



Hamsey Green Primary School and Acorns Nursery

Managing Medical Needs and the Administration of Medicines Policy

Reviewed by: Nikki Mace

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Date of next review: September 2024

Our Aims

At Hamsey Green Primary School and Acorns Nursery, we believe that inclusion and equal opportunities for pupils with medical needs are an entitlement and we believe that as a school we have the responsibility to create the conditions for children to access their education and services provided. As a staff and governing body we will give regard to the required curriculum adjustments, necessary environmental aspects and desirable social support to minimise barriers for these most vulnerable members of our school community. We intend to foster a community which accepts others as they are and values the diversity of life.

This policy is written to compliment and expand upon the DCSF document “Managing Medicines in Schools and Early Years Settings” and guidance provided by Surrey County Council.

Hamsey Green Primary School and Acorns Nursery follow RIDDOR (Reporting Injuries and Dangerous Occurrences) guidelines for reporting accidents and incidents. Behavioural incidents between children and Child Protection matters are NOT regarded as incidents and there are separate procedures for this.

It should be noted that children recovering from a short term illness/infection who are clearly unwell should not be in school and the Headteacher can request that parents/carers keep the pupil at home if necessary. We follow the Health Protection Agency guidelines when determining the period of absence for children with infectious diseases such as separate Risk Assessments/procedures for Covid-19.

Managing Medical Needs

Children with Medical Needs

Children with medical needs have the same rights of admission to school as other children. Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children, however, have longer term medical needs and may require medicines on a long-term basis to keep them well, for example children with well-controlled epilepsy or cystic fibrosis. Others may require medicines in particular circumstances, such as children with severe allergies who may need an adrenaline injection. Children with severe asthma may have a need for daily inhalers and additional doses during an attack. Most children with medical needs are able to attend school regularly and can take part in normal activities, sometimes with some support. However, we recognise that staff may need to take extra care in supervising some activities to make sure that these children, and others, are not put at risk. An

individual health care plan can be used to help staff identify the necessary safety measures to support children with medical needs and ensure that they and others are not put at risk.

All staff who have contact with these children will sign the Health Care Plan to say they have read it.

Access to Education and Associated Services

Some children with medical needs are protected from discrimination under the Disability Discrimination Act (DDA) 1995. The DDA defines a person as having a disability if he has a physical or mental impairment which has a substantial and long-term adverse effect on his abilities to carry out normal day to day activities. Under Part 4 of the DDA, responsible bodies for schools must not discriminate against disabled pupils in relation to their access to education and associated services – a broad term that covers all aspects of school life including school trips and school clubs and activities. We recognise and believe it right that we should be making reasonable adjustments for disabled children including those with medical needs at different levels of school life.

The governing body understands its duty to plan strategically to increase access, over time, to our school.

Support for Children with Medical Needs

Parents and those with Parental Responsibility have the prime responsibility for their child's health and should provide schools and settings with information about their child's medical condition. Parents, and the child if appropriate, should obtain details from their child's General Practitioner (GP) or paediatrician, if needed. The school doctor or nurse or a health visitor and specialist voluntary bodies may also be able to provide additional background information for staff. We recognise that the issue of managing administration of medicines and supporting children with more complex health needs must be planned as it will greatly assist the smooth integration of children into the life of the school or setting.

Long Term Medical Needs

It is important that we have sufficient information about the medical condition of any child with long-term medical needs. If a child's medical needs are inadequately supported this may

have a significant impact on a child's experiences and the way they function in or out of school or a setting. The impact may be direct in that the condition may affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning leading to poor concentration or difficulties in remembering. The impact could also be indirect; perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family. We need to know about any particular needs before a child is admitted, or when a child first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary.

We ask for information on the admissions form but for some children it is often helpful to develop a written health care plan for such children, involving the parents and relevant health professionals.

