



THE KING'S SCHOOL
CHESTER

Health Policy

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This policy applies to all pupils in Senior School, Junior School and Willow Lodge (including EYFS).

1. FIRST AID POLICY

1.1 First Aid

- a. The school aims to provide well stocked first aid kits and appropriately qualified personnel to ensure the health, safety and welfare, so far as it is reasonably practicable, of all pupils, staff and visitors to the school.
- b. There are well stocked kits throughout the school; these include portable kits for sporting events and trips. Outside school hours there are well stocked first aid kits, easily accessible for pupils, staff and any visitors, located by the entrance to the Senior School and Junior School staff rooms. There are also defibrillators located in the Senior School and Junior School reception areas and in Willow Lodge.
- c. All kits are checked and replenished once a term by the School Nurse or Medical Room Assistant. In each kit a leaflet is provided with information regarding basic first aid treatments.
- d. Eye wash is in each of the science, art, and design & technology rooms in both the Senior and Junior school and the medical room of Willow Lodge. The contents are checked once a term and replaced if used.
- e. In addition to the School Nurse and Medical Room Assistant, many members of staff (both teaching and non-teaching staff) have undertaken first aid training and hold valid certificates which are renewable every 3 years. The School Nurse holds a record of their qualifications and co-ordinates further retraining dates before their certificate expires.
- f. In the absence of the School Nurse and Medical Room Assistant, the Deputy Head Pastoral will ensure that first aid cover is provided when children are present on-site.
- g. Any first aid administered by the School Nurse or the Medical Room Assistant to pupils, staff or visitors is recorded. Injuries of a more serious nature (such as fractures, significant head injuries, etc) are also reported using the school's internal accident form, and if necessary are reported to the Health & Safety Executive. The School Nurse is the appointed person for reporting such accidents.
- h. An accident book is maintained by the Junior School and Willow Lodge to log First Aid interventions.
- i. Appropriate first aid arrangements are made for staff and pupils on trips (See Educational Visits Policy)

1.2 Dealing with illness and accident in school

- a. Any pupil sustaining an injury or reporting with an injury or illness will be dealt with as quickly as possible.
- b. Persons other than the School Nurse or Medical Room Assistant will seek parental permission before giving any treatment apart from emergency first aid, to those under the age of 16 years.
- c. Details of all pupils reporting sick or injured will be recorded.

1.3 Health in school

- a. The school aims to alleviate suffering and to treat symptoms appropriately through the application of the rationale below.
- b. The school aims to ensure pupil's prompt return to lessons and to reduce pupil absences.
- c. The School Nurse works throughout each school day during term time and is supported by a part time Medical Room Assistant. They work in the Senior school, the Junior school and the Infant school and are based in the Rohan Ingley Centre. Although it is their responsibility to deal with any accidents and emergencies that occur during the school day, many members of staff are trained in first aid and when necessary they can provide treatment or advice. Injuries that occur outside the school day should be dealt with by a family doctor or A & E.
- d. Parents should not send their children to school if they are ill as they may spread the illness to other pupils and staff and cause unnecessary distress for the unwell child. If pupils are taken ill during the school day, they may rest for a short period in the medical room. They may be given over the counter medication to relieve minor ailments provided that the School Nurse has written parental consent (which is normally obtained on entry into school by completing the relevant section of the medical questionnaire). If pupils are not fit to resume lessons, then parents will be contacted to collect them from school. Pupils who feel ill should not make direct contact with their parents to ask to be taken home but should see the School Nurse or Medical Room Assistant.
- e. Prior to a pupil joining the school, the School Nurse asks the parents to complete a medical questionnaire. This enables the nurse to keep a record of all pupils in school with asthma, epilepsy, diabetes and any other serious condition. It is important that she is kept informed of any changes in such pupils' treatment or medication and at the end of each summer term a medical update form is sent home with for all those who will be returning for the new academic year. Information regarding pupils' health is confidential and we ask parents to inform the nurse of any chronic medical problems, allergies or infectious disease that affect their son or daughter.
- f. For pupils with a diagnosed allergen, the parent must be given an allergen form (*see Appendix A*). This must be completed, signed and a copy returned to the school nurse. If a parent wishes to discuss further, they should contact the catering manager (dining@kingschester.co.uk)

2. FIRST AID AND MEDICAL PROCEDURES

This policy applies to all pupils in Senior School, Junior School and Willow Lodge (including EYFS).

