

WEST KIRBY EDUCATIONAL TRUST

A charity changing children's lives

West Kirby Educational Trust

Medical Handbook September 2025

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**MEDICAL HANDBOOK
PROCEDURES AND POLICIES**

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HEALTH CARE

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

Necessary consent

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

1. Any specialist medical or nursing treatment.
2. Written consent – for emergency treatment at a hospital following a serious accident.
3. Two contact telephone numbers, where parents or other nominated person can be contacted if the need arises.
4. Parents/Carers/Guardians of children requiring medication while at school must provide the medication properly labelled in the container supplied by the pharmacist stating type of medication with clear instructions; along with a letter authorising the administration.
5. Form giving permission to give home remedies and what type.
6. Each pupil will have an individual medical health care treatment plan in which a record is kept of changes in medications, and any hospital appointments.
7. Each child will be given professional treatment using appropriate support and therapy as needed and a qualified nurse will be on duty Monday-Friday.
8. A Health care assistant is also on duty Monday-Friday.

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

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

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

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

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

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

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

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

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

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

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

MEDICAL CONFIDENTIALITY

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

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

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

N.M.C. Code of Conduct

TRAINING OF STAFF IN THE HANDLING AND ADMINISTRATION OF MEDICATIONS

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

Training must cover:

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

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

Staff competence must be reviewed every year.

DISPENSING AND ADMINISTRATION OF MEDICATION FROM ORIGINAL BOXES

We follow guidelines when dispensing medication from original boxes.

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

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

MEDICAL POLICIES

When staff administer medication to individual pupils, staff check MAR (Medication Administer Record) sheet, pupil and medication. When they administer medication the MAR sheets and the controlled drug book are signed.

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

School Trips.

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

ALLERGIES POLICY

Should a pupil suffer from any allergies, information will be provided to staff by either the School Nurse or Health Care assistant, along with how to deal with an allergic reaction.

All staff will be trained by the school nurse in the use of Epi-pens if a pupil requires one, in an emergency. The pupil's own Epi pen with an individual protocol will be kept with the child at all times. The protocol will also be kept in the medical folder in the staff room. They will also be taken with the pupil on school trips.

Should a child have an acute allergy that requires them to have an Epi Pen then this is prescribed by the pupil's General Practitioner and stored, clearly labelled. We do not need to gain parental permission to give the Epi Pen in an emergency situation as they have given permission by sending the device and this will be clearly documented in the nursing care plan.

The device can only be used on the patient it has been prescribed for and it is the parents/carers responsibility to provide the Epi pen and check its expiry date.

An allergy list is kept in the staff rooms so that staff can be aware of the allergies.

FIRST AID POLICY

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

GIVING PRESCRIBED AND NON-PRESCRIBED MEDICATIONS

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

MEDICAL CONDITIONS

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

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

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

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

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

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

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

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

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

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

Staff at WKET understand their duty of care to pupils in the event of an emergency. In an emergency situation school staff are required under common law duty of care

to act like any reasonably prudent parent. This may include administering medication.

All staff understand the school's general emergency procedures

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

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

SICK CHILDREN IN SCHOOL

Guidelines

Pupils who are unwell should not be sent to school.

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

1. Minor problems will be treated by the School Nurse/Health Care Assistant and the pupils will return to class as soon as he/she is well enough, this may include their temperature being monitored or offered a home remedy or mild analgesia after gaining consent from their parent/carer.
2. A medical room notification may be completed and sent home to parent/carer.
3. Should the problem be more serious the parent/carer (or person designated by them) will be contacted and asked to take the child home, where they should remain until fully recovered. Whilst waiting to be taken home, the sick child will be cared for in the Medical Room by the Nurse on duty.

TREATING INJURIES IN SCHOOL

1. The child is seen by the Medical staff either at their own request, or their Parent's or School staff. There is an open door policy in the Medical Room.
2. From observation and questioning, the Medical staff will assess the severity of the injury and course of action to be taken which will be as follows;
 - a) IF A MINOR INJURY – Small graze, small cuts, School Nurse/HCA will cleanse and apply a suitable dressing and this will be recorded in the health care plan. A Medical Room notification may be sent home.
 - b) IF A SEVERE INJURY – Requiring immediate attention, Principal or Deputy Head is informed and pupil will be transferred to hospital and parents informed.
 - c) IF THE INJURY IS SUCH THAT IMMEDIATE MEDICAL ATTENTION IS NOT INDICATED – A parent should be informed and a request made to collect the child from school. If the parents cannot be contacted, the child should be kept in school, under the observation of School Nurse/HCA or Teaching staff. When the child is taken or goes home, any relevant information/advice should be given or sent to the Parents/Carers in writing or by phone. This is to be documented in the pupil's Health Care Plan. A Medical Room notification may be sent home.
3. School Nurse/HCA should keep an accurate record of all treatments, date and time, in the pupil's Health Care Plan and record any action. She will remind teachers to record any actions in their documents.

EPILEPSY/SEIZURES

Each pupil who suffers from Epilepsy and/or seizures will have their own protocol which is kept with their own medication. There is also a copy of their protocol kept in their Health care plan in the medical room.

