



## Oakley Infant School Supporting Pupils With Medical Needs

### Introduction

Section 100 of The Children and Families Act 2014 places a duty on the Governing Body of Oakley Infant School to make arrangements for supporting children at the school with long term and complex medical conditions. Due consideration of the Department of Education statutory guidance 'Supporting Pupils with Medical Conditions' (2015) has been given when meeting this requirement.

The school endeavours 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.

This policy is for children with long term medical conditions requiring regular medication and/or emergency medication, not common childhood illnesses such as colds, chicken pox, ear infections etc requiring medication for the short term.

We will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases therefore we will not accept a child in school at times where it would be detrimental to the health of that child or others to do so.

It is school 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.

The school recognises that medical conditions may impact social and emotional development as well as having educational implications.

### Key Roles & Responsibilities

#### The Governing body is responsible for ensuring:

- that arrangements are in place to support children with medical conditions in school;
- the school has an effective policy in place for supporting children with medical conditions;
- that children are supported to enable the fullest participation possible in all aspects of school life;

- that staff receive suitable training, have access to information and teaching support materials and are competent to take responsibility to support children with medical conditions;
- that national and local guidance is followed;
- there is a member of the school's leadership team identified as the responsible person.

**The Headteacher is responsible for ensuring:**

- that the school policy is developed and effectively implemented with partners;
- that all staff are aware of the policy and understand their role in the implementation;
- that relevant staff are aware of individual children's conditions;
- that relevant staff are appropriately trained to deliver against individual healthcare plans and are confident to cope in emergency situations;
- that the school nursing service are aware of all children with medical conditions that may require support in school.

**Teachers and Support Staff are responsible for ensuring:**

- that they take into account the needs of any child with medical conditions that they teach;
- they have received sufficient and suitable training and are competent and confident to take on the support of any child with a medical condition;
- what to do and how to respond to a child with a medical condition who needs help.

**The School Link Nurse is responsible for:**

- providing support on medical conditions;
- liaising with lead clinicians on appropriate support for individual children.

**Identifying children with health conditions**

The school 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. The 'Health Questionnaire for Schools' will be used to obtain the information required for each child's medical needs to ensure that appropriate arrangements are in place prior to the child commencing at the school to support them accordingly.

The induction process encourages parents to share any medical conditions and other concerns they might have so that the school is aware of individual needs and can put plans in place to support them. Information is requested through the **Green Book** and followed up by the office staff. A health form (Appendix 2) will be sent out as part of the induction paperwork. Pre-schools are encouraged to share any information concerning children who are transferring to school.

The school has an 'open door' policy which encourages parents to talk to the school about any concerns or changes that affect their child.

Staff are always vigilant and note any health concerns regarding children in the school. These are shared with the Headteacher or Deputy Headteacher and shared with parents. The school nurse may be consulted for advice.

If a child with a medical condition transfers from another school contact is made to ensure that the transfer is smooth and all needs and requirements are met.

For children transferring from other provision eg. A school outside the LA, a learning resources unit etc, contact will be made with the Local Authority to ensure that the correct plans and support are in place for successful reintegration.

If a formal diagnosis is awaited or is unclear, plans will be made to implement arrangements to support the child, based on the current evidence available for their condition. Once formal medical evidence is available the care plan will be amended as necessary in consultation with parents.

### **Individual health care plans**

Individual Healthcare Plans (IHP) will be used particularly where conditions fluctuate, where there is a high risk that emergency intervention will be needed and where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professionals and parents will agree based on evidence when a healthcare plan would be inappropriate or disproportionate.

Where children require an individual healthcare plan it is the responsibility of the Headteacher 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 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.

The flowchart 'Process for identifying children with a health condition' (Appendix 1) may be used for identifying and agreeing the support a child needs and developing the individual healthcare plan.

The individual healthcare plan template (Appendix 3) will be used to record the plan.