The King's School is committed to providing first aid that is appropriate for pupils, staff and visitors. First aid is given by qualified individuals who have received the necessary training (*see Appendix B*). The school has a qualified paediatric nurse on site during term time, 8.30am–4.30pm, five days a week. The nurse is supported by a medical room assistant. The health, safety and welfare of pupils, staff and visitors is paramount.

Our aim is to:

- Have sufficient numbers of staff fully trained in adult and paediatric first aid to ensure pupils on or off site are treated by experienced first aiders.
- Keep staff updated with regard to pupils' medical conditions and needs such as asthma, diabetes, epilepsy and allergies.
- Have accessible first aid boxes around the school and to provide portable first aid kits that can be taken off site for trips and sporting events.
- Follow best practice with regard to infection control

Located around the school are over 50 first aid kits (*see Appendix C*) which are checked by the medical room staff three times a year. Please contact the medical room if you use items from a first aid kit and they will be replaced. All staff are to use disposable gloves located in the first aid kits and all clinical waste is to be disposed of in the clinical waste bins (located in the medical rooms). Please call a member of the facilities team to assist with clearing away of bodily fluids. Eye wash is available in all first aid kits and is found in the eye wash stations in the science rooms. In addition to the school nurse and medical room assistant over 60 members of teaching and support staff are qualified first aiders. The school nurse will keep copies of certificates and arrange courses when needed.

2.1 Health & Safety

The Head of Estates is responsible for reporting and recording any notifiable accident that occurs on school premises to a pupil, member of staff, parent, visitor or contractor to the HSE in accordance with the Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR). All accidents and near misses are reviewed by the school's Health and Safety Committee with a view to assessing whether any measures need to be taken to prevent recurrence.

All accident forms are passed to the school nurse in the first instance who will subsequently forward onto the Bursar and Head of Estates. The accident forms are reviewed in the Health & Safety Working Group meetings. If needed, the Head of Estates and school nurse will discuss accidents with the Health & Safety Executive. The school nurse documents all care given in her daily report (for Junior School and Senior School) and an accident book is maintained in Willow Lodge.

Reporting Accidents and Near Miss Events to the HSE

The following types of accidents will be reported to the Health and Safety Executive ("HSE") as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR):

- a. Injuries and ill health involving employees.
 - i. Accidents which result in death or a specified injury must be reported without delay.
 - ii. Accidents which prevent the injured person from continuing their normal work for more than seven days (not counting the day of the accident, but including weekends and other rest days) must be reported within 15 days of the accident.
 - iii. Any case of a work-related disease as specified under RIDDOR that affects an employee and that a doctor confirms in writing.
- b. Injuries involving pupils and other people not at work.
 - i. The death of the person arising out of or in connection with a work activity, or
 - ii. An injury arising out of or in connection with a work activity and the person is taken directly from the scene of the accident to hospital for treatment. (Examinations and diagnostic tests do not constitute treatment).
- c. Dangerous occurrences.

These are specified near-miss events, which are only reportable if listed under RIDDOR, and typically include:

 - i. The collapse or failure of load-bearing parts of lifts and lifting equipment.
 - ii. The accidental release of a biological agent likely to cause severe human illness.
 - iii. The accidental release or escape of any substance that may cause a serious injury or damage to health.
 - iv. An electrical short circuit or overload causing a fire or explosion. Records must be kept for at least three years after the incident. The school refers to HSE guidance in relation to reportable specified injuries and occupational diseases.

2.2 Defibrillators

The King's School has four on-site automated external defibrillators (AED) which are checked by the school nurse daily; they are in:

- Senior school (outside staff room) Adult mode
- Junior school (outside staff room) Adult and Paediatric Mode
- Willow lodge (outside medical room) Adult and Paediatric Mode
- Sports Centre (back of swimming pool changing rooms outside)
- Off-site at the boathouse Adult mode (public access device)

2.3 Immunisations/health screening

Nasal flu vaccination is offered to the Infant and Junior school year groups once a year and to students in Removes-Fifth Year (Y7-Y11). Reception aged pupils will be offered a hearing test, distance vision testing and will have their height and weight measured. Third Year (Y9) pupils will be offered the MenACWY vaccination and a booster of Diphtheria, Polio and Tetanus. All pupils will be offered the HPV vaccinations (two vaccines given 6-12 months apart) in Shells (Y8) and second dose in Third Year (Y9). Pupils aged 12-15 are offered two Covid vaccinations at school. Consent forms will be sent out.

