Rawdhatul Ilm Wal Huda, 32 Moss Street, Blackburn, BB1 5JT

Supporting Students with Medical Conditions

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Notes: This policy will be reviewed and amended after further consultation with School nurse.

Signed on behalf of Rawdha:

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1 Introduction

1.1 Most students will, at some time, have a medical condition that may affect their participation in school activities. For many this will be short-term, perhaps finishing a course of medication. Other students have medical conditions that if not properly managed, could limit their access to education. Such students are regarded as having medical needs. Most children with medical needs are able to attend school regularly and with some support from school, can take part in most normal activities.

1.2 This policy sets out the Rawdha's commitment to ensuring all children with medical conditions, in terms of both physical and mental health, are properly supported in Rawdha so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

2 Aims

2.1 To ensure students with medical conditions are properly supported so that they have full access to education, including school trips and physical education.

2.2 To establish the principles for safe practice in the management and administration of medicines.

2.3 To set out the responsibilities of parents/carers, the Headteacher and staff in relation to supporting students with medical conditions and the administration of medicine.

3 The role of the trustees

3.1 The trustees will ensure:

- the policy for supporting students with medical conditions is reviewed regularly and is readily accessible to parents and staff
- any school policies, plans, procedures and systems are properly and effectively implemented, including the collation and retention of written records of all medicines administered to students
- arrangements are in place to support students with medical conditions; arrangements which ensure that such children can access and enjoy the same opportunities at school as any other child
- Medical officer has received suitable training and is competent before they take on responsibility to support children with medical conditions
- Individual Healthcare Plans are established where necessary and reviewed at least annually or earlier if evidence is provided that a student's needs have changed
- the School complies with their duties under the Equality Act 2010 with regard to disabled students
- the appropriate level of insurance is in place and appropriately reflects the level of risk at Rawdha.

4 The role of the School

4.1 The Medical officer will have designated responsibility for overseeing the provision of care for students with medical conditions; deciding in consultation with staff, parents, health professions and the ways in which the School can assist a student with medical needs.

4.2 The designated leader will ensure:

- all staff are aware of the policy for supporting students with medical conditions and understand their role in its implementation
- all staff who need to know (including any temporary staff) are aware of a child's medical condition
- all staff are aware of the designated persons with responsibility for medical care:
  - Medical officer
  - First Aider
  - Head of boarding
  - Senior Leader with responsibility for pastoral support and student well-being.
- the GP is contacted in the case of any child who has a medical condition that may require support at Rawdha.
- risk assessments for school visits, holidays, and other school activities outside of the normal timetable consider the needs of students with medical conditions
- appropriate cover arrangements are in place to support students with medical conditions in cases of staff absence or staff turnover.

5 The role of staff

5.1 Any member of staff may be asked to provide support to students with medical conditions, although they will not be required to do so.

5.2 All staff will take into account the needs of students with medical conditions that they teach.

5.3 In exceptional circumstances staff may be required to administer medicine or take emergency action. All staff will know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

6 The role of students

6.1 Students with medical conditions will often be best placed to provide information about how their condition affects them.

6.2 Rawdha will ensure students with a medical condition are involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their Individual Healthcare Plan.

6.3 Rawdha will ensure that all students know what to do, in general terms, in a medical emergency, such as informing a teacher immediately if they think help is needed.

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7 The role of parents

7.1 Parents will be required to provide Rawdha with sufficient and up-to-date information about their child's medical condition and needs.

7.2 Parents are key partners and will be involved in the development and review of their child's Individual Healthcare Plan. They must carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

8 The role of outside agencies

8.1 Rawdha will liaise with outside agencies including, GPs, paediatricians, the Local Authority etc in order to identify students with medical conditions, secure advice on devising Individual Healthcare Plans and develop staff training etc.

9 Identifying and supporting children with medical needs

9.1 Rawdha will ensure students' medical needs are identified in time for the start of the relevant school term through liaison with parents.

