**CHST 2 – General Risk Assessment Form** 

This is a template risk assessment- The suggested controls given must be reviewed and added to / deleted to align with your current controls.

|  |  |
| --- | --- |
| **Health and Safety Risk Assessment: - Administrating Medication Template V1.0** | |
| **Site Address/Location**: | **Operations/Work Activities/Environment covered by this assessment**:  Administering medication to pupils via the oral and topical routes.  Specialist training must be undertaken by colleagues administering medication via other routes such as Intramuscular and Subcutaneous Injection.  This will require overview health professional input and overview. |
| **Directorate/Service/Team**: | **Affected persons:**  **Employees:**  **Contractors:**  **Customer:**  **Children:**  **Visitors:**  **Members of the Public…….**  **Agency:**  **Others (specify):** |
| **Date of Assessment**: |
| **Date of issues**: |
| **Note:**  A person specific assessment must be carried out for young persons, new or expectant mothers, returning to work after injury, returning after illness or accident and those with diagnosed health conditions resulting from work activities | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Record of who has been consulted** | | |  |  |  |
| **Name** | **Job Title** | **Assessment agreed by all team members (Date)** |  | **Assessors Name** | **Signature** |
|  |  |  |  |  |  |

| **Identify the Hazards. A hazard is anything that has the potential to cause harm. (*Step 1)*** | **Who might be harmed and how? *(Step 2)*** | **What are you already doing to control the risks and protect people? *(Step 3.a)*** | **What further action do you need to take to control the risks? *(Step 3.b) Consider hierarchy of controls – Elimination, substitution, Engineering controls, administrative controls, Personal Protective Equipment (PPE) and clothes last resort*** | **Action to be taken to further control the risks. *(Step 4)*** | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Who needs to carry out the action?**  **(Name)** | **When is the action needed by?**  **(Date)** | **Date action completed.**  **(Date and initial)** |
| Accidental ingestion or exposure to medication | Colleagues or pupils may accidentally ingest medications intended for specific medical conditions resulting in illness and potentially death | Following the school medication policy on how to administer medication.  Ensure colleagues trained to administer medication follow the ‘six rights’ for medication administration each and every time they administer each and every medication.   * Right pupil * Right medication * Right dose * Right time * Right route * Right to refuse   All medications must be stored in a specific medication cabinet / room at the school, out of reach and sight of children.  Access to medications must be restricted and medications must not be stored for example in the school safe or with other items such as First Aid supplies.  Medication documentation is always completed, this includes consent forms and Medication Administration Records (MAR) sheets and any records of returns and / or disposals.  Those designated to administer medication must follow the specific instructions on the Pharmacy medication label, on the medication itself, or other instructions if provided by the pharmacist or GP.  Colleagues who will administer medication have received training and are deemed competent to administer the medication.  Patient Information Leaflet (PIL) to be supplied for each and every medication administered. This ensures staff have access to information regarding any contra indications, side effects or emergency actions to be taken with the medication. |  |  |  |  |
| Exposure to bodily fluids through administration of medication using needles and sharps | Colleagues or pupils may come into contact with blood through making contact with needles and sharps. | Pupils are encouraged to self-administer medication where possible following completion of an individual assessment.  Only colleagues trained by healthcare professionals can undertake this task.  Good hand hygiene to be maintained and PPE gloves to be worn.  Sharps box provided for the safe disposal of sharps and needles.  Sufficient and secured storage arrangements on site for medication.  Records kept of medicines administered.  Colleagues aware of the emergency procedures in case of incorrect administration of medication  First aiders on site.  PIL emergency procedures to be followed in the event of an accident / sharp’s injury occurring. |  |  |  |  |
| Medication errors such as issue of incorrect medication, overdose, underdose, given to the wrong pupil and emergency procedures | Pupils may experience ill-health, unconsciousness or death as a result of consumption of incorrect medicine | Following the school medication policy on how to administer medication.  Ensure colleagues follow the ‘six rights’ for medication administration each and every time they administer each and every medication.   * Right pupil * Right medication * Right dose * Right time * Right route * Right to refuse   The policy is communicated to colleagues within the school and a record of this is maintained.  Parental consent has been obtained and written records are maintained.  Colleagues who administer medicines have received the appropriate training and are deemed competent.  A written record is completed for the administration of medicines to pupils and countersigned by another colleague who has received medication training.  Example / suggested template MAR sheet.    PIL’s are provided with each medication.  Records of the Pharmacy details (from the medication label) are kept for clarification regarding any medication queries.  111 called if unable to contact Pharmacist.  Medication error report completed and sent to Corporate Health and Safety Team for review. Medication error ‘fair Blame’ guidance and report form is held on the Schools Information Portal (SIP) |  |  |  |  |
| Incorrect storage of medication | Colleagues and pupils may access medication and take inappropriately.  The medication may go missing.  Medication may be damaged, lose its effectiveness by exposure to heat or light. | Medication must never be stored with other items, for example stored in the first aid cabinet.  Access to medications must be restricted to those only who administer medications.    Any specialist instructions for storage are followed, such as keep in the medication refrigerator, or the management of controlled drugs held on school site.  Temperature checks undertaken for the medication room, twice a day must not exceed 25C.  Temperature checks undertaken twice a day for the medication fridge temperature between 2c and 8c.  Lockable containers are available and labelled correctly for use during off-site visits.  Pupils with asthma have immediate access to their inhalers (including off-site visits). |  |  |  |  |
| Accepting medicines from parents / carers in poorly labelled / non labelled medication containers / packets | incorrect type/quantity of medication stored errors in overdosing or missing medication leading to pupils experiencing ill-health effects. | All medicines MUST be in their original packaging, where prescribed they must have a pharmacy label on them.  Medications prescribed for one pupil must not be administered to another pupil.  Medicines in monitored dosage systems produced by pharmacist can be accepted.  Medications in blister packs made up by families can only be accepted if the pupil is deemed as ‘self-medicating’.  When booking in the medication, a written record MUST be kept stating the quantity, medication name, strength, dose, form, time, expiry date and duration (short course of antibiotics) for the administration of medicines. An example template has been developed: |  |  |  |  |
| Administration of out-of-date medication | Out of date medication may lose its effectiveness or cause side effects if administered, resulting in pupils experiencing side effects or an increase in illness/ symptoms. | Expiry dates of medication are checked upon booking in. Any medication out of date will not be accepted and returned to parents for disposal.  Any medication in school that is out of date will be returned to the parents or a local pharmacy.  Schools will not hold medication during school holidays and all medication must be returned to parents/carers at the end of each term or when a pupil has left the school or is off absent for a longer period. Alternatively, the medication can be taken to a safe disposal point (local agreed pharmacy).  Records of returns and or disposal must be kept at the school. |  |  |  |  |
| Poor record Keeping | Errors or lack of records may result in drug errors such as overdose, underdose, missed administration, given at wrong times. | Records are kept of all administration of medications within school.  Spot checks and audits undertaken to check the ‘medication journey’ from arrival, storage, administration, and return.  Where necessary records are countersigned at booking in, and for any specific medications that are classed as controlled drugs.  Ensure colleagues follow the ‘six rights’ for medication administration each time they administer each and every medication.   * Right pupil * Right medication * Right dose * Right time * Right route * Right to refuse   . |  |  |  |  |
| Short term administration of medicines (e.g., antibiotics) | Pupils may experience ill-health if incorrect/no information is provided about how to administer a new/short term medicine. | Consideration given as to whether medication can be administered before or after the school day.  When medication is administered during the school day written instructions are provided for their administration.  Storage requirements must be followed; for example, some antibiotics require to be stored within the medication refrigerator. |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Consider if any additional hazards are created and control measures are required if this activity is undertaken in non-routine or emergency conditions, these are**: | | | | | |
| **Review** | | | | | |
| **Review Date**  **(Step 5)** | **Reviewed by** |  | | | |
| **Date** | **Yes/No** | **Additional comments** | |
|  |  |  |  |  | |
|  |  |  |  |  | |
|  |  |  |  |  | |
|  |  |  |  |  | |
| **Name of person and job title, authorising, agreeing and confirming the assessment by (Name and Signature, Date):** | | | | | |
| **Date shared with team and records maintained**: | | | | | **Review date (Step 5):** |
| **Date sent to Trade Union Health and Safety Representatives** | | | | | **Date sent to Corporate Health and Safety Team email** [**employee.healthandsafety@derby.gov.uk**](mailto:employee.healthandsafety@derby.gov.uk) **when required**: |

|  |
| --- |
| **The following sections should be completed by all employees who need to be made aware of and abide by the findings of the Risk Assessment. NB: If, because of a result of a review, changes are made to the Risk Assessment the relevant box on the attached page should be completed as appropriate by the staff concerned.** |
| RISK ASSESSMENT |

|  |
| --- |
| **I confirm that I am aware of and understand the findings of the Risk Assessment and agree to ensure that I will work to the stated Control Measures and bring to the attention of Management any deficiencies in the findings of the Assessment.** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Print Name** | **Job title** | **Signature** | **Date** | **Print Name** | **Job Title** | **Signature** | **Date** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |