

School's Health & Safety

Supporting Pupils with Medical Conditions General Guidance

September 2014 - Version 1

This guidance document aims to provide a brief overview what schools are required to do to meet the requirements laid out in the new DfE document "Supporting Pupils with Medical Needs" which came into effect in September 2014.

GENERAL GUIDANCE

Introduction

The Children and Families Act 2014, section 100 enacts a duty on governing bodies of maintained schools, proprietors of Academies and management committees of PRU's to make arrangements for supporting pupils at their school with medical conditions. Consequently, the DfE have reviewed and revised their guidance on managing medicines resulting in the production of the 'Supporting Pupils with Medical Needs' document. This new guidance document came into effect in September 2014 and replaces the previous 'Managing Medicines in Early Years Settings' of 2005 document currently used by education premises. The new document now places the onus on the Governing Body to ensure that the school has a policy in place to meet the requirements laid out in the guidance document.

Although the DfE guidance document on 'Supporting Pupils with Medical Conditions' does not refer to other settings within Hampshire where young persons may be supported with their medical conditions, eg. Nurseries, the guidance document could be referred to when setting the local policy and the Children's Services Health and Safety Team (CSHST) template/guidance documents used if required.

To assist education premises in meeting their requirements the Children's Services Health and Safety Team have produced a Supporting Pupils with Medical Conditions Policy Template (Appendix A), an Administration of Medicines Risk Assessment (Appendix B) and a Medication Tracking Form (Appendix C).

The policy template and has been put together through consultation with key teams in HCC including Legal Services. The policy should be read in conjunction with the DfE guidance document 'Supporting Pupils with Medical Conditions' and should be

adapted/amended to suit your local arrangements. The policy is not fit for purpose in its current state.

The administration of medicines risk assessment would normally be deemed as a significant risk, therefore it is a requirement of the Children's Services Health and Safety Team that where administration of medicines does occur one overarching risk assessment should be completed using this template. This risk assessment should be reviewed in line with your own local review process for such documents, normally every 3 years or following an incident/change in process.

The medication tracking form template has been produced to assist schools in logging/tracking the medication held on their premises. It is recommended that schools have a process in place to track medication as part of their Supporting Pupils with Medical Conditions Policy.

The DfE have produced a set of template forms, which are listed below, these are also attached as appendix D to this document;

- Template A - an individual healthcare plan
- Template B - parental agreement for setting to administer medicines
- Template C - record of medicine administered to an individual child
- Template D - record of medicines administered to all children
- Template E - staff training record – administration of medicines
- Template F - contacting emergency services
- Template G - model letter inviting parents to contribute to individual healthcare plan development

Most schools should already be familiar with using these forms when administering medicines.



**Supported and recommended by Hampshire
Healthy Schools Team**



In addition to this the Southern Health School Nursing Team have produced a simple document explaining the process for identifying children with medical conditions and a questionnaire for parents to complete. The questionnaire will assist schools in identifying children with medical conditions that would require their needs to be considered as part of the new statutory framework and the appropriate procedures to be implemented as a result, eg. Individual health care plans. This is attached as Appendix E along with a document explaining the process as Appendix F.

Appendices:

Appendix A – Administration of Medicines Risk Assessment

Appendix B - Administration of Medicines Action Plan

Appendix C – Health Care Plan Proforma

Appendix D – Greatham Primary School Administration of Medicines Form

Appendix E – Staff Training Record

Appendix F – Procedure for contacting Emergency Services

Appendix G- Template letter to invite parents to contribute to their child’s health care plan

Appendix H- Health Questionnaire for Schools

Appendix I- Process for Identifying Children with a Medical Condition

Greatham Primary School

Supporting Pupils with Medical Needs

Children's Services and Safety Team

Name of Unit/Premises/Centre/ School:	Greatham Primary School
Name of Responsible Manager/Headteacher:	Jo Goman
Date Policy approved and adopted:	January 2015
Date Due for review:	September 2017
Date Reviewed:	September 2017 September 2020 September 2023 September 2025
Date Due for next review:	September 2028

Introduction

Section 100 of The Children and Families Act 2014 places a duty on the governing body of this school to make arrangements for supporting children at their premises with medical conditions. The Department of Education have produced statutory guidance 'Supporting

Pupils with Medical Conditions’ and we will have regard to this guidance when meeting this requirement.