9.2 In other cases, such as a new diagnosis or children joining Rawdha mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.

9.3 It is the responsibility of parents to inform Rawdha of any short-term medical needs (for example, a short course of medication) that arise during the course of the school year.

9.4 In cases where a student's medical condition is unclear, or where there is a difference of opinion, Rawdha will determine the support to be provided based on the available evidence. This may normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

9.5 Where a medical need (beyond a short course of medication) is identified, Rawdha will coordinate a meeting to discuss the child's medical support needs and identify school staff who will provide support.

9.6 All medical conditions and needs identified will be recorded.

10 Individual Healthcare plans

10.1 Not all students with a medical need will require an Individual Healthcare Plan. The School, parents and healthcare professional (or written evidence provided by such) will determine the need to create such a plan (see Appendix 1).

10.2 The Welfare officer with responsibility for pastoral support and student well-being will lead the development of Individual Healthcare Plans.

10.3 In formulating an Individual Healthcare Plan, Rawdha will identify the medical condition, triggers, signs, treatment, emergency arrangements etc. Where a child has SEN but does not have a statement or Education Healthcare Plan (EHC) plan, their special educational needs will also be noted in their plan.

10.4 Plans will be drawn up in partnership between Rawdha, parents, and any relevant healthcare professionals, e.g. school, specialist or children's community nurse, who can best advice on the particular needs of the child (see Appendix 2 for an exemplar invitation letter to parents). Students will also be involved whenever appropriate. The plans will capture the steps which

Rawdha can take to help the child manage their condition and overcome any potential barriers to getting the most from their education.

10.5 Plans will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed.

11 Administration of medication protocols

11.1 The Welfare officer with responsibility for pastoral support and student well-being is responsible for considering all requests related to the administration of medication.

11.2 Medicines will only be administered at Rawdha when it would be detrimental to a child's health or school attendance not to do so.

11.3 In the event that a child requires medication within Rawdha, parent must notify the School. No medication (prescribed or non-prescribed) will be administered without prior consultation with, and written permission from the parent or guardian, obtained through the form shown in Appendix 3 (in addition a note from the family GP confirming the child is fit to attend Rawdha and the necessity for the child to take medication during his stay may be required).

11.4 Each request for administration of medication to a student in Rawdha will be considered individually.

11.5 Rawdha encourages and supports children to manage their own medication. Where the School agrees to requests for the administration of medication, it is with the understanding that a child will self-administer medication under the supervision of an elected member of staff and in accordance with the Rawdha procedures. Where students cannot self-administer medication, the Rawdha will coordinate a meeting to discuss the child's needs.

11.6 Any children under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

11.7 Medicines will only be administered (including in supervisory capacity) by staff willing and suitably trained to do so and then only under the overall direction and responsibility of the Medical officer.

11.8 Specific cultural and religious views on a student's medical care will be respected, but must be made known to Rawdha in writing.

11.9 A minimum amount of medication, required by the student, will be held in Rawdha to accommodate the needs of that student.

11.10 Medication must be delivered to Rawdha by the parent or in case of prescribed medicine by local GP for boarding student it has to be delivered by appointed pharmacy.

11.11 Rawdha will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by the pharmacist and include instructions for administration, dosage and storage (except for insulin which must still be in date but will be provided in a pump or pen rather than its original container). Where a student needs two or more prescribed medicines, each should be provided in the separate original container supplied by the pharmacist.

11.12 Medicines received will be logged onto the school's drug file, as shown in Appendix 4, and held securely within Rawdha. All essential staff will be able to access medicines in case of emergency.

11.13 Rawdha will establish a Medical Log (see Appendix 5). Persons administering/supervising the administration of medication (usually the Medical officer) will check medication type is correct then log the time and date, and sign the chart upon administering medication.

11.14 If students refuse to take medication, Rawdha staff will not force them to do so, but will record this in the student medication log. Rawdha will inform the child's parents as a matter of urgency (on the same day the child refused medication). **If necessary**, Rawdha will call the emergency services.

