

# Parkway Primary School

Supporting children with medical conditions policy



June 2022

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This policy describes the arrangements to provide support for children with medical conditions; it includes details on how the policy will be implemented effectively, including a named person who has overall responsibility for policy implementation. The policy covers the administration of medicines in school and the role of individual healthcare plans for those children who need them. It identifies who is responsible for the development of healthcare plans in supporting children at school with medical conditions. It describes the arrangements to actively support children with medical conditions for them to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. It requires that written records are kept of all medicines administered to children. It requires that staff are properly trained to provide the support that children need. The policy sets out what should happen in an emergency situation. It requires that the appropriate level of insurance is in place and appropriately reflects the level of risk, with risk assessment being carried out, when appropriate. It requires parents to provide the school with sufficient and up-to-date information about their child's medical needs. This will be prompted with an annual data check.

## **1. Aims**

This policy aims to ensure that:

- children, staff and parents understand how our school will support children with medical conditions
- children with medical conditions are properly supported to allow them to access the same education as other children, including school trips and sporting activities
- assist parents in providing medical care for their children;
- educate staff and children in respect of special medical needs;
- arrange training for volunteer staff to support individual child's;
- liaise as necessary with medical services in support of the individual child;
- ensure access to full education if possible, so that all children with medical conditions are able to participate in all aspects of school life
- monitor and keep appropriate records.

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

Local Authorities and schools have a responsibility for the health and safety of children in their care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of children with special medical needs, the responsibility of the employer is to make sure that safety measures cover the needs of all children at the school. This may mean making special arrangements for particular children who may be more at risk than their classmates. Individual procedures may be required. The employer is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support these children may need.

The Children and Families Act 2014, from September 2014, places a duty on schools to plan for children with medical conditions. Children with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. Teachers and other school staff in charge of children have a common law duty and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine.

The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information. The school takes advice and guidance from the medical profession which encourages self-administration of medication when possible.

### Entitlement

Parkway ensure that children with medical needs should be assisted wherever possible and that they have a right to the full education available to other children. We believe that children with medical needs should be enabled to have full attendance and receive necessary proper care and support whilst at school. We believe that all employees have rights in relation to supporting children with medical needs as follows:

- choose whether or not they are prepared to be involved;
  - receive appropriate training;
  - work to clear guidelines;
  - have concerns about legal liability;
  - bring to the attention of management any concern or matter relating to supporting children with medical needs.
  - the school will liaise with the School Health Service for advice about a child's special medical needs, and will seek support from the relevant practitioners where necessary and in the interests of the child.
  - Parkway primary cannot be held responsible for side effects that occur when medication is taken correctly.
  - any medicines brought into school by the staff e.g. headache tablets; inhalers for personal use will be kept securely in appropriate storage and kept out of the reach of the child. Staff medicine is the responsibility of all staff concerned and not the school. The Appointed person is responsible for ensuring that whenever the school is notified that a child has a medical condition:
    - sufficient staff are suitably trained
    - all staff are made aware of a child's condition
    - cover arrangements in case of staff absence/turnover is always available
    - supply teachers are briefed
    - risk assessments for visits and activities out of the normal timetable are carried out
    - individual healthcare plans are monitored regularly and reviewed annually or earlier if evidence is presented that the child's needs have changed. The plan should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimizes disruption.
    - left justify arrangements between schools are carried out
      - if a child's needs change, the above measures are adjusted accordingly Individual Health Care Plans (IHCPs)
- There is a need for proper documentation at all stages when considering the issue of support for children with medical needs in school. The following information should be considered when writing an individual healthcare plan:
- the medical condition, its triggers, signs, symptoms, and treatments
  - the child's resulting needs, including medication and other treatments, times, facilities, equipment, testing, dietary requirements, and environmental issues
  - specific support for the child's educational, social and emotional needs
  - the level of support needed including in emergencies
  - who will provide support, their training needs, expectation of their role, confirmation of their proficiency and cover arrangements
  - who in school needs to be aware of the child's condition and the support required

- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate
- confidentiality
- what to do if a child refuses to take medicine or carry out a necessary procedure
- what to do in an emergency, who to contact and contingency arrangements
- where a child has SEND but does not have an Education, Health and Care plan, their special educational needs should be mentioned in their individual healthcare plan

### **3. Roles and responsibilities**

#### **3.1 The Governing board**

The Governing board will implement this policy by:

- making sure sufficient staff are suitably trained
- making staff aware of a child's condition, where appropriate
- making sure there are cover arrangements to ensure someone is always available to support children with medical conditions
- providing supply teachers with appropriate information about the policy and relevant children
- developing and monitoring individual healthcare plans (IHPs)

The named member of school staff responsible for these medical conditions policy and its implementation is:

**NAME: Julie Noakes**

**ROLE: Appointed Person**

#### **3.2 The Head teacher and SLT**

The Head teacher and SLT 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 children in this way
- ensure contact of the school nursing service in the case of any child 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 children 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 children with medical conditions. This includes the administration of medicines.

If a member of staff is required to take on responsibility to support children 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 children with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a child 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 Children**

Children with medical conditions will often be best placed to provide information about how their condition affects them. Children 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 child has been identified as having a medical condition that will require support in school. This will be before the child starts school, wherever possible.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any children identified as having a medical condition.

## **4. Equal opportunities**

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

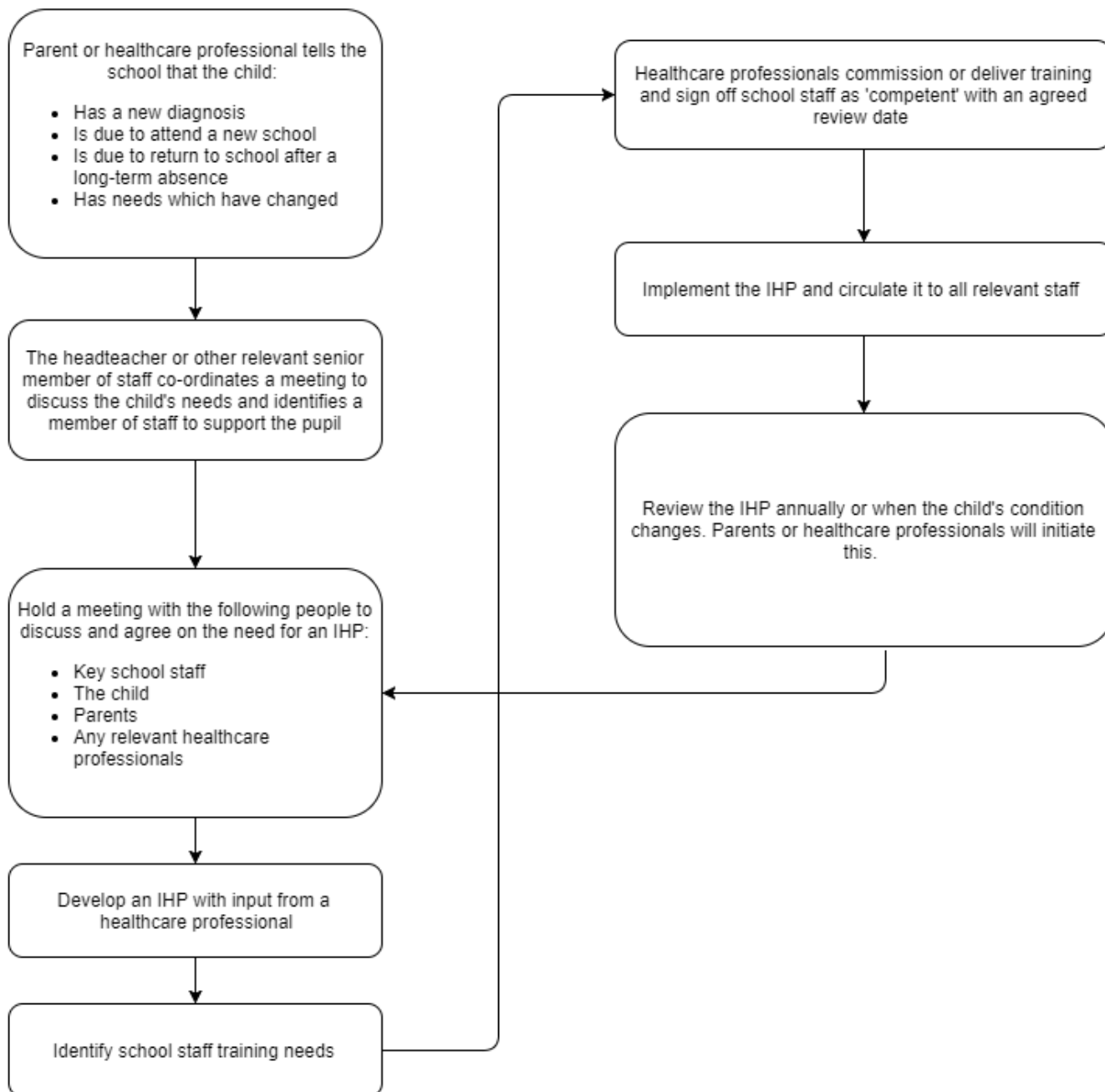
The school will consider what reasonable adjustments need to be made to enable these children to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that children with medical conditions are included. In doing so, children, 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 child has a medical condition, the process outlined below will be followed to decide whether the child 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 children who are new to our school.



## **6. Individual healthcare plans**

The Head teacher has overall responsibility for the development of IHPs for children with medical conditions. This has been delegated to Mrs L Cross, SENCo/Inclusion Manager.

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

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

- what needs to be done
- when
- by whom

Not all children 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 Head teacher 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 child's specific needs. The child 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 child 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 Governing Board Head Teacher, will consider the following when deciding what information to record on IHPs:

- the medical condition, its triggers, signs, symptoms and treatments
- the child'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 child'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 child 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 child's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- who in the school needs to be aware of the child's condition and the support required
- arrangements for written permission from parents and the head teacher for medication to be administered by a member of staff, or self-administered by the child 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 child can participate, e.g. risk assessments
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition
- what to do in an emergency, including who to contact, and contingency arrangements

## **7. Managing medicines**

The Head Teacher and staff will always treat medical information confidentially. The Head Teacher or a member of SLT will agree with the parent who else should have access to records and other information about a child. If information is withheld from staff they will not generally be held responsible if they act incorrectly in giving medical assistance, but otherwise in good faith.

Should a parent insist in complete confidentiality then the school will not agree to administer medication of any kind and the responsibility for administering the medication will be the parents.

### **7.1 Administering Medicines**

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

- when it would be detrimental to the child'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 child without the knowledge of the parents.**

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

Anyone giving a child any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

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. Children 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 children and not locked away.

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

### **Storage**

Parents will be responsible for obtaining their child's medicine and ensuring these are up to date. Medication must not be brought into school by the child. The parent must hand all medication to a member of the office staff. Medicines must be in date, in the original container in which dispensed with the dispensing pharmacy label attached and the prescriber's instructions for administration. Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. Staff should never accept medicines that have been taken out of the container nor make changes to dosages on parental instruction. The exception to this is insulin which may be provided in an insulin pen or pump, rather than its original container, but must be in-date and delivered as prescribed.

Parents must complete an authorisation form, prior to any medication being administered by school staff. Parents must clearly state the name of the medication to be administered, the dosage, the time it is to be given and the procedure for administering the medication. The form must be signed and dated.

Large volumes of medication should not be stored (no more than one half term's supply should be kept in school at a time. Please refer to Controlled Drugs guidance) Prescribed medication kept at the school should be kept in the medical room to be readily accessible when required. Children should know where their medicines are stored, who is administering it to them and be able to access them immediately.

All emergency medicines, such as asthma inhalers and adrenaline pens, will be readily available - in the classroom - to children and will not be locked away. Inhalers should always be available during physical education, sports activities and educational visits.

The adrenaline pen (used for children with acute or severe allergic reactions to certain food or substances) should be in a named container with a large red cross on the box and instructions clearly written inside the box. All staff should be made aware of where this box is kept in the medical room.

All other medication will be kept in a locked cupboard or locked refrigerator in the medical room. Under no circumstances should medicines be kept in first-aid boxes

## **Disposal**

Staff will not dispose of medicines. Parents are responsible for ensuring that date expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each half term.

## **Record Keeping**

A record will be kept of all the drugs and medicines administered at school.

Parents must complete an authorisation form prior to any medication being administered by school staff. Parents must clearly state the name of the medication to be administered, the dosage, the time it is to be given and the procedure for administering the medication. The form must be signed and dated.

Upon receipt of medication, staff administering medication must check the following and complete an 'initial administering medication check' form:

- name of child
- name of medicine
- dosage
- written instructions provided by prescriber
- expiry date
- number/amount of medication provided

Staff administering medication must record this on CPOMs after every dose of medication is given. The member of staff administering the medication must be the person who completes the CPOMs entry and record time and date of administration.

A CPOMs record must be made even if the child refuses to take the medication. The child should not be forced to take the medication. Parents should be notified immediately if a child refuses medication. Emergency services should be contacted if necessary.

## **7.2 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. Controlled drugs, such as Ritalin, Rectal Diazepam, Midazolam, are controlled by the Misuse of Drugs Act. Therefore it is imperative that controlled drugs are strictly managed between the school and parents.

A child who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another child to use. All other controlled drugs are kept in a secure cupboard in the medical room and only named staff have access. Each time the drug is administered it must be recorded, including if the child refused to take it.

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

The Head Teacher must be informed if controlled drugs are being stored on school premises.

No more than a week's supply of controlled drugs should be kept in school at any one time and the amount of medication handed over to the school should always be recorded. See Administering Medicines Procedures.

The person administering the drug will receive appropriate training from the school nurse or an alternative appropriate health professional, prior to administering any medicines, if necessary.

The person administering the controlled drug should monitor that the drug has been taken. Passing a controlled drug to another child is an offence under the Misuse of Drugs Act.

As with all medicines any unused medication should be recorded as being returned back to the parent when no longer required. If this is not possible it should be returned to the dispensing pharmacist. It should not be thrown away.

### **Non-Prescription Medication**

Non-prescription medication **is not to be** administered by staff. This includes paracetamol and homeopathic medicines.

If a child suffers regularly from acute pain, such as migraine, the parents should authorise and supply appropriate prescribed painkillers for their child's use, with written instructions from the prescriber about when the child should take the medication. A member of staff should notify the parents that their child has requested medication and supervise the child taking the medication if the parents have agreed to it being taken. An 'individual child administering medicines record' must be completed after every dose of medication is given. This record must be signed, dated and a time recorded.

### **7.3 Administering medicines on school trips**

Arrangements will be made to support children with medical conditions participating in school trips. Teachers will allow for flexibility in their plan for the trip so as to allow children with medical conditions to participate according to their own abilities. We will make arrangements for the inclusion of children on school trips and activities unless evidence from a medical professional states that this is not possible.

All staff supervising visits should be aware of any medical needs and relevant emergency procedures. Where necessary individual risk assessments should be conducted.

It may be necessary for an additional teacher, parent or another volunteer to accompany a particular child on a 1:1 basis.

It should be ensured that a member of staff who is trained to administer any specific medication (e.g. epi-pens) accompanies the child and that the appropriate medication is taken on the visit.

Medicines should be kept in their original containers (an envelope is acceptable for a single dose - provided this is very clearly labelled)

### **When accompanying children on residential trips**

When accompanying children on residential trips, all medicines must be stored in a locked, secure container.

