**Exemplar Generic Risk Assessment:**

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| **Purpose of Risk Assessment** | Safe Administration of Medication Within Educational Settings |  |
| **Risk Assessment Written By:** | *Head Teacher / Depute Head Teacher / PT ASL* | |
| **Other individuals involved in Risk Assessment:** | *Pupils, Education Staff, Parents / Carers, Head Teacher, Depute Head Teacher, NHS Grampian staff* | |

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| **Hazard / Risk** | **Medication / Procedure / Objective** | **Person/s Affected** | **Risk level before controls are in place** | | | **Control Measures** | **Risk level with controls in place** | | |
|  |  |  | **L** | **M** | **H** |  | **L** | **M** | **H** |
| Inappropriate storage resulting in medicines being misplaced, unavailable or unusable | Storage of Medication | Pupil |  | **X** |  | Procedures in place (Med Forms 1-3 and Med Form 6) whereby all medicines to be administered are consented to and stored appropriately.  Secure storage is available for medication  Termly inspections of records and storage areas are conducted by the Head Teacher or PT ASL (Appendix 1)  Staff to dial 999 if medical emergency arises and child is at risk of harm  Confirmation of pupils identity, dosage and expiry dates are checked each time medication is administered  Contact numbers of child’s parents / carers / GP are available if required | **X** |  |  |
| Medicating without consent | Administration of medication | Pupil | **X** |  |  | Consent form signed by Parent/Carer and medication provided by Parent/Carer with a dispensary label  Staff to dial 999 if medical emergency arises and child is at risk of harm | **X** |  |  |
| Medicating without staff support | Administration of medication | Pupil |  | **X** |  | Consent form signed by Parent/Carer and pupil.  Pupil demonstrates ability to manage administering their medication requirements as per the instructions provided by NHS.  Pupil is aware and adheres to the fact that the medication is for their sole use and if they have lost or mislaid it, they must inform a school member of staff immediately | **X** |  |  |
| Over medicating | Administration of medication | Pupil |  | **X** |  | Staff to complete training specific to the administration of medication- (this is only available for certain medications)  **Dependent on specific medication the options include:**  Staff to follow NHS Protocol/Care Plan and follow procedure. Staff to inform Parent/Carer of the procedure that has been completed e.g. administration of Buccal Midazolam, Epi Pen  **Or**  Staff to phone Parent/ Carer prior to administering medication to ensure the timing of doses incase child was given prior to school e.g. paracetamol  **Or**  Staff to follow instructions as per the completed consent form and dispensary label e.g. Baclofen  Staff to ensure medication is prescribed for the child/ young person prior to administration.  Staff to check the use by date on the medication prior to administration.  Staff to follow guidance on dosage stated on the dispensary label.  Staff to seek a witness for administering the medication (mandatory for Controlled Drugs)  Staff to record the administration of medication on Med form 2/ 2a | **X** |  |  |
| Allergic reaction | Administration of Medication | Pupil |  | **X** |  | As per the NHS Care Plan/Protocol and/or form signed by Parent/Carer | **X** |  |  |
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**Review termly or when required**

**Education Staff Note: This is a generic risk assessment that Education staff can amend to suit the needs of the learners in their schools. This Risk Assessment format can be used to cover the administration of medication for all pupils within an educational setting.**