



POLICY FOR SUPPORTING PUPILS WITH MEDICAL CONDITIONS

The following Administration of Medicines Policy Template is provided to assist you in developing a local policy that is specific to your premises/organisation. We have provided some example text to assist you in writing your local policy but it is not designed or fit for immediate use as your policy.

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

It is recommended that you read and complete this policy template in conjunction with the DfE statutory guidance document 'Supporting Pupils with Medical Conditions'.

Any writing in black bold in this policy template is statutory guidance which must be followed, you may wish to leave this in the policy or remove as required based on the school's preference.

Any writing in normal black text is text that should be kept in the policy or amended to meet your local arrangements.

Any writing in blue italics is either example text and can be amended/adapted/deleted as appropriate to reflect the local arrangements or it requires information to be inserted.

*****Please ensure this box is deleted prior to implementation*****

Name of Unit/Premises/Centre/ School:	
Name of Responsible Manager/Headteacher:	
Date Policy approved and adopted:	
Date Due for review:	

Introduction

Consider the following example text to set out your introduction, add additional information as required. You may wish to refer to pages 5-9 of the DfE guidance to add in more information as required.

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 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.

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.

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.

Please refer to page 11 of the DfE guidance document to review the roles and responsibilities for different people that you may want to include in your policy. An example of how to lay this area out is highlighted below;

The Governing Body is responsible for:

Detail the expectation on the governing body here.

ensuring that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

They should also ensure 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.

The Headteacher is responsible for:

Detail the expectation on the Headteacher here.

should ensure that their 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. Headteachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure 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. Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact 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.

Teachers and Support Staff are responsible for:

Detail the expectation on the governing body here.

any member of 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 should take into account the needs of pupils with

medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

The School Link Nurse/Matron is responsible for:

(As well as considering the section on page 11 of the DfE document on school nurses when completing this section, it may also be worthwhile discussing with your link school nurse what her role is in relation to this area as this may differ depending on the location of the school. This will also differ if you have an in house nurse/matron and will need to be adapted accordingly).

Some of these roles may not be applicable for all premises such as Pupil Referral Unit and will need to be adapted as required.

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.

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.

Please refer to pages 9-11 of the DfE guidance document when establishing this area of your policy.

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 Headteacher or SENCo 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 [Headteacher/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' 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), then 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 child's plan will be reviewed on an annual basis or sooner if the child's needs change. The date will be logged in the school bring-up diary.

Statutory Requirement: When deciding what information should be recorded on individual healthcare plans, the governing body should consider the following: [Please refer to page 10, number 19 of the DfE guidance to develop this area further.](#)

- the child's 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.*

The following text can be used/adapted to detail what your local arrangement are;

All new staff will be inducted on the policy when they join the school through a meeting with the Headteacher. Records of this training will be stored in the medicines file.

All nominated 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 and/or following a review of the policy.*

The awareness training will be provided to staff by a meeting on the first *inset day of the academic year.*

We will retain evidence that staff have been provided the relevant awareness training on the policy by minutes of the meeting.

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.

A 'Staff training record– administration of medicines' form will be completed to document the type of awareness training undertaken, the date of training and the competent professional providing 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.*

The following text can be used/adapted to detail what your local arrangement are;

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. 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).

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 following text can be used/adapted to detail what your local arrangement are;

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.

A documented tracking system to record all medicines received in and out of the premises will be put in place. The tracking system used is The Children's Services Medication Tracking Form.

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

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

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.

Staff should make sure that a child's inhaler is stored in a safe but readily accessible place, and clearly marked with the child's name.

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.

We will 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 the school have concerns they will seek further guidance from their link School Nurse).

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

All other pain relief medicine will not be administered without first checking maximum dosages and when previously taken. We will always inform parents.

Any homeopathic remedies to be administered will require a letter of consent from the child's doctor and will be administered at the discretion of the Head teacher.

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 staff refrigerator in a clearly labelled airtight container. There must be restricted access to a refrigerator holding medicines.

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 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 through ***...(please insert the name of the appropriate contractor)...* who will remove them from site ***...(insert the frequency of removal from site)...*

Medical Accommodation

The office will be used for all medical administration/treatment purposes. The location/room 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 a 'record of prescribed medicines' form. 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. *Please refer to page 17 of the DfE guidance document. Consider whether the use of Template F: Contacting Emergencies Services form (Appendix D in the Supporting Pupils with Medical Conditions Guidance document) is required in your setting and include this in this section.*

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).