2.4 Medications in school

The school nurse will administer over-the-counter medication¹ if consent is obtained from parents. Parents will give consent on entry to school using the medical questionnaire. Parents will be informed if their child has been given medication in school (unless over 16 years of age). The school nurse will always check allergy status, and medical conditions such as asthma before giving medication and will ask whether if any medication has been taken that day. The school nurse will keep accurate records on her daily report. The medical room assistant will also administer medication under supervision of the school nurse.

The school nurse will securely store and administer prescription medications for pupils. The nurse requests that parents complete a school consent form for such medications. Medications must be in the original packaging, clearly labelled and within the expiry date. The school nurse will store refrigerated items securely if needed, such as oral antibiotics.

In Willow Lodge (including EYFS provision) – Teachers and Teaching Assistants administer over the counter medication when consent has been obtained from parents. This is done through a consent form in the admissions information. As an extra precaution parents/carer will be contacted before medication is given. Once medication is administered the time, quantity and type of medication is recorded in the child's diary. If a child requires prescription medication this is stored in the medical room in the fridge. Parents fill in a medical form at Willow Lodge reception before the medication can be administered. Medications must be in the original packaging, clearly labelled and within the expiry date.

¹ Paracetamol/Calpol, antihistamines, creams/lotions, sore throat lozenges, cough linctus, ibuprofen

2.5 Responsibilities of the school nurse

The school nurse ensures suitable medication/arrangements are in place for pupils with medical conditions/health needs such as diabetes, asthma, epilepsy and allergies. The nurse will train staff in the use of inhalers and EpiPen and the administration of medications. The medical notice board in the staff room has action plans to assist staff who may need to deal with seizures, asthma, anaphylaxis and diabetes.

a. EpiPens

There are many pupils across the three sites who have EpiPens (Adrenaline Auto Injectors) for serious allergies. These are stored in the relevant medical rooms with each pupil having a named box containing full instructions on usage and a photograph of the pupil. Ideally, pupils in the senior school will also carry an additional EpiPen. The school nurse will train staff on request and EpiPens will need to be taken on all trips/sporting fixtures.

b. Inhalers

There are many pupils across the three sites who have spare Ventolin inhalers in school. These are stored in the relevant medical rooms. Each pupil has a named box, and a photograph of the pupil will be evident. The school nurse will train all staff as necessary as inhalers will need to be taken on all trips/sporting fixtures. If required school holds spare inhalers in each of the medical rooms on the shelves.

c. Illness

The school nurse follows The Department of Health regulations with regard to infection control. Pupils and staff who have gastroenteritis are advised not to return to school for at least 48 hours after last episode of diarrhoea/vomiting. Pupils who feel unwell during the school day are advised not to contact their parents but to see the school nurse first.

In Willow Lodge (including EYFS provision) children are cared for by the Teacher / Teaching Assistant on duty. If a child is feeling unwell, they are cared for by their class teacher and classroom assistant. If they are unable to remain in the classroom, they are taken to the medical room in Willow Lodge where their temperature is taken, and parents are contacted.

2.6 Minor injuries/illness

In the event of a minor injury such as a sprain, minor burns, minor head injury or illness such as headache, abdominal pain or cold symptoms the pupil will be cared for in the medical room by the school nurse. They will be allowed to rest if needed and the nurse will send pupils back to lessons when she feels they are fit enough. Parents will be called if necessary.

In Willow Lodge (including EYFS provision) children are treated in the medical room by the member of staff who is on duty. Children will remain in the medical room until they are well enough to return to the playground or classroom. The school nurse is contacted if the member of staff feels it is necessary and she will come and attend. The treatment given is put in the medical book and a copy is sent home in the child's book bag. If a child has had a head bump, an additional head-injury letter is sent home and the parents are contacted via text message or phone call.

2.7 Major injuries/illness

In the event of a major injury or illness such as a fracture/dislocation, severe burn, anaphylaxis or head injury resulting in concussion, the affected pupil will be cared for by the school nurse or first aider until parents/ambulance arrive. Pupils will be escorted to hospital with the nurse or first aider. Parents will have been informed of the illness/injury as soon as reasonably possible.

In Willow Lodge (including EYFS provision) – In the event of a major injury or illness such as a fracture/dislocation, severe burn, anaphylaxis or head injury resulting in concussion the affected pupil will be cared for by the member of staff who is on duty or the teaching assistant from their class until the school nurse/ ambulance can arrive. Parents are contacted immediately and will either meet the child at school or hospital depending on the time scales involved.

