



Three Ways School

Supporting Pupils with Medical Conditions Policy (including administration of medication)

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Policy Ratified by	FGB
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Next Review	Feb 2023
School Policy Lead	Jo Stoling – Headteacher

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1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupil's condition, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils

- Developing and monitoring individual healthcare plans (IHPs)

2. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: [Supporting pupils at school with medical conditions](#).

This policy also complies with our funding agreement and articles of association.

3. Roles and responsibilities

3.1 The governing board

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The headteacher

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.4 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment

3.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.6 School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible.

Healthcare professionals, such as GPs and paediatricians, will liaise with the schools nurses and notify them of any pupils identified as having a medical condition.

4. Equal opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

See Appendix 1.

6. Individual healthcare plans

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any statement of special educational needs (SEN) or education, health and care (EHC) plan. If a pupil has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The headteacher, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil'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 pupil'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, including in emergencies. If a pupil is self-managing their medication, this will 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 pupil'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 pupil'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 pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

7. Managing medicines

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written consent

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed. Following NHS guidelines, a student is able to have paracetamol up to every 6 hours in a 24 hour period; ibuprofen up to every 8 hours in a 24 hour period.

The school 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

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils, however they will remain locked away due to the needs of the larger school community.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

Procedures for the Administration of Medication

- The head teacher has overall responsibility for this policy implementation.
- Guidelines for class administration of medication – Appendix 2
- School staff will not be required, against their wish, to undertake the administration of medication or to apply medical techniques or treatments. Staff prepared to undertake such activities will do so in compliance with the guidance of the agreement between Trade Unions & LA Health & Safety. See Appendix 1.
- Parents will be sent an annual consent form to complete, to authorise the school to administer drugs and carry out any other health / medical procedures. It is the parent's responsibility to provide the school with sufficient and up-to-date information about their child's medical needs.
- All medication sent to school must have the child's name on the outside, clearly state the dose and time to be given and the medication dated and have the parent's written consent for the school to administer it. All new medication or change in dosage must be confirmed in writing by the parent with an accompanying signed doctors note on official headed paper, an email from the consultants office to Head teacher, a verbal conversation between school nurse and medical professional or a prescription label
- When medication is transferred in or out of school a record needs to be kept. This is to be entered at the back of each medication sheet.
 - Indicate if the meds are coming IN or OUT and where they were delivered from or to, eg from home or to family respite etc
 - Name of medication and strength and dose to be given
 - Expiry date and if appropriate note the date bottle opened
 - A running total must be kept on the individual medication chart
 - Quantity of medication
 - Two signatures of staff checking the medication in or out.
- Pupils requiring medication have a completed CAP medication form in their green file that is regularly reviewed by the school nurse.
- All medications should be stored safely. Pupils should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to pupils, however due to the differing and complex needs of the young people at Threeways School it may be necessary for medications to be locked away. This is particularly important to consider when outside of school premises eg. On school trips. The use of green medical bum bags will be in use only when a pupil has been risk assessed c/o school nurse and Kirsty Glanfield, each department manager will then be informed what pupil the use of the green bum bag is applicable to.
- Medication must be administered in strict accordance with written instructions and their use properly recorded. The giving of medication must be witnessed by another member of staff.
- The giving of all medication must be recorded, signed and witnessed by 2 people.
- Supply staff should not be given the responsibility to administer medication.

- Staff should not administer non-prescription drugs eg. Generic paracetamol/ibuprofen **unless** as part of the authorised medical procedure or where written consent has been received from a parent/carer. A senior manager is able to authorise a phone call to seek consent from a parent/carer to administer paracetamol where required eg period pain.
- If a pupil becomes unwell during the school day – the parent should be informed.
- No saturation monitoring will take place unless otherwise instructed by a medical professional. Only equipment that is provided by a medical professional or bought by the school on medical advice and then maintained appropriately will be used

