

# HEALTH MONITORING, THE ADMINISTRATION OF MEDICATION, TREATMENT, FIRST AID AND RECORDING

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## Introduction

Physical health is an important aspect of every young person's development, contributing to and inter-dependent with emotional and psychological well-being, and affecting quality of life. Preventative medicine, medical treatment and health education are each given due attention within this document.

## Aims

(include the intended impact on the children)

To ensure that staff have a comprehensive understanding of how the school manages and records health issues, medicines and first aid. To ensure that children's health needs are consistently met.

## Procedure

### 1. Health monitoring and medical examinations

- a) On admission, the child will either be registered with the School's GP at Bampton Surgery, or will remain registered with a GP at their home or other placement. The choice of where a child is registered with a GP is negotiated with family, carers and the professional network as appropriate, taking the child's best interests into account.
- b) A health check will be carried out on each child within 14 days of admission either at the GP surgery or with the school nurse.
- c) Children's height and weight will be monitored termly.
- d) Blood pressure, height and weight will be monitored, if not recently recorded, before CAHMS clinics.
- e) Looked after Child (LAC) medicals will be arranged when papers are received from the placing authority, normally annually.
- f) The school will host CAMHS clinics for children who are under the care of the local CAMHS service, in partnership with the service.
- g) Specialist Services may be available in Oxfordshire by referral, with parental (or parental authority holder's) agreement.

### 2. Storing and Dispensing Medication

- a) All prescribed medicines / controlled drugs which children are using on an ongoing basis will be ordered and collected by the nurse or appropriate other.
- b) Where there is a one-off prescription or a change to medication results in an urgent need to source medication, any member of school staff can and should ensure medicines and medication are collected on behalf of the child.
- c) To ensure safe handling of materials latex gloves, dosage cups, syringes etc. are kept with the stored medicines. Dispensing aids which might pose a health and safety risk are to be clearly marked as such and passed to the school nurse for safe disposal, e.g. sharps boxes.
- d) Children's medications will usually be supplied in MDS boxes straight from the pharmacy, on a 4 week rolling programme. The Nurse or appropriate other (see note under Other Specific Policy Detail below) will receive these from pharmacy, sign the Controlled drugs into the school controlled drugs book and sign Pharmacy Only Medication into the POM record. The Nurse or appropriate other will then dispense a week's worth of medications into the households and will record the movement of medicines in and out of stock in the nurse's room. Approaching a holiday period, medication for that holiday period and/or the period immediately following the holiday may be stored in households.
- e) When controlled drugs come to the school other than in MDS boxes (as happens e.g. when a child joins the school, if a medicine is prescribed as short notice or if the medication is not in tablet form) then these will be signed out of the nurse's room stock by the nurse or appropriate other and double signed for by a team member from the household team in the controlled drugs book.
- f) Both prescribed and non-prescribed medicines should be kept in a suitable locked cabinet, within a locked room/space. Some medicines may need particular care or storage e.g. antibiotics / insulin which are stored in a correct temperature refrigerator. A refrigerator with a lock is maintained in the nurse's room for this purpose. Keys for medications cabinets are stored in a locked cabinet with a keypad code in each house, close to the medications cabinets. This aims to minimise numbers of keys carried by staff and to ensure all staff who might work in a house can access children's medications.
- g) Surplus medicines should be kept in the appropriate cabinet in the nurse's office. Compromised medicines and medicines awaiting disposal should be kept in the appropriate cabinet in the nurse's office.
- h) When medications are brought to or taken from the school by families / carers / professionals accompanying children school staff will complete a Medical Handover Record (see below) and file it alongside the current MAR record. The Handover Record has two sections to record medications being taken home with children and then being returned to school. These records are filed with the MAR sheets.

### **3. Dispensing Prescribed Medication**

- a) Medication may only be administered by contracted staff members, a nurse or a doctor.