2.8 Head injuries and concussion

Concussion is a temporary injury to the brain caused by a bump, blow or jolt to the head. It usually only lasts up to a few days or weeks, although it sometimes needs emergency treatment and some people can have longer-lasting problems.

If a pupil has a head injury in school, a head injury letter is sent home with the pupil and pupils are advised to return to the medical room if they feel unwell during the school day. Parents are contacted if the head injury is deemed significant. It is recommended pupils do not take part in sport for 2 weeks after a diagnosed concussion.

We would advise attending the accident and emergency (A&E) department if a pupil has injured their head and have:

- woken up after being knocked out
- problems with memory
- a headache that does not go away
- repeatedly being sick since the injury
- changes in behaviour, such as becoming more irritable

We would call 999 for an ambulance if a pupil has injured their head and has:

- been knocked out and has not woken up
- difficulty staying awake
- problems with understanding, speaking, writing, walking or balance
- numbness or weakness in part of their body
- problems with their vision
- clear fluid coming from their ears or nose
- bleeding from their ears or bruising behind one or both ears
- a black eye with no obvious damage around the eyes
- a fit (seizure)

2.9 Guidance on calling an ambulance

- Dial 999 and ask for the ambulance service
- Give school address Wrexham Road Chester CH4 7QL
- Give operator as much detail as possible – type of injury/emergency, name, age and location of the casualty
- Listen to the advice that the operator gives
- Ensure a staff member is waiting by the school gate to direct ambulance to the casualty
- Ensure a member of staff accompanies the casualty to the hospital
- Ensure a relevant member of SLT on duty informs the relevant next of kin/parent.

2.10 Infectious diseases

In light of the Covid-19 pandemic and other related threats the School has established specific procedures to minimise the transmission of infection on-site and specific protocols for dealing with any person being a positive case whilst in school.

3. MENTAL HEALTH and WELLBEING

The school is committed to promoting positive mental health and providing a rapid response to those in crisis.

- The school aims to provide appropriately qualified personnel to respond to the mental health needs of all pupils, staff and visitors to the school (*see Appendix D*).
- Staff are MHFA(Eng) trained to respond to crisis, by preserving life, and providing help to prevent the issue from becoming more serious.
- MHFA staff also aim to raise awareness of mental health issues and to reduce stigma and discrimination.
- MHFA staff work in conjunction with pastoral staff under the management of the Pastoral Deputy.
- MHFA staff liaise with the school Nurse, the school Medical Officer and the school counsellor as required.

3.1 Pupil Support

a. Identification of possible mental health problems/referral system

The pastoral leadership team manage a pastoral summary document that is edited and monitored weekly by Heads of Houses/Heads of Year. The tiered document allows for the dissemination of information to all teaching staff in terms of those pupils who are 'new concerns', those who are 'active, continued concerns' and those who need additional 'monitoring'. The sharing of information with all staff is crucial in terms of being aware of those pupils receiving pastoral support for a range of concerns from bereavement to home worries, anxiety from schoolwork or social problems in friendships that could lead to further mental health problems.

The document is then discussed once a cycle by the DHP and AHP to support HOHs/HOYs in the actions for the pupils.

From this document pupils can be added to the school Social, Emotional and Mental Health (SEMH) register which is monitored by the DHP, AHP and School Nurse.

b. Recording mental health problems

The SEMH register identifies which tier of intervention/referral a pupil can receive (see intervention strategies).

i. Routes to escalate

In addition to support from the pupil's tutor and Head of Year/House pupils can self-refer for support from the school counsellor through the Firefly home page. Staff can also refer a pupil through this system.

Pupils can also seek the support from a trained Sixth Form Mental Fitness Ambassador through the School's Firefly home page. The email address is monitored by a key member of staff.

ii. Intervention strategies

The strategies put in place to educate and support pupils are categorised into two areas:

- The preventative programme has two tiers. Tier 1 is the holistic approach across all year groups delivered by tutors in the pastoral programme and PSHE sessions. Tier 2 is early intervention; targeted intervention sessions delivered by trained Mental Fitness Ambassadors to pupils recommended by tutors, their Heads of Houses/Year and the pastoral summary. Pupils are invited to attend.
- The reactive programme has three tiers. Tier 1 is targeted intervention once pupils access the MFA button on Firefly. These MFA referrals lead to individual mentoring sessions. Tier 2 is targeted support from a pastoral specialist, which in most cases is the pupil's Head of House/Year. Tier 3 is external intervention or internal specialist support from the School

iii. Pupil self-referral

Pupils can self-refer to the School Counsellor via Firefly. A series of 6 sessions are normally offered for pupils in need of counselling support after which provision is reviewed.

c. Disability register

The wellbeing team meets regularly to assess pupils who are either on the SEMH register or have long term physical health needs. The team comprises the Deputy Head Pastoral, the Director of Learning Support and the School Nurse. The team complete an *Assessment of Disability* proforma and determine whether the pupil should be added to the SEND register. Any pupils who have been assessed and who are not deemed to be disabled and periodically reviewed and re-assessed if their circumstances change.

