



MAYHILL JUNIOR SCHOOL

SUPPORTING PUPILS WITH MEDICAL NEEDS POLICY

The purpose of this policy is to ensure that there is a plan in place to support pupils with medical conditions and requirements, that employees are aware of their responsibilities and that relevant staff understand the administration of medicine arrangements.

This policy should be read in conjunction with the DfE statutory guidance document 'Supporting Pupils with Medical Conditions'.

Any writing in black bold in this policy is statutory guidance which must be followed.

School:	Mayhill Junior School
Name of Headteacher:	Thomas May
Date Policy approved and adopted:	September 2015
Date Due for review:	September 2018

Introduction

Section 100 of The Children and Families Act 2014 places a duty on Mayhill Junior School to make arrangements for supporting children at their premise 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. Responsibility for all administration of medicines at Mayhill Junior School is held by the head teacher who is the responsible manager.

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 social and emotional development as well as having educational implications.

Administration of Medicines – in general

Our administration of medicine requirements will be achieved by:

- Establishing principles for safe practice in the management and administration of:
 - prescribed medicines & maintenance drugs
 - non-prescribed medicines
 - emergency medicine
- Providing clear guidance to all staff on the administration of medicines
- Ensuring that there are suitable and sufficient facilities and equipment available to aid the safe management and administration of medicines
- Ensuring the above provisions are clear and shared with all who may require them
- Ensuring the policy is reviewed periodically or following any significant change which may affect the management or administration of medicines

Routine Administration

Prescribed medicines

- It is our policy to manage prescribed medicines (eg. antibiotics, inhalers) where appropriate following consultation and agreement with, and written consent from the parents (as per further detail in sections below)
- It is our policy to manage the administration of maintenance drugs (eg. Insulin) as appropriate following consultation and agreement with, and written consent from the parents. On such occasions, a health care plan will be written for the child concerned (as per further detail in sections below)

Non-prescribed medicines

- It is our general policy not to take responsibility for the administration of non-prescribed medicines, (eg. paracetamol or cough mixtures provided by the parents) as this responsibility rests with the parents
- On occasions when children require paracetamol it is our policy to administer providing that written consent from the parents has been received in advance and administration is in accordance with guidance provided in the *Health Guidance for Schools* document
- Children under 16 years old are *never* to be administered aspirin or medicines containing Ibuprofen unless prescribed by a doctor
- Responsibility for decision-making about the administration of all non-prescribed medicines will always be at the discretion of the responsible manager who may decide to administer under certain miscellaneous or exceptional circumstances

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.

Governing Body

The Governing Body **makes arrangements to support pupils with medical conditions in school including making sure that a policy is developed and implemented.** Mayhill Junior school ensures that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. **The governing body ensures that sufficient staff receive suitable training and are competent before they take on responsibility to support children**

with medical conditions. It also ensures that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed

Headteacher

The Headteacher ensures that the school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The Headteachers ensures that all staff who need to know are aware of the child's condition. He also ensures that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. The Headteacher has overall responsibility for the development of individual healthcare plans. He also makes sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. The school contacts 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.

School Staff

School Staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they take into account the needs of pupils with medical conditions that they teach. School staff receive sufficient and suitable training and achieve the necessary level of competency before taking on responsibility to support children with medical conditions. Any member of school staff knows what to do and responds accordingly when they become aware that a pupil with a medical condition needs help.

The School Nurse

The school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they do this before the child starts at the school. They don't usually have an extensive role in ensuring that the school is taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs - for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

Other healthcare professionals, including GPs and paediatricians should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (eg asthma, diabetes, epilepsy).

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They will be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with

medical conditions.

Parents should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Local authorities – are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation. Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities⁸ sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

Providers of health services – should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participating in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

Clinical commissioning groups (CCGs) – commission other healthcare professionals such as specialist nurses. They should ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 (as described above for local authorities). Clinical commissioning groups should be responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice (and can help with any potential issues or obstacles in relation to this). The local Health and Wellbeing Board will also provide a forum for local authorities and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

Ofsted – their inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively.

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.

We also communicate with other settings / agencies with regard to pupils' medical needs at times of transition, when their needs change and when an Education Healthcare Plan (EHC) applies.

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 Inclusion Manager 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 Inclusion Manager 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' 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 inclusion manager ensures that individual education health care plans are reviewed at least annually or if something changes prompting a review as initiated by the parent or health care professional.