- b) Persons nominated by team leaders (“appropriate others”), usually Deputy Household Managers, have a responsibility to 1) receive medication from the nurse and lock it in the household cabinet, and 2) record all the required details on the individual prescribed medicines Medical Administration Record (MAR). This should be completed as soon as the medication has been collected. The creation of MAR sheets is usually delegated to keyworkers and overseen by Deputy Household Managers
- c) Once a month the designated person in each house will give the school nurse all out of date medicines and those that are no longer in use. The nurse or an appropriate other will dispose of them at the local pharmacy as recommended.
- d) Appendix 2 of this policy is the school protocol / checklist for given medicines to children.
- e) When giving medicines to children all the details required should be recorded on the prescribed medicines MAR sheet. For controlled drugs and pharmacy only medicines, these entries must be double signed and initialed i.e. 2 people must sign. Other prescribed medicines and homely remedies must be single signed i.e. by one person.
- f) All medications in the MDS boxes will be clearly labelled from the pharmacy with the child’s details. Where the label may be easily separated from the container e.g. inhaler, ointment, the medicine must be clearly labelled for use by the child for whom the medicine has been prescribed. Where a medicine is labelled for use by a named child it must only be used by that child. Medicines not in MDS boxes must be in their original container from the pharmacy.
- g) All staff with direct care of children are responsible for administering medication at the appropriate time. In the absence of the school nurse and an appropriate other, prescribed medications need to be given out to house teams / collected by a senior member of the group living department.
- h) If a child returns to the school with a changed or new prescription, the school will require written notification from a GP or qualified medical practitioner.
- i) If a child refuses to take their medication this should be recorded as “not given” and signed in the normal way. This or any other reason for medicine not being taken should be recorded on the MAR.
- j) In an event where immediate medication is required (e.g. quick acting inhaler [Ventolin / Epipen] or anticonvulsant medication), one member of fully trained staff may give the appropriate medication to ensure the child is not put under any unnecessary stress or delay in receiving their required treatment. In such a situation and if only one signature were used, the MAR should record why the situation arose, e.g. out with a child alone or sleeping in. An incident form may be appropriate if a child has placed themselves at risk or where the behaviour of the child or other has in some way led to a child needing their medication. The school nurse will, as far as possible, identify any medications or treatments that might need to be given in this way and will ensure, with team leaders, that the appropriate staff members have the necessary information and training to make the judgment required. In the absence of the nurse for an extended period, treatment team leaders and deputy household managers will take on this responsibility.

- k) It is essential to check both homely remedies and prescribed medication MAR sheets before giving medicines to children.

#### **4. Dispensing Non- Prescribed Medication**

- a) Supplies of homely remedies are stored in a locked supplies cupboard in the nurse's rooms for staff to replenish their own cupboards within each household. Homely remedies will be administered by one member of staff, with the same degree of caution and following the same procedure as for the dispensing of prescribed medicine (see above). Expiry dates and MAR sheets must be checked when administering all homely remedies.
- b) Recording will be on the 'homely remedies M.A.R' Homely remedies must be single signed and initialed i.e. by one person. At any one time there should be only ONE homely remedies M.A.R. sheet per child. This sheet should contain the list of homely remedies agreed for that child, which is based on a standard list and adjusted for each child by the school nurse or by other staff following guidance from medical practitioners.
- c) Medicines should not be given to a child in class without liaising with the group living team.

#### **5. Treatment**

##### Consent to Treatment - Non Emergency

- a) Health care matters, including consent to treatment, are discussed with parents/persons with parental responsibility. The state of a young person's health, health care needs and agreements about consent to treatment are included as part of the child's referral to the school.
- b) For children at the Mulberry Bush School, parental permission, including one person with parental responsibility, is required for medical treatment to be undertaken. (In the case of young people who are in care, this may include the Local Authority).
- c) On admission a written agreement is drawn up and signed by parents/persons with parental responsibility in relation to immunisation, routine treatment, minor illness and emergency treatment.
- d) Where major treatments or operations are required, this should be discussed with parents/persons having parental responsibility and their permission obtained. If consent to treatment or medical examination is refused the following options may be considered:
  - a. For a young person accommodated on a voluntary basis (S20), consideration would be given to applying for a Court Order, e.g. a specific issue order or a child assessment order
  - b. For a young person accommodated and who is Looked After (S34), - the local authority could use its power to restrict the parents' exercise of parental responsibility.