3.2 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 children who do have mental health needs.

We ask parents to inform us of any issue they believe might impact their child's mental health and wellbeing.

When concerns are raised at school, the school will contact parents and/or carers and normally arrange to meet and discuss (In almost all cases, parents and carers will be involved in their children's interventions, although there may be circumstances when this may not happen, such as where child protection issues are identified.)

We make every effort to support parents and carers to access services where appropriate. Our primary concern is the children, and in the rare event that parents and carers are not accessing services we will seek advice from the Local Authority.

4. GUIDANCE ON SELF-HARM, EATING DISORDERS AND SUICIDE PREVENTION

Self-harm is a way of expressing very deep distress, which sufferers struggle to put in words. It is a coping mechanism, but one that does not alleviate the distress because nothing has been done to resolve the original problem. It is often habitual, chronic, and repetitive and tends to affect young people for months or even years. It can include burns, cuts, bruising, head banging, biting, hair pulling, and deliberate ingestion of harmful substances, deliberate withdrawal of medication and eating disorders.

The School recognises that many staff will find this issue very difficult to deal with and will always offer support to those working with pupils who self-harm.

4.1 Aims

- a. Recognising the warning signs that a pupil may be self-harming
- b. Broaching the subject of self-harm to a pupil you suspect of deliberately harming themselves
- c. Reacting positively if a pupil comes to you wishing to discuss their self-harm
- d. Short-term planning of action for the care and management of the pupil which includes assessing the pupil's unique and individual needs
- e. Long-term planning of action for the continued support, assistance and monitoring of the pupil
- f. Practical and emotional support for staff members who are dealing with a self-harming pupil
- g. Implementing a 'harm-minimisation approach' to prevent the spreading of a self-harm culture within the school

4.2 Roles and responsibilities

- a. The designated key staff to be responsible for all incidents relating to self-harm are the school nurse and the designated safeguarding leads.
- b. Self-harm is covered within the school curriculum (PHSE) and as an extra-curricular presentation
- c. An appointed 'key worker' will be designated if required for the pupil at times of emotional distress rather than resorting to self-harm in school
- d. The school will make it clear regarding which behaviours will not be tolerated, ensuring that all pupils are aware and understand school rules (for example, self-harming in front of other pupils or threats to self-harm as part of bargaining or manipulation may be deemed unacceptable).

4.3 Evaluating risks

The following questions need to be addressed:

- a. How strong and how frequent is the desire to self-harm?
- b. Do you make plans to harm yourself and how frequent are these plans?
- c. What preparations do you make to harm yourself and what are your triggers?
- d. How do you care for any wounds?
- e. Are parents aware and if so, what help has been sought?

4.4 Helping a pupil who is self-harming

- a. Young people who self-harm need emotional and sometimes medical support
- b. Simply having designated staff available, whenever possible, to talk to a child who self-harms can make all the difference, as feelings of isolation are often part of the problem.
- c. Always remain calm and non-judgmental and avoid dismissing reasons for distress as invalid or trivial
- d. Do not guarantee confidentiality if significant harm is suspected or there is a potential risk of further significant harm. Explain there may be a need to share concerns but reassure sensitively the need for sharing is for their own safety and well-being.
- e. Do not chastise after an episode of self-harm and do not insist on inspecting the area of self-harm unless significant harm is suspected or the pupil volunteers for examination.
- f. *Always* try to encourage parental involvement but consider whether the self-harmer is 'Gillick Competent'; however, if parents are involved, ensure regular contact with home.
- g. Identify 'triggers' and ask what specific significant changes can be made in their lives to prevent further episodes of self-harm. Empower the person to make those changes.
- h. Monitor, review and suggest realistic targets to be met in order to make small positive steps. If the urge itself cannot be stopped, the aim should be to minimise the harm done.
- i. Record very clear and concise written notes with user's name and date documents.

Preventative measures aim to reduce acts of self-harm when urges become strong mainly through distraction techniques.