11.15 Some students carry their own medication (e.g. inhalers). This decision is based on wishes of parents as well as the age, maturity and ability of the individual child (see Appendix 7).

12 Storing and disposal of medication

12.1 The School will not store large volumes of medications.

12.2 Wherever possible, for non-boarders parents will be asked to bring in the required dose each day rather than a week's supply.

12.3 Medicines will be stored securely and according to the storage guidelines noted on the original container supplied.

12.4 Non health-care staff will never transfer medicines from their original containers.

12.5 Students will know where their own medication is stored and who holds the key.

12.6 A few medicines, such as asthma inhalers, blood glucose testing meters and adrenaline pens will be readily available to students.

12.7 If the School locks away medicines that a student might need in an emergency, all staff will know where to obtain keys to the medicine cabinet and be able to do so without delay.

12.8 Staff will not dispose of medicines. All medication will be returned to pharmacy when it has expired or is no longer required by medical officer.

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13 Hygiene/infection control

13.1 All staff will be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures.

13.2 Staff will have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

14 School trips

14.1 It is good practice to encourage students with medical needs to participate in school trips, wherever safety permits.

14.2 Sometimes additional safety measures for outside visits may need to be made. Arrangements for taking any necessary medication will also need to be taken into consideration.

14.3 Staff supervising excursions will be aware of any medical needs and relevant emergency procedures.

14.4 Sometimes an additional supervisor or parent might accompany a particular student.

14.5 Where staff are concerned about whether they can provide for a student's safety, or the safety of others on a trip, they will seek further advice from the Educational Visits Co-ordinator who will liaise with parents or child's GP.

15 Sporting activities

15.1 Most students with medical conditions can participate in extra-curricular sport or in the PE curriculum, which is sufficiently flexible for all students to follow in ways appropriate to their own abilities.

15.2 For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a student's ability to participate in PE will be included in their Individual Healthcare Plan.

15.3 Some students may need to take precautionary measures before or during exercise and/or need to be allowed immediate access to their medication if necessary (especially medication for Asthma, Anaphylactic).

15.4 Teachers supervising sporting activities will be aware of relevant medical conditions and emergency procedures.

16 Emergency procedures

16.1 All staff will be aware of the Rawdha's procedure for calling the emergency services (999) and conveyance of students to hospital by the safest and quickest means available as directed by the emergency services (car/ambulance) – see Appendix 6.

16.2 Generally, staff should not take students to hospital in their own vehicle, however, in an emergency it may be the best course of action. This should only be carried out if another member of staff accompanies the causality and driver, and the driver hold business vehicle insurance.

17 Diabetes

17.1 Rawdha accepts the responsibility of advising all its staff (teachers, senior students, ancillaries and lunch time welfare assistants etc.) in practical diabetes management.

17.2 Rawdha will also undertake to develop links with the parents of diabetic children and maintain a record of such students and Individual Healthcare Plan in line with this policy. Parents will be asked to provide details of the necessary treatment.

17.3 Children with diabetes will be encouraged to bring the necessary equipment (eg. Glucose tablets) and these will be kept by Rawdha or the student, depending on the age of the student and the circumstances. Rawdha will liaise with the parents as to the best course of action. Rawdha will try to ensure that the student has easy access to whatever is required at all times, whether in the classroom, playing area or during recreational visits.

17.4 Rawdha will aim to allow the student to take full part in school activities unless they are severely affected, and teachers will be aware of students with diabetes particularly during P.E. and break times where physical exertion takes place.

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18 Asthma

18.1 Rawdha accepts the responsibility of advising all its staff (teachers, senior students, ancillaries and luinch time welfare assistants etc.) in practical asthma management.

18.2 Rawdha will also undertake to ask parents if their child has asthma or is very wheezy and if they use an inhaler. Rawdha will develop links with the parents of asthmatic children and maintain a record of such students and Individual Healthcare Plan together with clear guidance on correct usage in line with this policy. Parents will be asked to provide details of the necessary treatment.