Emergency drugs

- Should be kept in a locked cupboard within the classroom, and two named people should be available in the child’s class to administer such drugs. Where a risk assessment has been completed if it is necessary for the emergency medication to be with the pupil at all times this will be carried in a green medical bum bag by a member of staff working with said pupil.
- A record should be kept of any doses used and the amount of controlled drug held in school.
- Emergency medication should only be given by those staff who have had formal training in its administration
- The administration of emergency medication should always be witnessed by another member of staff and SLT/MLT consulted
- The quantity of medication held in school should be recorded, and amended appropriately after administration.
- Rectal medication should only be given by those staff who have ~~experience~~ training in its administration. The Head Teacher or a member of the SLT/MLT must be consulted before rectal medication is administered to any pupil who requires it in an emergency. The administration of rectal medication should always be witnessed by another member of staff.
- Some pupils require tube feeding and catheterisation – only trained staff will carry out these procedures.

7.1 Controlled drugs

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, this will be risk assessed after discussions with health car professionals, the Headteacher and parent.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

7.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil’s IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- 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 IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils 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 pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

Unacceptable behavior

School staff should use their discretion and judge each case on its own merit with reference to the pupil's individual health care plan, it is not generally acceptable practice to:

- Prevent competent pupils from easily accessing their own inhalers and other medication as appropriate and administering their medication when and where necessary.
- Assume that every pupil with the same medical condition requires the same treatment.
- Ignore the views of the parent/carer; or ignore medical evidence or opinion. It is acceptable to challenge any of this.
- Send children home frequently for reasons associated with their medical condition.
- If a pupil becomes ill send them to the medical room or to the first aider unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if absences are related to their medical condition.
- Prevent a pupil from eating/drinking or using the toilet or any other necessary break as needed to manage their medical condition.

Please see the schools complaints policy for further information

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

9. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with headteacher. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Health & Safety

- Health & Safety issues are described fully in the School Health & Safety Policy. It is the responsibility of each adult to report health & safety issues without delay.
- All medication other than epi-pens and inhalers must be in locked cupboards the use of bum bags to transport emergency rescue medication will be risk assessed as required and the department manager informed if any pupil requires their medication transported around the school site using bum bags.
- The giving of medication must be recorded, signed and witnessed by two people, a running total must be kept.
- When medication is no longer required, medicines should be returned to the parent to arrange for safe disposal.
- Sharps boxes should always be used for the disposal of needles and other sharps.
- Paracetamol will be given with at least 6 hours between doses unless otherwise stated on a prescription label. Ibuprofen will only be administered with an 8 hour gap between doses unless otherwise stated on a prescription label. Parents/ carers will inform school each morning if a dose of either medication has been given. School will inform parents/carers before administering either dose

Parent/Carer will ensure that all relevant medication is on school site with the pupil, if this fails SMT will be consulted and the pupil may need to be off site

10. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

11. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The details of the school's insurance policy are: [shown at Appendix 3](#)

We will ensure that we are a member of the Department for Education's risk protection arrangement (RPA).

12. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the headteacher in the first instance. If the headteacher cannot resolve the matter, they will direct parents to the school's complaints procedure.