- e) Either of these options would only be taken as a last resort in ensuring that the young person's welfare is given the highest priority.
- f) In considering health and consent to treatment, issues related to race, culture and religion will be taken into consideration.
- g) Consideration is given to whether a child would prefer to be seen by a male or female G.P.

## **6. Emergency Treatment**

- a) Parents/persons with parental responsibility should be contacted wherever possible. A contact number is on the child's "front sheet" held in school records.
- b) For Looked After children, the social worker must be informed as soon as possible, and a written report sent.
- c) Doctors can administer treatment or medication in an emergency without consent, where a delay would be medically harmful. Moreover, parents and/or Local Authorities of all children placed at the School have given their written consent for staff members to consent to emergency treatment.

## **7. Looking after Sick Children**

- a) If a child is ill and as a result is unable to attend class or join in weekend events, our policy is that the child will be cared for in their bed area, or if appropriate tucked up in a duvet in the common room where they can have some social contact or quietly watch T.V.
- b) The care of sick children is organised by the team under the direction of the person coordinating the day. Although we would provide continuous vigilance if needed, we tend to operate as in a family, and there may be periods of time during the day when the child will be quietly lying in bed asleep, or reading or engaged in a quiet activity alone.
- c) If for any reason a team member cannot regularly check on the child's state, then the school nurse or another appropriate adult will regularly check on a child in their working hours.

## **8. First Aid**

A number of qualified First Aiders are available in their working hours for treatment across school and a list of current First Aiders can be found at various points throughout school, plus on the intranet.

## **9. Recording**

Children's medical files are kept in a filing cabinet in the nurse's office and overseen by the school nurse. These are records of their medical history. Current health care needs are recorded electronically on a system used within the school called ClearCare.

The medical files contain:-

- a) A "Front Sheet" to present D.O.B., photo and other basic information.

- b) A copy of GMSI registration form, if applicable.
- c) Copy of Medical consent signed by parent/carer/guardian (original in main file)
- d) Child health questionnaire / admission details.
- e) Any special dietary or health needs.
- f) Medication Administered Record (MAR) - details of immunisation, illness, allergies. There should be a separate MAR for prescribed and homely remedies.
- g) Paper correspondence from Medical/Dental/Optician appointments attended.
- h) Reports of LAC Medicals.
- i) Other correspondence, such as Consultant/GP's letters
- j) Accident Forms
- k) Child SLC chart (height, weight chart with centile curves)

The electronic files / online recording system (ClearCare ) will contain:-

- An entry for each and every medical appointment or intervention, health check, examination etc. with outcomes and actions, follow up appointments etc. recorded.

In addition the school nurse and group living managers and staff will ensure there are clear records showing that children are up to date with regular examinations and appointments.

A copy of a child's front sheet should accompany them to any GP/ Minor Injury Unit/ or Hospital, these can be accessed through the school's Google Drive accounts.

Allergies should be clearly written on child's homely remedies M.A.R. sheet. If the child has no allergies, write "none known". The school nurse will also put this on the FRONT of a child's medical file.

#### **In the event of:**

- a) The death of a child
- b) The suffering of serious harm by a child
- c) Any serious accident involving a child
- d) Any serious illness of a child
- e) The outbreak of any notifiable infectious disease to which the Public Health (control of disease) Act applies

The following people must be notified:

- a) Parents/persons with parental responsibility
- b) The Placing Authority
- c) Angus Burnett / Claire McCarthy - Designated Child Protection managers
- d) Primary Care Trust
- e) Area Office of Social Services
- f) Oxfordshire Social Services
- g) The Department for Education (DfE)
- h) Emergency services as appropriate
- i) The Chair of Trustees

#### **Role of the Trustee Body**

The trustees will ensure that appropriate policies are in place and regularly updated.

