsibility for liaising with parents or carers and various agencies whenever a pupil is too ill to attend school.

This contact will ensure that procedures are followed when a pupil is absent from school for medical reasons including procedures to support:

- early identification
- referrals
- personal education plans
- reintegration into school

- pupils working towards public examinations.
- involvement of the pupil
- pupils who are pregnant and/or mothers
- Post 16

8. Early Identification

All staff take responsibility for the identification of pupils who are on school roll but are absent from school with a medical need which may impact on their ability to access the curriculum. This will be monitored through the pastoral staff, form tutors, and Deputy Heads of House and Heads of House.

The school First Responder has an important role in passing on early warning signs suggesting a pupil may be chronically unwell from records of those reporting unwell during the school day. House teams will be provided with regular attendance figures to enable houses to liaise with home where illness is beginning to have a serious impact on a pupil's studies.

All staff will support the Head of House to establish, where possible, the amount of time a pupil might be absent and identify ways in which the school can support the pupil in the short term e.g., providing work to be done at home in the first instance. The school will not provide work where it has not authorised the absence as the school takes the view that this absence is not necessary.

9. Referrals

The Assistant Head/DSL will ensure the pupil's Head of House has filled in a Herts ISL referral form clearly identifying Hospital and Home Education (ESMA) as the provider and will set in place the referral process where long-term absence is identified. The Head of House will liaise with parents or carers to provide medical evidence to accompany the referral.

10. Personal Education Plans

The school will provide work and materials for pupils who are absent from school because of medical needs. Detailed work will be set by subject teachers in the first phase of absence up to 10 days and where an absence is authorised. Only the school can authorise absence and it will only do so when convinced the pupil is medically unfit to attend.

In the case of long-term absences with ESMA tutoring in place, the setting of detailed work will give way to the provision of information to ESMA staff on the pupil's capabilities, and such tools to guide the work of ESMA staff as a current curriculum plans or schemes of work.

The school remains responsible for pupils who are unable to attend for medical reasons; however, the school may not have the specialist expertise necessary to actually meet their needs. In such cases, the school will be limited in what it can provide by that which is determined as suitable by expert professionals, what it can commission, and what it has the ability to allocate from its budget.

A flexible approach will be needed to take into account any gaps in a pupil's learning resulting from missed or interrupted schooling. However, this does not mean a pupil has a

right to “repeat a year” or similar. The school will make its own assessment case-by-case. A key driver will be the degree to which a pupil has either made a recovery from illness or injury, or developed a capacity to manage their condition such that repeating a year is in their interests and is likely to make a manifest difference to outcomes. Similarly, the school will not waive entry requirements for courses or a sixth form place unless it has material grounds to believe the pupil would be able to cope with the requirements of that phase or course without the entry qualifier. The necessary benchmark to meet is detailed in the sixth form admissions policy.

11. Reintegration after a long absence due to medical reasons

The school recognises the key role it can play in ensuring successful reintegration of pupils returning after a period of illness. We will provide support, together with ESMA staff, to assist a smooth reintegration back into school. We will work in partnership with parents and medical staff, to ensure a flexible approach to meeting a pupil's needs. We will involve peers to ensure they support the pupil's reintegration. We will consider exempting pupils from the full range of National Curriculum arrangements on a temporary basis whilst they readjust to normal school life.

However, there is a limit to the degree to which a large secondary school can bespoke arrangements for an individual pupil: these constraints will be made clear to parents and pupils, and arrangements may be time limited. *Reasonable adjustments* will be made, and what is reasonable is the decision of the school.

12. Public Examinations

The school will implement procedures for ensuring that pupils who are unable to attend school for medical reasons have access to public examinations, possibly as external candidates, and applications for special arrangements are made to the awarding bodies where appropriate. The school will make the judgement as to what is the appropriate exam entry for a pupil based on consultation with the pupil, parent/carer, and other professionals; the school makes the decision in a way aimed at safeguarding the pupil's current needs while maximising future prospects.

13. Involvement of the pupil

As far as is possible, the school will ensure that pupils who are unable to attend school because of medical needs are kept informed about extra-curricular activities and other school events. The Head of House is responsible for this. This will enable such pupils to participate, where possible and the school agrees it to be appropriate, but has to be mindful of the vulnerabilities that can be created in terms of intrusive questioning from peers. It is the responsibility of the tutor to encourage contact with peers through visits, cards and e-mails where possible. The school will ensure that all procedures and arrangements are both realistic and take account of pupils' views.

