

HEALTH AND MEDICAL POLICY

Last Review March 2020	Next Review March 2022	Coordinator Head of Group Living Reviewed by Head of T&NT July 2021	Nominated Trustee EC&T committee
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Introduction

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

Aims

To ensure that children's health needs are consistently met.
To ensure that staff have a comprehensive understanding of how the school manages and records information relating to children's physical health and medical care, medicines (including controlled drugs), and first aid.

Documents Which Inform MBS Practice:

- Managing medicines in care homes NICE March 2014
- Handling Medicines in Social Care 2016 Royal Pharmaceutical Society of Great Britain
- Ofsted Raising Standards and Improving Lives. Inspection of children's homes. Framework for Inspection from 1 April 2015
- The Children's Homes (England) Regulations 2015 – Regulation 23
- Medicines Act 1968
- Department for Education. Guide to the Children's Homes Regulations including the quality standards April 2015
- National Institute for Health and Care Excellence (NICE), Quality standards for the health and wellbeing of looked-after children and young people from birth to 18 years and care leavers
- Misuse of Drugs Act, 1971
- The Medicines Act 1968
- The Misuse of Drugs (Safe Custody) Regulations 1973, 2001

- The Controlled Drugs (Supervision of Management and Use) Regulations 2013
- The Nursing and Midwifery Council Guidelines for the Administration of Medicines

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 and offer care to children. It is generally better to pause, think and check information even if this means some delay in giving medication or taking action. Members of staff should seek support with giving children medication and medical care as and when they need to. There are situations when a timely response is crucial and having paused to think members of staff may need to act decisively including to direct others.

IF IN DOUBT CHECK!

Permissions:

Parents are required to sign permission forms on placement and communicate clearly with the school regarding any health needs. This will be communicated clearly to referring local authorities, parents/carers and any other members of a child's professional and personal network as required as part of the referral process. Any difficulties or discussion should be resolved as far as possible prior to a child starting in placement.

Health monitoring and medical examinations:

- a) All significant events relating to a child's physical health & development, and their medical care, which occur while they are at the school, will be recorded on the electronic Clear Care system.
- b) On admission, the child will usually be registered with the School's GP at Bampton Surgery, or they 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, careers and the professional network as appropriate, taking the child's best interests into account.

- c) A health check will be carried out on each child within 14 days of admission by the school nurse.
- d) Children's height and weight will be monitored termly.
- e) Blood pressure, height and weight will be monitored, if not recently recorded, before CAMHS clinics.
- f) Looked after Child (LAC) medicals will be arranged when papers are received from the placing authority, normally annually.
- g) The school will host CAMHS clinics for children who are under the care of the local CAMHS service, in partnership with the service.
- h) Specialist Services may be available in Oxfordshire by referral, with parental (or parental authority holder's) agreement.

Controlled Drugs:

1: Introduction

1.1 The United Kingdom 'Misuse of Drugs Act, 1971' aims to control the possession and supply of numerous prescription medicines and drug-like substances as "Controlled Drugs" (CDs). These drugs are classified (by law) into classes A, B and C, based on their benefit when used for medical treatment and the potential to cause harm to individuals and to society if misused or obtained illegally. Therefore stricter legal controls govern how controlled medication can be stored, produced, supplied and prescribed.

For the Mulberry Bush this mostly applies to the use of amphetamine-like stimulants used for Attention-deficit hyperactivity disorder (ADHD) (which are regulated under Schedule 2 of the act) such as Methylphenidate.

1.2 The Mulberry Bush adheres fully to the Medicines Act 1968, the Misuse of Drugs Act 1971, the Misuse of Drugs (Safe Custody) Regulations 1973, and the 2001 regulations and the Controlled Drugs (Supervision of Management and Use) Regulations 2013 and the Nursing and Midwifery Council *Guidelines for the Administration of Medicines*. To ensure safe prescribing, handling, storage administration and disposal of all controlled medication The Mulberry Bush is compliant with the children's home (England) regulations 2015, (regulation 23) and managing medication in care homes (March 2014).

2: Purpose and Scope

2.1 The purpose of this policy is to promote the safe, secure and effective use of Controlled drugs within the Mulberry Bush.

2.2 The policy applies to all areas where Controlled drugs are used and to all staff who handle Controlled drugs.

3: Duties and Responsibilities

3.1 The Director is ultimately responsible for ensuring the school complies with legal requirements and national recommendations for medication management. As Registered Manager for the children's home the Head of Group Living holds management responsibility for the practical implementation of this policy. Day to day oversight of this area and line management of the school nurse is delegated to a Deputy Head of Group Living.

3.2 The school nurse has a responsibility to ensure training and competency assessment is available to all relevant staff.

3.3 Line managers of staff have a responsibility to ensure this training is undertaken at appropriate intervals by staff members who are also responsible for their own training needs.

3.4 The senior training officer has a responsibility to maintain a record (electronic spreadsheet within the whole school renewable training record spreadsheet) of staff completing relevant training and refresher training, and to alert line managers when staff are at risk of being out of date in their training.

3.5 The Mulberry Bush has a responsibility to assure the quality of its CD management as an integral part of its therapeutic and child care practice.

3.6 The school nurse is responsible for the safe and appropriate management of Controlled drugs into the school from a pharmacy, and into and out of the main CD cupboard within the nurse's office.

3.7 The Deputy Household Managers are responsible for the safe and appropriate management of Controlled drugs in and out of the CD cupboard within the individual houses once they have been signed over to the house.

3.8 All staff involved in the handling of Controlled drugs must follow the processes outlined in this policy and the Standard Operating Procedures relevant to their practice.

4: Training Requirements

4.1 The Mulberry Bush will ensure all group living (care; household) staff, and all others

(predominantly, selected members of the education staff) directly involved in the children's care, are appropriately medication trained, in line with this policy.

4.2 All staff involved in administering, storing, transporting and disposing of Controlled drugs need to be familiar with the Standard Operating Procedures and will receive appropriate training.

4.3 Staff will be informed and, if necessary receive additional training when Standard Operating Procedures are revised or amended and when new CD products or systems are introduced.

4.4 New staff members will receive appropriate training before they handle medications or give medications to children. All members of staff who handle medications will receive annual refresher training. This will be delivered in the first half-term of each academic year to teams and individuals.

5: Monitoring compliance and effectiveness through Auditing.

