



*The* HENRY  
BEAUFORT *School*

## **Supporting Students with Medical Conditions Policy**

Policy Amended by:	Mrs Scott	Feb 2020
Consultation by:	SLT	Feb 2020
Reviewed and Recommended by:	Welfare Committee	03.03.2020
Approved by:	Governing Body	26.03.2020
To be Reviewed	Annually	2021

In line with the duty, which came into force on 1<sup>st</sup> September 2014, to support students at school with medical conditions we are committed to ensuring that all children with medical conditions, in terms of both physical and mental health, are properly supported at The Henry Beaufort School so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

No child with a medical condition will be denied admission or prevented from taking up a place in our school because arrangements for their medical condition have not been made.

We will ensure that students' health is not put at unnecessary risk from, for example, infectious diseases therefore we will not accept a child in school at times where it would be detrimental to the health of that child or others to do so.

This policy will be reviewed annually and it is readily accessible to parents and school staff.

### **Policy implementation**

The named person, who has overall responsibility for policy implementation, is the Student Support Officer and the Bursar.

They will

- ensure that sufficient staff are suitably trained;
- ensure that all relevant staff will be made aware of the child's condition;
- cover arrangements in case of staff absence or staff turnover to ensure someone is always available;
- brief supply teachers;
- carry out risk assessments for school visits, holidays, and other school activities outside the normal timetable;
- monitor individual healthcare plans.
- Ensure all personal data follows GDPR principles as outlined in the schools Data Protection Policy

### **Procedure to be followed when notification is received that a student has a medical condition**

It is the responsibility of all parents to let the school know, at the earliest opportunity, that a student has a medical condition. Parents should contact the Student Support Officer to discuss this before a student returns to school.

When our school is notified that a student has a medical condition we will:

- make arrangements for any staff training or support
- make every effort to ensure that arrangements are put in place within two weeks
- not wait for a formal diagnosis before providing support to students

### **Individual Healthcare Plans**

Our school will send home a health questionnaire. Any parent reporting that their child has an ongoing medical condition such as asthma, epilepsy, diabetes or more complex medical condition will be asked to complete an Individual Healthcare Plan (IHP). It is a legal requirement that this is updated annually. At our school we will ensure that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. We will assess and manage risks to the child's education, health and social wellbeing, and minimises disruption.

Our IHP (see Appendix 1) requires information about:

- the **medical condition, its triggers, signs, symptoms and treatments;**

- the **student's resulting needs**, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons;
- specific **support for the student's educational, social and emotional needs** – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the **level of support** needed (NB If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring)
- **who will provide this support**, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- **who** in the school **needs to be aware** of the child's condition and the support required;
- **arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the student during school hours;**
- arrangements or procedures required for **school trips** or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- **what to do in an emergency**, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

## Roles and responsibilities

At our school those people involved in arrangements to support students at school with medical conditions include:

- Student Support Officer
- Bursar
- School Nursing Service
- School Inclusion Officer
- Head of Year
- Tutor

## Staff training and support

Staff are supported in carrying out their role to support students with medical conditions through appropriate training (see training record Appendix 2). Training needs are assessed regularly and training will be accessed through Hampshire Teaching and Learning College.

Any member of school staff providing support to a student with medical needs will have received suitable training.

No member of staff will give prescription medicines or undertake healthcare procedures without appropriate training or instruction (updated to reflect requirements within individual healthcare plans).

## The child's role in managing their own medical needs

Where children are deemed competent to manage their own health needs and medicines by their parents and medical professional they will be supported to do this. We see this as an important step towards preparing students for the next stage of their education.

## Managing medicines on school premises

At our school:

- medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- no child will be given prescription or non-prescription medicines without their parent's written consent
- we will never give medicine containing aspirin unless prescribed by a doctor
- Medication, e.g. for pain relief will never be administered without first checking maximum dosages and when the previous dose was taken
- Parents will be informed
- where clinically possible, we will expect that medicines will be prescribed in dose frequencies which enable them to be taken outside school hours
- we will only accept prescribed medicines if they are:
  - **are in-date**
  - **are labelled**
  - **are provided in the original container as dispensed by a pharmacist**
  - **Include instructions for administration, dosage and storage.** *(NB The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container)*
- all medicines will be stored safely.
- Children will know where their medicines are at all times and will be able to access them immediately. Where relevant, they will know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be always readily available to children and not locked away, including when students are outside the school premises, e.g. on school trips
- when no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps
- controlled drugs that have been prescribed for a student are securely stored in a non-portable container and only named staff have access. Controlled drugs can be easily accessible in an emergency. A record is kept of any doses used and the amount of the controlled drug held.
- school staff will administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions.
- a record of all medicines administered to individual children is kept, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school will be noted in school
- The only exception to this is epipens. The school has spare epipens for each student who has them prescribed. In addition to this individual students carry their own epipen.

## Non-prescribed medicines

At our school we will administer non-prescription medicines.

Following on from Supporting Students with Medical Conditions December 2015 we have decided to review and renew our policies and procedure. We will not accept any non-prescribed medicines into school but we will keep a small stock of homely remedies, such as you may have at home, which will include:

- Liquid paracetamol (Calpol)
- Ibuprofen
- Cooling gel for burns
- Germoline
- Anthisan – anti bite

These will only be administered when it would be detrimental to the child not to give and only with our permission. Before administering any medicines the students medical details on Care Monkey will be checked, it is the parents responsibility to keep these details up to date. Where possible we will contact parents to discuss the administering of these medicines.

## Record keeping

We will ensure that written records are kept of all medicines administered to children.

We recognise that records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents will be informed if their child has been unwell at school.

## Emergency procedures

Our school's policy sets out what should happen in an emergency situation.

Related policies and plans:

**Fire Safety and Evacuation Plan**

**Lockdown Procedure**

**Personal Emergency Evacuation Plans (PEEPs)**

Please contact the school if you require a copy of these procedures. School staff can find these documents T:\Common\Health and Safety

## Day trips, residential visits and sporting activities

We always actively support students with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

As a school we believe it to be unacceptable practice to

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- **require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs;** or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child

## **Liability and indemnity**

Maintained schools with a Service Level Agreement with HCC will be insured as long as all appropriate training and risk assessment has taken place.

## **Complaints**

If you have a complaint about how your child's medical condition is being supported in school please contact the Headteacher and the Chair of Governors in the first instance.

## **Emergency Asthma Inhalers**

Since 2015 schools may hold asthma inhalers for emergency use. This is entirely voluntary, and the Department of Health has published a protocol which provides further information. As a school we have agreed to purchase and keep emergency inhalers. These will only be used for those children who are already prescribed asthma inhalers. They will only be used in an emergency and at all times the school will seek to use the child's prescribed inhaler if possible.

# Appendix 1: Individual Healthcare Plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date


## Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)


## Clinic/Hospital Contact

Name

Phone no.


## G.P.

Name

Phone no.


Who is responsible for providing support in school

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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

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Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities?*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

## Appendix 2 – Staff Training Record

	<b>Provider</b>	<b>Qualification</b>	<b>Type</b>	<b>Date Taken</b>	<b>EXPIRE</b>
Student Support Officer	St Johns Ambulance	Schools First Aid	1	02/07/2017	<b>02/07/2020</b>
Teacher	St Johns Ambulance	Schools First Aid	1	27/01/2017	<b>26/01/2020</b>
Science Technician	St Johns Ambulance	Schools First Aid	1	27/01/2017	<b>26/01/2020</b>
Admin Assistant	Red Cross	Schools First Aid	1	22/02/2018	<b>22/02/2021</b>
Admin Assistant	Red Cross	Schools First Aid	1	22/02/2018	<b>22/02/2021</b>
Student Support Officer	HCC	Supporting pupils with medical conditions	1	01/12/2017	<b>01/12/2020</b>
PE Teacher	St Johns Ambulance	Schools First Aid	1	16/06/2017	<b>15/06/2020</b>
MFL Teacher	St Johns Ambulance	Schools First Aid	1	16/06/2017	<b>15/06/2020</b>
Admin Assistant	Red Cross	First Aid at work	3	21/10/2019	<b>20/10/2021</b>
Bursar	St Johns Ambulance	First Aid at Work	3	15/03/2017	<b>14/03/2020</b>

## Appendix 3: Parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness


### Medicine

Name/type of medicine  
*(as described on the container)*

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Self-administration – y/n

Procedures to take in an emergency


**NB: Medicines must be in the original container as dispensed by the pharmacy**

### Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

## Appendix 4: Record of medicine administered to an individual child

Name of school/setting

Name of child

Date medicine provided by parent

Group/class/form

Quantity received

Name and strength of medicine

Expiry date

Quantity returned

Dose and frequency of medicine


Staff signature \_\_\_\_\_

Signature of parent \_\_\_\_\_

Date

Time given

Dose given

Name of member of staff

Staff initials


Date

Time given

Dose given

Name of member of staff

Staff initials


**C: Record of medicine administered to an individual child (Continued)**

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

## Appendix 5- Letter to Parents Need for IHP

Dear Parent

### DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting students at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support that each student needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, students, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or student support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

# Appendix 6: Exemplar Individual Health Care Plans

## Individual Healthcare Plan Exemplar No 1 – Depression/Anxiety

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	Depression and Anxiety
Date	
Review date	

### Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

### Clinic/Hospital Contact

Name	
Phone no.	