We will endeavour to ensure that children with medical conditions are properly supported so that they have full access to education, including school trips and physical education. The aim is to ensure that all children with medical conditions, in terms of both their physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

It is our policy to ensure that all medical information will be treated confidentially by the Headteacher and staff. All administration of medicines is arranged and managed in accordance with the Supporting Pupils with Medical Needs document. All staff have a duty of care to follow and co-operate with the requirements of this policy.

Where children have a disability, the requirement of the Equality Act 2010 will apply.

Where children have an identified special need, the SEN Code of Practice will also apply.

We recognise that medical conditions may impact on social and emotional development as well as having educational implications.

Key Roles & Responsibilities

Statutory Requirement: The governing body should ensure that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support children at school with medical conditions.

The Governing Body is responsible for:

Ensuring that the school makes suitable arrangements for pupils with medical conditions
Developing and implementing a policy for pupils with medical conditions
Ensuring that staff have received suitable training and are competent before they take on responsibility to support children and have access to support materials as needed

The Headteacher is responsible for:

Developing and effectively implementing a policy for pupils with medical conditions
Ensuring that all relevant staff are aware of a child's conditions
Training a sufficient number of staff to implement a policy and deliver health care plans, including contingency in an emergency situation
Ensuring appropriate insurance for the school
Notifying the school nursing team when a child with medical conditions applies to school

Teachers and support staff are responsible for:

Attending training for children with medical conditions
Knowing what to do when becoming aware that a child with medical conditions needs help

The School Nurse is responsible for:

Supporting staff on implementing a child's individual healthcare plan by providing advice and liaison
Liaising with clinicians locally on appropriate support for the child and associated staff training needs

Local Arrangements

Identifying children with health conditions

Statutory Requirement: The Governing body will ensure that the policy sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.

We will aim to identify children with medical needs on entry to the school by working in partnership with parents/ carers and following the process outlined in the document 'Process for identifying children with a health condition' produced by the Southern Health School Nursing Team in conjunction with the Children's Services Health and Safety Team. We will use the 'Health Questionnaire for Schools' to obtain the information required for each child's medical needs to ensure that we have appropriate arrangements in place prior to the child commencing at the school to support them accordingly.

When children transfer in from another setting, their Education Healthcare Plan (EHC) will be reviewed and every effort will be put in place to ensure that their needs are met as soon as possible. When children's needs change, their EHC will be updated accordingly. Staff training and arrangements for delivery of the plan will be established promptly and every effort will be made to meet the child's needs as soon as possible.

Where a formal diagnosis is awaited or is unclear, we will plan to implement arrangements to support the child, based on the current evidence available for their condition. We will ensure that every effort is made to involve some formal medical evidence and consultation with the parents.

Individual health care plans

Statutory Requirement: The Governing body will ensure that the school's policy covers the role of individual healthcare plans, and who is responsible for their development in supporting children at school with medical conditions.

We recognise that Individual Healthcare Plans are recommended in particular where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long term and complex. However, not all children will require one. The school, healthcare professional and parent will agree based on evidence when a healthcare plan would be inappropriate or disproportionate.

Where children require an individual healthcare plan it will be the responsibility of the school and healthcare professionals to work with parents and relevant healthcare professionals to write the plan.

A healthcare plan (and its review) may be initiated in consultation with the parent/carer, by a member of school staff or by a healthcare professional involved in providing care to the child. The SENCo will work in partnership with the parents/carer, and a relevant healthcare professional eg. school, specialist or children's community nurse, who can best advise on the particular needs of the child to draw up and/or review the plan. Where a child has a special educational need identified in a statement or Educational Health Care (EHC) plan,

the individual healthcare plan will be linked to or become part of that statement or EHC plan.