All staff are also trained yearly by either the school nurse or the Epilepsy specialist nurse in how to administer the epilepsy rescue medication. All medication is required to be taken out with staff when the pupil goes on a school trip.

DIABETES

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

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

ASTHMA

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

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

MEDICAL SUN PROTECTION

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

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

Use of adequate sun factor for appropriate skin types

Provision of shady areas

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

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

INFECTIOUS DISEASES

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

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

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

Good hygiene practice is paramount by all staff involved.

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

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

MEDICAL ROOM SERVICES TO PUPILS

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

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

1. Safeguarding and promoting the welfare of pupils by regularly assessing the medical needs.
2. Setting up the pupil's own Health Care Plan.
3. Identifying how a health outcome can be improved, based on need.
4. Identifying priorities of care jointly and put an action plan together on how it should be delivered and reviewed.
5. Providing a facility for outside professionals and multi-disciplinary teams to indicate any concerns about a pupil and therefore improve outcomes of all pupils by early identification and action to meet their needs.
6. Enabling communication to relevant staff of any specific pupil's health needs, enabling the pupil to access their educational curriculum to the full
7. Promoting Health and Wellbeing – identifying needs and intervening early. (For example, we measure height and weight regularly for all pupils).
8. Supporting parents/carers by informing them of any new Government initiatives and providing information on their accessing support from other professionals.
9. Making sure all pupils know the medical department is available for them to talk about any personal issues, by providing a one to one service for young people to discuss anything in a confidential setting, e.g. Sex and relationships, substance misuse etc.
10. Providing medical facilities for pupils with long term medical conditions, which involve nursing care. Help pupils come to a joint decision about their care to enable them to access their education to the full. e.g.: diabetes, epilepsy, disability and complex health needs. Provide relevant training to staff in supporting such pupils.

11. Providing a facility to meet the mental health and psychological wellbeing of children by regular contact with medical staff, school staff and pupil's local CAMHS team.
12. Managing the administration of prescribed medicines and ensure good practice.
13. Providing Emergency First Aid treatment to all.
14. Providing an area of safety to enable children to "calm down" and prevent self-harm.
15. Updating pupil's documentation in the Nursing Care Notes and informing parents/carers of any outcomes.

MEDICAL ROOM SERVICES TO STAFF

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

1. To give Emergency First Aid treatment (should it be required).
2. To treat any minor injury or illness and advise senior staff on the prospect of staff needing to go home. (E.g. due to contagious condition).
3. To administer medication, e.g. Paracetamol for pain relief.
4. To give confidential advice and support on health matters as per the confidentiality statement clearly shown in Medical Room.
5. To offer a private room for staff to talk or have time if they have been in an intervention.