Staff responsible for administering medicines on residential trips must meet with parents prior to the trip to ensure an authorisation form is completed. Any necessary training will be given by the school nurse or alternative health professional prior to the trip. The 'individual child administering medicines record' must be completed.

If in doubt staff should speak to a member of the Senior Leadership Team before administering any medicines. Please refer to EVC policy.

### **7.4 Children managing their own needs**

Children 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.

Children will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a child 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.

We have asthma inhalers in school that will be available to children who have been diagnosed with asthma and who usually have an inhaler in school.

Emergency inhalers must only be used if a child's own inhaler is lost, broken or expired.

Parents or Carers of children must sign a consent form to say they are happy for an emergency inhaler to be used if their child's own inhaler is not available/able to be used.

All children using an emergency inhaler must use a spacer for hygiene purposes. 7.5 Parents/Carers of children using an emergency inhaler must be informed immediately and a new inhaler provided as soon as possible.

Staff administering the emergency inhaler must log this in an individual child administering medicines record'

### **7.5 Unacceptable practice**

School staff should use their discretion and judge each case individually with reference to the child's IHP, but it is generally not acceptable 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
- 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 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 children from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- 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 their child
- administer, or ask children to administer, medicine in school toilets

### **8. Emergency procedures**

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

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

Trained first aiders are responsible for carrying out emergency procedures in the event of a need. Staff will follow the procedure as laid down in the school's Health and Safety Policy. All staff should know how to call the emergency services.

If an emergency occurs and a child needs to be transported to hospital then, in the absence of the parent, a member of staff must accompany the child in the ambulance and stay until the parent arrives. Staff should never take children to hospital in their own car; it is safer to call an ambulance. Healthcare professionals are responsible for any decisions on medical treatment when parents are not available.

The individual Health Care Plan should include instructions on how to manage a child in an emergency, and identify who has the responsibility in an emergency.

## **9. Training**

Staff who are responsible for supporting children 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 children 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 head teacher. 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 children
- 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.

Training must not be provided by parents, carers or any other non-medical professional. The school will ensure that there are sufficient members of staff who are appropriately trained to manage such medicines as part of their duties.

The Head Teacher will satisfy themselves that the training provided has given staff sufficient understanding, confidence and expertise and that arrangements are in place to up-date training (including refresher training) on a regular basis. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

The deputy head teacher, through the office manager, will maintain a register of staff members who are trained to administer 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. Hygiene and Infection Control**

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff will have access to protective disposable gloves and should take care when dealing with spillages of blood or other

body fluids and disposing of dressings or equipment. All staff will be familiar with the Health Protection Agency guidelines for responding to children who are ill or infectious.

## **11. Record keeping**

The Governing Board will ensure that written records are kept of all medicine administered to children. Parents will be informed if their child has been unwell at school.

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

## **12. 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:

The school is covered to administer prescription medication as per the advice of the GP, as above. With non-prescription drugs the insurance company recommend that this is only administered when requested in writing from parents and recorded in line with school policy, see above.

## **13. Complaints**

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

## **14. Monitoring arrangements**

This policy will be reviewed and approved by the Governing Board every two years.

## **15. Links to other policies**

This policy links to the following policies:

- accessibility plan
- complaints
- equality information and objectives
- health and safety
- child Protection and Safeguarding
- special educational needs information report and policy

## **16. Review & Implementation Dates**

The governing body will regularly review this policy and associated procedures, to ensure its continuing appropriateness and effectiveness. The review will take place in consultation with the Head Teacher, staff and parents.

The outcome of the review will be communicated to all those involved, as appropriate.

Revision of the above Policy was completed by:

Donna Tume

July 2022

After consultation and agreement by Parkway Staff, this Policy was adopted by the School Governing Body and therefore implemented by the school.

Next Review Date:

July 2024

Signature of Chair of Governors .....

Signature of Head Teacher .....