Although self-harm is often used as a coping mechanism, it must be recognised that the emotional distress that leads to someone needing to self-harm can also lead to suicidal thoughts and actions, particularly if attempts are made to 'stop' or 'control' the self-harm. If the self-harm has been long-term and escalating in its urgency and severity, then someone who self-harms in this way is at a higher risk of becoming suicidal.

Some useful guidance is included in *Appendix E*.

4.5 Eating Disorders Support

- a. The most important role staff can play with dealing with suspected eating disorders is to familiarise themselves with the risk factors and signs and make the DSL aware of any child causing concern.
- b. Following the report, the DSL will decide on the appropriate course of action which may include contacting parents, arranging an appointment with the counsellor, giving advice to parents, teachers and other pupils.
- c. Any pupils who choose to confide in a member of school staff must not agree to confidentiality.
- d. The DSL or member of staff identified as the 'single point of contact' will maintain regular communication with the parents of a pupil with an eating disorder. Decisions made with regards to re-integration into school following a period of absence; this should be handled sensitively and the pupil, their parents, school staff and members of the external support services should be consulted during both the planning and re-integration to school.

4.6 Prevention of suicide

Any mention of suicidal intent should always be taken seriously and acted upon as a matter of urgency.

Acceptable questions to ask a young person when the threat of suicide is suspected:

- a. Has suicide ever crossed your mind?
- b. Are you having suicidal thoughts?
- c. Are you feeling suicidal?
- d. Are we talking about suicide here?

Risk Assessment questions for you to consider regarding the immediate safety of the young person:

- a. Has the person told anyone else how they are feeling?
- b. Does the person have a plan?
- c. Does the person have the means to carry out the plan?
- d. Has the person given a timescale as to when they will end their life?
- e. Have they attempted suicide before?

Safe plan:

- a. Who needs to know this information?
- b. Can we disable the suicide plan?
- c. How can they keep themselves safe?
- d. Can we help the student to avoid triggers?
- e. How long can the student keep themselves safe?

An immediate evaluation of the circumstances should be made, and any necessary consultation undertaken with the DSL. If appropriate they will contact parents and either, make an urgent referral to CAMHS or accompany the person to A&E.

4.7 Useful services

- HOPELineUK 0800 068 41 41
- email pat@papyrus-uk.org Standard Messaging Service (SMS) 07786 209697
- Self-harm support 0117 925 1119 - selfharmsupport.org.uk
- Saneline 0845 767 8000 - sane.org.uk
- Mind Info Line 0845 766 0163 - mind.org.uk
- Samaritans 08457 90 90 90 Email : jo@samaritans.org Local tel : 01244 377999

5. PERSONAL LOSS AND BEREAVEMENT PROCEDURES

(inc procedures regarding separation and divorce)

5.1 Aim

In creating a clear policy, the school provides a framework for school staff members to address issues relating to death and the consequences of death. The policy will enable staff members to feel more confident when working with bereaved students and they will be able to support them more efficiently.

5.2 Guidelines

This policy provides a framework so that work can begin as soon as information is received. The policy needs to be flexible to deal with the individual circumstances surrounding the student. A teacher-led group is responsible for meeting following the news of a death to discuss the individual needs of the student concerned.

5.3 Procedure for Students' loss of a parent

a. Informing

- When news of a loss is received all members of the LT must be informed.
- DH Pastoral/Head of JS & WL will alert the relevant pastoral staff and the School Nurse and make sure that all school staff are made aware of the child or young person's bereavement via a confidential notice on the CR notice board.
- PA to Headmaster will inform Reception Manager and details of the bereavement will be recorded in pupil notes on 3Sys.
- PA to Headmaster will inform Fees Officer and details of the bereavement will be recorded in billing notes on MIS.

b. Point of contact

- The bereavement group will appoint a designated staff member who will act as a support coordinator and liaise with the bereaved child or young person and their family both prior to the child / young person's return to school and whilst they are at school.
- The Headmaster will send a letter home to family of bereaved child to express condolences and indicate the point of contact for support at school.
- The Deputy Head Operations will co-ordinate representation at the funeral.

c. Return to school

- The designated staff member will meet the bereaved child when they return to school and will ensure that the bereaved child or young person is aware that they can share their feelings. They will let them know who will be available to support them whilst they are at school, including the option of peer support.
- The designated staff member will negotiate a support plan and ensure that any support plans are circulated to all school staff members who will be supporting the bereaved child or young person, ensuring that staff are aware of any special measures that have been put in place to support the child/young person. For example, agreed time out periods from lessons, the relaxing of homework and extended course work deadlines.