18.3 Children with asthma will be encouraged to have two reliever inhalers – one at home and the other to bring to school daily and these will be kept by Rawdha or the student, depending on the age of the student and the circumstances. Rawdha will liaise with the parents as to the best course of action. Rawdha will try to ensure that the student has easy access to whatever is required at all times, whether in the classroom, playing area or during recreational visits.

18.4 Students need access to their reliever at all times. Delay in taking relief treatment can lead to a severe asthma attack and can in rare cases be fatal. Rawdha will try to ensure that any student has easy access to his inhaler at all times whether in the classroom, and particularly during P.E. and at break times.

18.5 Rawdha will aim to allow the student to take full part in school activities unless they are severely affected, and teachers will be aware of students with asthma particularly during P.E. and break times where physical exertion takes place. Students will not be forced to take part in activities if they say they are too wheezy to continue. The member of staff will ensure that the student takes the inhaler to the playground.

18.6 If a child with severe asthma needs to use a nebuliser, Rawdha will liaise with the parents and the School Medical Officer to ensure correct management of the nebuliser.

18.7 If a child has an asthma attack at school, they should be treated according to their individual healthcare plan. An ambulance should be called if:

- The symptoms do not improve sufficiently in 5 to 10 minutes.
- The child is too breathless to speak.
- The child is exhausted
- The child looks blue.

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19 Highly infectious diseases

19.1 As soon as Rawdha becomes aware that a student or member of staff is affected, the advice of the Public Health Service will be sought and acted upon. Parents, staff and others will be kept informed as fully as possible.

20 Allergies

20.1 Rawdha should be made aware of children with allergies and this is likely to occur through the normal admission procedures.

20.2 Most allergies are controllable with inhalers, sprays and drops and the same procedures mentioned in the asthma policy will be followed (see section 18).

20.3 Where students have food allergies, an individual care plan will be devised and all staff, including kitchen staff, will be given a list of the students involved and the allergies they have.

20.4 Where students have an allergy, which causes a violent allergic reaction, such as nut allergy, Rawdha will need very close liaison with parents and the local health team.

21 HIV and Aids

21.1 If Rawdha is informed that student or member of staff or a visitor has the HIV infection or Aids, the advice of the public health service will be sought and acted upon.

22 Students returning from long holidays abroad and new immigrants

22.1 Occasionally, health directives and advice are sent to Rawdha relating to students returning from overseas travel and new immigrants.

22.2 Any such directives and advice will be read and noted by Rawdha and information will be passed on if necessary.

23 Head-lice

23.1 Send out advice on regular basis particularly if there are a lot of parental complaints.

23.2 Educate children about personal cleanliness within the curriculum.

23.3 Keep a close check on children during the course of the day in the event that we are made aware of complaints.

23.4 Send home letters to affected individuals with a warning and advice on how to treat the condition and the request to start treatment immediately before.

23.5 In the event of boarding students contracting head-lice, boarding staff will be responsible to administer and monitor regular treatment.

23.6 Rawdha is not in a position to check children's heads themselves without prior parental consent. Parental consent will be sought prior to checking.

24 Intimate Care

24.1 Intimate care can be defined as any care which involved washing, touching or carrying out a procedure to intimate personal areas, which most people would carry out themselves but a student is unable to do so, because of his young age or physical difficulties.

24.2 Students who require assistance with intimate care, have written individual health care plans agreed by staff, parents and any other professionals involved such as the local GP.

24.3 Additional vulnerabilities that may arrive from a physical disability or special educational needs must be considered with regard to individual health care plans.

24.4 The religious views, beliefs and cultural values of children and their families will be taken into account.

24.5 Where an individual health care plan is not in place, parents will be informed the same day if the child has needed assistance with meeting intimate care needs. It is recommended practice that information on intimate care should be treated with confidentiality.

