

Administration of Medicines in Educational Settings Risk Assessment (H&S Update – April 2020)

Operations/Work Activities covered by this assessment:	ADMINISTRATION OF MEDICINES IN EDUCATIONAL SETTINGS		
Site Address/Location:	Asquith Primary School	Department/Service/Team:	
Note: A person specific assessment must be carried out for individual children / young persons			

Hazards Considered <i>Step 1 (Clause 3.1)</i>	Who might be harmed and how <i>Step 2 (Clause 3.2)</i>	Existing Control Measures: <i>Step 3 (Clause 3.3)</i>	Risk Rating			Further action <i>Step 3</i> <i>Consider hierarchy of controls i.e. elimination, substitution, engineering controls, signage/warning and/or administrative controls, (PPE as a last resort)</i>	Actions <i>Step 4 (Clause 3.4)</i>			Risk Rating		
			Likelihood	Severity	Risk Rating		who (Name)	when (Date)	complete (Date)	Likelihood	Severity	Risk Rating
Issue of incorrect medication and emergency procedures	Staff and children / young people may experience ill-health, unconsciousness, or death as a result of consumption of incorrect medicine	<p>A Schools Medicines Policy has been implemented (<i>model Policy is available on the Schools Portal</i>).</p> <p>The policy is communicated to employees within the school and a record of this is maintained.</p> <p>Parental consent has been obtained and a written record is maintained.</p> <p>Employees who administer medicines have received the appropriate training.</p> <p>A written record is completed for the administration of medicines to individuals and countersigned by staff (for class A or B substances as identified in the Misuse of Drugs Act 1971)</p> <p>Qualified medical advice is available and employees know how to access it.</p>				<p>Medicines policy is reviewed annually. First Aid and paediatric first aid is updated as required.</p> <p>Parental consent sought for all medication administered in school.</p> <p>Diabetes and Epi pen training undertaken</p> <p>Records kept in front office for KS2 and by First Aid cabinet in KS1 kitchen.</p> <p>7 Teaching Assistants, 1 PE coach and 5 Midday Supervisory Assistants are qualified paediatric First aiders.</p> <p>Additional Teaching Assistants and Midday staff are trained in first Aid.</p>						

Hazards Considered <i>Step 1 (Clause 3.1)</i>	Who might be harmed and how <i>Step 2 (Clause 3.2)</i>	Existing Control Measures: <i>Step 3 (Clause 3.3)</i>	Risk Rating			Further action <i>Step 3</i> <i>Consider hierarchy of controls i.e. elimination, substitution, engineering controls, signage/warning and/or administrative controls, (PPE as a last resort)</i>	Actions <i>Step 4 (Clause 3.4)</i>			Risk Rating		
			Likelihood	Severity	Risk Rating		who (Name)	when (Date)	complete (Date)	Likelihood	Severity	Risk Rating
Incorrect storage of medication	Staff and children / young people may experience sickness, fever and unconsciousness as a result of ingesting medication which has been stored incorrectly.	<p>Arrangements are in place for the safe storage of medication. This is in a locked cabinet within a locked room and access is available (keys/codes) should they be required.</p> <p>Lockable containers are available and labelled correctly for use during off-site visits.</p> <p>A purpose designed fridge for medicine storage is available for medicines such as insulin and liquid antibiotics. The key requirements of the fridge are:</p> <ul style="list-style-type: none"> • A digital minimum/maximum thermometer, ideally integrated and readable from outside the fridge and ability to data log temperatures • Maintain temperatures between 2°C and 8°C. • All refrigerators used for storing medicines should be of pharmaceutical grade and meet the Medicines and Health Regulatory Agency (MHRA) guidelines on 'Control and monitoring of storage and transportation temperatures of medicinal products.' • Meet W.H.O. performance criteria (E3/PROC/3/2) <p>Staff and pupils with asthma have immediate access to their inhalers (including off-site visits).</p>				<p>HJ to check First Aid cabinets regularly.</p> <p>Purchase of storage for residential visits if non available on site.</p> <p>School fridge to be used for the purpose of storing any antibiotics and insulin.</p> <p>Inhalers kept in classrooms and children take with them to PE sessions. Ensure inhalers taken on all visits out of school.</p>	HJ SG/HJ	At least half termly				

Hazards Considered <i>Step 1 (Clause 3.1)</i>	Who might be harmed and how <i>Step 2 (Clause 3.2)</i>	Existing Control Measures: <i>Step 3 (Clause 3.3)</i>	Risk Rating			Further action <i>Step 3</i> <i>Consider hierarchy of controls i.e. elimination, substitution, engineering controls, signage/warning and/or administrative controls, (PPE as a last resort)</i>	Actions <i>Step 4 (Clause 3.4)</i>			Risk Rating		
			Likelihood	Severity	Risk Rating		who (Name)	when (Date)	complete (Date)	Likelihood	Severity	Risk Rating
Accepting medicines from parents / carers	Poorly maintained records may result in the incorrect type/quantity of medication. Staff and children / young people may experience ill-health effects.	All medicines MUST be in their original pharmacy packaging, stating date / dosage and duration. No medicines should be accepted if they are only in "blister packs". A written record MUST be kept stating the amount, drug name, dosage and duration for the administration of medicines.				Office staff to be responsible for ensuring any meds taken in are in correct packaging. No meds should be sent into class.						
Disposal of Medicines	Staff and children / young people may experience sickness, fever and unconsciousness as a result of ingesting medication which is past its use-by date.	Arrangements are in place to ensure that out-of-date medication can be disposed of (e.g. local pharmacy). Parents/carers are required to remove any excess medication before holiday periods. If this does not occur they must be contacted and the drugs taken to a safe disposal point (local agreed pharmacy)				Meds to be returned to parents if possible or HJ to take to her local pharmacy for disposal. Meds will be returned to parents at the end of each term and they need to bring at the beginning of each term.						
Record Keeping	Poorly maintained records may result in the incorrect type/quantity of medication. Staff and children / young people may experience ill-health effects.	Records are reviewed routinely to ensure accuracy. Where necessary records are countersigned, e.g. Class A and B drugs.				Staff administering drugs are expected to sign the sheet to say they have given the drug.						

Hazards Considered <i>Step 1 (Clause 3.1)</i>	Who might be harmed and how <i>Step 2 (Clause 3.2)</i>	Existing Control Measures: <i>Step 3 (Clause 3.3)</i>	Risk Rating			Further action <i>Step 3</i> <i>Consider hierarchy of controls i.e. elimination, substitution, engineering controls, signage/warning and/or administrative controls, (PPE as a last resort)</i>	Actions <i>Step 4 (Clause 3.4)</i>			Risk Rating		
			Likelihood	Severity	Risk Rating		who (Name)	when (Date)	complete (Date)	Likelihood	Severity	Risk Rating
Short term administration of medicines (e.g. antibiotics)	Staff and children / young people may experience ill-health if incorrect/no information is provided about how to administer a new/short term medicine.	Consideration is given as to whether medication can be administered before or after the school day. When medication is to be administered during the school day written instructions are provided for their administration.				Forms are completed by parent carer before medicines can be administered						
Consider if any additional hazards are created and control measures are required if this activity is undertaken in non-routine or emergency conditions							Review Date (<i>Step 5</i>) :					
Assessors Signature: 			Date: 15/09/2025		Authorised By:				Date: 08/10/2025			

Potential Severity of Harm	High (e.g. death or paralysis, long term serious ill health)	Medium	High	High
	Medium (an injury requiring further medical assistance or is a RIDDOR incident)	Low	Medium	High
	Low (minor injuries requiring first aid)	Low	Low	Medium
		Low (The event is unlikely to happen)	Medium (It is fairly likely it will happen)	High (It is likely to happen)
		Likelihood of Harm Occurring		

Risk Definitions	
Low	Controls are adequate, no further action required, but ensure controls are monitored and any changes reassessed.
Medium	Consideration should be given as to whether the risks can be reduced using the hierarchy of control measures. Risk reduction measures should be implemented within a defined time period. Arrangements should be made to ensure that the controls are maintained and monitored for adequacy.
High	Substantial improvements should be made to reduce the level to an acceptable level. Risk reduction measures should be implemented urgently with a defined period. Consider suspending or restricting the activity or applying interim risks controls. Activities in this category must have a written method statement/safe system of work and arrangements must be made to ensure that the controls are maintained and monitored for adequacy.