13. Monitoring arrangements

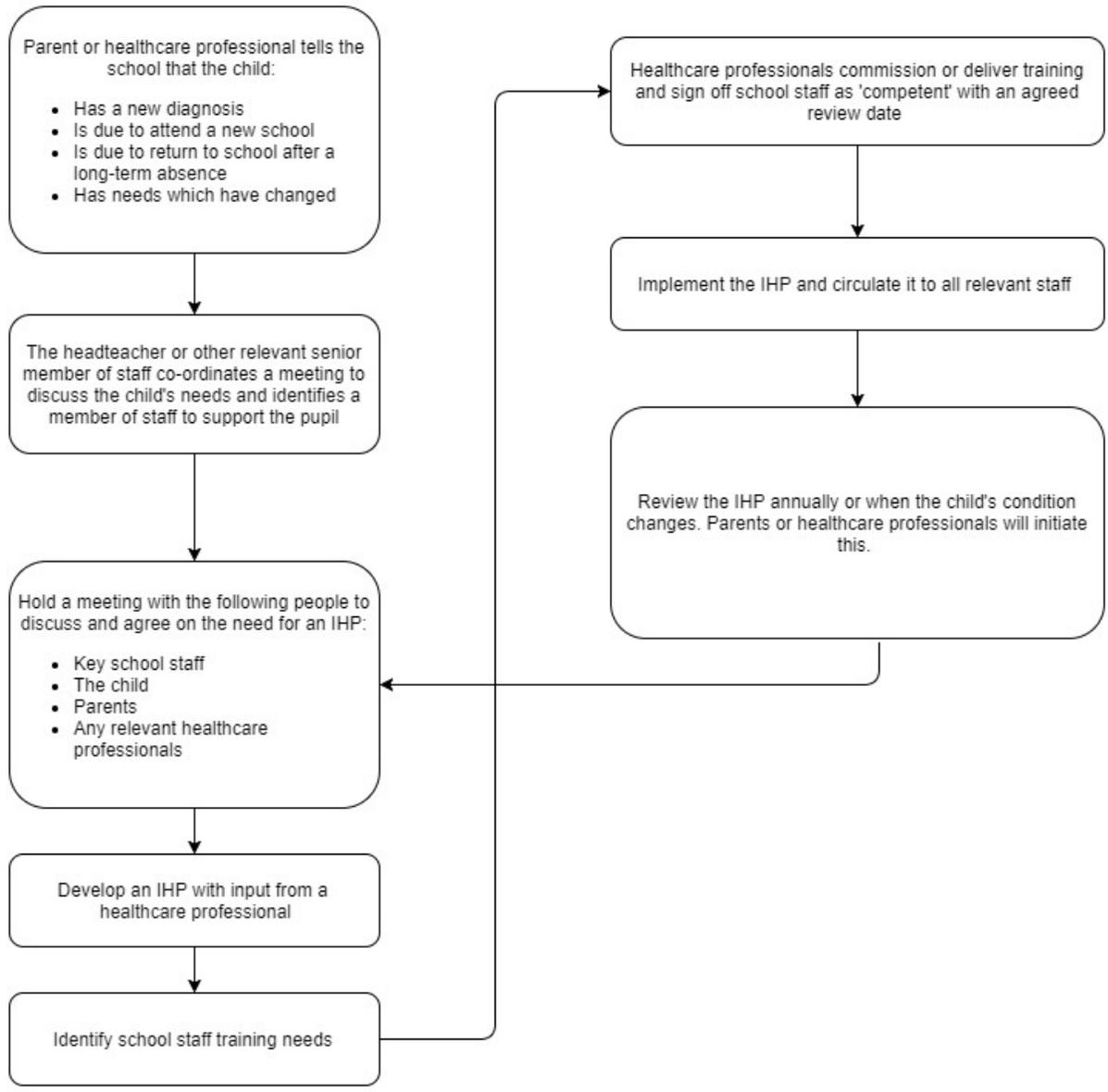
This policy will be reviewed and approved by the governing board every 3 years.

14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

Appendix 1: Being notified a child has a medical condition



Guidelines for class administration of medication

If a pupil is on multiple medications only ever have one medication out at a time, complete the whole procedure with one medication, put that medication away and then get the next medication out.

When administering medication, the following procedure should be followed:
2 people should –

- Check individual medication chart for name of student, name of medication, strength of medication, time to be given and dosage to be given.
- Check the medication for name of student, that the medication is in date and that the instructions match those on the medication chart.
- Count out / draw up the amount required. The second person MUST observe you doing this and check that this is the correct amount and correct medication.
- Administer the medication as per instructions. (If you are required to wear gloves please ensure that you have them on)
- If giving a liquid form and some of the medication is not swallowed you must not give any more to compensate – inform teacher and contact parent if required.
- If tablet falls on floor you must dispose of medication down the toilet/sink and record this on the individual medication chart with two signatures you can then re-administer new lot of medication.
- Both staff must then record medication given on the pupils individual medication chart.
- No medication should ever be administered if not in the original prescription packet/bottle, only emergency rescue meds already in pre filled syringes are to be given no other pre filled syringes are acceptable.