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

Healthcare plans will be reviewed annually at school with input from the school, parent/carers and health professionals including any clinical specialists. They can be reviewed at any time if the child's circumstances change. Any changes will be recorded and the plan adapted to suit the new needs with the child's best interests in mind and ensure that risks to the child's education, health and social well-being are managed with minimum disruption.

### **Information to be recorded on individual healthcare plans**

- the medical condition, its triggers, signs, symptoms and treatments,
- the child's resulting needs, including:
  - medication (dose, side effects and storage)
  - other treatments,
  - timing of any required interventions,
  - facilities and or equipment,
  - testing,
  - access to food and drink where this is used to manage their condition,
  - dietary requirements,
  - environmental issues e.g. crowded corridors,
- specific support for the pupil's educational, social and emotional needs,
- how absences will be managed,
- requirements for extra time to complete tests,
- use of rest periods,
- additional support in catching up with lessons,
- 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,
- named person/s who will provide 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; as well as cover arrangements for when they are unavailable,
- a list of people in the school who need 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 child during school hours,
- the separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments,
- if confidentiality issues are raised by the parent/child, only designated individuals, who are involved with a child's care, will be aware of the detailed information about the child's condition,
- what to do in an emergency, including who to contact, and contingency arrangements,
- Staff training.

All new staff will be inducted on the policy when they join the school as part of the school induction procedures. Records of this training will be stored in their personnel 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 (or following a review of the policy)

The awareness training will be provided to staff by a briefing sheet and staff meeting. Evidence of the training will be recorded on signature sheets which will be retained with other staff training notes in the school office.

Where required the school 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 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**

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).

Where possible the school will endeavour to ensure that children will have easy access to allow for quick self-medication. The appropriate level of supervision required will be agreed with relevant healthcare professionals/parents and documented in the healthcare plan.

### **Managing Medicines on School Premises**

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

The school policy is to manage prescribed medicines (e.g. insulin, inhalers) where appropriate following consultation, agreement and written consent from the parents. It is the general policy not

to take responsibility for the administration of non-prescribed medicines, (e.g. Calpol or cough mixtures provided by parents) as this responsibility rests with the parents although we will administer if a child is in pain while they are waiting for a parent to arrive eg for earache, with the parents' permission.

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. (Appendix 4)

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/carers will be informed at the earliest available opportunity.

The school will only accept prescribed medicines that are in date, labelled, provided in the original container as dispensed by the pharmacist and include instructions for administration, dosage and storage. 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.

Inhalers are stored in the medical room cupboard, and are 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. Drugs will be 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, they will be allowed to do so under supervision.

We will only administer non-prescribed medicines on request from the parent in exceptional situations after seeking guidance from the School Nurse or GP. The medication will need to be in clearly identifiable packaging and this will only be on a short term basis.

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

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 Headteacher.

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 cupboard in the medical room.

Where medicines need to be refrigerated, they will be stored in the staff refrigerator in a clearly labelled airtight container.

Children will be made aware of where their medicines are at all times and be able to access them immediately where appropriate by asking at the school office.

Medicines such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away. We ensure that they are readily available when outside of the school premises or on school trips by using the provided medication for the day.

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 may be taken off site to ensure appropriate procedures are followed if necessary.

### **Disposal**

It is the responsibility of the parents/carers to dispose of their child's medicines. It is the school 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 parents/carers on request from the school.

### **Medical Accommodation**

The medical room is available to be used for medical administration/treatment purposes.

**Record keeping**

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. A sticker will be given to all children who have received their medication with the date, time and initials of who has administered the medication this will help to inform parents/carers and also school staff.

**Emergency Procedures**

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. The school 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/carers 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**

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 with 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 children with medical conditions are included. We will consult with parents/carers and pupils and seek advice from the relevant healthcare professional to ensure that pupils can participate safely.

**Other issues**

- Home-to-school transport
  - In the case of children who have individual healthcare plans, especially in respect of emergency situations, who are entitled to use the school minibus for home-to-school transport a separate risk assessment will be made. Drivers will be made aware and given appropriate training if necessary. Arrangements concerning medication will be made according to the needs identified in the risk assessment.
- Asthma inhalers
  - The school hold asthma inhalers for emergency use. Staff have been trained in the use of the emergency pack.