The KLT will support staff to look after their well-being, ensuring that the member of staff providing support to the bereaved child has a senior teaching staff member available to support them.

5.4 Procedure for separation/divorce

Parents are often reluctant to inform the school of changes in their marital circumstances. The school will aim to maintain accurate records via the annual update. Where information is obtained from a third party, the school will endeavour to ascertain its accuracy before confirmation with both parents where possible.

a. Informing

- When news of a separation or divorce is received all members of the KLT must be informed.
- DH Pastoral/Head of JS & WL will alert the relevant pastoral staff and the School Nurse and make sure that all school staff are made aware of the child or young person's situation.
- PA to Headmaster will inform Reception Manager and details will be recorded in pupil notes on MIS.

b. Support

- DH Pastoral/Head of JS & WL will co-ordinate the monitoring of the student and will oversee any necessary short-term emotional support.
- The tutor will oversee any long term organisational and/or academic support whilst monitoring the student's well-being.

5.5 Procedure for School Loss of a Community Member (Staff or Student)

a. Informing

When news of a loss is received all of the members of the KLT must be made aware. They will meet as soon as possible to decide on the appropriate action. The group will determine:

- Is this a Critical Incident?
- Who needs to know about the death?
- Who will address the news of the loss to Students and School Staff?
- How will official information of a death be distributed to Parents, Students and School Staff?
- When will this information be distributed? What external support may be required?
- Arrangements will be made for the school staff to meet at the end of the day or at the most convenient time to allow them to share their emotions and discuss ways to best support each other and the students.
- A point of contact will be established for the family of the bereaved and the school.
- School assemblies will be arranged to and explain the death in an appropriate and honest manner.
- All students will be reassured that should they want to talk about the death and discuss how they are they feeling that they will be able to do so.

b. Reactions to Grief

There is no right or wrong way to grieve. It is therefore important to allow young people to grieve in their own way and own time. Feelings may seesaw and they will move in and out of grief as they move through a series of stages. The person suffering the bereavement will need to:

- Accept the reality of the loss
- Work through the pain of grief
- Adjust to an environment in which the deceased is missing
- Emotionally relocate the deceased and move on with life

c. Supporting bereaved students

- Be there
- Listen
- Accept
- Anticipate
- Give the young person choices
- Be patient
- Believe in the young person's ability to recover and grow.

d. Long-term support

- Planning and recording for future events that may prompt a grief response.
- Continual awareness and monitoring to provide emotional support and academic guidance.
- Continued liaison with those who have parental responsibility for the student.

e. Ongoing education

It is recognised that children often receive mixed messages about death or may even be excluded from discussion. Bereavement is therefore discussed with students in PSHE lessons in years 7 and 9.

f. Dealing with supporting the school members

- If there are students who have been particularly affected by news of the death, liaison with their families may be needed so that they are supported at home.
- Students will be allowed to take time from their lessons / normal school day to talk about their reactions to the death and to share their memories and reflections of the member of staff/ student who has died.
- The school will consider how the bereavement will be recognised in the longer term and consider how to let those affected reflect in the short term eg school closure/quiet area/attendances at funeral /memory candle/memory book/tree/fountain etc.

g. Useful Organisations

www.rd4u.org.uk (for students)

www.cruse.org.uk (for adults)

Appendix A: Form Gu14 Allergy U16s

This form can be found on the school website in the Dining Services section under the 'About Us' tab
www.kingschester.co.uk/about-us/dining-services/

Section A: General details	
Child's full name	
Class/form and tutor	
Your name	
Your relationship to the child	

Section B: Declaration	
<p>I confirm my child has a food allergy, intolerance or other dietary-related medical condition that needs addressing. The information in this form isn't about my child's food preferences.</p> <p>I agree to information about my child's allergy and any related doctor's or registered dietician's medical assessment being provided to the school's catering partner Sodexo (including any other relevant personal data, like photographs, if I've agreed with the school), solely so they can provide the right alternative meals for my child.</p>	
Parent or guardian's signature	
Date	

Section C: Allergy details	Extra information	
<p>Does your child have food allergy? If YES, fill in this section. If NO go to Section D</p>	Tick if YES	<p>Please include as much information as possible about your child's food allergy in the space below. For example:</p> <ul style="list-style-type: none"> • Can they tolerate products that say '<u>may contain traces</u>'? • What types of nuts are they allergic to — or should they avoid all nuts? • Should they avoid all forms of the allergen - or can they tolerate some forms, for example raw, baked or cooked? If possible, please provide a copy of any relevant medical assessment or confirmation
Celery		
Cereals (containing gluten)		
Crustaceans		
Egg		
Milk		
Molluscs		
Fish		