Procedures for managing prescription medicines on school trips, outings and offsite activities

We encourage all children to participate in all areas of the curriculum and this includes children with medical needs participating in safely managed visits. The administration of medicines on trips etc. follows the same procedures as administration of medicines in school. Where necessary we consider what reasonable adjustments might be made to enable children with medical needs to participate fully and safely on visits. Sometimes additional safety measures may need to be taken for outside visits. It may be that an additional teaching assistant, a parent or another volunteer might be needed to accompany a particular child. Arrangements for taking any necessary medicines will also need to be taken into consideration. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency. A parent of a child may be invited to accompany him or her on all school trips according to the Educational Visit Risk Assessment

Staff supervising each group carries the medication for the younger children on educational visits off site. Depending on the medication, older children are encouraged to manage their own for example their inhalers. Risk assessments are detailed with medical information necessary for some children so that adults are aware of relevant medical conditions and/or any preventative medicine that may need to be taken and emergency procedures.

Staff Responsibilities on the school trips, outings and offsite activities

Before administering medicines, staff will

- Check the child's name

- The prescribed dose
- The expiry date
- Written instruction by the prescriber on the label or container.
- Ensure this information is also detailed on the Risk Assessment and that it is shared with all members of staff. Volunteers should be given a redacted version of the Risk Assessment, which does not divulge individual pupil's medical conditions. This is in-line with guidance around GDPR.
- Only employees/members of staff are responsible for the administration of medicines.

If there is any doubt then staff will not administer the medicines and check with the parent/carer. Each time medicine is administered it will be recorded on the pupil's medicine record.

If the pupil refuses medication then they will not be forced to take it – this will be recorded on the pupil's medicine record and the parent/carer contacted.

Members of staff administering medicines will receive appropriate training and guidance.

Sporting Activities

Most children with medical conditions can participate in physical activities and extra-curricular sport. We are flexible in our approach allowing for all children to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a child's ability to participate in PE should be recorded in their individual health care plan and all adults should be aware of issues of privacy and dignity for children with particular needs.

Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

Parents are reminded that if the child is attending events outside of the school day, such as a competition that they are attending with their child or a school fair, then they are also responsible for ensuring their child has the correct medication e.g. inhalers.

Roles and Responsibilities

Child safety is paramount and so it is vital that roles and responsibilities are clearly defined.

Parents and Carers

Parents, as defined in section 576 of the Education Act 1996, include any person who is not a parent of a child but has parental responsibility for or care of a child. In this context, the phrase 'care of the child' includes any person who is involved in the full-time care of a child on a settled basis, such as a foster parent, but excludes baby sitters, child minders, nannies and school staff.

It only requires one parent to agree to or request that medicines are administered. As a matter of practicality, it is likely that this will be the parent with whom we have day-to-day contact. Where parents disagree over medical support, the disagreement must be resolved by the Courts. The school or setting should continue to administer the medicine in line with the consent given and in accordance with the prescriber's instructions, unless and until a Court decides otherwise.

Parents are given the opportunity to provide the head teacher with sufficient information about their child's medical needs, treatment or special care needed via the application form and open-door policy. Where a health plan is deemed necessary parents and head teacher should reach agreement on the school's role in supporting their child's medical needs, in accordance with county policy. In accordance with information sharing protocols parental agreement should be sought before passing on information about a child's health to staff. It is recognised however that sharing information is important if staff and parents are to ensure the best care for a child.

Some parents may have difficulty understanding or supporting their child's medical condition themselves. Local health services can often provide additional assistance in these circumstances.

The Governing Body

The governing body is responsible for ensuring that there is a policy and that it is reviewed as appropriate.

The Head Teacher

The Head Teacher is responsible for putting **Surrey policy** into practice and for developing detailed procedures. Day to day decisions will fall to the Head Teacher or in her absence a member of the SLT/SENco or the child's class teacher. Policy must be made clear to staff and parents. The Head Teacher should ensure that staff receive appropriate training.