5.1 Appropriate arrangements must be in place for monitoring and auditing the management and use of Controlled drugs. These must include:

- Weekly Stock balance and record checks by the school nurse, recorded in CDR book.
- Termly inspections of houses (CD cupboards) by school nurse, DhoGL or a DHM from another household team. Recorded in monitoring document in school nurse folder on the school server.
- All incidents involving CDS / and non-controlled medication will be recorded on the "Medication Compromised and Errors" spreadsheet.
- Incidents which meet an appropriate threshold will be reported to OFSTED with details of the incident and practices in place to rectify/ reduce risk to ensure incidents aren't repeated.

6: Procedure

Title - CD 6.1: STORAGE OF CONTROLLED DRUGS

Purpose: To ensure that the storage of all controlled drugs complies with the requirements of the Misuse of Drugs Act, 2001 and Mulberry Bush Policy.

Scope: Applies to all staff members involved with controlled drugs.

Responsibilities: The Mulberry Bush school nurse or Deputy Household Manger / practitioner with responsibility for CD stock in each household team.

1. Controlled drugs (CDs) must be kept in a specifically designated lockable metal cupboard which is secured to a solid wall, with a double lock mechanism, to comply with legislation.

1.1 Children's medications, where they are in tablet / capsule form, will be sourced in MDS (Monitored Dosage System) boxes straight from the pharmacy, on a 4 week rolling programme.

This will not be possible when

- children join the school
- medications are changed and the 4 week cycle does not match when the change needs to happen
- medications are in liquid, inhaler or other form.

1.2 At the Mulberry Bush, there is a main Controlled drug cupboard (situated in the nurse's office) which stores controlled medication, when it first arrives at the MBS. Prior to being signed out to the children's individual houses. (See appendix 1, flow sheet) Any compromised medication waiting to be returned to the pharmacy for disposal is stored in a separate double locked Controlled Drugs cupboard in the school nurse's rooms which is not used for any other purpose.

The Mulberry Bush is registered as a single children's home with one registered manager, one nurse and one medication system. There is one CDR book for the site. Once within the site, the audit trail for any CD is recorded through Medical Administration Records (MARs), Medication Handover Forms and the Compromised Medicines Record (Electronic, held on the server on site). Each of the five houses (Pegasus, Jigsaw, Sunset, The Burrow and Rainbow) also have CD cupboards for the individual children within that house. Medication is signed out of the main CD cupboard (and CDR book) and into the house CD cupboard (and onto each child's MAR sheet) for the week, so that it can be administered to the child in the house setting. Any compromised medication will be returned to the main CD cupboard.

1.3 Each of the cupboards are locked securely at all times and situated behind a locked door, not accessible to the children or to unaccompanied visitors. Keys for medications cabinets are stored in a locked cabinet with a key-pad 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.

The current key-pad code for the key cabinets in the households is 8491A

Manual access keys for these cabinets are stored in the key cabinet in the group living office. This key cabinet has key-pad code 2460B

Key-pad codes / this paragraph updated 25/03/20

1.4 Access to the cupboard and CD keys are limited to appropriately trained staff only. This is employed Group Living staff (not agency staff or placement students or others) and education staff who have had appropriate training.

1.5 Any loss of CD / drug cupboard keys must be reported immediately and a near miss incident form completed.

1.6 If a CD is signed out of the main CD cupboard in the nurse's office it must be signed into the CD cupboard / onto a MAR within the designated house and this must be witnessed.

1.8 Storage arrangements for controlled drugs comply with those advised in the Duthie Report and CD cupboards and their fixing conforms to the specification set out in British Standard BS2881:1989 and Health Building Note 29. 2.2 The lock on the CD cupboard is different to any other lock in the school.

Title - CD6.2: ADMINISTERING CONTROLLED DRUGS

Purpose: To ensure administration of controlled drugs complies with the requirements of the Misuse of Drugs Act, 2001 and Mulberry Bush Policy.

Scope: Applies to all staff members involved in the administration of Controlled Drugs.

Responsibilities: The Mulberry Bush school nurse or Deputy Household Manager / practitioner with responsibility for administration.

2.1 All controlled drugs should be administered by two appropriately trained members of staff. Both individuals should witness:

- The removal of the CD from the packaging / MDS container.
- The preparation of the CD.
- The CD being administered to the patient.

2.2 **Prior to administering the medication ensure:**

- **Right Child** - verbally confirm the child's name prior to administration.

- **Right drug** - The child's MAR sheet should be present and referred to during drug administration, check this against the medication/ MDS box. If administering Methylphenidate, ensure the correct preparation is administered, (Concerta/ Medikinet, Equasym, Xaggitin, etc.)
- **Right dose** – If in doubt speak to the school nurse (or consult the BNF for children).
- **Right route-** (Oral) - ensure medication is swallowed whole, NOT chewed.
- **Right time and frequency** – Is the medication best on a full stomach? Has there been a sufficient amount of time between doses? (refer to drug information sheet, Appendix 3)
- **Right documentation referred to/ completed-** ensure the medication hasn't previously been given, sign and witness MAR sheet and CDR.
- **Right knowledge of the drug being administered-** ensure prior to administration that you are aware of what the drug is used for and possible side effects.
- **Right information** does the child require any additional support / information?

2.3 A record of the administration must be made in the MAR and the following details must be recorded:

- Date and time when dose administered
- Name of child
- Name, strength and form in which administered (specified at head of each page)
- Quantity administered
- Signature of staff member who administered the dose
- Signature of witness
- Balance in stock (for medications not in MDS container)

2.4 Completed MARS sheets are then signed off and monitored by the Deputy Household Manager of the child's household team and then either by the deputy head of group living or by the school nurse.

2.5 Administering medications away from the school site.

Needing medication should not curtail or hamper activities that contribute to a child's wellbeing and development. There are foreseeable circumstances when a child is away from the school site with one adult at the time medication needs to be given, and it is not reasonable to have more staff present, return to site or move the time medication is administered. Giving medication is not of itself a reason the school will use more staff on a trip away from the site. In this circumstance the MAR will be taken

by staff with the child and completed while away from the school site including details of the circumstance. These situations will be planned for by staff and avoided where possible.

Title - CD6.3: RECORD KEEPING OF CONTROLLED DRUGS

Purpose: To ensure that the recording of controlled drugs complies with the requirements of the Misuse of Drugs Act, 2001 and Mulberry Bush Policy.

Scope: Applies to all staff members involved with CD record keeping.

Responsibilities: The Mulberry Bush school nurse or Deputy Household Manager / practitioner with responsibility for CD stock at the location.

Proper recording is essential to the management of controlled drugs. Unnecessary or overly complex systems of recording can create as well as mitigate risks. The Mulberrybush aims to maintain an effective balance in its systems.

3.1 Controlled drugs coming into the Mulberry Bush must be checked in (signed) and witnessed by approved and appropriately trained members of staff. (One of which should be a HM/ DHM or the SN) in the Controlled Drug Record (CDR). The name of the child, quantity of medication supplied, and form and strength of the medication should be recorded in the CDR and the medication immediately transferred to the controlled drugs cupboard and locked away.

3.2 The controlled medication is stored in the main CD cupboard in the nurse's office until it is required by the child's house. It is then signed out (by completing the CDR and witnessing this). And signed in (and witnessed) to the CD cupboard for the receiving house, by completing the individual child's MAR sheet. This is in line with Regulation 20 of the 2001 Regulations. This states "A separate controlled drugs register must be kept for each of the premises of an organisation where controlled drugs in Schedule 2 are stored"- Mulberry Bush School is a single premises. We ensure a clear audit trail of all CDs at all times. The CDs are usually signed out of the main CD cupboard for each child and into the household CD cupboard on a weekly basis. Holiday periods, extended school trips or other events may make this impractical, in which situation staff members involved will make a judgement, based on risk assessment and with the child's wellbeing as the priority, about how much medication to sign out.

3.3 Different strengths and forms of the same medication should be entered on separate pages of the CDR and a new page should be started for each new receipt. It should be clearly stated whether the medication is in an MDS dosette box or in original packaging.

3.4 When medication is sent in the original packaging rather than an MDS box, different strengths of the same medication will be clearly labelled or separated as best manages the risk.

3.5 The total balance of drugs in stock must be recorded. Any discrepancy with the stock balance and data entered onto the CDR or MAR must be investigated promptly. The investigating CD discrepancy flow sheet (Appendix 2) should be completed to assist with the investigation.

3.6 Any returns to the pharmacy must be signed for by a designated person (See Appendix) and witnessed. Any discrepancy in the quantity should be reported immediately to the pharmacist (at Bampton Health Pharmacy) and to the MB school nurse.

3.7 The administration of CDs must be recorded and double signed on the child's MAR sheet. Completed MARS sheets are then signed off and witnessed by the child's Deputy Household Manager and either the deputy head of group living or school nurse.

3.8 Completed and signed off MARS sheets are filed in the child's medical records. To comply with data protection regulations these are kept in a locked filing cabinet, behind a locked door, in the nurse's office.

3.9 When children move from term time houses to the Burrow, or vice versa, their medicines and the accompanying MAR sheet(s) will move with them. No new recording is created for this particular transition as it falls wholly within the school and the continuity of the MAR sheet is of paramount importance in ensuring safety for the child.

Title - CD6.4: Returning Compromised Controlled Medication

Purpose: To ensure the safe disposal of controlled drugs, which complies with the requirements of the Misuse of Drugs Act, 2001 and Mulberry Bush Policy.

Scope: Applies to all staff members involved in compromising CDs.

Responsibilities: The Deputy Household Managers/ school nurse / Deputy Head of Group Living.

4.1 If a dose is refused, or only partly taken, both members of staff giving the medication must sign the MAR, record on the MAR the reason / what happened and return the medication to the house CD cupboard. A designated person should return the medication to the nurse's office compromised drugs store and this should be witnessed by a designated person.

4.2 The details should be recorded in the compromised drug sheet (found on the T: drive on the server on site) and on the child's MAR.

4.3 Where a controlled drug dose is refused there are guidance notes for missed doses of any CD taken by children at the school on the school server / the school's Google drive i.e. accessible to all staff at all times. Guidance documents should be consulted and school nurse / GP contacted if the child's health or wellbeing is at risk due to the refusal.

4.4 If a tablet is dropped on the floor or compromised in any way, an entry should be made in the MAR and witnessed by a second member of staff. The tablet should then be stored in the compromised medication bag within the CD cupboard awaiting disposal.

4.5 Return to pharmacy in secured bag (see transporting CDs 5.0). This will be done by a designated person (see Appendix).

4.6 Pharmacy will sign and return the compromised drug sheet and destroy the medication.

Title CD6.5: TRANSPORTING CONTROLLED DRUGS

(To & from pharmacy and to & from children's family homes / non-term-time placements)

Purpose: To ensure the transportation of controlled drugs complies with the requirements of the Misuse of Drugs Act, 2001 and Mulberry Bush Policy.

Scope: Applies to all staff members transporting controlled drugs.

Responsibilities: The Mulberry Bush school nurse or Deputy Household Manager.

5.1 When transported by MBS staff CDs must be transported in a locked / zippable bag or as supplied by the pharmacy. When given to parents / carers / professionals CDs will be handed over in a locked / zippable bag or as supplied by the pharmacy

5.2 CDs must not be left unsupervised at any point during the journey to and from the MBS when transported by MBS staff. When CDs are given to parents / carers / professionals they will be encouraged to maintain supervision of the CDs.

5.3 Where children requiring CDs are due home, it may be appropriate to conduct a risk assessment in consultation with parents / carers / guardians to ensure the safe transit and storage of the medication whilst the child is away from the MBS. In this situation discussion of this risk assessment is an integral part of the child's handover on transport days. To ensure the safety of the child and other members of the household whilst the child is at home, this may mean allowing more time for handover to ensure parents/ carers/ guardians are aware of the risks when handling/ storing CDs in the home setting. Any risk assessment or record of concerns will be recorded in a suitable format and stored alongside the relevant medications handover form.

Where parents / carers have parental responsibility for children this process can only be advisory and staff members will make judgements as to the most effective way to engage parents / carers in managing CDs. The school considers any CDs handed over to parents / carers / professionals / escort staff to be the responsibility of those persons.

The Mulberry Bush always seeks to fulfil its obligations to children and to families and to meet relevant legislative requirements. Where the school and its staff judge there is a significant risk that medications will be mishandled, not given or given unsafely in a family, home setting or other placement, they will communicate this appropriately to the people directly involved and to the relevant placing authorities, or others as appropriate. In doing so the school's staff will make holistic judgements about the wellbeing of children including the impact on relationships and broad wellbeing. Any communication or action will aim to be as supportive and respectful as possible and will recognise that responsibility for the child is held by the family and/or the local authority when they are away from the school. It will be highly unusual for the school to retain CDs prescribed to a child by a medical professional for the time that the child is in the care of its parents, foster carers or respite carers, as to do so would remove all possibility of the child receiving their medicines.

5.4 Where the child is taking CD medication home, a calculation of the amount needed should be made to prevent transport or storage of unnecessarily large quantities of medication.

5.5 When medications are brought to or taken from the school by families / carers / professionals accompanying children these should be carefully counted and signed for. School staff will complete a Medical Handover Record (see Appendix) and will ask that families / carers / professionals sign the form. 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 for the same dates.

5.6 When children return to school without the correct or with an unexpected quantity of CD's staff will make active enquiries to understand the reasons for this, and where it is appropriate families / carers will be offered support to handle medication safely and appropriately.

Title - CD6.6: INVESTIGATING DISCREPANCIES / INCIDENTS WITH CONTROLLED DRUGS

Purpose: To ensure that the discrepancy is identified promptly and appropriate action taken, compliant with the Misuse of Drugs Act and Mulberry Bush Policy.

Scope: Applies to all staff members involved with controlled drugs.

Responsibilities: The Mulberry Bush school nurse / Deputy Household Managers and senior management.

6.1 Any discrepancies between the stock balance as stated in the CDR / MAR and the contents of the CD cupboard should be thoroughly investigated. The school nurse &/or Deputy Head of Group Living &/or the Registered Manager / Head of Group Living should be informed. Out of office hours the On Call manager should be informed.

6.2 The 'investigating discrepancies with controlled drugs' flow sheet should be completed (Appendix 2).

6.3 If the incident involves a child this should be recorded on the Clear Care online recording system (on a "Significant Incident" form or a "My Day" form as appropriate). It may be necessary to notify :

- The child's parents/ carers
- The child's social worker, if appropriate
- The child's registered General Practitioner (GP)
- OFSTED (in the case of a serious incident.

<https://www.gov.uk/government/publications/notify-ofsted-of-an-incident-form-for-children-social-care-providers>).

6.4 If Controlled medication is given to the wrong child, it is very important that employees seek advice immediately from a GP, pharmacist or Out of Hours health helpline tel: 111. If you are unable to get the response that the situation warrants, you should contact the hospital A&E department. Follow the medical advice given and as soon as is practicable inform a line manager &/or the On Call manager(s) who will inform the Registered Manager. Complete a medication incident report form.

6.5 It is important that employees have the opportunity for a debrief to evaluate the events leading up to the incident in order that systems and practices can be reviewed and/ or adjusted to ensure remedies are in place, to avoid a recurrence.

Title - CD6.7: STOCK CHECKS AND AUDITING OF CONTROLLED MEDICATION

Purpose: To ensure that a standard operating procedure is in place for stock checks of all controlled drugs entered into the controlled drugs register.

Scope: Applies to all staff members involved with controlled drugs.

Responsibilities: The Mulberry Bush school nurse.

7.1 Stock checks should be conducted weekly by the school nurse and an approved member of staff who is available at the time. The school nurse should note all quantities and make an appropriate entry in the register. Any discrepancies should be communicated to the group living management team immediately and the investigating discrepancies with controlled drugs flow sheet should be completed.

Medicines that are not Controlled Drugs & additional details on handling medication:

- a) The school aims to have a system that is consistent for children and for staff members to ensure communication, avoid mishap and minimise unnecessary bureaucracy. In most aspects, all prescribed medicines and medication will be handled and their use will be recorded in the same way as for controlled drugs. The differences are as follows:
 - i. Prescription only medicine (POMs), and any prescribed medication, will be signed into the POM record file when it is brought to school. This file is structured similarly to the CDR book, using one signature rather than two to reflect the reduced risks involved.
 - ii. Homely remedies, and prescribed medicines which are not CD or POM (including those marked as P (Pharmacy)), need a single member of staff to sign them into and out of medication cupboards and to sign the MAR when they are given to children.
- b) **Designated Persons.** Through training, regular involvement and mutual support & challenge this group maintains sufficient understanding to oversee, monitor and undertake the transport, storage, dispensing and disposal of medicines and the recording of these activities. This group holds shared responsibility for medicines within the school: Where there is a one-off prescription or a change to medication, which 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. In this situation communication is essential: the person involved will inform the treatment team for the child, the school nurse and all those alongside the child. See Appendix 4 for the current list of designated persons.
- 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. When medicines (tablets) need to be counted “pill-counter” trays and tweezers will be used.

- d) All prescribed and non-prescribed medicines should be kept in a suitable locked cabinet, within a locked room/space (CD cupboards are within these locked cabinets). 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.
- e) The creation of MAR sheets is usually delegated to key workers and overseen by Deputy Household Managers.
- 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 a designated person, prescribed medications need to be given out to house teams / collected from the pharmacy by a person designated and supported by the School Nurse or DHoGL, or by the registered manager &/or the On Call manager.
- 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; at the earliest opportunity paperwork confirming prescription will be sought and any discrepancies, disagreements or tensions about the appropriate medication will be resolved at the earliest opportunity.
- 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) It is essential to check both homely remedies and prescribed medication MAR sheets before giving medicines to children.
- k) Cross contamination. The list of homely remedies (see appendices) 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

- l) Recording of Homely remedies given to children will be on the 'Homely Remedies M.A.R'. Homely remedies must be single signed and initialled 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.
- m) Medicines should not be given to a child in class without liaising with the group living team.
- n) 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.

Non Emergency Treatment

- 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). To avoid distress to the child the permissions held on file should be checked in good time and the necessary permission sought in good time prior to any treatment.
- 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.

- d) Consideration is given to whether a child would prefer to be seen by a male or female G.P or other healthcare professional where this is possible and appropriate.
- e) Staff will not assume all the necessary permissions are in place for medical treatment - some families and networks do not give blanket permissions. Where major treatments or operations are required, this should be discussed with parents/persons having parental responsibility and their permission obtained in good time. If consent to treatment or medical examination is refused the following options may be considered:
 - 1. For a young person accommodated on a voluntary basis (S20), consideration could be given by the local authority to applying for a Court Order, e.g. a specific issue order or a child assessment order.
 - 2. 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.
 - 3. 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.
 - 4. In considering health and consent to treatment, issues related to race, culture and religion will be taken into consideration.

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) 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.
- c) For Looked After children, the social worker must be informed as soon as possible, and a written report sent.

Looking after Sick Children

- a) Children who are unwell will be kept in the household or encouraged to attend education in accordance with current published guidelines from relevant authorities, departments etc. In the main, this will mean children who would not

attend a mainstream school but would be kept in the family home will remain in their household during term time at the school.

- b) Children who are resident in the Burrow will remain in their term time house in most circumstances during term time, but in a situation where other children are returned to their family / carers, the child's treatment team and SLT will consider their being cared for in the Burrow.
- c) 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 communal spaces (playroom, lounge etc.) where they can have some social contact or quietly watch T.V.
- d) The care of sick children is organised by the household 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.
- e) 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.