24.6 Adults who assist a student with intimate care must be employees of the school and have their usual range of safe recruitment checks, including enhanced DBS checks.

24.7 Accurate records should be kept when a child requires assistance with intimate care. These should include full dates, times and any comments. It should be clear who was present in every case.

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24.8 The following guidelines assist in promoting positive attitudes to intimate care:

- Be familiar with the student beforehand to gain an appreciation of their mood and verbal/nonverbal communication.
- Speak to the student personally by name so they are aware of being the focus of the activity.
- Give explanations of what is happening in a straightforward and reassuring way.
- Enable the student to be prepared and anticipate events, whilst demonstrating respect for their body.
- When washing, always use a sponge or flannel and, where possible, encourage the student to attempt to wash private parts themselves.
- Provide facilities which afford privacy and modesty.
- Respect the student's preference for a particular carer.
- Speak to older students in a way that reflects their age.

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24.9 In order to ensure the health and safety of staff and students involved in intimate care:

- There must be sufficient space, heating and ventilation to ensure the student's safety and comfort.
- More than one member of staff should be available if a student is difficult to move or handle.
- There must be a suitable changing table.
- There must be an appropriate (disabled) toilet seats for children who require them.
- Items of protective clothing such as gloves should be provided and accessible.
- Supplies of fresh clothes should be easily available at hand so that the child is not left unattended, whilst fresh clothes are found.
- Checks should be made beforehand to ensure there are suitable facilities for intimate care available during recreational activities (trips).

24.10 From a safeguarding perspective, it is acknowledged that intimate care involves risks for children and adults. Rawdha's safeguarding procedures will be adhered too. If a member of staff has any concerns about physical changes in a student's presentation, these will be reported immediately to the designated safeguarding officer. If a student of any other person makes any allegation about an adult working at the school, these will be dealt with in accordance with the school's policy in dealing with allegations of abuse against members of staff (see safeguarding policy).

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25 Medical checks

25.1 Should staff have concerns have about individual students, they will voice these and the child will be sent to see the local GP.

26 Mental wellbeing

26.1 At Rawdha, mental well-being of every child is taken very seriously. We believer a holistic, inclusive and open approach is necessary for ensuring that all students are comfortable in their environment at the school.

26.2 In order to help each child suffering from any mental issue, we have a very open (to approach) policy. The staff (esp. the supervisors) are easily accessible. Also, the independent listener is also easily accessible.

26.3 Relaxing activities are put in place for the students (esp. residential students) to ensure they have a good balance between the rigorous learning and appropriate relaxation.

26.4 Relaxing activities (outside of class) would include sport activities during the day (break times), evening relaxation time, common room relaxing time, weekend PS time, along with other extra-curricular activities.

27 Unacceptable practice

27.1 Rawdha acknowledges that is not generally acceptable 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 boarding pupils with medical conditions home frequently 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
- 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.

28 Liability and indemnity

28.1 Rawdha will ensure that the appropriate level of insurance is in place and reflects the level of risk within the school.

29 Training

29.1 Staff will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.

29.2 Training needs will be identified during the development or review of Individual Healthcare Plans. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required.

29.3 Training will be sufficient to ensure that staff are competent and have confidence in their ability to support students with medical conditions, and to fulfil the requirements as set out in Individual Healthcare Plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

29.4 A first-aid certificate will not constitute appropriate training in supporting children with medical conditions.

29.5 As part of staff initial induction and annual training, the School will provide whole school awareness training regarding Rawdha's policy for supporting students with medical conditions and their role in implementing that policy. This will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

30 Complaints

30.1 Any individuals wishing to raise a complaint relating to the support provided for students with medical conditions should follow the Rawdha's Complaint Policy.

31 Monitoring, evaluation and review

31.1 The policy will be promoted and implemented throughout Rawdha.

31.2 Rawdha will review this policy every year in consultation with the management board.

31.3 The Management board will monitor the implementation and effectiveness of this policy via regular reports to the committee by the medical office.