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

SELF HARM

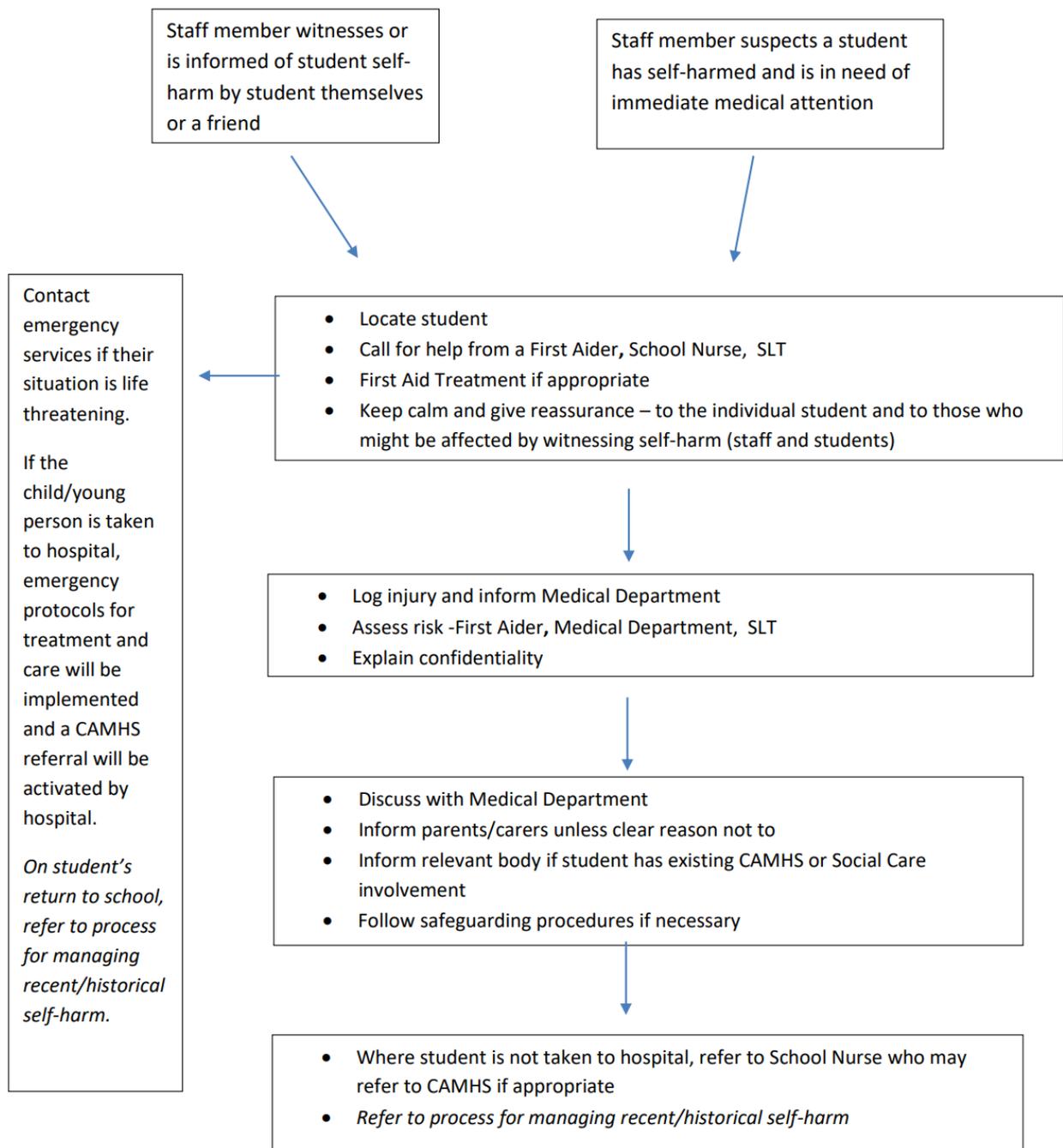
Introduction

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

The following principles underpin this guidance:

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

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



Definition of Self Harm

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

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

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

Self-harm is usually conducted at times of anger, fear, distress, emotional worry, low mood or low self-esteem in order to manage negative feelings. It is not accidental. Accidents do happen and are a different circumstance.

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

Individual Factors:

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

Family Factors:

- Neglect or physical, sexual or emotional abuse.
- Poor relationship with parents.
- Depression, self-harm or suicide in the family.
- Being a current or previous child in care.
- Being a young carer.

Social Factors:

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

- Scouring or scrubbing the body excessively.

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

Confidentiality

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

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

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

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

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

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

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

- A child is not old enough or competent enough to take responsibility for themselves
- Urgent medical treatment is required
- The safety and wellbeing of a child/young person is at risk or there is the possibility of harm to other (i.e. child protection or suicide)
- By virtue of statute or court order
- For the prevention, detection or prosecution of serious crime

If there is reasonable staff concern that a child may be at risk of harm this will always override a requirement to keep information confidential. If a child or young

person reveals they are at risk, staff should follow the school's safeguarding process immediately.

Assessing risk

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

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

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

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

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

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

Low risk pupils

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

Higher risk pupils

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

Logging incidents

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

Supporting the child or young person

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

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

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

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

Information sheet for young people on self-harm

What is self-harm?

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

How many young people self-harm?

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

Why do young people self-harm?

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

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

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

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

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

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

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

- Frustration.
- Inability to communicate need.

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

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

How can you cope with self-harm?

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

Helpful strategies can include:

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

Getting help

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

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

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

CALM (Campaign Against Living Miserably)

Tel: Helpline for 15 –24 year old males

0800 58 58 58

7 days a week 5pm –midnight

Website: www.thecalmzone.net

Childline 24 hr helpline

0800 1111

Health and Wellbeing/Mental Health

Website: www.themix.org.uk

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

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

Website: www.nshn.co.uk

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

Website: www.papyrus-uk.org

E-mail: pat@papyrus-uk.org

Samaritans 24 hour helpline

116 123

Website: www.samaritans.org

E-mail: jo@samaritans.org.uk

Young MINDS

0808 802 5544

Website: www.youngminds.org.uk

Youth Access

0208 772 9900

Website: www.youthaccess.org.uk/

E-mail: admin@youthaccess.org.uk

My friend has a problem - How can I help?

- You can really help by just being there, listening and giving support.
- Be open and honest. If you are worried about your friend's safety, you should tell an adult. Let your friend know that you are going to do this and you are doing it because you care about him/her.
- Encourage your friend to get help. You can go with them or tell someone they want to know.
- Get information from telephone help lines, website, library etc. This can help you understand what your friend is experiencing.
- Your friendship may be changed by the problem. You may feel bad that you can't help your friend enough or guilty if you have had to tell other people. These feelings are common and don't mean that you have done something wrong/not done enough.
- Your friend may get angry with you or say you don't understand. It is important to try not to take this personally. Often when people are feeling bad about themselves they get angry with the people they are closest to.
- It can be difficult to look after someone who is having difficulties. It is important for you to find an adult to talk to, who can support you. You may not always be able to be there for your friend and that's OK.

Engaging families

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

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

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

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

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

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

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

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

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

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

SELF-ADMINISTRATION OF PRESCRIBED PHARMACEUTICALS AT WKET

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

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

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

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