We may also refer to the flowchart contained within the document 'Process for identifying children with a health condition' (APPENDIX I) for identifying and agreeing the support a child needs and then developing the individual healthcare plan.

We will use the individual healthcare plan template produced by the DfE to record the plan

If a child is returning following a period of hospital education or alternative provision (including home tuition), that we will work with Hampshire County Council and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Statutory Requirement: The governing body should ensure that all plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. Plans should be developed with the child's best interests in mind and ensure that the school assesses and manages the risks to the child's education, health and social well-being and minimise disruption.

The school or healthcare professionals will initiate a review and invite all relevant parties involved with the child.

Statutory Requirement: When deciding what information should be recorded on individual healthcare plans, the governing body should consider the following:

- 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 eg 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 (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should 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 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 child can participate, eg risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Staff training

Statutory Requirement: The Governing Body should ensure that this policy clearly sets out how staff will be supported in carrying out their role to support children with medical conditions, and how this will be reviewed. It should specify how training needs will be assessed and by whom training will be commissioned and provided.

The school policy should be clear that any member of school staff providing support to a child with medical needs should have received suitable training.

Staff must not administer prescription medicines or undertake any health care procedures without the appropriate training (updated to reflect any individual healthcare plans)

Please refer to page 14-15 of the DfE guidance document.

All nominated and consenting staff will be provided awareness training on the school's policy for supporting children with medical conditions which will include what their role is in implementing the policy. This training will be carried out annually.

Where required we will work with the relevant healthcare professionals to identify and agree the type and level of training required and identify where the training can be obtained from. This will include ensuring that the training is sufficient to ensure staff are competent and confident in their ability to support children with medical conditions. The training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs and therefore allow them to fulfil the requirements set out in the individual healthcare plan.

Any training undertaken will form part of the overall training plan for the school and refresher awareness training will be scheduled at appropriate intervals agreed with the relevant healthcare professional delivering the training.

The child's role

Statutory Requirement: The Governing body will ensure that the school's policy covers arrangements for children who are competent to manage their own health needs and medicines. *Please refer to page 15-16 in the DfE guidance document.*

Where possible and in discussion with parents, children that are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be recorded in their individual healthcare plan or on the Greatham Primary School Administration of Medicines Form (APPENDIX D). The healthcare plan will reference what will happen should a child who self-administers refuse to take their medication (this will normally be informing the parent/carer at the earliest opportunity).

Where possible we will endeavour to ensure that children can carry their own medicines and relevant devices or have easy access to allow for quick self medication. We will agree with relevant healthcare professionals/parent the appropriate level of supervision required and document this in their healthcare plan.

Managing medicines on School Premises

Statutory Requirement: The Governing Body will ensure that the school's policy is clear about the procedures to be followed for managing medicines. *Please refer to pages 16-17 of the DfE guidance.*

The administration of medicines is the overall responsibility of the parents/carers. Where clinically possible we will encourage parents to ask for medicines to be prescribed in dose frequencies which enable them to be taken outside of school hours. However, the headteacher is responsible for ensuring children are supported with their medical needs whilst on site, therefore this may include managing medicines where it would be detrimental to a child's health or school attendance not to do so.

We will not give prescription or non-prescription medicines to a child under 16 without their parent's/carers written consent (a 'parental agreement for setting to administer medicines' form will be used to record this), except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, we will make every effort to encourage the child or young person to involve their parents while respecting their right to confidentiality.

We will never administer aspirin or medicine containing Ibuprofen to any child under 16 years old unless prescribed by a doctor.

A documented tracking system to record all medicines received in and out of the premises is in place. The tracking system used is The Greatham Primary School Administration of Medicines Form and is stored in the admin office (APPENDIX D). Blank copies of this form are available on our website as well as in the admin office. In addition, children who have inhalers record on the form when they have taken this medication. This is stored with their medication.

We 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, their dosage and storage. Insulin is the exception, which must still be in date but will generally be available to schools inside an insulin pen or a pump, rather than its original container. The name of the child, dose, expiry and shelf life dates will be checked before medicines are administered. Inhalers are stored in a safe but readily accessible place, and clearly marked with the child's name.

On occasions where a child refuses to take their medication the parents will be informed at the earliest available opportunity.

Controlled drugs will be securely stored in a non-portable container which only named staff will have access to. We will ensure that the drugs are easily accessible in an emergency situation. A record will be kept of any doses used and the amount of the controlled drug held in school. There may be instances where it is deemed appropriate for a child to administer their own controlled medication. This would normally be at the advice of a medical practitioner. Where an individual child is competent to do so and following a risk assessment, we may allow them to have prescribed controlled drugs on them with monitoring arrangements in place.

Emergency medicines will be stored in a safe location but not locked away to ensure they are easily accessible in the case of an emergency.

Types of emergency medicines include:

- Injections of adrenaline for acute allergic reactions
- Inhalers for asthmatics
- Injections of Glucagon for diabetic hypoglycaemia

Other emergency medication ie. Rectal diazepam or Buccal Midazolam for major seizures will be stored in accordance with the normal prescribed medicines procedures (see storage section).

Storage

All medication other than emergency medication will be stored safely in a locked cabinet, where the hinges cannot be easily tampered with and cannot be easily removed from the premise.

Where medicines need to be refrigerated, they will be stored in the medicine refrigerator (in the medical bay) and will be clearly labelled.

Children will be made aware of where their medicines are at all times and be able to access them immediately where appropriate. Where relevant they should know who holds the key to the storage facility.

Medicines such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children in their classrooms and not locked away. We will also ensure that they are readily available when outside of the school premises or on school trips.

Storage of medication whilst off site will be maintained at steady temperature and secure. There will be appropriately trained staff present to administer day to day and emergency medication and copies of individual health care plans will be taken off site to ensure appropriate procedures are followed.

Disposal

It is the responsibility of the parents/carers to dispose of their child's medicines. It is our policy to return any medicines that are no longer required including those where the date has expired to the parents/carers. Parents/carers will be informed of this when the initial agreements are made to administer medicines. Medication returned to parent/ carers will be documented on the tracking medication form.

Sharps boxes will be in place for the disposal of needles. Collection and disposal of these will be arranged locally.

Medical Accommodation

The administration office medical bay will be used for all medical administration/treatment purposes. The location will be made available when required.

Record keeping

Statutory Requirement: The governing body should ensure that written records are kept of all medicines administered to children. Please refer page 17 of the DfE guidance document.

A record of what has been administered including how much, when and by whom, will be recorded on the Greatham Primary School Administration of Medicine Form (appendix D). The form will be kept on file. Any possible side effects of the medication will also be noted and reported to the parent/carers.

Emergency Procedures

Statutory Requirement: The Governing body will ensure that the school's policy sets out what should happen in an emergency situation. We will follow the procedure identified in Template F- contacting emergency services.

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and provide a process to follow. All relevant staff will be made aware of the emergency symptoms and procedures. We will ensure other children in the school know what to do in the event of an emergency ie. informing a teacher immediately if they are concerned about the health of another child.

Where a child is required to be taken to hospital, a member of staff will stay with the child until their parents arrives, this includes accompanying them to hospital by ambulance if necessary (taking any relevant medical information, care plans etc that the school holds).

Day trips/off site activities

Statutory Requirement: *The Governing body should ensure that their arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.* Please refer to page 18 of the DfE guidance.

We will ensure that teachers are aware of how a child's medical condition will impact on their participation in any off site activity or day trip, but we will ensure that there is enough flexibility for all children to participate according to their own abilities within reasonable adjustments.

We will consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. We will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. We will consult with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

Other issues

Home-to-school transport – after permission from parents we will inform local authorities, of a pupil’s individual healthcare plan and what it contains, especially in respect of emergency situations.

Unacceptable practice

Statutory Requirement: The governing body will ensure that the school’s policy is explicit about what practice is not acceptable. *The areas below have been taken from the DfE guidance document, please refer to page 19 and add in any more that as a premise you feel should be included here.*

Staff are expected to use their discretion and judge each child’s individual healthcare plan on its merits, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, eg. 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 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; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips eg. by requiring parents to accompany the child.

Liability and Indemnity

Statutory Requirement: The governing body will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

Staff at the school are indemnified under the County Council self insurance arrangements.

The County Council's is self insured and have extended this self insurance to indemnify school staff who have agreed to administer medication or under take a medical procedure to children. To meet the requirements of the indemnification, we will ensure that staff at the school have parents permission for administering medicines and members of staff will have had training on the administration of the medication or medical procedure.

Complaints

Statutory Requirement: The governing body will ensure that the school's policy sets out how complaints may be made and will be handled concerning the support provided to pupils with medical conditions. Please refer to page 20 of the DfE guidance document for this section.

Should parents or children be dissatisfied with the support provided they can discuss their concerns directly with the Headteacher. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

Signature of Responsible Manager/Headteacher:	J Goman
Date:	September 2025

Standard Risk Assessment:

Appendix A

Activity	Administration of Medicines	Date of Assessment	September 2025
Location	Greatham Primary School	Date of Review	September 2028
Name of Risk Assessor	Jo Goman	Risk assessment subject to.	Management of Health and Safety at Work Regulations

This risk assessment template can be used for specialist areas where a model template does not exist. .

Original risk assessments must be kept for a period of 7 years. On completion a hard copy should be printed off and placed in your local/site health and safety folder.

This document should be filed under Hantsfile under Health and Safety Risk Assessment

Administration of Medicines Risk Assessment Guidance

The Supporting Pupils with Medical Needs document produced by the DfE and published in September 2014 for implementing into schools, includes the provision of administration of medicines to pupils.

The school Governors must ensure that a local policy on supporting pupils with medical needs is produced and implemented in the school.

Standard Risk Assessment:

This risk assessment should be completed as part of the process to assist in identifying the specific hazards and control measure that need to be put in place to ensure medication is administered, managed and stored safely and effectively in schools by competent staff.

The hazards and controls measures have been entered into the form however, schools must ensure that they complete the second box titled “Who Might be Harmed and How” by identifying who at the school may be harmed by the hazard, eg. children with medical needs and in same box you should be considering how they might be harmed, ie. what the risk is from the identified hazard and enter this information into the same box.

You must then review the control measures that have already been entered in to the third box and enter into the box titled “Do you need to do anything else to manage the risk” any further measures that need to be implemented locally to ensure that the control measures are met and therefore the risk reduced to a manageable level. If anything else is identified locally to manage the risk the following boxes “Action by Whom”, “Action by When” and “Done” must also be completed. The information should then be transferred onto the action plan at the end of the risk assessment form and used as a live document until all actions have been completed.

An example has been entered in it’s entirety to demonstrate how to completed the form correctly. If this process is followed for all the identified hazards correctly the level of risk should be reduced to lowest possible point.

Once the risk assessment is complete and to ensure that is effective it should be shared with all relevant staff and reviewed periodically.

Standard Risk Assessment:

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by whom?	Action by when?	Done
<p><u>Policy/Procedures</u></p> <p>Lack of policy/procedures</p> <p>Lack of clarity and staff awareness of policy and procedures</p> <p>Failure to follow policy/procedures</p>	<p>Children and adults-incorrect procedures followed to administer medicine resulting in potential poisoning or injury.</p> <p>Children and adults-possible poisoning or injury.</p>	<p>Local administration of medicines policy documented for premises</p> <p>Administration of medicines policy available to staff at induction and thereafter</p> <p>Investigation procedure in place in the event of failure e.g. refresher training, disciplinary procedures or review of policy</p>				

Standard Risk Assessment:

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by whom?	Action by when?	Done
<p>Training</p> <p>Lack of awareness training to safely administer medicines e.g. asthma, epi-pen etc.</p> <p>Lack of awareness training in control and storage of medication</p> <p>Lack of specific awareness training to meet individual needs of children on the premises</p>	<p>Children and adults in school- incorrect use of epi-pen i.e given or not given at correct time and administered incorrectly so ineffective.</p> <p>Children and adults- medicine is ruined and therefore ineffective.</p> <p>Children and adults- incorrect procedure followed and needs not met.</p>	<p>Periodic awareness updates provided for medical conditions such as asthma or epi-pen etc.</p> <p>Induction awareness training on local storage procedures and periodic refresher information provided (annually) to relevant staff e.g. policy/procedures</p> <p>Questionnaire (provided by School Nursing Team) to be completed by parents/guardian for pupils on admission to school to ensure medical needs are identified</p> <p>Periodic training provided for specific medical conditions by competent person e.g. school nurse or other medical professional</p>				

Standard Risk Assessment:

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by whom?	Action by when?	Done
<p><u>Administration</u></p> <p>Incorrect dosage given</p> <p>Incorrect pupil given medication</p> <p>Out of date medication administered</p>	<p>Children- poisoning or ineffective medicine</p> <p>Children- poisoning or ineffective medicine</p> <p>Children- poisoning or ineffective medicine</p>	<p>Medication to be provided in the original container/labelled with the name of the appropriate pupil and dose required. Request form to be completed by parent/ carer</p> <p>Local procedure for checking name and dosage on medication prior to administration</p> <p>Part of local procedure to review expiry date prior to administering medication</p>				
<p><u>Controlled Drugs</u></p> <p>Any specific procedures not followed</p>	<p>Child- illness from incorrect medicine administered or procedure followed.</p>	<p>Only informed staff to administer medication</p>				

Standard Risk Assessment:

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by whom?	Action by when?	Done
<p><u>Storage</u></p> <p>No locked cabinet or room in use/available prescribed medicines and controlled drugs not locked away e.g. stored in pigeonholes</p> <p>No secure refrigerator available/in use</p> <p>Medicines not in original containers or clearly labelled</p> <p>Emergency medicines locked away</p>	<p>Children- access to medication resulting in overdose.</p> <p>Medicines hard to find resulting in delay in administration and possible illness.</p> <p>Children- poisoning or ineffective medicine</p> <p>Children - poisoning or ineffective medicine</p> <p>Children- delay in administration of medicine resulting in possible death.</p>	<p>Locked cabinet in medical bay (not easily removable) for use of storing all medication</p> <p>A dedicated refrigerator is provided in the medical bay. Medicine is clearly labelled.</p> <p>Medicines to be provided in the original container labelled with the name of the appropriate pupil.</p> <p>All emergency medicines (asthma inhalers, epi-pens etc.) readily available and not locked away.</p>				

Standard Risk Assessment:

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by whom?	Action by when?	Done
<p>Consent</p> <p>Lack of parent's consent</p> <p>Inappropriate person providing consent</p> <p>Limited information on consent form (leading to lack of clarity)</p> <p>Formal consent forms not used</p>	<p>School- sued for incorrect administration</p> <p>School- sued for incorrect administration</p> <p>Child given incorrect medicine.</p>	<p>Parental consent forms to be completed using standard template, provided by department and fully completed by a parent or guardian of child only, providing all relevant information requested</p>				

Standard Risk Assessment:

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by whom?	Action by when?	Done
<u>Health Care Plans</u>						
School unaware that child has health issues requiring monitoring in school	Child- becomes ill	Process in place for identifying a child who has health issues that require monitoring in school i.e. identifying Children with Health Conditions questionnaire				
No health care plans in place	Child- becomes ill	A health care plan must be devised when required in conjunction with appropriate medical practitioner, parents, guardian and Headteacher using standard forms provided by department				
Lack of involvement of family and health care professionals	Child- becomes ill	A health care plan must be devised when required in conjunction with appropriate medical practitioner, parents, guardian and Headteacher using standard forms provided by department				
Lack of awareness of health care plan by relevant staff	Child- becomes ill	Health care plans to be provided to all relevant staff				

Standard Risk Assessment:

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by whom?	Action by when?	Done
<p><u>Record Keeping and Communication</u></p> <p>No record of medicines being administered</p> <p>No tracking system for medication received in and out of premise</p>	<p>Children- overdose possible</p> <p>Children- overdose possible</p>	<p>Recording forms to be used when medication is administered, which includes information such as parent consent forms, record of prescribed medicines given to a child, staff training awareness record forms</p> <p>Tracking system implemented to log when medication is received in and out of premises. This is to be used for every medication administered</p> <p>Tracking system should include the expiry date for medication to enable periodical checks to be carried out, unless another system has been implemented</p> <p>Procedure in place to check with parents when expiry dates are exceeded</p>				

Standard Risk Assessment:

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by whom?	Action by when?	Done
		Reminder system in place for informing parents of their responsibility of ensuring medication is not expired e.g. newsletter				
<p><u>Disposal of Medication</u></p> <p>Medication not disposed of responsibly</p>	Adults and children- needle stick injury or overdose . Another child takes left over medicine.	Parents responsibility to safely dispose of medication school has returned to parent				

Standard Risk Assessment:

Appendix B: Action Plan for Risk Assessment

Action Plan to be completed based on the findings of risk assessment. The following actions are to be undertaken to reduce the risk level as far as reasonably practical and to ensure that all of the standard controls and local arrangements are in place.

No.	Hazard not fully controlled	Performance Status	Action required	Person Responsible	Target Date	Date of Completion
		Imminent				
		High				
		Medium				
		Low				
Very low						
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

Signature of Responsible Manager.....Jo Goman.....

Date.....18.7.17.....

Appendix C: individual healthcare plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

--

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Appendix D: Greatham Primary School Administration of Medicines Form

Greatham Primary School - Administration of Prescribed Medicines Consent Form

First name	Surname	D.O.B	Class

Medicine name	Strength	Form (e.g. syrup/tablets)	Amount needed	At which time(s)

Date	Quantity received	Quantity returned	Expiry date	Signature*

Day	Month:		Year:	Month:		Year:
	Time	Amount	Signature	Time	Amount	Signature
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						

12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

* Medicines received/returned. Staff signature with optional co-signature from parents/carers/the pupil.

If the pupil refuses their medication then please inform their parents/carers on the same day (or as soon as is practical) and record 'refused' in the amount column.

Parental agreement for setting to administer the medicine overleaf

Dear Parent/Carer,

We require your written permission to administer any medicines in school.

Please do not decant medicines into other containers. We can only accept medicines in their original container as dispensed by the pharmacy, otherwise we might miss important instructions and warnings.

If your child refuses to take the medicine, we will make every effort to inform you on the same day.

Please hand the medicine over to a member of staff personally. We must remind you that staff are not medically trained.

For any medicines required on a long-term basis, ask the pharmacy if they can supply a separate labelled supply just for the school (they might need another prescription to do this). We can then keep a separate supply at school without the need for you to send medicines in each day.

What type of help does your child need with this medicine (mark as appropriate):	
<input type="checkbox"/> I need someone to administer this medicine to my child	
<input type="checkbox"/> They can take the medicine themselves, but need the following supervision from staff:	
Are there any side effects that the school/setting needs to look out for?	
Parent/carers name	
Signature	
Relationship to pupil	
Daytime (mobile) telephone no.	

Appendix E: staff training record – administration of medicines

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Appendix F: contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

Appendix G: model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

APPENDIX H

Please complete the questionnaire below and return it to school

It is important that all children with medical conditions are supported to make sure that they are able to access their education. Some children with medical conditions may need care or medication to manage their health condition and to keep them well during the school day. Could you please complete the questionnaire below and return it to school as soon as possible so that we are able to assess your child's health needs and make arrangements to support them if necessary. In order to ensure that any medical needs are appropriately met in school we may need to discuss your child's health with the School Nursing service or another health professional who is involved in your child's care.

Name of child Date of Birth

Home Address.....

Does your child have a medical condition/ health concern?

YES NO

If YES please give details

Does your child have a medical condition/health concern that needs to be managed during the school day?

YES NO

If YES please give details

Does your child take medication during the school day?

YES NO

If YES please give details

Does your child have a health care plan that should be followed in a medical emergency?

YES NO

If YES please give details

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school to discuss this information with the School Nursing service or other health professionals who are involved in my child's care.

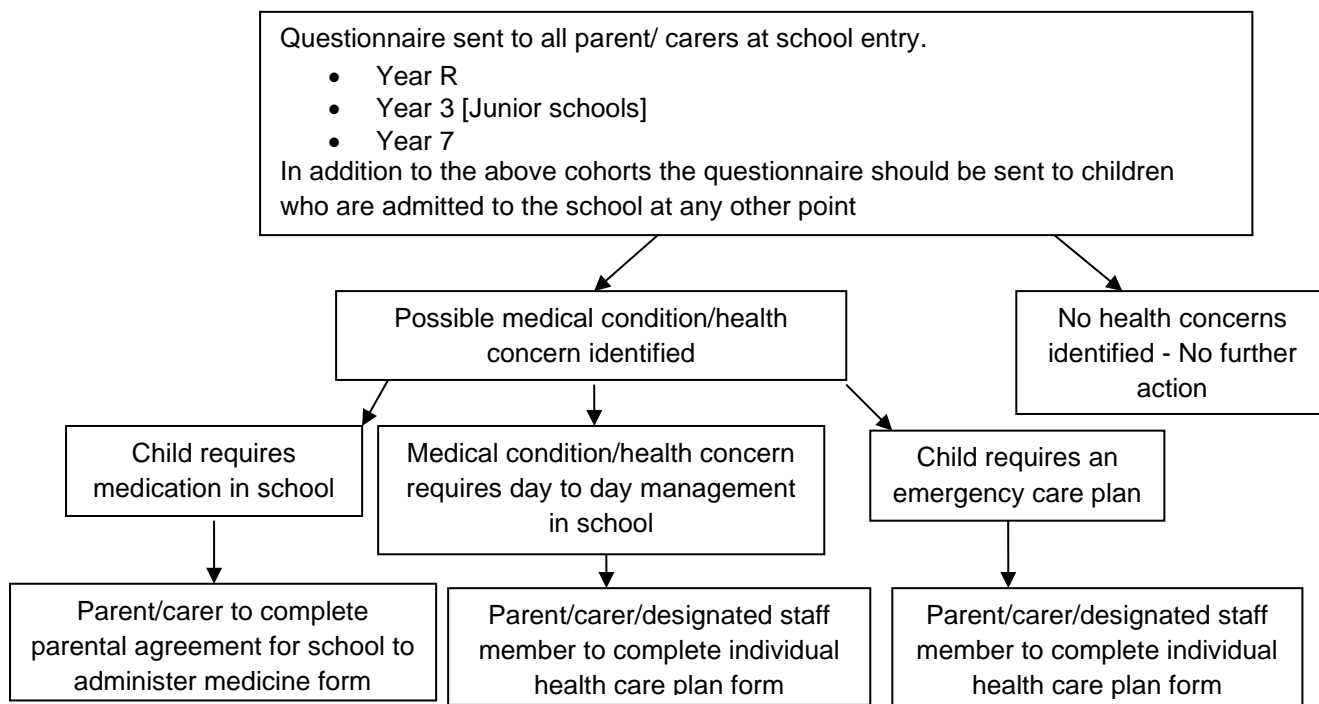
Signature(s) _____ Print Name _____
[Parent/ Carer with parental responsibility]

Date _____ Contact number _____

APPENDIX I

Suggested process for identifying children or young people with a medical condition that may require support in school

Not all children with a health condition will require a health care plan in school however the form will help schools to ascertain which children require support. In addition to this schools may be informed at any other point by a parent or health professional if a child is newly diagnosed with a health condition.



Please see sample flowchart below from the Supporting pupils with medical conditions guidance