Section C: Allergy details (<i>cont</i>)	Extra information	
Lupin		
Mustard		
Nuts		
Peanuts		
Sesame Seeds		
Soya		
Sulphur Dioxide (Sulphites)		
Other food allergies. Please provide as much information as possible about your child's condition here:		
Does your child carry an EpiPen (please circle)	YES	NO

Section D: Other dietary-related conditions
Does your child suffer from a medically diagnosed dietary-related condition (like coeliac disease)? If YES, please provide as much information as possible about your child's condition here.
Does your child have any food intolerances? This may or may not be medically diagnosed. If YES, please provide as much information as possible about your child's condition here.
For office use only:
Name of class or form tutor responsible for helping the student during meals:

Appendix B: Record of First Aid qualified staff

An up-to-date list is maintained by the School Nurse and may be accessed [by clicking this link](#).

Appendix C: Location of first aid kits

Willow Lodge

- Medical Room
- Forest School

Junior school

- Main Reception
- Outside the staff room
- Technology Room
- Cookery Room
- Science Room
- 4 x portable kits for sporting fixtures
- After school club x 2 (outside Consterdine Hall)
- Art Room

Senior school (main building)

- Outside the staff room (main Reception)
- Sixth form centre (outside HoSF office)
- Vanbrugh Theatre x 2
- PE office and Sports Centre
- Science laboratory rooms – 33, 34, 35, 36, 39 and 40
- Science link rooms – 30/31 and 37/38
- 6 x portable kits boys (sporting fixtures)
- 6 x portable kits girls (sporting fixtures)

First aid kits are also in:

- Music School (reception)
- Willow House (kitchen)
- Art and Design x 2
- Boat House/rowing x 3
- Design & Technology x 2
- Swimming pool
- Cricket pavilion
- Grounds staff shed
- 2 x portable kits for minibus use (Facilities Hub)
- Tennis court shed

Appendix D: Mental Health First Aid qualified staff (as of January 2022)

Senior School

Claire Sumner

Sharon Gareh

Krista Jones

Russell Hornby

David Blackham

Lee Parkes

Michael Boyd

Rebecca Webb

Michael Lee

Sarah Glass

Alex McNabb

Matthew Bircham

Junior School/Willow Lodge

Alan Griffiths

Jo Benson

Jonathan Melville

Suzanne Parker

Siobhan Ley

Sarah Talbot

Claire Shyne

Kirsty Williams

Hannah George

Debbie Grove

Support

Laura Jones

Victoria Curwen

Appendix E: Ideas to support students who self-harm

Support Students who self-harm – 8 ideas that work

LISTEN WITHOUT JUDGEMENT

We start by considering the important role of listening and enabling a child to begin to tell their own story about what is going on for them.

LOOK FOR 'WHY'

Unless we begin to unpick a young person's motivations for harming themselves, it can be very difficult to know how to help them to change their behaviour, so in this module we explore some simple ideas for helping us, and the young person, to gain a better understanding of why they self-harm.

DON'T BE SCARED OF THEIR INJURIES

In this module we consider how by being unafraid to see and speak about a young person's injuries and to allow them to talk about the act of self-harm, that we can build bridges of trust with them and also help to keep them safe from infection too.

DON'T REINFORCE THE CYCLE

We explore one of the common pitfalls when supporting a child who is self-harming and consider how sometimes our care and kindness can end up inadvertently reinforcing the self-cycle. We consider how to avoid this.

MANAGE THEIR DISTRESS

We consider the role of emotional regulation and explore some of the skills and techniques that young people can usefully be taught in order to help them to manage moments of overwhelm without turning always to self-harm.

MANAGE YOUR DISTRESS

We consider the importance of co-regulation and the steps we can take to be the calm and supportive adult that the child needs during times of distress, even though we may feel quite distressed ourselves by what we are seeing or hearing.

HUNT FOR THE GOOD

We consider the importance of protective factors, the good things in our lives and how we might identify these factors for a child who is currently self-harming and use this knowledge to support their journey towards wellness.

CREATE AN 'I CAN' CULTURE

Children who self-harm will often have a very negative self-view and often can reel off their feelings and things that they can't do. In this module, we look at how we can flip that cycle into a more positive cycles of 'I can' s that can be built on gradually and sustainably.