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)

All new staff are inducted on the policy when they join the school through the induction process. Records of this training are stored on their staff induction checklist and H&S induction checklist.

All nominated staff are 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 is carried out annually or when the process changes.

The awareness training forms part of the overall training plan and refresher training scheduled at appropriate intervals. Where staff are required to carry out non-routine or more specialised administration of medicines or emergency treatment to children, appropriate professional training and guidance from a competent source is sought before commitment to such administration.

We retain evidence that staff have been provided the relevant awareness training on the policy by a HCC confirmation of training sheet,

Where required we 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 includes ensuring that the training is sufficient to ensure staff are competent and confident in their ability to support children with medical conditions. The training includes 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.

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.

Where possible and in discussion with parents, children that are competent are encouraged to take responsibility for managing their own medicines and procedures. This is recorded in their individual healthcare plan. The healthcare plan references 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).

We endeavour to ensure that children have easy access to their medicines and relevant devices to allow for quick self medication. We agree with relevant healthcare professionals/parent the appropriate level of supervision required and document this in their healthcare plan. For example, inhalers in class.

If it is not appropriate for a child to self-manage, then relevant staff should help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents are informed so that alternative options can be considered.

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.

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

We only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.

All medicines are stored safely. Children know where their medicines are at all times and are able to access them immediately. Where relevant, they know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available to children and not locked away. This is particularly important to consider when outside of school premises, eg on school trips.

A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. We keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in school.

School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines do so in accordance with the prescriber's instructions. We keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school are noted.

When no longer required, medicines are returned to the parent to arrange for safe disposal. Sharps boxes are always used for the disposal of needles and other sharps

The administration of medicines is the overall responsibility of the parents/carers. Where clinically possible we 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.

A documented tracking sheet - 'prescribed medicines kept in school' records all medicines received in and out of the premises.

The name of the child, dose, expiry and shelf life dates are checked before medicines are administered.

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

Children who are able to use their own inhalers themselves are encouraged to carry it with them. If the child is too young or immature to take personal responsibility for their inhaler, staff make sure that it is stored in a safe but readily accessible place, and clearly marked with the child's name.

Controlled drugs are securely stored in a non-portable container which only named staff have access to. We ensure that the drugs are easily accessible in an emergency situation. A record is kept of any doses used and the amount of the controlled drug held in school.

We only administer non-prescribed medicines on request from the parent if they are in clearly identifiable packaging and only on a short term basis (Where we have concerns we will seek further guidance from our link School Nurse).

Emergency medicines are 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 are stored in accordance with the normal prescribed medicines procedures (see storage section).

Storage

All medication other than emergency medication is 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 are stored in a refrigerator in the kitchen upstairs in a clearly labelled airtight container. There is restricted access to this refrigerator.

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

Medicines such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available to children and not locked away. We also ensure that children are reminded that they need to take their own medication when outside of the school premises or on school trips. Emergency medication will remain at school.

Storage of medication whilst off site is 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 are taken off site to ensure appropriate procedures are followed.

All medicines held in school is send home at the end of the school year. Parents should ensure that there is medicine in school at the start of every school year.

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 are informed of this when the initial agreements are made to administer medicines. Medication returned to parent/ carers is documented on the tracking medication form.

Sharps boxes are in place for the disposal of needles. Collection and disposal of these are arranged locally through the relevant parent who will remove them from site when required.

Medical Accommodation

The medical room is used for all medical administration/treatment purposes.

Record keeping

Statutory Requirement: The governing body should ensure that written records are kept of all medicines administered to children.

A record of what has been administered including how much, when and by whom, is recorded on a 'record of prescribed medicines' form. The form is kept on file. Any possible side effects of the medication will also be noted and reported to the parent/carers.

Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents are informed in their child has been unwell at school.

Emergency Procedures

Statutory Requirement: The Governing body will ensure that the school's policy sets out what should happen in an emergency situation.

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 are made aware of the emergency symptoms and procedures. We 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.*

We 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 ensure that there is enough flexibility for all children to participate according to their own abilities within reasonable adjustments.

We consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. We 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 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 is the responsibility of the Local Authority. We alert the LA of a pupil's Individual Healthcare Plan especially in respect of emergency situations and particularly where life-threatening conditions are a factor so that all necessary precautions can be taken / arrangements made regarding transportation.

Salbutamol Asthma inhalers for emergency use are held by the school. These are provided by the Department of Health.