14. Pupils who are pregnant and/or mothers

We will refer pregnant pupils at any age to ESMA in order to make sure appropriate support (e.g., teaching, childcare) is available if needed. The pupil will remain in school for at least

the first 24 weeks and longer if they are fit and able to do so. If it is agreed that an alternative short-term placement out of school is required, this will be supported in the same way as a pupil with medical needs. The same curricular and exam liaison procedures will apply.

15. Post 16

We will ensure that all pupils over 16 years of age who are absent from school for medical reasons will be referred to the Connexions Hertfordshire service at the earliest opportunity.

They will have access to advice and guidance from the Services for Young People (SfYP) to help them prepare for their next steps in education and work to overcome any barriers to participation. One of our aims will be to give intensive support to pupils facing complex problems. Where a pupil has had their education significantly disrupted for medical reasons and is taking external examinations a year late, we will work together with ESMA during Year 12 to ensure that they are able to complete their statutory education.

16. On Roll

We recognise that a pupil who is unable to attend school because of medical needs must not be removed from the school register without parental/carers consent, even during a long period of ill health. The Head of House and Assistant Head/DSL will always seek to work as closely as possible with parents and carers, who need to be realistic in their expectations of staff in a busy secondary school. If, however, parents and carers are not satisfied with the service they receive they should in the first instance raise this through the complaint's procedure.

17. Challenge

The imperative of supporting pupils with medical needs does not preclude the obligation of school to promote normal attendance, as where achievable, this will be in the best interest of the pupil's academic outcomes.

SECTION B: SUPPORTING PUPILS WITH MENTAL HEALTH CONDITIONS

At our school, we aim to promote positive mental health and well-being for our whole school community: pupils, staff, parents and carers, and recognise how important mental health and emotional well-being is to our lives in just the same way as physical health.

We recognise that young people's mental health is a crucial factor in their overall well-being and can affect their learning and achievement. Persistent mental health problems may lead to pupils having significantly greater difficulty in learning than the majority of those of the same age and can affect their outcomes unless well supported.

Our aim is to help develop the protective factors that build resilience to mental health

problems and be a school where:

- all pupils are valued
- pupils have a sense of belonging and feel safe
- pupils feel able to talk openly with trusted adults about their problems without feeling any stigma
- positive mental health is promoted and valued
- bullying is not tolerated

1. Definition of Mental Health and Well-Being

We use the World Health Organisation's definition of mental health and wellbeing as being: *"A state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community".*

Mental health and well-being are not just the absence of mental health problems. We want all young people to:

- feel confident in themselves
- be able to express a range of emotions appropriately
- be able to make and maintain positive relationships with others
- cope with the stresses of everyday life
- manage times of stress and be able to deal with change
- learn and achieve

2. A Whole School Approach to Promoting Positive Mental Health

We take a whole school approach to promoting positive mental health that aims to help pupils become more buoyant, be happy and successful and prevent problems before they arise.

This encompasses seven aspects:

1. creating an ethos, policies and behaviours that support mental health and resilience that everyone understands
2. helping pupils to develop social relationships, support each other and seek help when they need to
3. helping pupils to be resilient learners
4. teaching pupils social and emotional skills and an awareness of mental health
5. early identification of pupils who have mental health needs and planning support to meet their needs, including working with specialist services
6. effectively working with parents and carers
7. supporting and training staff to develop their skills and resilience

We also recognise the role that stigma can play in preventing understanding and awareness of mental health issues and aim to create an open and positive culture that encourages discussion and understanding of mental health issues.

3. Roles and Responsibilities

We believe that all staff have a responsibility to promote positive mental health, and to understand about protective and risk factors for mental health. Some pupils will require additional help and all staff should have skills to look out for any early warning signs of mental health problems and look to ensure that pupils with mental health needs get early intervention and the support they need.

All staff should understand the possible risk factors that might make some pupils more likely to experience problems; such a physical long-term illness; having a parent who has a mental health problem; death and loss, including loss of friendships, family breakdown and bullying. They should also understand the factors that protect pupils from adversity, such as self-esteem, communication and problem-solving skills, a sense of worth and belonging and emotional literacy.

The school's SEND leads (SENCo and Pastoral Support Manager) and Assistant Head/DSL:

- lead and work with other staff to coordinate whole school activities to promote positive mental health
- provide advice and support to staff and organises training and updates
- keep staff up-to-date with information about what support is available
- liaise with the PSHE Leader on teaching about mental health
- are the first point of contact and communicates with mental health services
- lead on and make referrals to services

4. Supporting Students

We recognise that many behaviours and emotional problems can be supported within the school environment, or with advice from external professionals. Some pupils will need more intensive support at times, and there are a range of mental health professionals and organisations that provide support to pupils with mental health needs and their families.