First Aid

All group living and education staff are trained in first aid. A sufficient number of staff members are trained to the "First Aid at Work" standard. One of these First Aid at Work trained staff members will be on site or alongside children at all times during the day (8am – 9pm). See Appendix 8 for current list of trained staff members and their deployment.

Medical files and data storage

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 the online Clear Care recording system.

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 online recording system (Clear Care) 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 basic information page from their Integrated Treatment Plan (the first page in the "About Me" section) 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 and it is on the ITP basic information page.

Notifiable Events:

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 key worker 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

The Mulberry Bush Organisation recognises differences in care needs between fair and darker skinned children and is able to meet these needs accordingly - through the provision of holistic care which adheres to both the Health and Medical Policy and the equality and diversity policy.

Children with black and darker skin tones tend to have dry skin, which can appear ashy in colour when overly dry. Children at the Mulberry Bush will have access to hydrating emollients, such as cocoa butter, which they will be encouraged to use once / twice a day, depending on skin type. Children with afro-Caribbean Hair, will be supported in washing and styling their hair, through the use of an ethnic-specific shampoo and leave-in conditioner. Wide tooth combs are available to help the children style their hair to their choosing.

In terms of sun safety, it is recognised that darker skin has a higher natural SPF than fair skin, (due to an increase in Melanin). However there is still a risk from the harmful effects of the sun's radiation. Including, premature ageing, hyperpigmentation and skin cancer. It is therefore important that all children follow recommended sun safety guidelines and use appropriate sun protection. Whilst under the care of the Mulberry Bush all fair / white skinned children will use a sunscreen SPF 50+ with a high UVA and UVB protection and our black and darker skinned children will use a clear sun tan spray (in line with the MBS equality and diversity policy) with an SPF 30 or above with high UVA and UVB protection.

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 anaemia; 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

Appendices

Appendix 1 - Definitions

Appendix 2 - Medication Administration protocol

Appendix 3 - Forms: M.A.R.s, Handover, Homely Remedies List, Staff Competency

Appendix 4 - Designated Persons

Appendix 5 - First Aid at Work trained staff members

Appendix 6 - Flow sheet of controlled drug movement within the Mulberry Bush

Appendix 7 - Investigating discrepancies with controlled drugs flow sheet

Appendix 8 - Drug information sheet

Appendix 1: Definitions

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.

Appendix 2 – Medication Administration protocol:

Giving Medication Prompt

- **Can you focus on this important task?**
- **Are there 2 of you?**
 - **CD or POM on the packaging - two people give and sign.**
 - **Homely remedies and prescriptions that are not POM/CD can be given by one person.**

- **Is the room clean, tidy and calm enough?**
- **Has the medication already been given - Check MAR.**
- **Minimise handling of medication. Wear gloves &/or wash your hands.**

- **Check**
 - **MAR sheet & Medication packaging / MDS info. sheet have the same:**
 - **Name**
 - **Date of birth**
 - **Dose**
 - **The expiry date on the packaging / inhaler / bottle**
 - **That you have the right child.**

- **If tablets not in MDS box, record count of remaining tablets on MAR.**
- **Record signatures and initials on MAR**

Any refusal, error, loss of medication, missed dose or overdose: Record on MAR, report to school nurse and senior member of staff in house / on-site / On Call

Appendix 3 – Forms

Note that the M.A.R.s and other forms can and should be adapted as required to best ensure children get medications reliably and safely and that the recording of this is as clear and straightforward a task as possible, as this contributes to safety. Any changes to any forms will be agreed by the School Nurse and the relevant Deputy Household Manager.

Master copies of the M.A.R.s and Handover form can be found in Word.doc format in the folder T:Teachers Only/School Nurse/MARs on the school server. These should be used to generate new forms. The copies here are for policy / information purposes.

Medication Administration Record for Prescribed Medicines.



NOTE: Shaded boxes should be typed in advance. Print double sided. Size of daily boxes can be adapted to more or less medication but this MAR should not record more than 7 days. The child's prescription requirements should be detailed on this form, (to include all medication) but medication prescribed PRN should be signed for on the separate PRN MAR sheet. No other changes can be made without approval from the school nurse.

Child's Name:		D.O.B:	Month & Year of this form:			
Medicine	Dosage	Frequency / Times.	Form of Medicine	Date begun/ due to end	CD? POM?	PRN? Complete separate PRN MARS sheet.

Day/ Date	Time	Medicine & dosage given. If not taken enter "NOT GIVEN" and state reason in notes below.	Stock balance (number remaining)	LEGIBLE Signatures & initials			
				2 for CD and POM		1 for other medicines - mark "X" in 2 nd box.	
				Signatures	Initial	Signatures	Initial
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

Notes or observations. Record any adverse reactions to medication and report to nurse / managers. If any doses missed, refused etc. record reason here & sign; add incident ref. if related to an incident.

Have PRN (when needed medication) been offered? Inhalers, Creams, emollients		Yes	Yes	No
		separate PRN MARS sheet completed	Declined.	Not believed necessary
Tick and Sign the correct box.	Date			
	Mon			
	Tues			
	Wed			
	Thurs			
	Fri			
	Sat			
Sun				



Medical Administration Record for Homely Remedies (non-prescribed medicines) agreed for use by : D.O.B.

- | | | |
|----------------------------|---------------------------------|-----------------------------------|
| Anthisan Cream** | Calpol (Paracetamol Suspension) | Sore Mouth Pastilles |
| Antiseptic Cream | Cough and Decongestant Syrup** | Sudocrem |
| Antiseptic Throat Lozenges | Dry Cough Syrup | Vicks Vapo Rub |
| Aqueous Cream Bath | E45 cream** | Waspeze* FROM NURSE |
| Emollient/Oilatum | Joy-rides* FROM NURSE | Worm Tablets* FROM NURSE |
| Bonjela | Karvol | Zinc and Castor Oil Cream |
| Calamine Lotion | Saline Pods Eye Wash | ** Read contra-indications |

**All medicines/homely remedies to be administered by authorised staff only.
No Changes to the list of Homely Remedies without consulting the School Nurse.**

Products not to be used for this child / known allergies (if none write 'NONE KNOWN'):

Date	Medicine	Reason	Legible Signature	Initial	Legible Signature	Initial	Time

START A NEW SHEET PLEASE – DO NOT ADD ENTRIES BELOW / OVER PAGE.

Notes or observations. Record any adverse reactions to medication and report to nurse / managers. If any medicines rejected, refused etc. record reason here & sign; add incident reference if related to an incident.

Medication Administration Record for PRN Prescribed Medicines.



NOTE: Shaded boxes should be typed in advance. Print double sided. Size of daily boxes can be adapted to more or less medication. No other changes can be made without approval from the school nurse. This MAR sheet is for documenting the administration of (PRN) (as and when needed) medication, such as reliever inhalers and creams ONLY and SHOULD NOT be used to document regularly required prescribed medication. **CAUTION: regularly required prescribed medication is recorded on a separate MARS sheet.**

Child's Name:		D.O.B:	Month & Year of this form:		
Medicine	Dosage	Frequency / Times.	Form of Medicine	Date begun/due to end	CD? POM?

Date	Time	Medicine & dosage given	Reason given	Last given?	LEGIBLE Signatures & initials 2 for CD and POM 1 for other medicines - mark "X" in 2 nd box.			
					Signatures	Initial	Signatures	Initial

Notes or observations. Record any adverse reactions to medication here (and sign) and report any issues to nurse / managers. Add incident ref. if related to an incident

Homely Remedies (Non Prescribed Medicines)

Anthisan Cream**	Tube per child
Antiseptic Cream	Tube per child
Antiseptic Throat Lozenges	Be aware children can suddenly inhale these (choking risk) Assess each child prior to administering
Aqueous Cream	Use as emollient/instead of soap for dry skin conditions.
Bath Emollient/Oilatum	Pot per child Use per capful measurement according to instructions on bottle. Can be used for different children so long as measured capful directly into bath water.
Bonjela	Tube per child
Calamine Lotion	Container per child
Calpol (Paracetamol Suspension)**	100 ml bottle or individual sachets. Individual 5 ml sachets preferable to reduce risk of cross infection.
Cough & Decongestant Syrup**	Individual 5 ml spoon/medicine pot.
Dry Cough Syrup	Individual 5 ml spoon/medicine pot.
E45 cream**	Individual container per child
Joy-rides*	From nurse
Karvol	Apply to pillow
Saline Pods Eye Wash	One use only, per child.
Sore Mouth Pastilles	Be aware children can suddenly inhale these (choking risk) Assess each child prior to administering
Sore Throat Lozenges (“Strepsils” or other brand)	Blister pack per child. Use should be monitored to avoid over use
Sudocrem	Individual container per child
Vicks Vapo Rub	Where possible use Karvol. Otherwise container per child
Waspeze*	Spray container to be used with adult supervision available from school nurse.
Worm Tablets*	From nurse
Zinc and Castor Oil Cream	Container per child

*** Where stated get from school nurse, not to be routinely kept with homely remedies.**

**** Read contra-indications with medicine.**

Medication Handover Record FROM SCHOOL

The Mulberry Bush School takes its legal responsibilities related to medicines seriously. To ensure we look after medicines properly – which is part of looking after children properly – we need to complete this form. Thank you for your support with this.

Name of Child			
Description of Medication	Quantity of medication	Number of MDS boxes	
Example: Petiapine 50mgs tablets	14 tablets in MDS Bottle – 2/3 of a two week prescription remaining.	3	n/a
Example: Amoxicillin suspension			

Date medicines taken from school

--	--

Person taking / returning medication(s) (delete as appropriate)	Name (please PRINT)	Signature
	Role / Relationship with child?	
Member of Staff	Name (please PRINT)	Signature

MBS STAFF: If only using one side of this form SIGN AND CROSS THROUGH THE UNUSED SIDE. File form with relevant M.A.R.

TO SCHOOL Medication Handover Record

The Mulberry Bush School takes its legal responsibilities related to medicines seriously. To ensure we look after medicines properly – which is part of looking after children properly – we need to complete this form. Thank you for your support with this.

Name of Child			
Description of Medication	Quantity of medication	Number of MDS boxes	
Example: Petiapine 50mgs tablets	14 tablets in MDS Bottle – 2/3 of a two week prescription remaining.	3	n/a
Example: Amoxicillin suspension			

Date medicines given to school

--	--

Person taking / returning medication(s) (delete as appropriate)	Name (please PRINT)	Signature
	Role / Relationship with child?	
Member of Staff	Name (please PRINT)	Signature

RECORDING AND ADMINISTRATION OF MEDICATION STAFF COMPETENCY FORM

Name.....

Team

Assessed by.....

Observe for each of the following: You should see all of these steps to be able to sign off good, safe practice).

- Correct child and check made for any allergies to medications including homely remedies.
- Correct medicine with child's name on label
- Correct dose to be given in mls or mgs
- Expiry date of medication – not dispensed date
- When it was last given
- Record completed– date, dose, time, what swallowed or applied, two signatures, If tablets, how many remain

Please discuss the following
to ensure adequate knowledge of these issues:

- Storage of MAR sheets – new and current ones.
- Responsibility of remembering medication – who can do this?
- Discuss storage of medication e.g. insulin, antibiotics and tablets
- Infection control – contamination sharing of bottles and pots etc.

General comments

Signed -

- Assessor
- Employee
- Date

NOTE THIS FORM SHOULD BE GIVEN TO THE TRAINING OFFICER AND THE DATE ENTERED ON THE TRAINING DATABASE. The database is the official school record of this training.

Appendix 4 – Designated Persons.

Through training, regular involvement and mutual support & challenge this group maintains sufficient understanding to oversee / monitor the transport, storage, dispensing and disposal of medicines and the recording of these activities. This group hold shared responsibility for medicines within the school: Nurse and DHoGL for the system as a whole, the Deputy Household managers for the children, medicines, systems and recording in their household and for peer support for each other. DHM's also deputise for the Nurse and DHoGL in their absence.

School Nurse – Laura Pemberton, Extension 260

Deputy Head of Group Living – Mike Staines, Ext. 246

Deputy Household Managers – Matt Wareham (Jigsaw), Siobhan Foster-Weston (Sunset), Tim Collett (Pegasus), Boni Delos Santos (Burrow), Claire Gaskins (Rainbow)

Appendix 5 – First Aid at Work trained staff members:

All group living and education staff are trained in first aid.
A sufficient number of members of staff are trained to the “First Aid at Work” level to ensure one of them is working between 8am and 9pm. These are:

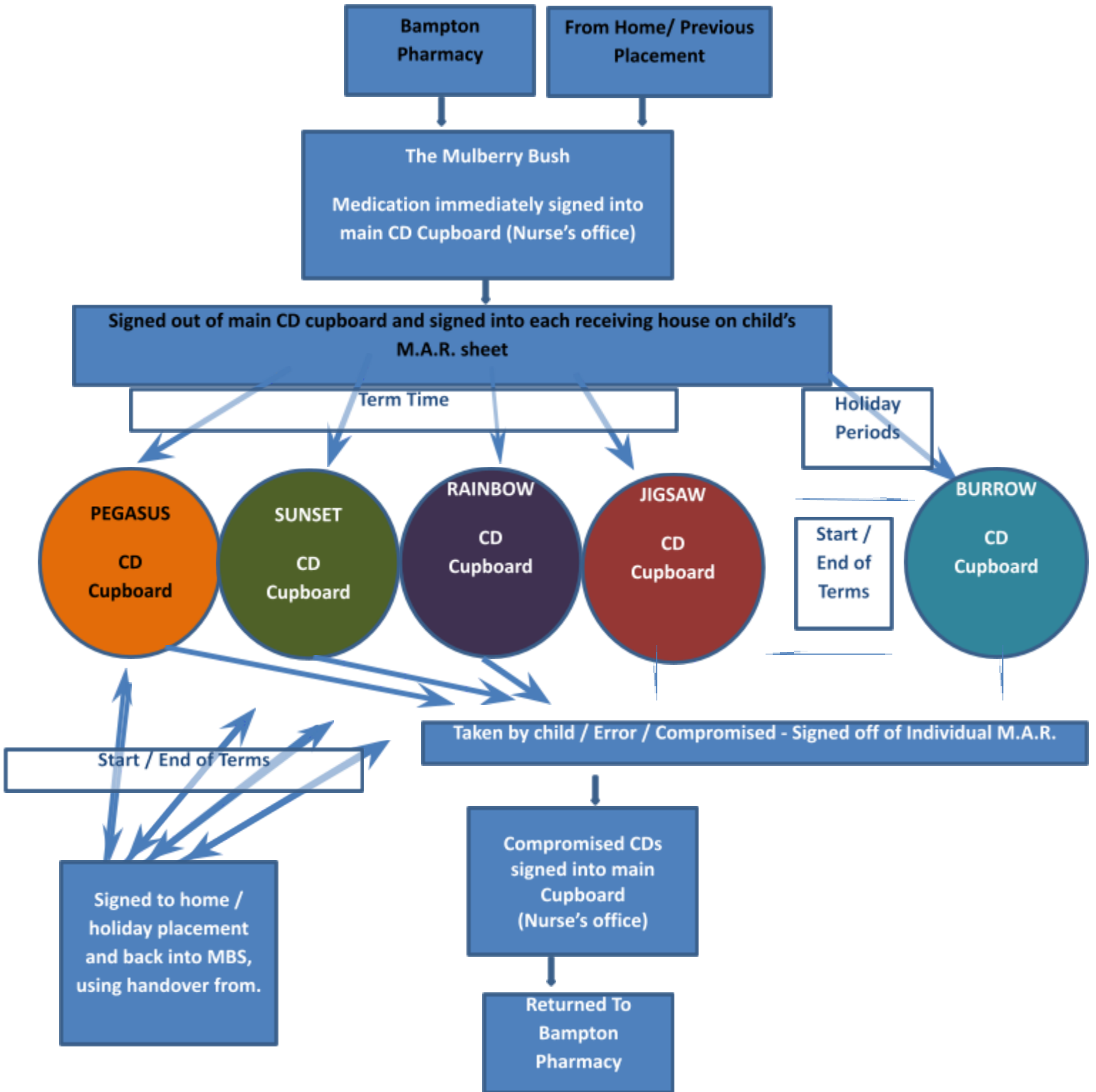
Name	Dept / Location	Hours typically covered
Gareth Jones	Maintenance	Weekday daytime
Adam Clarke	Education	Weekday daytime
John Ruddock		
Matt Wareham	House	Weekday evenings x2 Weekday early morning x2 One weekend day
Alex Boyd		
Sophie Pieterston		
Joe Crawley		
Danni Pryde		
Sharon Gitau		

In addition, some staff members have first aid training relating to Forest Schools:

Andrew Brookes	Education	Weekday daytimes
Helen Cadd	Education	Weekday daytimes

This Appendix last updated April 2019

Appendix 6 – flow sheet:



APPENDIX 7:

INVESTIGATING DISCREPANCIES WITH CONTROLLED DRUGS FLOW SHEET

Section 1 - Details of discrepancy / missing Drug (s)

	Drug name	
	Strength	
	Formulation (tabs/liquid etc.)	
	Quantity in stock	
	Quantity in the register	
	Discrepancy (+/-)	
	MDS box/ box/ loose tablets	

	Location of discrepancy	
	Date identified	
	Date investigated	
	Name of person undertaking the investigation	

Section 2 - More in stock than recorded in the register

	Has the stock been counted correctly?	
	Check done? Yes/ No	Error found? Yes / No
	Has there been a calculation error in the register?	
	Check done? Yes/ No	Error found? Yes/ No
	Is it possible that some CDs have not been written into the register when received (e.g. as stock)? Check the CD register against recent invoices/ ordering data held. (It may be necessary to request copies of invoices for obtained stock Bampton Health pharmacy 01993 851 961).	
	Check done Yes/ No	Error found? Yes/ No
	Has the medication been signed out of the cd cupboard, but not given by the house team?	
	Check done Yes/ No	Error found? Yes/ No
	Now complete Section 5	

Section 3 - Less in stock than recorded in the register

	Has the stock been counted correctly?	
	Check done Yes/ No	Error found? Yes / No
	Is an original pack, MDS Box missing?	
	Yes/ No	Error found? Yes / No
	Has there been a calculation error in the register?	
	Check done? Yes/ No	Error found Yes/ No
	Is it possible that a CD has been issued and an entry has not been made in the register? Check administration records (such as MAR sheet and filed prescriptions). It may be necessary to contact Bampton pharmacy (Suzi, 01993 851 961) to review record of what was dispensed and when.	
	Check done? Yes/ No	Error found Yes /No
	Is it possible that out of date stock / compromised medication has been destroyed and not entered in the CD register? Check records of destruction	
	Check done? Yes /No	Error found? Yes / No
	Do the staff have any suspicions about where the missing stock may be that has not yet been investigated?	
	Yes/ No (if yes give details below)	
	Details:	
	Now complete Section 5	

Missing / lost / stolen controlled medication

	Has the stock been counted correctly?	
	Check done? Yes/ No	Error found? Yes / No
	Is an original pack, MDS Box missing?	
	Has there been a calculation error in the register?	
	Check done? Yes/ No	Error found? Yes / No
	Check MARS sheet /register, when was the drug last given?	
	Check done? Yes/ No	Error found? Yes / No
	When was the medication / MDS box last seen, Where? Who by?	
	Check done? Yes/ No	Error found? Yes / No

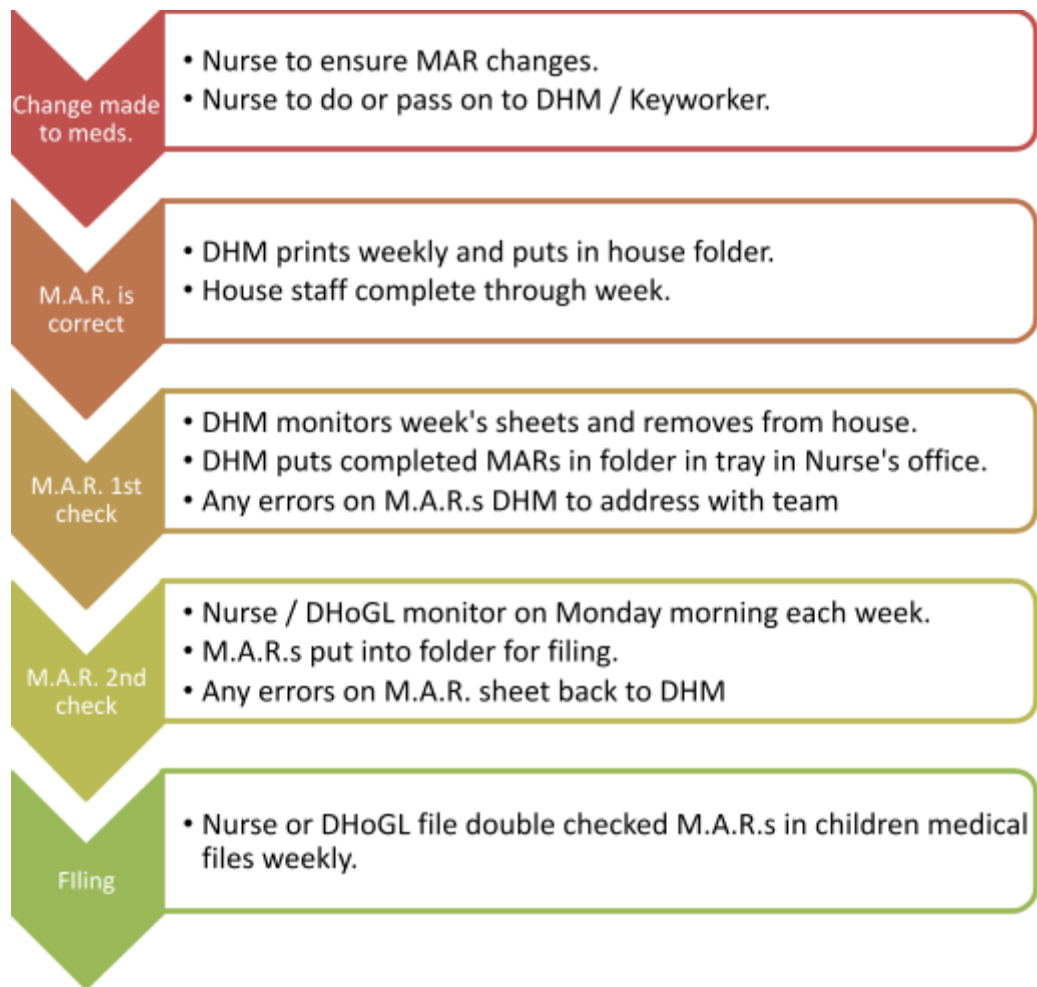
	Has a list of all staff with access to the cd cupboard / house drugs cupboard been formulated?	
	Check done? Yes/ No	Error found? Yes / No
	Has a list of all visitors/ staff / children within the house or area where the drugs went missing from been formulated?	
	Check done? Yes/ No	Error found? Yes / No

Has the Household Manager/ school nurse/ senior management been informed?	
Check done? Yes/ No	Error found? Yes / No
Has the controlled drug accountable officer, (CDAO) been notified?	
Check done? Yes/ No	Error found? Yes / No
Have statements been requested from all involved?	
Yes	No
Have the police been notified?	
yes crime number date: time: police officer:	no

Section 4 - SUMMARY

	Tick one of the following:	
	I have investigated the incorrect stock balance and have found the discrepancy	
	Brief Summary:	
	I have investigated the incorrect balance and been unable to find a reason for the discrepancy	
	Signed:	
	Date:	
	Follow-up required Yes/ No	
	Details of follow-u	
	Follow-up completed Yes / No	Date completed:
	Please attach any notes taken during investigating the discrepancy and any calculations undertaken to this form.	

APPENDIX 8 – M.A.R. workflow



APPENDIX 9 – NEW CHILD PAPERWORK TASKS

New child paperwork arrives at the MBS –	
<ul style="list-style-type: none"> • Copy to hard file • Copy to Rainbow DHM • Copy to School Nurse 	
New Child (and any Medication they are taking) arrives into Rainbow	
MARS are developed initially by Rainbow DHM or other appropriate person Subsequent MARS by appropriate Rainbow adults (overseen by Rainbow DHM).	Rainbow DHM / School Nurse / Other DHM
Homely remedies form is completed	
Any medication is signed into the cupboard	
Medical paperwork file is started (with all paperwork) <ul style="list-style-type: none"> • Front sheet • Consent forms • GP registration form 	
File is put on School Nurses desk.	
Paperwork is checked, - consents/ GP form/ front sheet/ prescribed meds/ allergies/etc.	School Nurse
Letter is written to practice manager (Bampton pharmacy) registering new child.	School Nurse
GP registration and relevant consent forms are to be included along with letter.	School Nurse
ITP paperwork suite medical sections are completed	Rainbow DHM
Subsequent ITP's	Rainbow/ keyworker
Subsequent ITP's - Health sections	School Nurse
Health Assessment is completed <ul style="list-style-type: none"> • Height • Weight • BMI • BP • Resting HR • Prescribed Medication • Known Allergies 	School Nurse
Height and weight is plotted on UK growth Chart	School Nurse
Height and weight is recorded on clear care	School Nurse
The GP surgery is contacted a week later to confirm the child is registered, previous notes requested etc.	School Nurse
If the child requires any medication the pharmacy is contacted to check registration and receipt of the prescription.	School Nurse
Daily administration of medication (If required)	Meds trained Rainbow adults
Ordering repeat prescriptions from pharmacy	School Nurse
LAC medical (Initial medical)	Doctor / LAC Nurse
LAC Review medical	School Nurse