The school does not have a defibrillator. Our First Aid trained staff are qualified to administer CPR.

Unacceptable practice

Statutory Requirement: *The governing body will ensure that the school's policy is explicit about what practice is not acceptable.*

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 ensure that staff at the school have parents permission for administering medicines and members of staff have had training on the administration of the medication or medical procedure.

Complaints

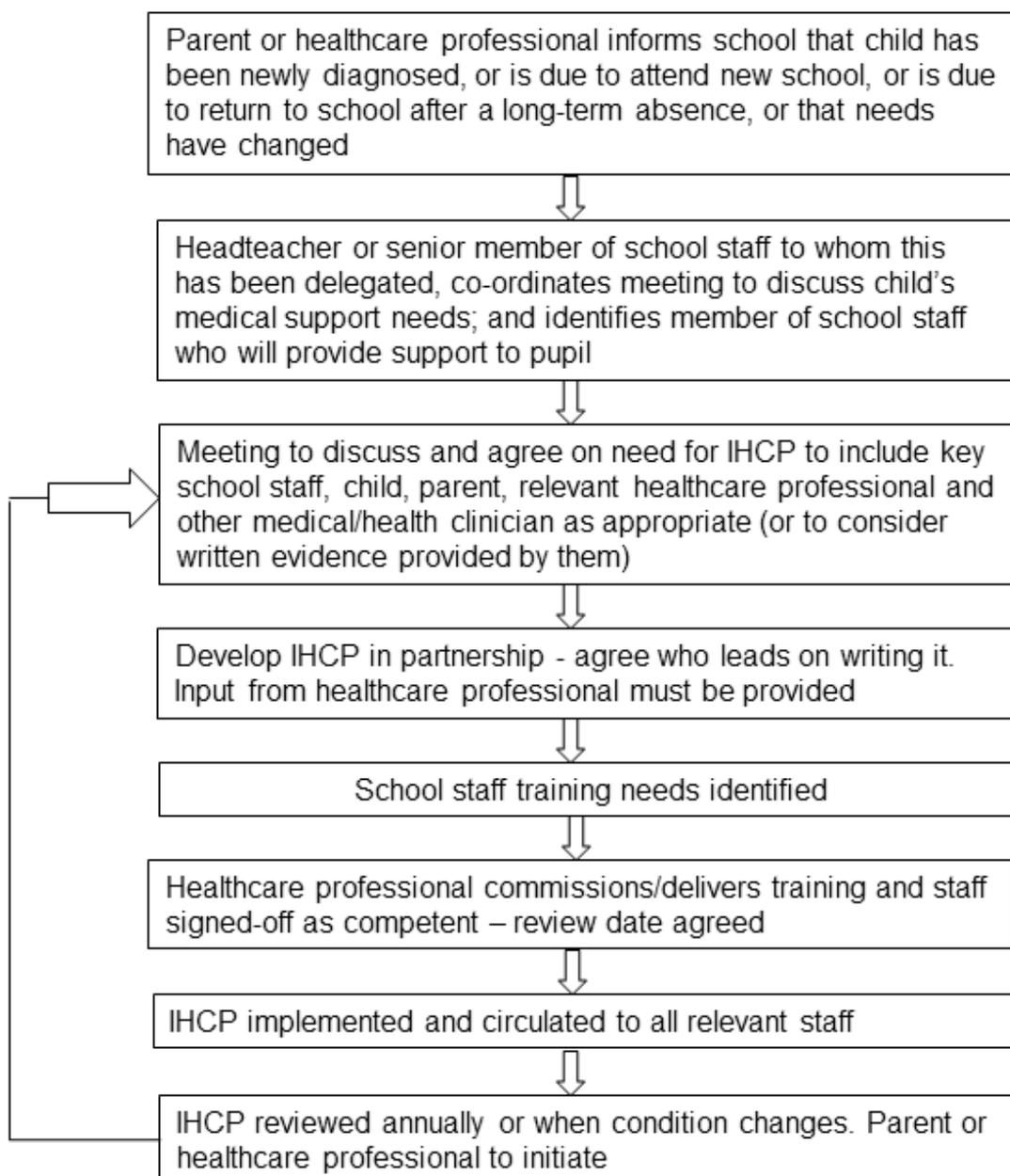
Statutory Requirement: The governing body will ensure that the school's policy sets out how complaints may be made and will be handled concerning the support provided to pupils with medical conditions.

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 Headteacher:

Date:

Annex A: Model process for developing individual healthcare plans



Appendix B – Standard Risk Assessment

Activity	Administration of Medicines	Date of Assessment	September 2015
Location	Mayhill Junior School	Date of Review	
Name of Risk Assessor	Sian Taylor	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. .

Instructions for Use: This blank risk assessment should be used for any area where there is not already a template risk assessment in place. You will need to ensure that you have identified the common hazards and recognised those people who could be at risk and whether they have any individual requirements. Consider all of the standard controls i.e. those things you need to do to reduce the risk and then confirm all of the standard controls are in place. Check if there is anything further that you may need to do. If all of these components are completed the level of risk for these hazards will have been reduced to the lowest acceptable level. An action plan should be completed if further mitigation is required following the assessment.

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.

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 Lack of clarity and staff awareness of policy and procedures</p> <p>Failure to follow policy/procedures</p>	Pupils/Staff	<p>Local administration of medicines policy documented for premises Administration of medicines policy provided to staff at induction and periodically thereafter</p> <p>Investigation procedure in place in the event of failure e.g. refresher training, disciplinary procedures or review of policy</p>	<p>Implement and monitor the policy</p> <p>Report half termly</p>	Office Staff	Ongoing	<p>Ongoing</p> <p>Ongoing</p>
<p><u>Training</u></p> <p>Lack of awareness training to safely administer medicines e.g. asthmas, 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</p>	Pupils/Staff/Visitors	<p>Periodic awareness training provided for medical conditions such as asthma or epi-pen etc. by a competent person e.g. school nurse or other medical professional</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>	Office Staff to manage with the school nurse for epi-pens and specific medical needs of pupils	Office Staff	Ongoing	Ongoing

needs of children on the premises		Periodic training provided for specific medical conditions by competent person e.g. school nurse or other medical professional				
<u>Administration</u> Incorrect dosage given Incorrect pupil given medication Out of date medication administered	Pupils	Medication to be provided in the original container/labelled with the name of the appropriate pupil and dose required Local procedure for checking name and dosage on medication prior to administration Part of local procedure should be to review expiry date prior to administering medication	protocol to contact parents or 999 as appropriate protocol to contact parents or 999 as appropriate	Office Staff Office Staff	Ongoing	Ongoing
<u>Controlled Drugs</u> Any specific procedures	Pupils	Only trained staff to administer medication	protocol to contact parents or 999 as appropriate	Office Staff	Ongoing	Ongoing
<u>Storage</u> No locked cabinet or room in use/available prescribed medicines and controlled drugs not locked away e.g. stored in pigeonholes No secure refrigerator available/in use	Pupils	Locked cabinet (not easily removable) or lockable room for use of storing all medication Ideally a dedicated refrigerator should be used which is in a secure location. If a normal refrigerator is used medicine must be stored in a separate sealed container and clearly labelled Medicines to be provided in the original container labelled with the name of the appropriate pupil All emergency medicines (asthma inhalers, epi-pens etc.) readily available and not locked away.				

Medicines not in original containers or clearly labelled Emergency medicines locked away						
Consent Lack of parents consent Inappropriate person providing consent Limited information on consent form (leading to lack of clarity) Formal consent forms not used	Pupils	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				
Health Care Plans School unaware that child has health issues requiring monitoring in school No health care plans in place Lack of involvement of family and health care professionals Lack of awareness of health care plan by relevant staff	Pupils	Process in place for identifying a child who has health issues that require monitoring in school i.e. identifying Children with Health Conditions questionnaire 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 Health care plans to be provided to all relevant staff				

<p><u>Record Keeping and Communication</u> No record of medicines being administered</p> <p>No tracking system for medication received in and out of premise</p>	<p>Pupils</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 to be 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> <p>Reminder system in place for informing parents of their responsibility of ensuring medication is not expired e.g. newsletter</p>				
<p><u>Disposal of Medication</u> Medication not disposed of responsibly</p>	<p>Pupils/Staff</p>	<p>Parents responsibility to safely dispose of medication school has returned to parent</p>	<p>Sharps or other appropriate disposal unit to be used if required</p>	<p>Office Staff</p>	<p>As required</p>	

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.	Implement and monitor the policy	Very low	New legislation / policy – office staff to familiarise quickly with requirements	Office Staff	End September	
2.						

Signature of Responsible Manager.....Date.....