### **Role of Staff**

New staff are trained by the school nurse, or by an experienced member of staff in the absence of the nurse or where the nurse is newly appointed, in "Medication Issue and Competency" as part of their induction programme. Thereafter all staff must attend annual medication training.

Each young person's keyworker is responsible for ensuring that arrangements are made for routine health checks. Regular dental checks will be arranged at six monthly intervals and key workers must complete the appropriate records for a child after each visit. The children will have an annual appointment with the optician. Carers and parents have the opportunity to take care of dental and optical care if they wish. This is clarified at the getting to know you meeting.

Staff administering homely remedies should maintain good awareness of their own health and safety and take appropriate steps to ensure they do not put themselves at risk of prolonged or repeated exposure to any substance which may be harmful.

### **Role of Pupils**

Young people will be given the opportunity to learn about the importance of health care and gradually to take responsibility for their own health in age appropriate ways.

### **Role of Parents / Carers**

Parents are required to sign permission forms on placement and communicate clearly with the school regarding any health needs. If the child is ill, it may better meet their needs to be looked after at home.

### **Other Specific Policy Detail**

Appropriate Persons – In the absence of the school nurse, the movement of medicines, the systems for recording health and medical information, the use of the nurse's room etc. will be overseen by a designated person who will ensure they have the understanding and familiarity with the systems to provide continuity of care and coordination for children and staff teams. This is currently Deputy Head of Group Living, Mike Staines (as of September 2017). In addition the Deputy Household Managers have responsibility in their households and will collectively support the Nurse and DHoGL with all aspects of these tasks and systems.

#### Health and Safety

When involved in the treatment of a child, staff should use good health and safety practice. When examining a child or applying first aid suitable gloves should be worn or hands thoroughly cleaned as a matter of course (based on risk of contamination and balancing health and safety with maintaining normalised relationships and a homely environment). Hands should be washed thoroughly before and after treatment.

#### General health

Food is considered to be an important aspect of young people's health. Children are encouraged to eat a healthy well balanced diet.

Young people are encouraged to be physically active. Outdoor pursuits are part of the School's programme - this includes P.E. lessons, group games, swimming, horse riding, etc. The extensive grounds are suitable for bike riding, ball games and general activity. Young people are referred to their G.P. as soon as any medical condition requiring attention is detected.

In cases where young people have conditions such as: eczema or other chronic skin disorders; epilepsy; sickle cell anemia; diabetes; haemophilia; coeliac disease; hearing impairment etc., arrangements are made for internal staff, through the Training

Department to receive further professional training/teaching about particular medical conditions.

### Health Education

Educating young people about matters which may affect their health is an ongoing process. This is partly formalised with specific topics being taught as modules within the education system. Other teaching takes place within small group settings and on a daily basis during the normal course of interaction between staff and children.

Formalised education includes studies on:

- a) Food preparation, nutrition, safety
- b) Hygiene - general and personal
- c) The human body and sex education programme, including relationships
- d) Aspects of sexual involvement

## **Appendix 1**

### **What is a medicine?**

The Mulberry Bush School uses the word 'medicine' to describe both medicines prescribed by a doctor and common 'over the counter' items such as Calpol, or throat lozenges. Dietary supplements, e.g. vitamins, and 'homely remedies' are included in this.

### Communication and Information

No protocol or guideline can substitute for good communication and adequate information.

Children's general wellbeing and health should be the subject of clear continuous communication within and between teams working with each child. Members of staff are responsible for ensuring they have all the information they need to safely give medicines to children. It is generally better to pause, think and check information even if this means some delay in giving medication. Members of staff should seek support with giving children medication as and when they need to. There are situations when a timely response is crucial.

**IF IN DOUBT CHECK!**

### Cross contamination

The list of homely remedies will clearly indicate whether the product is safely available to use for a group of children, or whether risks of cross-contamination indicate that it should be clearly labelled as for use with only one child, e.g. Sudocrem, E45 cream, one tube per child.