



Nursted Community Primary School

Managing Medications and other Health Related Issues in School Policy

Policy adopted by the Governor Body on : _____

The Policy will next be reviewed: _____

Headteacher's Signature: _____

Chair of Governor's Signature: _____

Last amended		
By	When	Main changes

This policy has been written with regard to Wiltshire LA Health and Safety Manual and in particular the following guidance notes:

- Medication for Pupils Policy and Responsibility (HS027s April 2021)
- Sun Protection Policy and Responsibilities (HS025s April 2021)
- Health of Pupils Policy and Responsibility (HS026s April 2021)

Rationale

Nursted Community Primary School is committed to pursuing a policy of inclusive education; therefore every effort will be made to prevent a child being excluded from school or other educational activities simply by virtue of having a medical condition. It is the decision of the Headteacher whether to allow a member of staff to administer medicines prescribed by a GP. It is the decision of each individual employee as to whether he or she is prepared to personally administer medication. If the staff of Nursted Community Primary School choose not to take on this responsibility, then parents will be informed.

Teachers and support staff have a responsibility to act as any reasonably prudent parent would to maintain the health and safety of the pupils under their control, whether this is at school or during any other school event or activity. In exceptional circumstances, this might extend to administering medicine or taking other medical action in an emergency. Reasonable adjustments may be necessary where older pupils are unable to administer their own medication.

This policy aims to set out in what circumstances medicines will and will not be administered by staff and how this school will organise the administration of medication in a safe and supportive manner, following the advice contained in the Wiltshire Councils 'Medication for Pupils Policy and Responsibility' (**HS027s April 2021**).

School Prospectus/Website

Parents are advised in the school prospectus/website that children who are unwell should not be sent to school. We ask for children to be kept at home for 48 hours following vomiting or diarrhoea to prevent it from being spread throughout the school. Following an illness a child's own doctor is the person best able to advise whether or not the child is fit to attend school. The fact that a child is prescribed, for instance, cough medicine, may not be sufficient grounds for that child to be deprived of a period of schooling, however short; however the majority of medicines can be taken out of school hours.

Guidelines

The following safeguards will be observed when the Headteacher considers whether to accept responsibility for the administration of medicines to children:

1. Non Prescribed Medicines

Non prescribed medicines, including those containing analgesics (including mild painkillers such as aspirin, paracetamol in tablet form or in cough mixtures) will only be given in exceptional circumstances and only with the written consent from parents/carers is given).

2. Administration of Prescribed Drugs

No medication may be given to any pupil without specific written consent of the parent/carer. See **Appendix A** ADMINISTRATION OF MEDICINES/TREATMENT FORM 1). Even then, consideration should be given to the need for the medication to be taken during school hours – most courses of medication can be taken satisfactorily before and after school and at night. Evidence that the child needs to take the medication during school hours may be sought e.g. instructions on the container or advice from the pharmacist or directly from the doctor using **Appendix C** Form 3 'Confirmation by Medical Practitioner of

Prescribed Medication'. Where children are deemed old enough, they should be supervised while they self administer their own medication.

3. Request for School to Administer Medicine

The medicine, together with the completed and signed consent form, should be delivered to the school, where possible by a parent, and should be handed personally to the Admin and Finance Officer. In no circumstances should staff administer prescribed medication on their own initiative or without the written consent of parents/carers.

4. Record of Medication Administered to Pupils by Schools – (Appendix B – FORM 2)

A written record will be kept of the administration of all prescribed medication to pupils, using Form 2. Such a record should be kept together with the instructions, and be checked on every occasion and completed by the designated member of staff. The record should give the date and time of administration, the name of the medicine, the dose given, the name of the child and the name of the staff member administering the medication. Form 2 should be retained on the school premises with the school's and child's records respectively. It is recommended that we print the administration form on the back of the consent form in order that the two documents do not become separated.

5. Storage of Medication

Medicines must be stored safely in the pharmacist's original container and be clearly labelled with the contents, the child's name, and the dosage and/or other instructions. The receiving member of staff should check the accuracy of the name and date. Some medication such as liquid antibiotics or insulin may need to be kept in a refrigerator. Certain medicines will also need to be securely stored but where they can be quickly and easily accessed in the event of an emergency i.e. epi-pens. These medicines must be placed in a suitable sealed container, e.g. plastic box and clearly marked "medicines". **Under no circumstances should medicines be kept in first aid boxes.**

Any medication which has passed its expiry date should be collected from school by parents within 5 days of the expiry date or it should be disposed of safely (e.g. by returning it to the local pharmacist). Medicines should not be disposed of in the sink or toilet.

6. Asthma

Children with asthma inhalers are responsible for these and should keep them in a designated place in the classroom. N.B. Asthma inhalers should be named and kept in their boxes, which show the dosage. All children with asthma will have an individual Asthma Plan that is updated annually and is shared with the class teacher.

7. Cases Demanding Caution

There are certain circumstances in which we will exercise special caution before accepting responsibility for administering medicine. These are:

- Where the medicines or tablets are dangerous.
- Where the timing or nature of the administration are of vital importance and where serious consequences could result if a dose is not taken.
- Where some technical or medical knowledge or expertise is required.

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- Where intimate contact is necessary.

8. Special Circumstances

For those children who require treatment including invasive medical procedures, only those members of staff who are both willing and appropriately trained should administer the treatment. In these circumstances the advice in the Health and Safety Manual will be followed and expert advice sought.

Some pupils may require treatment in an emergency, for example allergic reactions (anaphylactic shock) to wasp stings or food, which may involve an invasive treatment such as giving an injection. In these cases a Medical Plan will be drawn up in consultation with parents/carers and will be reviewed annually.

Before this, it may be necessary to carry out a Health Care Needs Risk Assessment and the proforma on the Local Offer Website will be used. Responsibility for undertaking a Health Care Needs Risk Assessment lies with the school. The Health Care Needs Risk Assessment should be reviewed at least annually.

It should be undertaken with the support of the parent/carer and the appropriate nursing representative.

The Health Care Needs Risk Assessment will identify:

- Any risk around the health care need for the child;
- Any risk around the health care need for the others, including children, staff and visitors;
- Control measures to manage the risks, i.e. resources, environmental considerations;
- Training needs – who will need to be trained, and what support is needed for the child's health care needs to be managed safely in the setting.

9. What to do when Someone's Illness Could Cause a Risk to the Health of Others

There are times when a person's illness may cause a health risk to others and it is therefore necessary for infected people to stay away from school until the infectious period has passed.

At Nursted Community Primary School we will follow the most up to date guidance from the Consultant in Communicable Disease Control (CCDC)/ Consultant in Health Protection (CHP) within the Public Health England Service. This is summarised by the local authority, currently in the document: Health of Pupils Policy and Responsibility (HS026s April 2021). This advises schools to follow guidance from Public Health England (PHE) The Spotty Book, which is available on Right Choice.

We will take particular care to notify expectant mothers amongst staff about any communicable diseases affecting any pupils or staff. In particular, Chickenpox, German Measles and Parvovirus, which can all be dangerous to expectant mothers or their unborn child.

10. Sun Protection

Skin cancer is one of the most common cancers in the UK. We therefore aim to protect the children from excessive UV radiation from the sun. When the weather is exceptionally hot, we will follow the guidance from the LA in the document: Sun Protection Policy and Responsibilities (HS025s April 2021). When the sun/heat is excessive we will consider the following actions:

- We will encourage all children to wear hats and protective clothing when playing in the sun. Those without hats may need to stay in shade or to sit in the shade.
- Playtimes may be in doors or for limited periods outside – depending on the severity of the sun and the temperature.
- Children will be encouraged to take water outside with them.
- Children will be told to stay in the shade if they are looking too hot or are getting burnt.
- Children will be encouraged to come to school with sun screen applied and they may bring additional sun screen with them to self apply. Parents are asked to name the sun screen.
- We will talk to the children about the need for sun safety as part of the curriculum and at particular times of the year.