**Unacceptable practice**

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/carers; 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, e.g. 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/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs;
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips eg. by requiring parents/carers to accompany the child.

**Liability and Indemnity**

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 undertake a medical procedure to children. To meet the requirements of the indemnification, we will ensure that staff at the school have parents/carers' permission for administering medicines and members of staff will have had training on the administration of the medication or medical procedure.

### **Complaints**

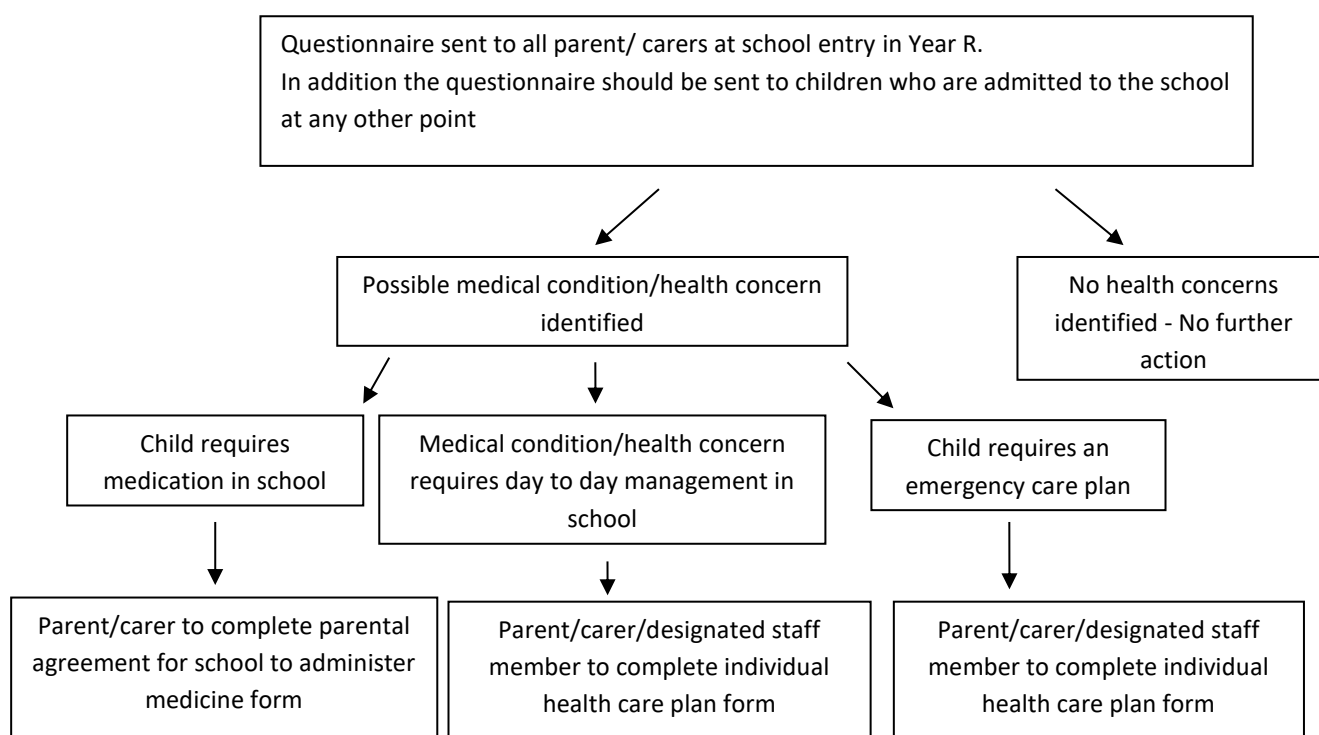
Should parents/carers or children be dissatisfied with the support provided they can discuss their concerns directly with the Headteacher. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

Approved by Buildings and Premises Committee  
Review

June 2024  
Summer 2026

**Identification of 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 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	<input type="checkbox"/>	NO	<input type="checkbox"/>
If YES please give details			

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

Signature(s) \_\_\_\_\_ Print Name \_\_\_\_\_  
**[Parent/ Carer with parental responsibility]**

Date \_\_\_\_\_ Contact number \_\_\_\_\_

**Individual Healthcare Plan**

Appendix 3

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

**Family Contact Information**

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

**Clinic/Hospital Contact**

Name	
Phone no.	

**G.P.**

Name	
Phone no.	

Who is responsible for providing support in school	
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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



**Medication Tracking Form**

Appendix 4

<b>NAME OF CHILD</b>	<b>MEDICATION</b>	<b>MEDICATION EXPIRY DATE</b>	<b>DATE RECEIVED IN SCHOOL</b>	<b>DATE RETURNED TO PARENT/OR MEDICATION FINISHED</b>	<b>STAFF NAME</b>	<b>SIGNATURE</b>

**Parental agreement for setting to administer medicine**

**Appendix 5**

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

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

**Medicine**

Name/type of medicine <i>(as described on the container)</i>	
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	[agreed member of staff]

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

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

**Record of administration of medication to individual child**

**Appendix 6**

Name of school/setting  
 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 staff member	Staff initials

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## Risk Assessment

Activity	Administration of Medicines	Date of Assessment	
Location		Date of Review	
Name of Risk Assessor		Risk assessment subject to.	Management of Health and Safety at Work Regulations

**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 with school risk assessments**

#### **Administration of Medicines Risk Assessment Guidance**

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 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.

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

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><b><u>Policy/Procedures</u></b></p> <p>Lack of policy/procedures</p> <p>Lack of clarity and staff awareness of policy and procedures</p> <p>Failure to follow policy/procedures</p>		<p>Local administration of medicines policy documented for premises</p> <p>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>				

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><b>Training</b></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 needs of children on the premises</p>		<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> <p>Periodic training provided for specific medical conditions by competent person e.g. school nurse or other medical professional</p>				

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><b><u>Administration</u></b></p> <p>Incorrect dosage given</p> <p>Incorrect pupil given medication</p> <p>Out of date medication administered</p>		<p>Medication to be provided in the original container/labelled with the name of the appropriate pupil and dose required</p> <p>Local procedure for checking name and dosage on medication prior to administration</p> <p>Part of local procedure should be to review expiry date prior to administering medication</p>				
<p><b><u>Controlled Drugs</u></b></p> <p>Any specific procedures</p>		<p>Only trained staff to administer medication</p>				

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><b>Storage</b></p> <p>No locked cabinet or room in use/available prescribed medicines and controlled drugs not locked away e.g. stored in pigeonholes</p> <p>No secure refrigerator available/in use</p> <p>Medicines not in original containers or clearly labelled</p> <p>Emergency medicines locked away</p>		<p>Locked cabinet (not easily removable) or lockable room for use of storing all medication</p> <p>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</p> <p>Medicines to be provided in the original container labelled with the name of the appropriate pupil</p> <p>All emergency medicines (asthma inhalers, epi-pens etc.) readily available and not locked away.</p>				

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

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><b><u>Health Care Plans</u></b></p> <p>School unaware that child has health issues requiring monitoring in school</p> <p>No health care plans in place</p> <p>Lack of involvement of family and health care professionals</p> <p>Lack of awareness of health care plan by relevant staff</p>		<p>Process in place for identifying a child who has health issues that require monitoring in school i.e. identifying Children with Health Conditions questionnaire</p> <p>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</p> <p>Health care plans to be provided to all relevant staff</p>				

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><b><u>Record Keeping and Communication</u></b></p> <p>No record of medicines being administered</p> <p>No tracking system for medication received in and out of premise</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>				

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

**Action Plan for Risk Assessment**

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

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

Signature of Responsible Manager.....

Date.....