



DARUL ULOOM LONDON

Care of Boarders Who Are Unwell Policy

Policy owner	Abubakr Baporia, Head of Health and Safety
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Care of boarders who are unwell policy

including first aid, care for those with chronic conditions and disabilities, dealing with medical emergencies and the use of household remedies

1. This policy has been written in line with Standard 7 (Boarders' Health & Wellbeing) of the National Minimum Standards (NMS) for Boarding Schools (September 2022)
2. The school has, and implements effectively, appropriate policies for the care of boarders who are unwell and ensures that the physical, mental health, and emotional wellbeing of boarders is promoted. These include first aid, care of those with chronic conditions and disabilities, dealing with medical emergencies and the use of household remedies.
3. Suitable accommodation, including toilet and washing facilities, is provided in order to cater for the needs of boarding pupils who are sick or injured. The accommodation is adequately staffed by appropriately qualified personnel, adequately separated from other boarders.
4. In addition to any provision on site, boarders have access to local medical, dental, optometric and other specialist services or provision as necessary.
5. All medication is safely and securely stored. Proper records are kept of its administration. Prescribed medicines are given only to the boarders to whom they are prescribed. Boarders allowed to self-medicate are assessed as sufficiently responsible to do so.
6. The confidentiality and rights of boarders as patients are appropriately respected. This includes the right of a boarder deemed to be "Gillick Competent" to give or withhold consent for their own treatment.

Health Checks

7. On admission, boarders' parents are asked to complete a questionnaire about the pupil's past/current medical history. They are asked to sign to give consent for investigations and treatment to be carried out at the doctor's discretion. Boarders are registered with a local GP practice on admission (the school facilitates registration where needed), so that NHS care is accessible throughout the boarding placement.

Parental consent

8. Parents are requested to provide written consent for the administration of first aid and medical treatment before pupils are admitted to the School. Parents are also requested to provide written consent for the administration of a new prescribed medication. Parent to complete 'Administering of Medication consent' form which could be obtained from the office or downloaded from the school website.

Prescribed medication

9. All medication is administered from the medical room/office for the safety of all. The medication must be prescribed only for that individual and must be clearly labelled with all statutory requirements met. Only staff who have received training in administering medication will administer medication.
10. Records of the administration of prescribed medication will be kept in the office.

Non-prescribed medication

11. The list of non-prescription medicines held by the school is approved by an appropriate clinician or pharmacist, and no two products containing the same active ingredient are held or given together. Before any dose, staff check what the pupil has already taken that day, and every administration is recorded. Aspirin is never given to a pupil under 16 unless prescribed for them.
12. Non-prescription medications that are kept in the medical room/cupboard are:
 - Paracetamol (Calpol liquid or tablets - one form given at a time, never both together)
 -
 - Savlon
 - Cetirizine
 - Saline eye wash
 - Anthisan (mepyramine) cream - for insect bites and stings
 - Ibuprofen Gel
13. The above medicines would be prescribed as and when required. No students/parents are allowed to bring medication from home unless prescribed by a GP/Health professional. Medicines brought from overseas are not used until reviewed and approved by an appropriate UK clinician or pharmacist (see Access to health services below).

Storage

14. Medication will be stored in a locked medical cupboard and those that need to be refrigerated will be stored in a locked fridge. Prescribed medication will be stored separately inside the locked medical cupboard.

Prescribed medicine administration procedure

- Receipt of receiving prescribed Medication and consent form must be filled by parent/carer prior to administering any prescribed medication.
 - Staff member receiving the medicine will also sign form to acknowledge receipt.
 - The pupil's name and date of birth and the expiry date will be checked against the medicine.
 - An allergy history will be obtained
 - The member of staff should record the name and dose of the medication, the time and date and the person administering the medication.
 - Any medicine taken out of the school during breaks/holidays will be counted and recorded.
 - If a child refuses, the staff has no power of enforcement.
 - Once the medication is dispensed, the student should be reminded of the time for their next dose and the medication should be returned to the secure cabinet.
 - If the medication and/or dosage needs to be changed or discontinued the school must be informed by the parent/carer.
15. Responsibility for medicines is shared, not placed on the child alone: according to age, capacity and the healthcare plan, staff agree reminders, supervise or administer doses, and follow up missed doses. The parents will be notified if a child refuses in

the best interests of that child. Emergency services will be called if a refusal compromises a child's safety.

Self-Medication, Prescribed Shampoos & Creams and Inhalers

16. Some medication, such as inhalers or EpiPens, will need to be with students at all times for use in an emergency. Others, such as prescribed shampoo and creams may be kept by the student for personal use. An exception to this is if a cream is required to be kept in the fridge. In this case it will be kept securely in the medical fridge.

Chronic illness management

17. Our medical staff are pleased to work and support families and pupils suffering from chronic illnesses (diabetes, epilepsy and asthma and anaphylaxis etc.) and hope for them to achieve independence and self-management. Individual health care plans will be drawn up if required, working closely with the pupil, health professionals and the family.

Arrangements for off-site activities and trips

18. A full first aid box should always be taken on School outings. Children who have asthma should take their inhalers with them. At least one qualified first aider will be on all school trips.

What is First Aid

19. "First Aid" means the treatment of minor injuries which do not need treatment by a medical practitioner or nurse as well as treatment of more serious injuries prior to assistance from a medical practitioner or nurse for the purpose of preserving life and minimising the consequences of injury or illness. For the avoidance of doubt, First Aid does not include giving any tablets or medicines, the only exception being giving aspirin in accordance with accepted first aid practice to treat a suspected heart attack (adults only: aspirin is not given to pupils under 16 unless prescribed).