If a child becomes sunburnt, parents will be advised to consult a doctor.

11. Sources of Advice or Expertise

- Wiltshire Council provide advice and guidance on Right Choice.
- The school nursing service (Virgin Care) can be approached for advice.
- Wiltshire's Community Child Health Services has developed comprehensive strategies for working with schools to ensure that appropriate training and support is offered to staff where a pupil has special health needs. The service has developed competency-based training for such medical needs as encountered in schools. The service has also developed procedures which bring together the parents, school and, where appropriate, GPs/Consultants in the development of the Individual Health Care Plan.

12. Further help and information

- DfE - Supporting pupils with medical conditions at school
- Wiltshire Local Offer – What's local and what's on offer?
- Virgin Care - School Nursing Service
- Health and Safety Advisers
- Email: schoolhealthandsafety@wiltshire.gov.uk

This policy has been written in consultation with parents/carers, staff and governors and with reference to the Wiltshire Health and Safety Manual and Supporting Pupils with Medical Needs, a Good Practice Guide DfES/DoH 1996. This policy should be read in conjunction with the school's Health and Safety Policy and other related policies.

Appendices

Appendix A – Form 1 – Administration of Medicines/Treatment Form of Consent

Appendix B – Form 2 – Record of Prescribed Medicines Given to a Child in School

Appendix C – Form 3 – Confirmation by Medical Practitioner of Prescribed Medication

Appendix D – Form 4 – Health Care Needs Risk Assessment

Appendix E - Summary of health care needs – complete these for children with complex needs

Appendix F - Risk Assessment Summary

Appendix A ADMINISTRATION OF MEDICINES / TREATMENT**ADMINISTRATION OF MEDICINES / TREATMENT****FORM OF CONSENT (Form 1) - STRICTLY CONFIDENTIAL**

Child's Name: _____ Class: _____

Address: _____

Date of Birth: _____ M/F: _____

Home Tel No: _____ Work Tel No: _____

GP's Practice: _____ GP's Tel No: _____

Condition/Illness: _____

I hereby request that members of staff administer the following medicines as directed below. I understand that I must deliver the medicine personally to the school in the original container as dispensed by the pharmacy and accept that this is a service which the school is not obliged to undertake. 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.

Signed: _____ **Date:** _____

Name of Medicine	Dose	Frequency/Times	Date of Completion of Course (if known)
A			
B			
C			
Special Instructions/Precautions/Side Effects:			
Allergies:			

Other prescribed medicines child takes at home:

Appendix B RECORD OF PRESCRIBED MEDICINES GIVEN TO A CHILD IN SCHOOL

RECORD OF PRESCRIBED/ NON-PRESCRIBED MEDICINES GIVEN TO CHILD IN SCHOOL (Form 2)

Child's Name: _____ Date of Birth: _____

Class: _____

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Date	Time	Name of Medicine Given	Dose	Any Reactions	Signature	Sign' of staff witnessing invasive treatment

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Appendix C STRICTLY CONFIDENTIAL

CONFIRMATION BY MEDICAL PRACTITIONER OF PRESCRIBED MEDICATION (Form 3)

To be completed by a Medical Practitioner i.e. family Doctor, School Medical Officer, Consultant, etc.

To: _____

School/Centre: _____

Name of Child: _____ Date of Birth: _____

Address: _____

I CONFIRM that I have prescribed medication which will need to be taken during school hours, for the above named child.

Name of Medication: _____

Length of time medication is required (give dates): _____

Dosage: _____

Any special requirements (e.g. timing, taken with meals, etc.): _____

Signature: _____

Date: _____

GP/Official Stamp: _____

Appendix D Health Care Needs Risk Assessment (Form 4) - STRICTLY CONFIDENTIAL

This form should be completed by the setting in liaison with the appropriate nursing representative and the parents and/or the child/young person.