For a child with medical needs, the Head will need to agree with the parents exactly what support can be provided. Where parents' expectations appear unreasonable, the head teacher will seek advice from the school nurse or doctor, the child's GP or other medical advisers and, if appropriate, Surrey local authority.

Teachers and Other Staff

Some staff may be naturally concerned for the health and safety of a child with a medical condition, particularly if it is potentially life threatening. Staff with children with medical needs in their class, setting or group will be informed about the nature of the condition, and when and where the children may need extra attention. The child's parents and health professionals should provide this information to the school.

All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs.

In schools with Early Years Foundation Stage provision, at least 1 person who has a current paediatric first aid (PFA) certificate must be on the premises at all times. All our Nursery and EYFS staff undertake paediatric first aid training.

During coronavirus: school will use our 'best endeavours' to ensure 1 person with a full PFA certificate is on site when children aged 2 to 5 are present. If after taking all possible steps in our power we are still unable to secure a staff member with a full PFA certificate, we will carry out a written risk assessment and ensure someone with a current first aid at work or emergency PFA certification at each setting at all times when these children are.

All schools should adapt this section to reflect their circumstances, in line with their assessment of first aid needs.

During coronavirus: employers should discuss their updated risk assessment with first aiders and appointed persons for their input and so they are confident about providing the right assistance.

Administration of Medicines

Medicines in School

There is an increasing number of children attending schools and nurseries with medical conditions. Many children will also need to take medicines during the day at some time during their time in school. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion. To allow children to do this will minimise the time that they need to be absent.

There is no legal duty that requires school or setting staff to administer medicines however, schools acting in loco parentis, have a duty to take reasonable care of children which includes the possibility of having to administer medicines and/or prescribed drugs and the governing body expects school staff to work within the ethos of this policy and so it is likely that staff will administer or dispense medicines. The school will make every effort to safeguard the health and safety of those pupils who may be more at risk than their peers due to existing medical conditions.

As such, Surrey County Council fully indemnifies all of its staff against claims for alleged negligence providing that they are acting within the remit of their employment. As the administration of medicines is considered to be an act of “taking reasonable care” of the child, staff can be reassured that in the event that a claim for alleged negligence being successful Surrey County Council and not the employee would meet the cost of damages.

Dealing with Medicines Safely

All medicines may be harmful to anyone for whom they are not appropriate. As a school that agrees to administer medicines we must ensure that the risks to the health of others are properly controlled. This duty is set out in the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

Storing Medicines

We do not store large volumes of medicines. We only store, supervise and administer medicine that has been prescribed for an individual child. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. 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. This should be easy if medicines are only accepted in the original container as dispensed by a pharmacist in accordance with the prescriber's instructions.

Where a child needs two or more prescribed medicines, each should be in a separate container. Non-healthcare staff should never transfer medicines from their original containers.

Medicines are kept in the office, unless refrigeration is required, and all emergency medicines, such as asthma inhalers and adrenaline pens, are readily available to children and not locked away.

Access to Medicines

Children need to have immediate access to their medicines when required. All school staff know where the medicines are kept and are made aware of children with medical needs via photographs in the school office and class room.

Disposal of Medicines

Staff should 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 school year. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal.

Prescribed Medicines

Medicines should only be sent into school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day. We will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration and dosage. We will never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

Parents/Carers are encouraged to give doses outside the school day if possible e.g. 3 times per day could be taken in the morning, after school and before bedtime.

School procedure for the administration of medicines requires parent/carer to complete a 'Pupil medication' request form which will be stored in the Medicines file in the School office.

Each time medicine is administered the member of staff concerned will ensure that a complete entry is made on the pupil's medicine record to include date, time, dosage and signature.

Parents with children who are asthmatic and have inhalers which need to be kept in school are asked to complete a "School Healthcare Plan". – see asthma policy

Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as medicine for use by children, e.g. methylphenidate. A child who has been prescribed a controlled drug may legally have it in their possession. It is permissible for schools and settings to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed. In the unlikely event that a child in our care has been prescribed controlled drugs and needs to take them during the school day they will be kept in a locked non-portable container and only named staff will have access. A record should be kept for audit and safety purposes.