Administration of emergency recovery [medication for seizures](#):

- Start timing the seizure immediately.
- Where appropriate and on advice from school nurse video record the seizure using a school device, this can be used for medical purposes
- Follow the seizure care plan, this is to be checked c/o the class staff team each term, if there is a need to amend the document they must report it to the school nurse and the department head and Kirsty Glanfield immediately
- You MUST ring reception to inform SLT/MLT ASAP.
- Parents/carers should be informed. (also to enquire if any recovery meds has already been administered in the last 24 hours)
- A member of SLT/MLT **must** be present when giving recovery meds. The only exception to this when a pupil is off school site on a school trip
- Record amount of medication given and how much medication left.
- If required request more medication from parents/carers. There should be two doses of medication in school.

Complete a record of emergency medication for seizure management. See appendix

THREE WAYS SCHOOL

Administration of Medication

Guidance in agreement with LA and Staff Associations / Trade Unions

Medical Techniques

To be carried out by a Doctor, Nurse or other qualified practitioner only:-

Injections

Setting up of new oxygen cylinders

Cutting of severely overgrown toenails

Cutting nails of diabetics

Routine insertion of suppositories

Routine Rectal infusion

Enemas

Operating home dialysis machinery

Changing complex dressings covering major conditions/wounds.

May be carried out, but only by an employee, who has received appropriate training or instruction:-

Techniques

Inserting or removing catheters

Setting up and/or fitting inhalers and nebulisers

Routine tracheotomy tube cleaning

Cutting of toenails of non-diabetic with no overgrowth

Washing out urinary catheters

Changing urinary bags

Changing colostomy bags

Cleaning out eye sockets

Replacement of oxygen cylinders not involving any changes to the current set up

Applying oxygen by giving face mask and turning cylinder on

Applying/changing simple dressings covering minor conditions/wounds only

Inspection of compliance aids and reminding service users as specified

Emergency Tracheotomy Tube suction

Medication

External application of prescribed ointments and skin patches

Application of ear, eye and nose drops

Physically assisting service users to take medication by mouth

Emergency administration of Buccal Medazolam according to the care plan

Emergency administration by rectal infusion of suppository, but only when following medical advice such as seizure plan/ dystonia plan and only administered by staff with appropriate training.

Emergency administration of prescribed adrenalin in the case of anaphylactic shock

Assistance with administration of inhalers and nebulisers

Procedures that can be carried out by other persons:-

Collecting prescriptions

Fetching and opening bottles, containers or press through tablet sheet to enable service users to self-administer.



Safe administration of medication

Name of member of staff:

Date:

Area of skills shown	Required skills and knowledge demonstrated	Yes/No
Is able to discuss and demonstrate the safe administration of medicines including:	<ul style="list-style-type: none"> • Understand why pupil is having that medication • Correct dose and method of administration • Checked correct dose, expiry, and name and strength • Safe storage of medication • Documented the medicines administration • Understands the importance of the second member of staffs involvement 	
Shows awareness of the importance of documentation	<ul style="list-style-type: none"> • Accurate and appropriate documentation • When to contact parent, school nurse, GP, or manager and or head of school 	
Aware of issues around privacy and dignity	<ul style="list-style-type: none"> • Shown awareness of pupils wishes and how they express them • Awareness shown of the environment and the pupils need to have privacy and dignity wherever possible. 	
Areas of concern. (If any concern this is to be shared with class teacher, and department manager)	Action:	

Signed.....

Signed.....

Appendix 2. medication policy



IF YOU ARE AT ALL UNSURE OF ADMINISTERING ANY MEDICATION YOU MUST INFORM SLT/SMT TO CLARIFY YOUR CONCERNS.

Administration of Medicines/Treatment in School

Name of Pupil:Date of Birth:Medical Conditions:

I hereby request that members of staff administer the following medicines prescribed for my child by his/her G.P / specialist as directed below, or in the case of an emergency as staff consider necessary. I also list all medication taken at home and short term medication e.g. paracetamol / antibiotics.

Name of medication (liquid / tablet)	Condition that medication is given for	Full directions for use and dose required inc times (spoon or syringe)	Known side effects	Medication given at home or school
<i>(Example) RITALIN tablet</i>	<i>ADHD</i>	<i>1 tablet to be taken each time 8am(at home) and 2pm (at school)</i>	<i>may cause drowsiness and dizziness</i>	<i>Both</i>

Please note:

1. Medication must be provided in the original container clearly marked with the child’s name of the medication, dosage and expiry date
2. It is your responsibility as the parent/carer to keep the school updated regarding this medication and provide replacement medication as required
3. Should your child be on short term medication please contact the school in writing in order for records to be kept up to date at all times

Any special Instructions / procedures to take in an emergency:

Signed:Parent/Carer

Date:.....



Department for Education

Confirmation of risk protection arrangement (RPA) membership

The Department for Education's risk protection arrangement (RPA) is a voluntary arrangement for academies, free schools and local authority maintained schools. It is an alternative to insurance through which the cost of risks that materialise will be covered by government funds.

The following academy trust or multi-academy trust is a member of the RPA.

NAME OF MEMBER ORGANISATION:	Three Ways School
MEMBERSHIP NO/URN:	140079
MEMBERSHIP PERIOD:	01 September 2020 to 31 August 2021
RPA MEMBERSHIP RULES:	Standard

(1)	EMPLOYER'S LIABILITY
Limit of Indemnity	Unlimited
(2)	THIRD PARTY PUBLIC LIABILITY
Limit of Indemnity	Unlimited
(3)	PROFESSIONAL INDEMNITY
Limit of Indemnity	Unlimited
(4)	PROPERTY DAMAGE
	Loss of or damage by any risk not excluded to any property owned by or the responsibility of the Member including property the responsibility of the Member due to a lease or hire agreement Cover
Limit	Reinstatement value of the property

NOTES:

1. Indemnity is subject to the RPA membership rules.
2. In accordance with the provisions of paragraph 1 of Schedule 2 of the Employers' Liability (Compulsory Insurance) Regulations 1998 (SI 1998/2573), the Secretary of State for Education hereby certifies that any claim established against the named member organisation above in respect of any liability to the employees of the kind mentioned in section 1(1) of the Employers' Liability (Compulsory Insurance) Act 1969 will, to any extent to which it is otherwise incapable of being satisfied by the aforementioned employer, be satisfied out of moneys provided by parliament.
3. A General Principles Clause is included.

Signed: 

Dated: 11 May 2016

Tony Foot
Director of the Funding and Analysis Directorate



Department
for Education

**Appendix to medication and supporting pupils with medical conditions policy:
September 2020 Covid 19**

In response to the full reopening of schools in September 2020, the following additions have been made to this policy. The following has been put in place to ensure the safety of our whole school community.

Three Ways School will continue to follow all up to date government guidance on signs and symptoms of Covid-19. These can include a new continuous cough, this means coughing a lot, for more than an hour or three or more coughing episodes in 24 hours. A loss or change to sense of smell or taste – this means pupil cannot smell or taste anything, or things taste or smell different to normal, a raised temperature (37.8degrees and above)

If a pupil is presenting with any of the symptoms and SLT/MLT or Aimee Jesson have observed over a 30 minute period then a parent/carer will be contacted c/o SLT/MLT or Aimee Jesson and required to collect pupil from school. The parent/carer will be advised to contact 111 or 119 and seek medical advice. Three Ways school staff will be working within the current school generic risk assessment at this time.

Testing

If parent/carer are advised by a medical professional to obtain a COVID 19 test for their child and are unable to access this Three Ways school do have a limited number on school site.

Parent/carer to contact SLT/MLT or Aimee Jesson to arrange collection of test kit, they maybe able to access a test from school stock if:

- Unable to get to a mobile test centre
- Would be unsafe to take their child to a mobile test centre
- No postal or mobile tests available

The parent/carer will complete the test at home, following all instructions within the test pack.

The Head Teacher or business manager will order and arrange delivery of new test kits to replenish school stocks.