It has been designed to be filled in on a computer which will result in the boxes expanding as you type. To fill in a place the cursor in the box and left click.

Child/Young person Name:	Date of Birth:
Key worker/Teacher:	Year Group:
Setting:	
Name and role of professionals involved in this Risk Assessment (i.e. Specialist Nurse, School Health Nurse or Community Children's nurse, Physio, OT, (community) paediatrician):	
Date of Assessment:	
Reassessment due:	
Outcome of Risk Assessment Red <input type="checkbox"/> / Orange <input type="checkbox"/> / Yellow <input type="checkbox"/> / Green <input type="checkbox"/> Comments:	
Is an individual health care plan required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Signatures Setting manager/ Head teacher: Date Parents Date Young person Date Others involved in completing the assessment:	
Section A – Child Information Profile	
The phrase 'child' is used throughout this document to represent child or young person.	
Summary of Condition /Health Care Needs/ Disability:	
Is the condition Chronic <input type="checkbox"/> , Progressive <input type="checkbox"/> , Life limiting <input type="checkbox"/> , Life threatening <input type="checkbox"/> None of these? <input type="checkbox"/>	

Comments/Areas of Concern including ability to participate in physical activities such as PE sessions, practical lessons or off site trips.	
Does the child have any medication which may need to be administered by setting staff? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, please provide a brief summary <u>or</u> complete summary after Section I.	
If the child has medication where will the medication be stored?	
Is this location locked but quickly and reliably accessible? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Explain:	
Where will administration of the medication be recorded and by whom?	
Please note any concerns re: the administration of medication including route, timing, any possible side effects or indications to not administer:	
What is the child's usual method of communication? (<i>e.g verbal, gesture, sign language</i>)	
Does the child have any signs, gestures or phrases that are important for their safety and wellbeing? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes please explain:	
Is the child generally cooperative? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If No please explain:	
How does the child's learning disability effect their communication? Please explain:	
Does this child have a manual handling plan which addresses their handling needs during the administration of medication or treatment? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If No, the manual handling plan needs to be updated to include this risk.	
Does the child have any chronic pain that is controlled with medication or any other intervention? Yes <input type="checkbox"/> No <input type="checkbox"/>	

If Yes please explain:	
Does the setting have clear guidance on identifying and managing any chronic pain?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What are the indications when the child is in pain?	
Risk or Hazards / Control measures indentified in setting medication policy. (Residual risks will require action to resolve and may result in a Health Care Plan)	
Section B - Airway and breathing	
Does the child have any problems in this area?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(If No go to next section)	
Does the child require support to maintain their own airway?	Never <input type="checkbox"/> Sometimes <input type="checkbox"/> At all times <input type="checkbox"/>
Support required: (Tick all applicable)	
Suction: <input type="checkbox"/>	
Oxygen: <input type="checkbox"/>	Emergency only <input type="checkbox"/> Continuous <input type="checkbox"/> Dependant <input type="checkbox"/>
Ventilation: <input type="checkbox"/>	Invasive <input type="checkbox"/> Non-invasive <input type="checkbox"/>
Tracheostomy: <input type="checkbox"/>	
Basic Life Support: (Tick all applicable)	
Nebuliser: <input type="checkbox"/>	Regular <input type="checkbox"/> Occasional <input type="checkbox"/>
Inhalers: <input type="checkbox"/>	Regular <input type="checkbox"/> Emergency <input type="checkbox"/>
Other medication / treatments related to airway / breathing:	
Does it interfere with any of these activities? (Tick all applicable)	
Science <input type="checkbox"/>	Swimming <input type="checkbox"/> indoor PE <input type="checkbox"/> cooking <input type="checkbox"/>
outdoor PE <input type="checkbox"/>	Outdoor activity <input type="checkbox"/> Transport <input type="checkbox"/>
Does the child have any allergies?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please give details:	