Non-Prescription Medicines

County policy is that schools cannot be expected to take responsibility for any non-prescribed medicines that parents may wish to send into school to help with minor ailments. However, we are aware that some parents follow pharmacist advice and may make a request for a nonprescribed medicine to be administered, for example, "Piriton" for hay fever and "Calpol" for a toothache. Staff should never give a non-prescribed medicine to a child unless there is specific prior written permission from the parents and in addition, the Head Teacher must agree to administer a non-prescribed medicine. (A child under 16 should never be given aspirin-containing medicine unless prescribed by a doctor.)

Refusing Medicines

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. The procedures may either be set out in the policy or in an individual child's health care plan. Parents should be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the school or setting's emergency procedures should be followed.

The staff at Hamsey Green primary School are prepared to administer medicines if parents/carers:

- Follow guidelines in this policy
- Complete a 'Pupil medication request' form

Day to Day Procedures

All medicines should be bought into school by the parent, or other responsible adult and handed to a member of the office staff, or in their absence the head teacher or class teacher. Medicines will be stored in the school office, or where appropriate the fridge and must be accompanied by a medication request.

In all cases, a record will be kept of the date, child's name, medicine, dosage, time and name of person administering the medication. This record book is kept in the school office. In all cases, a record will be kept of the date, child's name, medicine, dosage, time and name of person administering the medication. This record book is kept in the school office.

Standard Procedures for the Administration of Medicines

The following standard practice should be followed by staff when administering medicines:-

- Check the written instructions received by the school and confirm with details on the medicine container, paying particular notice to dosage information.
- Check the child's name on the medicine
- Check the prescribed dosage
- Check the expiry date of the medicine
- Check timing/frequency details
- Check record book(to avoid double dosage)
- Measure out the prescribed dose
- Give the medicine
- Complete the record book with name of medicine

1. Administration of medicines in school will usually be by school staff. Rarely children may self-administer. Medicines are encouraged to be given outside of school hours, such as before school, after and bedtime although we understand this is not always possible. In this instance, parents may visit school to give their children medication.
2. Medicines are only accepted by office staff and they must be brought in by the parent/carer, not via the pupil.
3. In all cases parents/carers must complete a medication request and a record is kept, detailing the child's name, class, medicine and dose given and time(s) of day at which it should be taken together with any special conditions for storage of the medicine (e.g. kept in the fridge).
4. Medicines will be kept in a secure central position in the school office.

Children should never be given medicine to keep on their person – all medicines to be handed in to the office. **** An exception to this rule is made for medicines provided for emergency treatment e.g. asthma relievers.** School cannot accept any medicine that has been taken out of the container as originally dispensed or make changes to dosages on parental/carer instructions

5. At the **parent/carer's** request, over the counter remedies may be administered by staff – this may include paracetamol/ibuprofen for children and other symptom relieving remedies e.g. throat lozenges which may be administered in cases of pupils experiencing severe pain but not less than 4 hours before the time they first came into school. **Permission from parents should always be sought via telephone prior to administering – permission may be given by paramedics in the instance that the emergency services have been called.**

Pupils are not allowed to bring over the counter remedies into school at any time – including cough sweets, nasal inhalers etc.

6. It is the responsibility of the parent to ensure that medicines are collected at the end of the day or school year, whichever is most appropriate. Medicines should not be given to children but collected from the school office and handed directly to the parent/carer.
7. It is expected that parents of children who require medication on a long term basis will secure supplies from their GP to enable sufficient to be stored in school. It is the parents' responsibility to ensure that medicines do not exceed their best before date.

Emergency Assistance

When a child becomes unwell at school or is injured in an accident (other than minor cuts or bruises) the parent or other nominated contact will be contacted and an arrangement made for the child to be collected as soon as possible. It will then be the responsibility of the parent to accompany the child to their GP surgery or hospital accident and emergency department, as appropriate.

In cases where professional medical care should be sought immediately e.g. suspected fractures, eye injuries, serious head injuries, acute illness or other serious medical conditions that will not respond to first aid treatment an ambulance should be summoned by dialling 999. Meanwhile the parents will be contacted.

Where a child has to be transported to hospital and it has not been possible for a parent to accompany them, a member of staff will attend with the child and remain at the hospital with them until the parent arrives. The staff member cannot give consent for any medical treatment as he/she does not have parental responsibility for the child. However, consent is not generally required for any lifesaving emergency treatment and in the absence of the parents to give their consent for any other non-life threatening (but nevertheless urgent) medical treatment, the medical staff will carry out any procedures deemed appropriate.

Staff Training

Initial training and regular updating must be given to staff who may administer medication for asthma, diabetes, epilepsy, anaphylaxis or any other needs. The Head Teacher will ensure that this is arranged via the School Health Service. A record will be kept of the following: trainers, subject, those trained, date trained and date of expected update training.

We have staff who have First Aid Training and some members of staff who have paediatric First Aid Training who work in Early Years. All first aid and safeguarding training is regularly updated – details are kept by the HR department.

Reporting Procedures and First Aid

The school's arrangements for carrying out the policy include nine key principles.

- Places a duty on the Governing body to approve, implement and review the policy.
- Place individual duties on all employees.
- To report, record and where appropriate investigate all accidents.
- Records all occasions when first aid is administered to employees, pupils and visitors.
- Provide equipment and materials to carry out first aid treatment.
- Make arrangements to provide training to employees, maintain a record of that training and review annually.
- Establish a procedure for managing accidents in school which require First Aid treatment.
- Provide information to employees on the arrangements for First Aid.
- Undertake a risk assessment of the first aid requirements of the school

The school will report any incidents on the pink, red forms which go back to the parent and then white forms **in the accident book.**

Arrangement for First Aid Materials, equipment and facilities

It is every supervising adult's responsibility to provide First Aid in case of a minor accident. Should an adult not have FA training, they then can request help/ second opinion from a qualified First Aider. In case of a major accident or a head injury a qualified First Aider should be asked to assist in giving First Aid.

A list of all qualified first aiders is displayed around the school and where medicines for those children are stored locally for speed of access.

The office ensure that First Aid materials are regularly checked and that the stations are fully stocked.

Each class have their own trip first aid bum-bag in classes for use during playtimes and during class time/PE sessions etc. It is the responsibility of the adults of that class to notify the appointed person if stocks in the trip bag are running low.

Responsibility to regularly check Big First Aid Big Bags located in the classroom and Nursery lies with staff working in the nursery/office. If First Aid bags need replenishing the Office should be immediately notified and extra supplies should be requested.

Acorns Nursery: first aid bags are taken out when the children are accessing the outside setting. Main doors are open and first aid can also be accessed in the main setting.

Primary First Aid station can be found on the playground. When children have access to the field, first aid is set up in the pavilion. We also have a first aid work area in school office, a first aid room for lunchtime use as well as a number of first aid bags which are situated around the Primary site. Each class has their own first aid kit for use in the class setting, during PE or outdoor sessions. The Nest (Early years/Year 1) also have their own first aid workstation.

A grab bags for Acorns and the Primary are stored for quick access. Pupils with care plans have a grab bag also. An asthma kit is accessible on both settings for quick access.

The contents of our first aid stations as well as our first aid trip bags are kept stocked and are regularly checked to ensure all items are in date.