Who is a First Aider

20. A member of staff who has completed a First Aid course and holds a valid certificate of competence in First Aid at Work (FAW) or Emergency First Aid at Work (EFAW). A list of qualified First Aiders is displayed throughout the school. First aid provision has regard to DfE guidance on first aid in schools, early years and further education.

First Aid Boxes

21. First Aid boxes are marked with a white cross on a green background and are stocked in accordance with the suggested guidelines in Guidance Note 37 of the First Aid Guidance. (<http://www.hse.gov.uk/firstaid/legislation.htm>)
22. First Aid boxes are located at these positions around the School site and are as near to hand washing facilities as is practicable:
 - Science Laboratory
 - Back Building office
 - Main Office

- Medical Room
- Kitchen
- Library

Procedure in the event of illness, accident or injury

23. Pupils may report illness, accidents or injuries at any time by visiting the office/medical staff. All illnesses, accidents and injuries are recorded on the School Medical database.
24. If a pupil needs medical attention, then the designated staff member on duty should be sought immediately to attend to the situation. The member of staff will then decide on the next course of action and provide the next steps as required. First aiders can also be called for if necessary and should be called in the event that medical staff is not available immediately.
25. All head related injuries must be recorded and followed up. Students must be monitored closely and Parents should be notified straight away.
26. Any spillage of blood or other bodily fluids will be managed using appropriate PPE. If this occurs in the medical room, then the medical officer on duty or first aider will deal with it. Elsewhere in the school, the H&S Coordinator will deal with it.
27. If a child requires a trip to A&E due to an injury or a general check-up, the parent/carer will be responsible to take the child to the hospital. The school will only make arrangements for the child to be taken to A&E if the child requires immediate medical attention. An ambulance will be called if required.

Reporting

28. However minor the issue, the medical staff should be informed and all medication or first aid given will be recorded. These reports will be strictly confidential and only accessible by staff.

Record-keeping

29. Records are kept of any medication or treatment administered to a pupil whilst under the care of the school. Records are kept of all significant accidents/illnesses in the relative folders. Communicable illness is managed in line with UKHSA guidance on health protection in education and childcare settings, including recommended exclusion periods, and outbreaks or serious infectious disease concerns are escalated to UKHSA where required.

Information on Pupils and Confidentiality

30. The Medical staff will be responsible for reviewing pupils' confidential medical records and providing essential medical information regarding allergies, recent accidents or illnesses, or other medical conditions which may affect a pupil's functioning at the School to the Principal, class teachers and first aiders on a "need to know" basis. This information should be kept confidential but may be disclosed to the relevant professionals if it is necessary to safeguard or promote the welfare of a pupil or other members of the School community.

Emergency Procedures

- Contact will be made to the emergency services detailing the incident at first instance.
- In the event that an ambulance is needed to be called, arrangements for the ambulance to have access to the accident site should be made. Arrangements should be made to ensure that any pupil is accompanied in the ambulance by a member of staff. Parents will be contacted as soon as possible. The member of staff will remain until the student's parents arrive.

Dental and optical treatment

31. All dental and optical treatment will be organised by the parents. In the event that a student wants a check-up, or an urgent treatment is required, the staff will contact his family to arrange a suitable time for him to be picked up and assessed.

Wrongful Administration of Medicine

32. In the event that any medication is administered wrongfully or to the person it was not prescribed for, then professional help will be sought immediately through the means of the emergency services, and/or Out of Hours GP, and/or NHS 111 by calling 111.
33. Parents will be notified at the earliest opportunity.
34. All such occurrences must be logged, and the Head of Boarding must be informed immediately.
35. Major incident procedures are in the Risk Assessment and Plans for Foreseeable Crises Policy (19).

Monitoring and Review

36. The Head of Boarding and school medical staff will monitor the impact of the school's policy and procedures continuously and will discuss with the Principal on a periodic basis. The Principal will report to the trustees for the evaluation and the effectiveness of the overall policy. In addition, the trustees will undertake a review of all procedures following any major incident/illness to check whether the procedures were sufficiently robust to deal with the major occurrence or whether improvements should be made.

Access to health services, emergency medicines and controlled drugs

37. The school facilitates boarders' timely access to medical, dental, optical and other health services, including urgent and out-of-hours care - parental responsibility does not displace this duty while a boarder is in the school's care. A pupil assessed as competent under an individual healthcare plan may self-carry emergency medicines such as inhalers and adrenaline auto-injectors, with backup supplies held securely. Medicines brought from overseas are not automatically refused: they are reviewed by an appropriate UK clinician or pharmacist so that treatment continues safely.
38. Where a controlled drug is prescribed, it is stored securely with access limited to named staff, stock is checked and recorded at each administration, discrepancies are escalated immediately, and returns and disposal are documented. In the event of a medicine error, staff obtain immediate clinical advice (999 where indicated), observe the pupil, inform parents, record the incident, and the procedure is reviewed. Named, trained staff cover assessment and administration at all times, including overnight, weekends and trips; expired or damaged medicines are disposed of safely; and

health information is shared on a need-to-know basis with those who need it to keep the pupil safe.

39. Parents or carers are told the same day about any first aid given beyond a trivial graze, and immediately, by telephone, about any head injury. Head injuries follow the protocol in the Health and Safety Policy (09), including a written notification to parents the same day and overnight monitoring by the member of staff on duty in boarding.

Status, monitoring and review

40. This policy is reviewed at least annually, or sooner where statutory guidance or school circumstances change. The review lead is Abubakr Baporia (Head of Health and Safety). This review: 3 August 2026. In force: 1 September 2026. Next scheduled review: September 2027.
41. This policy should be read alongside: the Health and Safety Policy; the Safety and Supervision on School Journeys Policy; the Risk Assessment and Plans for Foreseeable Crises Policy; the Pupil Mental Health and Wellbeing Policy; the School Guidance and Response to Self-harming Policy.