### G.P.

Name	
Phone no.	

Who is responsible for providing support in school

**In lessons:** LSA support where available  
**Out of lesson pastoral support:** Guidance Manager  
**Named SLT member(reporting to Headteacher):**  
Deputy Head

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

No medicine is required to be administered by the school.

Symptoms include observable low mood, self harm (scratching backs of hands), lack of concentration, observable anxiety in school particularly at lesson change, assembly tutorial periods, and break/lunch times. CROWDED CORRIDORS ARE TRIGGERS FOR ANXIETY ATTACKS. . *Plan to leave lessons 5 mins early to avoid this?*

After discharge from Leigh House Hospital, X will be accessing DB Therapy sessions and psychology sessions through CAMHS (Tier 3). Strategies identified for X to use to help herself in class will be shared by team at Leigh House and CAMHS to be filtered to school LSA team and Guidance Manager prior to starting school.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

**Quetiapine – Potential side effects (taken at home)**

- confusion
- dizziness, faintness, or lightheadedness when getting up suddenly from a lying or sitting position
- sleepiness or unusual drowsiness

**SEEK MEDICAL ADVICE IMMEDIATELY IF ANY OF THE FOLLOWING OCCUR...**

- Convulsions (seizures)
- decreased urine
- dry mouth
- increased thirst
- mood changes
- muscle pain or cramps
- nausea or vomiting
- numbness or tingling in the hands, feet, or lips
- weakness

Daily care requirements

**Academically** no support is needed for X. However, when anxiety levels are high cognitive functions are affected, recall is impaired and concentration lapses significantly.

Emotional support should be available/provided as and when required. Learning support area nominated as X's "safe place" – should she feel the need to remove herself from lessons she will immediately return to the learning support room where the LSA on duty will notify the guidance manager.

ALL STAFF WHO HAVE CONTACT with X should be aware of her vulnerability.

**Who will disseminate issues/actions to relevant teaching/support staff and how?** Guidance Manager through email.

X will carry a 'fidget' with her to all lessons to help ease her anxiety.

If X leaves class early, initially she will be invited to return to lesson after 10 minutes. If this is declined, a further 10 minutes in the Learning Support area will be given. If a return to class is declined at the second asking, parents will be informed and X will need to be collected from the school for the remainder of the day – to return the following morning.

If X does not come to school as arranged, parents to advise school and meet with staff /CAMHS contact to discuss problem and resolution.

### Specific support for the student's educational, social and emotional needs

X will have weekly meetings with Guidance Manager at 1.15pm every Friday to monitor mood, general educational progress and any specific areas of anxiety.

X will not attend tutor periods but will be escorted to her first lesson from the reception area. This will be reviewed every term.

### Arrangements for school visits/trips etc

*Prior to the trip* a named member of staff to be allocated to X for the duration of the trip. Staff member to make themselves known to X before setting off. If unable to attend trip on the day X to be provided with support in school for "private study".

### Other information

Any change in X's mood or attainment in lessons should be noted and reported to Guidance Manager.

### Describe what constitutes an emergency, and the action to take if this occurs

These recommendations are made to acknowledge and cater for X's known suicidal ideation & history of self-harm –

**Trigger** ; elevated anxiety level from internal or external issues

**Symptoms**: breathing pattern changes, crying, unable to hear/react to staff

**Actions Scenario 1**: In the case of X's leaving a lesson and her whereabouts being unknown - her parents will be immediately notified. Upon discovery X should be sent home to return the following day. If not found, Police should be alerted.

**Action Scenario 2**: In the case of deliberate self harm – (dependant on the severity of the self harm) X will be sent to the medical room, parents to be immediately notified. If severe - medical assistance to be sought immediately.

**Action Scenario 3**: In the case of attempted suicide – emergency services to be called (see attached); parents to be notified immediately

Who is responsible in an emergency (state if different for off-site activities)

Student Support  
HoY  
Named SLT member (reporting to Headteacher)  
Allocated staff member on off-site activities (To notify SLT immediately in emergency)

Plan developed with

Parents and X  
Student Support Manager  
HoY  
Named SLT member  
CAMHS contact

Staff training needed/undertaken – who, what, when

Form copied to:

# Individual Healthcare Plan Exemplar No 2 – Eating Disorder

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Anorexia Nervosa

## Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)


## Clinic/Hospital Contact

Name

Phone no.


## G.P.

Name

Phone no.


Who is responsible for providing support in school

**In lessons:** n/a

**Break/Lunch:**

**Out of lesson pastoral support:** Guidance Manager

**Named SLT member(reporting to Headteacher):**  
Deputy Head

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

No medicine is required to be administered by the school.

**Symptoms** include visible low mood, thoughts and evidence of self harm (scratching at wrists), anxiety around food.

**Triggers:** approaching meal times

After discharge from Leigh House Hospital, X will be accessing therapy sessions and psychology sessions through CAMHS (Tier 3). Weight and BMI will be monitored by family GP. Any significant weight decrease will be reported to the school by parents.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

**Fluoxetine – Potential side effects (taken at home)**

**More common**

- Hives, itching, or skin rash
- inability to sit still
- restlessness

**Rare**

- Anxiety
- cold sweats
- confusion
- convulsions (seizures)
- diarrhoea
- difficulty with concentration

- drowsiness
- fast or irregular heartbeat
- headache
- lack of energy
- mood or behaviour changes
- overactive reflexes
- purple or red spots on the skin
- racing heartbeat
- shakiness or unsteady walk

Daily care requirements

Academically no support is needed for X. However, when anxiety levels are high cognitive functions are affected, recall is impaired and concentration lapses significantly. This may be observed particularly in the lesson before a food break.

**Who will disseminate issues/actions to relevant teaching/support staff and how?** Guidance Manager through email.

Emotional support should be available/provided as and when required; Miss Y in the Learning Centre will be the named person for X to go to when unable to manage her anxiety. If X unable to return to planned timetable after verbal support given she is to have 5 further minutes in Learning Centre to reassess and, if still unable to access education, parents called to take her home until the next day. *\*NB For schools to discuss/consider - Would your school want to have lessons sent to*

*your version of the Learning Centre for X to keep working in that small environment or are you developing student's ability to face anxiety and work through consequences of being unable to manage by sending them home?? Would you start with one method then move to the second one as student gets better?? Whatever you do, plan for it and stick to the plan!*

X will eat break time snack and lunch in her tutor room with Mrs X on a Monday, Tuesday and Thursday; and Miss Y on a Wednesday and Friday. This is to be reviewed in half termly meetings with CAMHS contact and parents.

If snack is refused parents should be informed and noted on record.

If lunch is refused parents to be notified and X to be taken home to return the following day. CAMHS to be informed.

If X does not come to school as arranged, due to a refusal of breakfast, parents to advise school and meet with staff/CAMHS contact to discuss problem and resolution.

### Specific support for the student's educational, social and emotional needs

X will have weekly meetings with Guidance Manager at 1.15pm every Friday to monitor mood, general educational progress and any specific areas of anxiety. GM to liaise weekly with parents by pre-arranged phone call after this meeting.

### Arrangements for school visits/trips etc

Prior to the trip a named member of staff to be allocated to X for snack/meals on the trip. Staff member to make themselves known to X before setting off. Any refusal of food/drink should be noted and reported to parents on return. Discussion to take place on viability of further off-site trips.

### Other information

Any significant change in X's mood or attainment in lessons should be noted and reported to Guidance Manager.

In the case of very rapid weight loss or X's BMI falling below 16 – school will be informed by parents/CAMHS. Subject teachers should provide work for X to complete at home/in a hospital setting should health allow.

### Describe what constitutes an emergency, and the action to take if this occurs

Trigger: approaching meal time

Symptom: panic attack/withdrawal from engaging in lesson/crying

Scenario: if X runs out of lesson/school grounds

- Teacher/LSA who witnesses calls Guidance Manger who then informs SLT if X does not appear in Learning Centre.
- Guidance Manager locates X's best friend(s) to see if she has contacted/texted/planned to meet them.
- SLT call parents to advise and see if X returns home.

If X is not located after a reasonable period of time, Police to be called.

### Who is responsible in an emergency (state if different for off-site activities)

Student Support

HoY

Named SLT member (reporting to Headteacher)

Allocated staff member on off-site activities (to notify SLT immediately by phone in emergency)

### Plan developed with

Parents and X  
Student Support  
HoY  
Named SLT member

### Staff training needed/undertaken – who, what, when

Supporting eating with an anorexic adolescent – CAMHS contact to model behaviour and train allocated staff members.  
Needed at start of attendance to school/after IHP agreed/??