Procedure to follow when calling the 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

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

[Please refer to page 18 of the DfE guidance document to write this section.](#)

[The governing body may want to consider area's including those listed below and include in their policy on these areas;](#)

Home-to-school transport

Where a pupil has an individual healthcare plan and travels to school either by bus or taxi, school staff should encourage parents/carers to share this with the Local Authority, 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 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. *For schools that have brought back in to the County Council's insurance SLA, the text below can be used. In all other cases please refer to page 19-20 of the DfE guidance for this section.*

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:	
Date:	

Standard Risk Assessment:

Appendix B

Activity	Administration of Medicines	Date of Assessment	15.12.14
Location	Ecchinswell and Sydmonton CE Primary School	Date of Review	15.12.15
Name of Risk Assessor	Sharon Pole	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.

Standard Risk 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:

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>Policy/Procedures</u> Lack of policy/procedures Lack of clarity and staff awareness of policy and procedures Failure to follow policy/procedures	Pupils – not receiving medication, receiving incorrect medication/dosage etc	Local administration of medicines policy documented for premises Administration of medicines policy provided to staff at induction and periodically thereafter Investigation procedure in place in the event of failure e.g. refresher training, disciplinary procedures or review of policy	New LA template policy to be used to write new policy. New policy to be approved by the Governing Body. New policy to be added to Governor policy schedule. New policy to be added to school website.	HT Resources Committee Clerk to Governors Admin Staff	December 2014 Spring Term 2015 Spring Term 2015 Spring Term 2015	

Standard Risk Assessment:

Training Lack of awareness training to safely administer medicines e.g. asthmas, epi-pen etc. Lack of awareness training in control and storage of medication Lack of specific awareness training to meet individual needs of children on the premises	Pupils – not receiving medication, receiving incorrect medication/dosage etc	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	Arrange date for School Nurse to come into school and train staff to safely administer medicines.	SENCo	December 2014	
		Induction awareness training on local storage procedures and periodic refresher information provided (annually) to relevant staff e.g. policy/procedures	Add to bring-up diary	Headteacher	December 2014	
		Questionnaire (provided by School Nursing Team) to be completed by parents/guardian for pupils on admission to school to ensure medical needs are identified	Add to bring-up diary to check it is done annually.	Headteacher	December 2014	
		Periodic training provided for specific medical conditions by competent person e.g. school nurse or other medical professional	Arrange date for School Nurse to come into school and train staff to safely administer medicines.	SENCo	December 2014	

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>Administration</u> Incorrect dosage given Incorrect pupil given medication Out of date medication administered	Pupils – not receiving medication, receiving incorrect medication/dosage etc	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	Item in newsletter to provide parents with correct information. Checklist provided for staff to ensure they check medication prior to administration	Headteacher	February 2015	
<u>Controlled Drugs</u> Any specific procedures	Pupils – not receiving medication, receiving incorrect medication/dosage etc	Only trained staff to administer medication	Some training on what is meant by controlled drugs so that staff have a clear understanding. No controlled drugs currently being administered.	School Nurse	January 2015	

Standard Risk Assessment:

<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 Medicines not in original containers or clearly labelled Emergency medicines locked away	Pupils, staff and visitors – unsupervised access to controlled drugs Pupils – medication loses effectiveness due to incorrect storage Pupils – not receiving medication, receiving incorrect medication/dosage etc Pupils – not able to access emergency medicines quickly enough	Safe or locked cupboard in office (left hand side) used for storing all medication Staff fridge used to store medicines. Medicines provided in the original container labelled with the name of the appropriate pupil All emergency medicines (asthma inhalers, epi-pens etc.) readily available (in school office) and not locked away.	Special container needs to be purchased to put in fridge and labelled: medication.	Headteacher	January 2015	
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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
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 – incorrect dosage given, incorrect administration eg before food etc	Parental consent forms completed	Ensure updated form using standard template, provided by department is fully completed by a parent or guardian of child only, providing all relevant information requested.	Headteacher	Spring Term 2015	

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 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 – serious health issues or fatalities if school staff unaware of children's problems or how to deal with them appropriately.	Parents inform school of health issues when child starts school or if new issues arise.	Put a more formal process in place for identifying a child who has health issues that require monitoring in school i.e. identifying Children with Health Conditions questionnaire Devise a health care plan 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	Headteacher Headteacher/SENCo	Spring Term 2015	

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>Record Keeping and Communication</u> No record of medicines being administered No tracking system for medication received in and out of premise	Pupils – overdose or no dose at all	Recording forms 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 to be kept with recording forms 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 Tracking system should include the expiry date for medication to enable periodical checks to be carried out, unless another system has been implemented Put procedure in place to check with parents when expiry dates are exceeded via newsletter and bring-up diary to remind me.	Headteacher/SENCo	January 2015	

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>Disposal of Medication</u> Medication not disposed of responsibly	Pupils – out of date medication administered.		Check medication expiry dates and return to parents. Remind parents of their responsibility to safely dispose of medication school has returned to parent	Administration Officer/First Aider	January 2015	

Standard Risk Assessment:

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.	Policy and procedures	Imminent	New LA template policy to be used to write new policy. New policy to be approved by the Governing Body. New policy to be added to Governor policy schedule. New policy to be added to school website.	HT Resources Committee Clerk to Governors Admin Staff	December 2014 Spring Term 2015 Spring Term 2015 Spring Term 2015	
2.	Training	High	Arrange date for School Nurse to come into school and train staff to safely administer medicines. Add to bring-up diary Add to bring-up diary to check it is done annually. Arrange date for School Nurse to come into school and train staff to safely administer medicines.	SENCo Headteacher Headteacher SENCo	December 2014 December 2014 December 2014 December 2014	
3.	Administration	High	Item in newsletter to provide parents with correct information.	Headteacher	February 2015	

Standard Risk Assessment:

			Checklist provided for staff to ensure they check medication prior to administration			
4.	Controlled drugs	Medium	Some training on what is meant by controlled drugs so that staff have a clear understanding. No controlled drugs currently being administered.	School Nurse	January 2015	
5.	Storage	Medium	Special container needs to be purchased to put in fridge and labelled: medication.	Headteacher	January 2015	
6.	Consent	Medium	Ensure updated form using standard template, provided by department is fully completed by a parent or guardian of child only, providing all relevant information requested.	Headteacher	Spring Term 2015	
7.	Health Care Plans	Medium	Put a more formal process in place for identifying a child who has health issues that require monitoring in school i.e. identifying Children with Health Conditions questionnaire Devise a health care plan 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	Headteacher Headteacher/SENCO	Spring Term 2015	
8.	Record Keeping and Communication	High	Staff training awareness record forms to be kept with recording forms 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 Tracking system should include the expiry date for medication to enable periodical checks to be carried out, unless another system has been implemented	Headteacher/SENCO	January 2015	

Standard Risk Assessment:

			Put procedure in place to check with parents when expiry dates are exceeded via newsletter and bring-up diary to remind me.			
9.	Disposal of medication	Medium	Check medication expiry dates and return to parents. Remind parents of their responsibility to safely dispose of medication school has returned to parent	Administration Officer/First Aider	January 2015	

Signature of Responsible Manager.....

Date.....

ECCHINSWELL AND SYDMONTON CE PRIMARY SCHOOL

MEDICATION TRACKING FORM

[illegible]

Ecchinswell and Sydmonton CE Primary School - Individual healthcare plan

Name of school/setting	Ecchinswell and Sydmonton CE Primary School	
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

--

Ecchinswell and Sydmonton CE Primary School - Parental agreement for setting to administer medicine

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	Ecchinswell and Sydmonton CE Primary School
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	The school office

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)

Date

Ecchinswell and Sydmonton CE Primary School - record of medicine administered to an individual child

Name of school/setting

Ecchinswell and Sydmonton CE Primary School

Name of child

Date medicine provided by parent

/ /

Group/class/form

Quantity received

Name and strength of medicine

Expiry date

/ /

Quantity returned

Dose and frequency of medicine

Staff signature

Signature of parent

Date

/ / / /

Time given

Dose given

Name of member of staff

Staff initials

Date

/ / / /

Time given

Dose given

Name of member of staff

Staff initials

Record of medicine administered to an individual child (Continued)

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Ecchinswell and Sydmonton CE Primary School - record of medicine administered to all children

Name of school/setting

--

Date

Child's name

Time

Name of medicine

Dose given

Any reactions

Signature
of staff

Print name

[illegible]

**Ecchinswell and Sydmonton CE Primary School - 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 _____

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 E

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)
[Parent/ Carer with parental responsibility]

Print Name

Date

Contact number _____

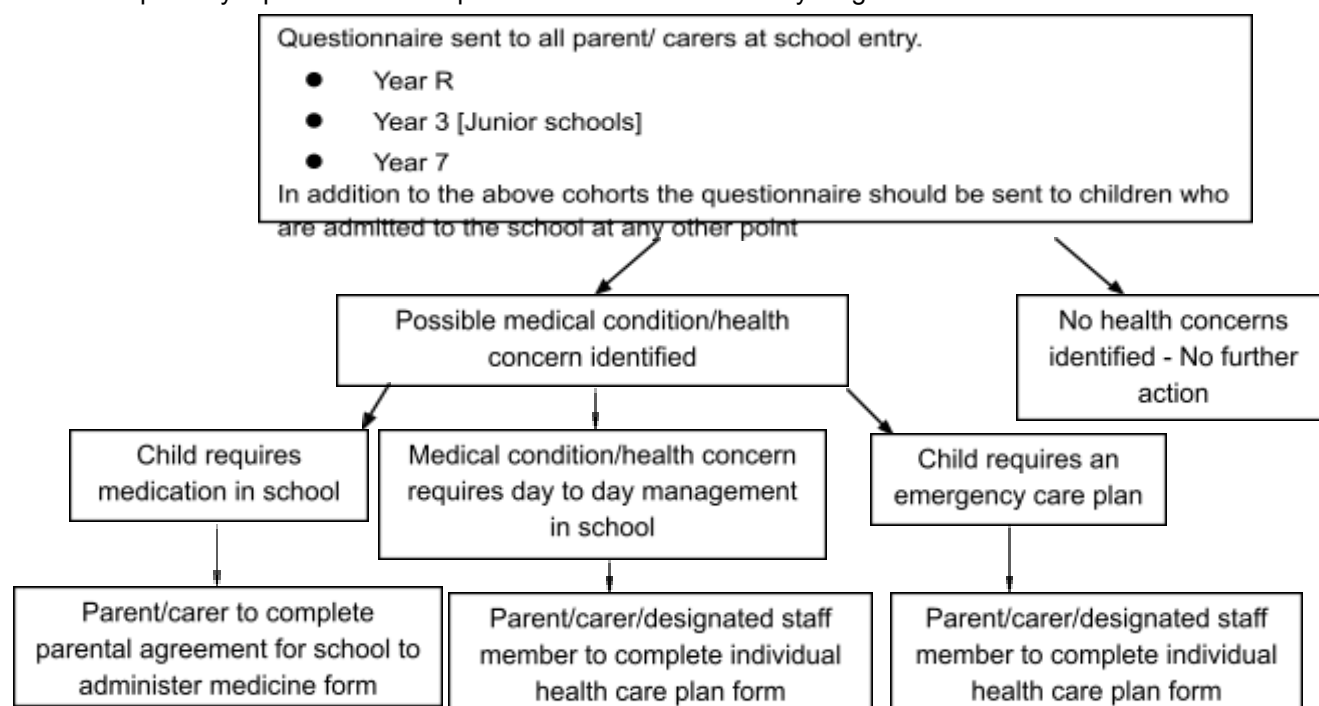


Hampshire
County Council

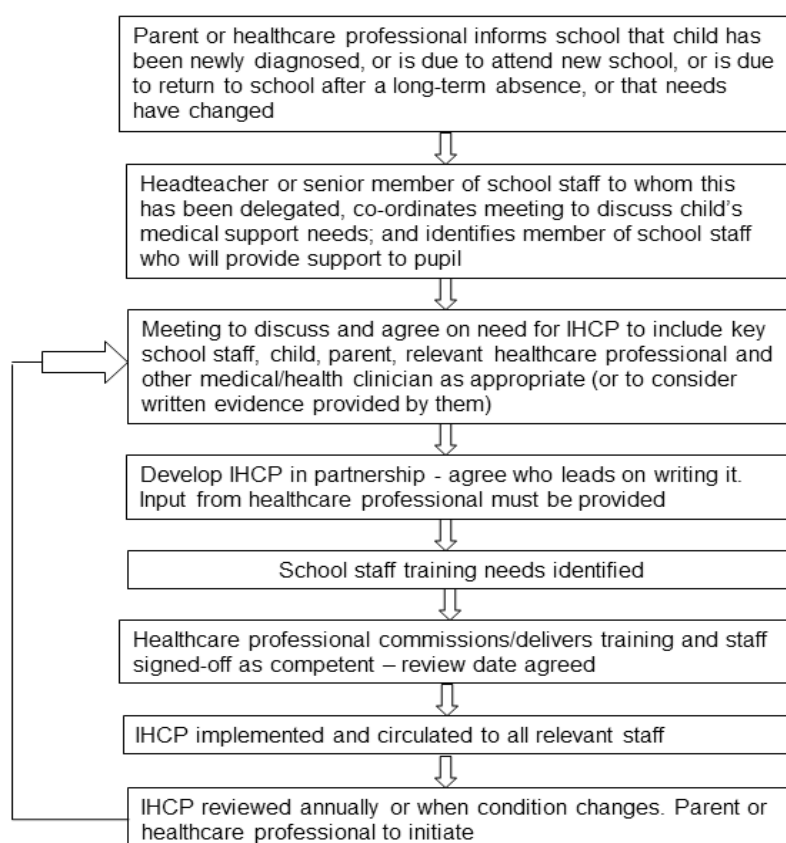
APPENDIX F

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



Hampshire
County Council