In school support could include:

- Pastoral Support Manager (Mental Health Lead)
- Safeguarding/Child Protection Team
- Support staff who manage mental health needs of pupils such as House Pastoral Assistants and Keyworkers
- SENCo who helps staff understand their responsibilities to pupils with special educational needs and disabilities (SEND), including pupils whose mental health problems mean they need special educational provision.
- House Team – Head of House and Deputy Head of House and tutors
- Transition Lead and Director and Deputy Head of Sixth Form
- The First Responders

5. Developing Pupils' Positive Mental Health

We aim to provide a nurturing and inclusive environment which promotes and supports positive mental health - aspects such as our strong pastoral system with our inclusive house competition, inclusive student leadership and large take-up of extra-curricular opportunities such as sports, music and drama. Pupils are encouraged to play an active part in the wider school life to develop feelings of belonging, inclusion and identity. Our pupils feel supported and encouraged to develop themselves as individuals but also to be part of a team. Our positive mindset that everyone can get involved and to 'Aim Higher' for personal growth supports our pupils to have good mental health.

Our school has a range of strategies and interventions which go alongside this approach:

Pupil-led Activities

- House Health Ambassadors help to run friendship clubs and other events such as 'Walk and Talk' as well as displays and talking about mental health in assemblies,

Transition Support

- Support for vulnerable pupils, for example, Speech and Language (SALT) support, small group work such as Lego Club or friendship groups and T-Club
- Transition meetings with parent/carers, pupils and relevant staff
- Pupil Passports for the most vulnerable pupils
- Key adults support secondary school visits with vulnerable pupils
- Additional school transition visits prior to Induction Day
- Support from LINKS outreach

Student Services

- Support for those needing a safe space or time out – this area is always open and manned throughout the day
- Time Out cards
- Stress aids
- Mindfulness activities
- Social Clubs

Whole School

- Assemblies and chapels promoting good mental health
- Tutor-led activities
- 'Just talk' campaign
- Displays and information around the school about positive mental health and where to go for help and support both within the school and outside the school
- Promoting Positive Relationship days
- Anti-bullying Week, Allyship Week, Pride Month, Gay Straight Alliance, Anti-racism Committee
- Regular training for our staff on mental health issues

Teaching about Mental Health and Emotional Well-being

Through PSHE, we teach the knowledge and social and emotional skills that will help pupils to be more resilient, understand about mental health and help reduce the stigma of mental health problems.

6. Early Identification

Our identification system involves a range of processes. We aim to identify pupils with mental health needs as early as possible to prevent things getting worse. We do this in different ways including:

- identify pupils who might need support
- being an attachment aware school
- working with the tutors and Head of House who are often the first point of contact with families seeking support
- working closely with the attendance administrator who flags up concerns
- analysing behaviour, exclusions, visits to the medical room, attendance and progress reviews
- analysing data from the year seven QUALIS and PPR surveys throughout the year and using CPOMS to record, monitor and review concerns and issues
- staff reporting immediately concerns about individual pupils to the Heads of House and the Designated Safeguarding Team

- Weekly staff bulletin (STU Notes) for staff to raise concerns about individual pupils and strategies to support
- fortnightly meetings between the House Teams, SENCo and Pastoral Support Manager
- fortnightly meetings with day and boarding staff to discuss all pupils whose mental health is causing concern (BPWC).
- gathering information from previous schools at transfer or transition parental meetings or from external agencies
- enabling pupils to raise concerns to a teacher and support staff
- encouraging parents and carers to have an honest and open dialogue with us about their child's mental health
- enabling parents and carers to raise their concerns through publicising how to contact the Mental Health Lead
- promoting parenting programmes and courses to inform parents on how to support their child's mental health through the parent newsletter.

All staff have had training on the signs that might mean a pupil is experiencing mental health problems. Any member of staff concerned about a pupil will take this seriously and will report concerns to the Pastoral Support Manager or the Safeguarding Team.

These signs might include:

- non-verbal behaviour
- isolation from friends and family and becoming socially withdrawn
- changes in activity or mood or eating/sleeping habits
- lowering academic achievement
- talking or joking about self-harm or suicide
- expressing feelings of failure, uselessness, or loss of hope
- an increase in lateness or absenteeism
- not wanting to do PE or get changed for PE
- drug or alcohol misuse
- physical signs of harm that are repeated or appear non-accidental
- wearing long sleeves in hot weather
- repeated physical pain or nausea with no evident cause

Staff are aware that mental health needs such as anxiety might appear as non-compliant, disruptive or aggressive behaviour, which could include problems with attention or hyperactivity. This may be related to home problems, difficulties with learning, peer relationships or development.

If there is a concern that a pupil is in danger of immediate harm, then the school's child protection procedures are followed. A risk assessment and support plan will be made (in consultation with the parents and carers) to support pupils with very poor mental health who are attending school.

Verbal Disclosures by Pupils

We recognise how important it is that staff are calm, supportive and non-judgmental to pupils who verbally disclose a concern about themselves or a friend. The emotional and physical safety of pupils is paramount, and staff listen rather than advise. Staff are clear to pupils that the concern will be shared with Pastoral Support Manager and/or the Designated Safeguarding Team and recorded to provide appropriate support to the pupil.

Non-Verbal Disclosures by Pupils

Staff also recognise persistent and unusual non-verbal disclosures in behaviours in line with the NICE (National Institute for Health & Care Excellence) recommendation that behaviour may be an unmet need or message.

Confidentiality

All disclosures are recorded and held on the school's CPOM system, including date, name of pupil and member of staff to whom they disclosed to, a summary of the disclosure and the next steps to support the child.

7. Assessment, Interventions and Support

All concerns are reported to the Pastoral Support Manager and the Designated Safeguarding Team and are recorded on CPOMS. We then implement our assessment system (working with parents and carers) based on levels of need to ensure that pupils get the support they need, either from within the family, school or from an external specialist service. Our aim is to put in place interventions as early as possible to prevent problems escalating.

We recognise that just like physical health, mental health and emotional well-being can vary at any given time and is fluid and changes; there are no absolutes. Support for pupils will be adapted on a case-by-case basis.

8. Involving Parents and Carers

We recognise the important role parents and carers have in promoting and supporting the mental health and wellbeing of their children, and in particular supporting their children with mental health needs.

To support parents and carers we provide information and signposting to organisations through the parent bulletins on mental health issues and local wellbeing and parenting programmes and support parents and carers with children with mental health needs through sensitive and supportive regular meetings and signposting.

When a concern has been raised, the school will:

- contact parents and carers and meet with them when appropriate
- in most cases, parents and carers will be involved in their children's interventions, although there may be circumstances when this may not happen, such as child protection issues.
- offer information to take away and places to seek further information
- be available for follow up calls
- make a record of the meeting
- agree support and provisions and review this
- discuss how the parents and carers can support their child
- keep parents and carers up to date and fully informed of decisions about the support and interventions

Parents and carers will always be informed if their child is at risk of danger, unless in extremely rare cases where informing parents and carers would mean that that the pupil was under more danger from harm.

We make every effort to support parents and carers to access services where appropriate.

Pupils are our primary concern, and in the rare event that parents and carers are not accessing services we will seek advice from the Local Authority. We also provide information for parents and carers to access support for their own mental health needs.

9. Supporting and Training Staff

We want all staff to be confident in their knowledge of mental health and wellbeing and to be able to promote positive mental health and wellbeing, identify mental health needs early in pupils and know what to do and where to get help.

Those staff with a specific responsibility have more specialised training and where possible access to supervision from mental health professionals - this includes the school counsellor, members of the Student Services Team and the Safeguarding Team.

Staff training to raise awareness of mental health and emotional well-being topics are accessed through our training platforms 'Creative Education' and 'The National College' as well as courses through the OLLIE Suicide Prevention Society.

Supporting and promoting the mental health and wellbeing of staff is an essential component of a healthy school and we promote opportunities to maintain a healthy work life balance and wellbeing with relaxation activities such as mindfulness, sleep training, gym membership and an active staff well-being committee and regular training on how to look after their own mental health.

Staff have access to our Employees Assistance Programme to support them with any concerns for their own well-being or mental health or concerns about their family members.

SECTION C: CARE OF BOARDERS WHO ARE UNWELL *(Relevant to National Minimum Standard 7)*

Introduction

St George's School addresses boarders' health and wellbeing in a number of ways. These are integrated within the school's overall Health and Well-Being Policy and fall within the responsibility of the Director of Boarding.

This policy is intended to ensure that all boarders experience a consistency of approach in their care when unwell and in the safe administration of their medication. This policy reflects the legal obligations and standards of good practice featured in relevant legislation.

Care in respect of boarders' health and wellbeing is provided primarily by the Day Matron, House Parents in Crosthwaite and Keswick Houses, Head of Boarding House in Skiddaw House and the First Responder during school hours. This includes:

- The oversight and monitoring of boarders with temporary conditions, including injury and illness
- The co-ordination of external appointments with medical and therapeutic services, such as physiotherapy, out-patient appointments and follow-up clinics

- The oversight and monitoring of individual health care plans for boarders with chronic conditions, such as Crohn's disease or diabetes
- The organisation of outstanding childhood immunisations in accordance with the Department of Health/ NHS guidelines and NHS School-Aged Immunisation Team. · The support of boarders with medical conditions in terms of both physical and mental health, so that they can play a full and active role in school life
- Coordination of GP appointments and the arranging of annual Asthma Reviews and annual flu vaccinations for those too old for the school immunisations but have a medical condition where the flu vaccine is recommended by the NHS

The First Responder liaises with and facilitates the routine scheduled school-aged immunisations, including the flu vaccine, in conjunction with the Local Authority School-Aged Immunisation Team

Dental, orthodontic, optometric or other specialist services can be accessed in the local area for urgent appointments and consultations can be coordinated by parents with their child's House Parent, Skiddaw Head of Boarding House or Day Matron. Parents may choose to organise such appointments independently (particularly for on-going treatment) and are asked to abide by the school's stipulation that appointments do not cause boarders to miss school commitments. Regular dental and optometric appointments should be arranged during the school holidays whenever possible.

The school provides First Aid training for staff on a regular basis.

Medical

All new boarders' parents complete a Medical Questionnaire on entry to School. Parents are asked to indicate routine as well as serious medical conditions, past inoculations and vaccinations and their child's existing GP details.

Boarding pupils cannot come into residence until these forms have been completed and are available to staff providing care.

A shorter version of the Medical Questionnaire is sent annually via email by House Parents or Skiddaw Head of Boarding House to parents to complete and return, ready for the start of each new school year to ensure medical information is kept up to date.

Parents may not leave their child in the care of St George's School without all up-to-date medical information being held by their child's House Parent or Head of Skiddaw Boarding House.

All boarders are registered with the school's nominated NHS Surgery: The Village Surgery, Amenbury Lane, Harpenden, AL5 2BT Tel: 01582 712021 (via the Medical Questionnaire) on their entry to School.

If a boarder should need to see a doctor when not resident at school, e.g. during the holidays, they should see their family doctor as a temporary resident only. Registering permanently with their family doctor may result in them being deregistered with the school GP.

Boarders, and/or their parents on the student's behalf, can ask to see a doctor by contacting their House Parents / Skiddaw Head of Boarding House who liaise with the Day Matron to organise the appointment. These appointments may be by telephone or face to face at the surgery or pharmacy and will be with the Health Professional that the surgery feels is most appropriate. House Parents or the Day Matron are in attendance at the appointment if necessary. Boarders are accompanied to any appointment at the surgery by a member of staff unless they are in Sixth Form.

Boarders may see a female or male GP upon request.

Out-of-hours cover is provided by the NHS 111 service.

Boarders are encouraged to come to their respective house medical room at clinic times for all minor illness treatment and prescribed medication. Emergencies and sudden illness will, of course, be dealt with at any time. A house parent or member of Skiddaw staff will be contactable throughout the night in case of emergency.

The medical rooms in Crosthwaite and Keswick Houses have a "Rest & Recovery" room for boarders needing observation and recovery time for minor illness, such as nausea, throughout the day and night and are regularly monitored either by boarding staff or the Day Matron. All admissions are notified to parents, usually by email, as soon as possible. The expectation is that boarders who are ill, such that they cannot attend normal school activities and where such illness is expected to last longer than 48hrs, will be taken home by parents or guardians and allowed to recover at home. No visitors are allowed in this room.

A list of students who are ill or absent from school on account of illness is maintained on "Reach" and the Day House is notified by email.

The promotion of a healthy lifestyle is felt to be an important part of the work of the Boarding Staff and posters and pamphlets are available for boarders' information. Boarding staff are happy to talk to boarders on any aspect of health and signpost for further information.

Administration of Medicines

The administration of medicines to boarders will reflect their right to privacy and dignity at all times. Medicines will be administered privately, accurately and recorded appropriately on Patient Tracker, a secure medical database.

Categories of Medication within School

CONTROLLED DRUGS are medications that have been prescribed by a medical professional for the use of a named individual and which, under the Misuse of Drugs Regulations (2001), must be locked away appropriately and strictly monitored and recorded in a dedicated book as it is used. The prescription will determine dosage, frequency and method of administration. Examples of controlled drugs include, but are not limited to, Ritalin, Medikinet, Concerta and Dexamphetamine. Broadly speaking, medications for ADHD and opiate based pain-killers are Controlled Drugs.

PRESCRIPTION MEDICATION is medication which has been prescribed by a medical professional for the use of a named individual. The prescription will determine dose, frequency and route of administration. Prescription medication should be locked in a secure cupboard and recorded as it is used.

OVER-THE-COUNTER MEDICATION can be bought without prescription and comes with generic directions for use and not specific directions for use for an identified person.

EMERGENCY MEDICATION is medication prescribed by a medical professional to treat a named individual for a potentially life-threatening condition. There are specific recognised circumstances when this medication MUST be administered. These circumstances are clearly stated in the student's Individual Health Care Plan. Examples of Emergency Medication include Asthma Inhalers and Adrenaline Auto-Injector devices.

Administration and handling of medicines of boarders

The Day Matron and School First Responder will have responsibility for overseeing the boarder medication throughout the school day and house parents and Skiddaw Head of Boarding House will have the responsibility of medication needs for their house in boarding time.

All medication will be administered by trained staff either in school or boarding houses.

Medication brought from home:

The handling and administration of over-the-counter medication, controlled drugs, prescription medication and emergency medication will only be accommodated in school if prescribed by the school GP or NHS hospital physician, or is accompanied by a written instruction from the parents/carers. Both the written instruction from parents/carers and the medication **MUST** be handed in to the House Parents or Skiddaw Head of Boarding House. Changes in any medication regimes must also be notified in writing by the parent/carer to the House Parent or Skiddaw Head of Boarding House. All medication must comply with the following criteria:

- Medication is in the original container in which it was dispensed
- The original dispensing label must be intact and all necessary instructions clearly visible
- The name of the individual for whom the medication was prescribed is clearly displayed on the label
- The dosage and frequency of the medication is clearly displayed on the label ·
The route of administration is clearly displayed on the label
- The expiry date is clearly displayed on the label

Medication prescribed by the School GP or NHS Hospital Consultant:

Parents/carers will be notified, following the school doctor's or NHS hospital physician's consultation, of the outcome including any medicines prescribed, if this consultation has been accompanied by a member of staff. The Day Matron will collect prescriptions written by the school doctor or NHS hospital physician and make a record of the medicine before handing the medicine over to the House Parents or Skiddaw Head of Boarding House. The House Parents or Skiddaw Head of Boarding House will read the dispensing label and accompanying leaflet with the medication as to the dosage, administration and any special precautions as necessary. The Day Matron will continually monitor both prescription medicines and over-the-counter medicines in all boarding houses and school medical centre by means of "Patient Tracker".

Controlled Drugs:

Controlled drugs must be brought to the House Parents or Skiddaw Head of Boarding House by the parent/carer and not by the boarder, unless under extreme circumstances, when the parent/carer must send written confirmation stating the amount of medication and the reason it is being sent or brought by the boarder. The receipt of controlled drugs is recorded and checked in a dedicated controlled medication book. These medications are then kept in a lockable section of a lockable cupboard in a locked office in each boarding house. Trained members of staff administering these medicines sign a dedicated controlled medication book to witness the date, time and dosage of medicine and also that the boarder has taken the medicine. Each dose is countersigned by the boarder. The administration and storage of controlled drugs is monitored closely by the House Parents and Skiddaw Head of Boarding House on a weekly basis and the Day Matron on a weekly rotation.

Controlled drugs will only be administered to a boarder upon receipt of written consent from

parents stating dosage and time of administration.

Prescription Medication:

These medications are kept in a lockable cupboard in a locked office in each Boarding House. It is the boarder's responsibility to arrange with their House Parent or the Head of Skiddaw Boarding House, a suitable time to take their medication and to ensure that they attend the medical room at that time.

The trained member of staff will document the administration of medication on "Patient Tracker".

Over the Counter Medication:

Boarders can access over-the-counter medicines by attending their daily House "clinic" or paracetamol is available from the school First Responder during the school day. Over-the-counter medicines are kept in a lockable cupboard in a locked office in each boarding house and administered in accordance with the consent given by the parent/carer on the medical forms completed when the boarder joins the school and completed at the start of each new academic year thereafter. The trained member of staff administering the medication will document the dosage and ailment on "Patient Tracker". The list of over-the-counter medicines held in the Boarding Houses is checked and approved by the school GP annually and purchased from a local pharmacy.

Emergency Medication:

Boarders can carry asthma inhalers and/or adrenaline auto-injector devices on them provided the school has received written notification from parents and they comply with the above criteria regarding labelling.

Those boarders with adrenaline auto-injector devices should carry two devices on them at all times and must provide the school with at least two devices, one to be kept in their Boarding House office and the other in the school medical centre for easy access in an anaphylaxis emergency if the parent/carer hasn't given consent for use of the emergency adrenaline pen kit.

Those boarders with asthma inhalers should carry one at all times and provide school with at least two inhalers to be kept in their Boarding House office and the school medical centre in case of an asthma attack if the parent/carer hasn't given consent for use of the emergency asthma inhaler kit.

Alternative and Overseas Prescription Medication:

St George's School will not accept, store or administer food supplements, herbal medicines, medicines from abroad e.g., growth hormone or alternative remedies unless prescribed or supported in writing by a UK GP or Hospital Consultant.

Vitamin and Mineral Supplements:

The body only needs a small number of vitamins and minerals every day. A varied diet generally provides enough of each vitamin and mineral. In some circumstances however an additional supplement may be indicated. Boarders may receive vitamins and/or mineral supplements if they are age-appropriate, manufactured and bought from within the UK and

remain in their original packaging with instructions for administration. A request from parents/carers for the boarder to receive vitamin and/or mineral supplements must be made to the House Parent or Head of Skiddaw Boarding House in writing. The supplements will be administered by trained Boarding House Staff and NOT remain in the possession of the boarder unless otherwise agreed by the House Parents or Skiddaw Head of Boarding House.

Storage of Medicines:

Boarders' personal medication, except for controlled drugs, is kept in their individual clear plastic tub, labelled with their name, date of birth and photo, in a lockable cupboard in the medical rooms in Crosthwaite and Keswick or the office in Skiddaw.

Any medication required to be kept in a fridge is also stored in this way in the lockable fridge in Crosthwaite and Keswick medical rooms provided purely for medical purposes. The temperature of the fridge is recorded weekly if there is no medication being held or daily if there is.

Keys for the lockable cupboards containing medication and controlled drugs cupboards are kept in a combination key safe in the medical rooms in Crosthwaite and Keswick and the office in Skiddaw.

Disposal of Medicines:

All medicines stored in the Boarding Houses should be returned to parents/carers at the end of each school year.

House Parents or Skiddaw Head of Boarding House will email parents/carers before the end of the school year to arrange for their collection or to confirm if they wish them to be disposed of at the local pharmacy.

Any controlled drugs left at the end of the school year will be returned to the parent/guardian who will sign the controlled medication book to acknowledge receipt. Parents/carers are to ensure that they have adequate supplies at home to administer medication over weekends and holidays, thus leaving the school stock in situ. Controlled drugs will only be returned to boarders under extreme circumstances, when the House Parent/Head of Skiddaw Boarding House must send written confirmation to the parent stating the amount of medication being sent home.

Any medication remaining in the Boarding Houses at the end of each school year will be taken to the local pharmacy for disposal.

Similarly, any out-of-date medication or over the counter medicines will be taken to the local pharmacy for disposal.

Sharps boxes are available on prescription for those boarders who need them for the safe disposal of needles. Used sharps boxes are collected on a regular basis by the school's hygiene collection provider. Boarding Houses will be notified of their collection day by the Site Team.

Self-Medication:

Medicines may be self-administered by boarders in some cases, but must be kept in a secure area, the location of which is recorded on a paper log held confidentially in each House medical room or the Skiddaw office. Boarders storing and administering their own medication will be risk assessed by their House Parent or the Head of Skiddaw Boarding

House. The boarder will sign a “Prescribed Medication Instructions for those Students Risk Assessed as Competent to Self-Medicate” and a copy of written consent from parents/carers attached, if applicable and this will be reviewed by staff and boarder termly.

Medication Errors:

If for any reason the medication is given to the wrong boarder or an incorrect dose is given, then medical advice should be sought from the GP, pharmacist, NHS Direct or the nearest Accident & Emergency Department. Parents/carers should also be informed.

A report should be written as soon as possible after the event and should detail the sequence of events and will be treated as a staff disciplinary concern.

If for any reason, a discrepancy is found in the stock of medication held, then an email should be sent to the Director of Boarding and Day Matron for further investigation.