Our accident forms are stored in a file, which is accessible to all staff at all times. All staff know how to complete these forms and record any injuries. The forms detail the

- The child's FULL name
- Date and time of accident
- Details of accident
- First aid procedure given
- **Red injury** forms are completed for parents/carers for any head bumps. Red wrist bands are placed on the pupil.
- **Pink injury** forms are completed for any other injuries for parents/carers

HEAD INJURIES Any bump to the head, no matter how minor is treated as serious. All bumped heads should be treated with an ice pack. Parents and Guardians must be informed by the RED form or by telephone. The adults in the child's class room should be informed and keep a close eye on the child. All bumped head accidents should be recorded in the accident file. Children with a bumped head should be given a head injury letter and an 'I bumped my head' wrist band to take home.

CUTS - ANYONE TREATING AN OPEN CUT SHOULD USE RUBBER GLOVES, the cut cleaned and dressed.

All completed accident forms are signed by the member of staff who dealt with the accident. Red or Pink injury forms are always given to the child to take home to their parent. If the first aider has any concerns a call will be made home to the parent to advise them of the incident.

Procedure for minor injury or illness

One of our first aiders, will decide upon the appropriate action to take if a child becomes ill or suffers a minor injury.

- If a child becomes ill during the day with a temperature, sickness, diarrhoea, or any head or stomach issues the first aider will contact the parents/carers and ask them to come and collect their child as soon as possible. During this time the child will be made as comfortable as possible and closely supervised.
- If a child suffers a minor injury, first aid will be administered and the relevant adults will be made aware if appropriate. If necessary, the child's parent/carer will be contacted and asked to collect the child as soon as possible.
- There are separate Risk Assessments relating to Covid-19

Procedure for a major injury or serious illness /Calling the Emergency services.

In the event of a child becoming seriously ill or suffering a major injury, it is the decision of the fully trained first aider and supervisor will decide whether the child needs emergency treatment or whether it's safe to wait for their parent/carer to arrive. Staff are expected to support and assist the trained first aider in their decision.

The Headteacher or Deputy Headteacher should be informed if such a decision has been made even if the accident happened on a school trip or on school journey. If the casualty is a child, their parents/ guardians should be contacted immediately and given all the information required. If the casualty is an adult, their next of kin should be called immediately. All contact numbers for children and staff are available from the school office.

- We will contact the child's parents/carers and if they are unavailable we will call the other emergency contacts that we have on file for that child.
- If we are unable to contact a parent/carer and a child needs emergency treatment which requires them to go to hospital, a member of staff will accompany them and stay with them until a parent/carer arrives. If applicable the child's care plan will be sent with the member of staff who will refer information on as appropriate. A major incident will be referred to the MAT Health and Safety Department / Head Teacher/SLT to investigate and consider whether any changes need to be made to the school's policies or procedures.

- The office will upload the details for the OSHENS (www.oshens.com a comprehensive health and safety management system) and a copy of the report is sent to the MAT Health and Safety Department to review.
- We will notify Ofsted and a report will be sent to the Health and Safety Executive using the format for the reporting of Injuries, Diseases and Dangerous Occurrences following School procedures on the RIDDOR site.
- We will notify HSE under RIDDOR in case of a death or major injury on the premises (e.g.: broken limb, amputation, dislocation, etc. – see the HSE website for full list of reportable injuries) following School procedures.

Communicable diseases and conditions

- If an infectious or communicable disease is detected at school, we will inform parents/carers as soon as possible. For example, if Chicken Pox/ other diseases/ rashes/ etc are suspected, we will look at the child's arms or legs. Their chest and back will only be looked at if we are further concerned in the presence of a First Aider and another adult. The child should always be asked if it was ok to check.
- There are separate Risk Assessments relating to Covid-19 in place which are reviewed regularly.
- If there is an incident of food poisoning affecting two or more children the MAT Health and Safety Department will inform the school's catering company as soon as possible.
- If there is an outbreak of a notifiable disease at school, we will inform the MAT Health and Safety Department, follow advice given, inform the local health protection, inform Public Health England/Surrey unit and the HSE under RIDDOR (if appropriate).
- For Covid-19 infection information and guidance, please refer to continued updated guidance on the school website.

Next Review: February 2024