Risk or Hazard / Control measures identified: (Residual risks will require action to resolve and may result in a Health Care Plan)	
Section C – Blood / Bones / Joints	
Is the child known to have any problems with their blood, bones or joints? Yes <input type="checkbox"/> No <input type="checkbox"/> (If No go to next section)	
Do the child's problems affect bleeding/ clotting? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes please give details:	
Does the child require regular medication or intervention? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes please give details:	
Are there any activities which may need to be modified or monitored to ensure this child's safety? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes please give details:	
Risk or Hazard / Control measures identified (<i>i.e. manual handling or mobility or infection risks</i>)	
Section D - Cardiovascular:	
Is the child known to have any heart or circulatory problems? Yes <input type="checkbox"/> No <input type="checkbox"/> (If No go to next section)	
Does the child have medication or technology based support for their cardiovascular problems? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes please give details:	
Do the child's problems affect bleeding / clotting? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes please give details:	
Are there any activities which may need to be modified or monitored to ensure this child's safety? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes please give details:	
Risk or Hazard / Control measures identified (<i>i.e. mobility, participation in activities</i>)	

Section E – Endocrine and metabolic disorder		
Does the child have any endocrine or metabolic disorder? <i>(e.g. Diabetes, congenital adrenal hyperplasia)</i>		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
if No go to the next section. If Yes please give diagnosis:-		
Does the child require medication, monitoring / use of technology?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes please give details including route of administration and equipment required.		
Does the child require modification of activities or specific planning prior to undertaking any activities, i.e. PE, Swimming?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes please give details		
Does the child require emergency planning?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes please give details		
Does the child food and drink intake require monitoring?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes please give details:		
Risk or Hazard / Control measures indentified (<i>e.g. trained staff available, self administration</i>)		
Section F – Gastrointestinal/ Bowel and Feeding needs		
Does the child have any gastrointestinal/bowel or feeding problems? (if No go to the next section)		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the child able to feed and drink adequate quantities orally?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes please explain:		
Does the child require any support with eating or drinking (including use of thickening agents or supplements)?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please explain:		
Is there a risk of the child choking?		
Never <input type="checkbox"/>	Occasional <input type="checkbox"/>	Frequent <input type="checkbox"/>
Does the child have a NG, PEG or Gastrostomy button ?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(Please tick all which apply)		

If Yes which does the child require: (Please tick all which apply)

Liquids

Feeding

Medication

If Yes are they administered by **bolus or feeding pump**? (Please tick)

Is the child permitted to take food orally?

Yes

No

If Yes please explain:

Please identify medications related to gastrointestinal problems and also any medications administered internally with relevant information:

Does the child have any gut disturbances such as vomiting, diarrhoea, constipation, passing blood? Yes No

If yes please explain:

Does the child have a colostomy or ileostomy? Yes No

Yes

No

If Yes please explain (including care and facilities needed)

Risk or Hazard / Control measures indentified:

Section G - Infection Control/ maintaining skin integrity

Does the child have an infection which requires action to be taken to maintain the safety of the child or others around the child? Yes No

Yes

No

(if No then go on to the next section)

Is the child particularly at risk of infection due to low immunity from immune disorder or treatment which has effected the immune system? Yes No

Yes

No

If Yes please explain:

Is the child known to have an infection or been in recent contact with anyone with an infectious condition (i.e. MRSA, HIV, Hepatitis, Chicken Pox, Tuberculosis, Meningitis, Clostridium Difficile)? Yes No

Yes

No

Please list:

Does the child have any skin conditions which require treatment or management? (i.e. eczema, psoriasis, pressure areas, rashes)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please list:		
Does the child have medications that need to be administered?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes please give details (including facilities/equipment required)		
Risk or Hazard / Control measures which may be useful in managing any possible risks:		
Section H - Neurological:		
Is the child known to have any neurological problems (i.e. seizures, brain injury or damage, neurological disorder or syndrome)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(If No go to the next section)		
Does the child have history of seizures?		
Never <input type="checkbox"/> Occasional <input type="checkbox"/> Frequent <input type="checkbox"/>		
Please identify type(s) and frequency of seizure including date of last seizure?		
Does the child have medication or treatment related to this problem (including rescue medication)?		
Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes please give details:		
Are there any warning signs or triggers for a seizure for this child?		
Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes please explain:		
Following a seizure what is the child's usual recovery pattern?		
Does the child have any other symptoms or problems (i.e. slurred speech, numbness or loss of sensation, ataxic gait,)		
Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes please give details:		
Risk or Hazard / Control measures indentified:		

Section I - Urinary and Renal Needs

Does the child require intervention in order to pass urine (i.e. indwelling catheter, suprapubic catheterisation or intermittent catheterisation or Mitrofanoff)? Yes No

If Yes please explain:

Does the child have other urinary or renal problems which require monitoring? (eg liver problems) Yes No

If yes please explain:

Risk or Hazard / Control measures indentified:

Appendix E

Summary of health care needs – complete these for children with complex needs

Health Care need	Frequency	What needs to be in place e.g. Training, facilities for storage and cleaning equipment
<p>e.g. Allergy – seasonal hayfever leading to severe asthma attacks</p> <p>Antihistamine and inhalers</p>	<p>e.g. Rarely but medication as required</p>	<p>e.g. Staff trained in administration of medication and monitoring of the child. Medication available and stored accessibly when needed.</p> <p>Records of administration keep and shared with parents. (as identified in setting Administration of Medication Policy)</p>

Appendix F Risk Assessment Summary

Hazard and possible impacts	Who or what is at risk?	Existing controls in place	Risk rating Red Amber Yellow Green	What additional controls need to be put in place.	Any action points Including training needs?	Action point lead person
<i>Severe asthma attack</i>	<i>child</i>	<i>Initial Training, Competency, Availability of medication.</i>		<i>Emergency procedures</i>	<i>Annual Asthma updates for staff. Annual update of risk assessment</i>	<i>School Nurse</i>

Risk Scoring

Using the Australia/New Zealand (AS/NZS 4360/1999) risk management standard, which is internationally recognized, a summary of the potential 'grades' of risk issues, based on the risk score, is given below:

Grade	Definition	Risk Score
RED	Extreme Risk	15-25
AMBER	High Risk	8-12
YELLOW	Moderate Risk	4-6
GREEN	Low Risk	1-3

The table represents the possible combined risk scores based on a measurement of both the probability and impact of risk issues. A combination of likelihood and severity score provides the combined **risk score**.

Probability x Impact = Risk Score

For example where: Probability = Possible (3) x Impact = Major (4) = **Risk Score of 12**

This risk score can now be compared to the risk matrix above and a 'colour' or 'grade' can be determined. In the example above, a risk score of 12 would be graded as 'amber' (moderate). Consequently, the employer can then prioritise mitigation actions based on an understanding of the nature of the risk presented.

Individual Risk Scoring Matrices

Probability Matrix

Probability Score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency How often might it/does it happen	This will probably never happen.	Do not expect it to happen but it is possible it may do so	Might happen occasionally	Will probably happen but it is not a persisting issue	Will undoubtedly happen, possibly frequently
Frequency Time-frame	Not expected to occur for years	Expected to occur at least annually	Expected to occur at least monthly	Expected to occur at least weekly	Expected to occur at least daily
Frequency Will it happen or not?	<0.1%	0.1 to 1%	1 to 10%	10 to 50%	>50%

Impact Matrix

Impact Score	1	2	3	4	5
Descriptor	Negligible	Minor	Moderate	Major	Catastrophic
Impact on the safety of client, staff or public (physical / psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days RIDDOR/agency reportable incident	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days	Incident leading to death Multiple permanent injuries or irreversible health effects