Staff administering medicines

All members of staff administering medicines must:

- Be trained and deemed competent to do so
- Ensure that consent has been received for the medication to be administered
- Ensure there has been no previous dosage within the permitted timescale
- Ensure the dose is age appropriate
- Ensure the medicine is taken in the presence of the member of staff, unless for reasons of privacy e.g., location on body for administering creams
- Document the administration of medication immediately on Patient Tracker · Record a boarder’s refusal to take a medication and report that refusal to the Day Matron / Head of Boarding House / Director of Boarding
- Immediately report any mistakes to the Day Matron / Head of Boarding House / Director of Boarding and if necessary, contact the school GP / local Pharmacist / NHS 111, for medical advice.
- Ensure substances to which the boarder may be allergic are not given · Ensure that the medicine is given based on the boarder’s informed consent and that they are aware of the purpose of the treatment.

Medication for Staff

Members of staff can attend their Boarding House Medical Room for over-the-counter medicines should they require them during their work shift.

Any medication administered will be recorded on Patient Tracker.

Members of staff are required to store all personal medications other than emergency medications securely and it is their responsibility to ensure that they are not accessible by students

Hospital outpatients and other appointments

These are coordinated and monitored by the Day Matron, House Parents or Skiddaw Head of Boarding House and transport arranged by them, if possible. If the boarder is under 16 years, they will be accompanied to their appointment by the Day Matron or their House Parent. The boarder is made aware of these appointments via email and verbal reminder by

the Day Matron or House Parent, who keeps a record of these appointments on Patient Tracker and notifies parents of the outcome by email afterwards if in attendance at the appointment.

Sexual Health

Boarders receive information on sexual health as per the School's Sex and Relationships Education Policy. Boarders may also access Boarding staff for support and guidance and the school GP and local pharmacies for advice and emergency contraception. Information is also available within the Boarding Houses and Boarding staff will signpost to and/or accompany boarders to local NHS Sexual Health Clinics.

Mouthguards for Sports

These must be obtained by boarders before arrival at school and it is the responsibility of parents to provide their child with correctly fitting mouth guards and to update these as appropriate e.g., following orthodontic treatment.

Medical Consent

Parental/carer consent for receiving first aid, emergency dental treatment, emergency optical treatments, general medical care and emergency medical treatment including administration of anaesthetic is obtained on admission to the school. This consent remains valid for the entire time the boarder remains at St George's School. It is the responsibility of the parent/carer to inform the school of any changes in a boarder's physical or mental health, medication or immunisation status, so that the school may provide the best care possible.

A boarder has the right to consent to or refuse any medical or dental treatment. This is based on the boarder (16yrs or younger) being deemed to be "Gillick competent". Gillick competence is used in medical law to decide whether the child can consent to his or her own medical treatment, without the need for parental permission or knowledge. A child will be Gillick competent if he or she has enough understanding and intelligence to understand fully what is proposed.

Confidentiality

In order to provide boarders with appropriate treatment, Boarding staff / First Responders may need to share data with other colleagues and/or medical professionals in order to ensure continuity of care. The data is only ever shared on a "need to know" basis, which means that the data is shared only with those who need to see it in order to provide boarders with appropriate care.

In providing medical care for a boarder, it is recognised that on occasions the doctor may liaise with the Head Teacher, Designated Safeguarding Person, boarding staff and parents/guardians, and that information (with the boarder's prior consent) may be passed on as necessary. With all medical matters, the doctor will respect a boarder's confidence except on the very rare occasions when, having failed to persuade the boarder, or their authorised representative, to give consent to divulgence, the doctor considers that it is in the boarder's better interests or necessary for the protection of the wider school community, to breach confidence and pass information to a relevant person or body.

Records and record keeping

Individual boarder health records detailing the administration of medicines, consultations and

appointments are held on Patient Tracker, a password protected secure database held on computers in the medical rooms in Crosthwaite and Keswick and in Skiddaw office.

Boarders medical notes are kept for seven years following the departure of a boarder from school. Any paper records/notes are stored securely, separate from any other school notes, due to medical confidentiality and then disposed of in confidential waste.

A log of outbreaks of notifiable diseases (Diseases notifiable to local authority proper officers under the Health Protection (Notification) Regulations 2010) is held by the Day Matron. Any other diseases that may present significant risk to human health are reported under the category of 'other significant disease'.

Complaints

Should parents or boarders be dissatisfied with the support provided, they should discuss their concerns directly with the Director of Boarding. If for whatever reason this is not appropriate or does not resolve the issue, they may make a formal complaint via the school's complaints procedure.