Form copied to:

# Individual Healthcare Plan Exemplar No 3 – OCD & Anxiety

Name of school/setting	Y Academy
Child's name	X
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	OCD and Anxiety
Date	
Review date	

## Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

## Clinic/Hospital Contact

Name	
Phone no.	

## G.P.

Name	
Phone no.	

Who is responsible for providing support in school

**In Lessons:** LSA support in where available.  
**Out of lesson pastoral support:** Guidance Manager  
**Named SLT member (reporting to Headteacher):** Deputy Head

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

No medicine is required to be administered by the school.

Symptoms include low mood; thoughts of self-harm; lack of concentration; observable anxiety in school particularly at lesson change, assembly, tutorial periods, and break/lunch times; repeated or 'stuck' behaviours; refusal to complete or take part in certain activities.

After discharge from Leigh House Hospital, X will be accessing therapy sessions and psychology sessions through CAMHS (Tier 3). Strategies explored in these sessions to be shared with school.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

**Fluoxetine – Potential side effects (taken at home)**

**More common**

- Hives, itching, or skin rash
- inability to sit still
- restlessness

- drowsiness
- fast or irregular heartbeat

**Rare**

- Anxiety
- cold sweats
- confusion
- convulsions (seizures)
- diarrhoea
- difficulty with concentration

- headache
- lack of energy
- mood or behaviour changes
- overactive reflexes
- purple or red spots on the skin
- racing heartbeat
- shakiness or unsteady walk

Daily care requirements

**Academically** no support is needed for X. However, when anxiety levels are high cognitive functions are affected, recall is impaired and concentration lapses significantly. This may be observed particularly when there is a lack of routine or a change in the routine of the day. **Unstructured lessons can raise anxiety and affect concentration & cognitions/academic progress.**

Emotional support should be available/provided as and when required. ALL STAFF WHO HAVE CONTACT with X should be aware of his/her vulnerabilities.

**Learning Support Area** nominated as X's safe place – should he/she feel the need to remove him/herself from lessons s/he will immediately return to the learning support room where the **teacher on duty will notify the Guidance Manager.**

If X leaves class early, initially s/he will be invited to return to lesson after 10 minutes. If this is declined, a further 10 minutes in the Learning Support area will be given. If a return to class is declined at the second asking, parents will be informed and X will need to be collected from the school for the remainder of the day – to return the following morning.

All staff to be aware that X will use own stationery equipment in all lessons. S/he is to be allowed to wipe down working area with **one** antiseptic wipe before sitting down to start the lesson.

Staff to be aware that toilet breaks mid lesson should be monitored for duration and any excessive amount of time spent out of the classroom should be reported to the Guidance Manager.

Should X become 'stuck' and completely unable to participate in lessons s/he should be encouraged to make way to the learning support room. Parents should be contacted and X to be collected from the school for the remainder of the day – to return the following morning.

If X does not come to school as arranged, parents to advise school and meet with staff/CAMHS contact to discuss problem and resolution.

### Specific support for the student's educational, social and emotional needs

X will have weekly meetings with Guidance Manager at 1.15pm every Friday to monitor mood, general educational progress and any specific areas of anxiety.

**Action point:** Guidance Manager to phone parents at pre-arranged time to give/receive feedback of the week.

### Arrangements for school visits/trips etc

Prior to the trip a named member of staff to be allocated to X for the duration of the trip. Staff member to make themselves known to X before setting off. If unable to attend trip X to be provided with support in school for "private study".

### Other information

Any change in X's mood, behaviour, or attainment in lessons should be noted and reported to Guidance Manager.

### Describe what constitutes an emergency, and the action to take if this occurs

Triggers: Overcrowding in corridors, assembly  
Anxiety around compulsion/ritual eg germs on desk  
Scenario 1: "Paralysed" by anxiety in classroom situation  
Action: Trained staff member "talks X down". Remove & escort to quiet area.  
Assess ability to return to lessons or parents to collect.  
Scenario 2: X "stuck" in loos. Very distressed and unable to come away from sink  
where washing hands obsessively  
Action: Set time boundaries, stating what is expected at end of that time

### Who is responsible in an emergency (state if different for off-site activities)

Student Support  
HoY  
Named SLT member (reporting to Headteacher)  
Allocated staff member on off-site activities (to notify SLT immediately by phone in emergency)

Plan developed with

Parents and X  
Student Support  
HoY  
Named SLT member  
CAMHS contact

Staff training needed/undertaken – who, what, when

Staff trained in de-escalation techniques.

Form copied to: