

HEALTH AND MEDICAL POLICY

Last Review March 2025	Next Review March 2026	Coordinator Head of Group Living	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 2024 Royal Pharmaceutical Society of Great Britain
- Social Care Common Inspection Framework (SCCIF): Children's Homes 2025
- The Children's Homes (England) Regulations 2015 – Regulation 23
- 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 2023

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.

The overarching principle must always be: IF IN DOUBT CHECK!

Permissions:

Those with parental responsibility are required to sign permission forms prior to a child's placement starting. These relate to consent for registration with a GP, consent for dental and optical treatment, consent for use of homely remedies and consent for emergency medical treatment. Additional consent will be required for immunisations (As per routine child immunisation schedule) and for non- emergency procedures such as ECG or venepuncture.

During the referral process the child's health needs should be thoroughly discussed and information gathered from all relevant sources. Any difficulties should be resolved as far as possible prior to a child starting in placement. Children are required to arrive with sufficient medication that allows time for registration with new GP, transfer of records and issuing of a prescription.

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, children will be registered with the School's GP at Bampton Surgery, or they will remain registered with a GP at their home or other placement, if this best meets the needs of the child, and is deemed in the child's best interests, should the child be awaiting treatment or on a current referral pathway.
- c) Children's height and weight will be monitored termly.

- d) Blood pressure, height and weight will be monitored, if not recently recorded, before CAMHS clinics.
- e) Child we Look After (CLA) medicals and Review Health Assessments (RHA's) 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.
- h) School Nurse will conduct health assessments as and when this is deemed necessary.

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 Medicines 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 Charity Learning and Development Lead and Quality Assurance Lead have 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 Controlled Drugs 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 (house) staff, and others

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

4.5 All members of staff who handle medications are required to attend annual face to face training with the school nurse and complete the accompanying questionnaire. Medication administration eLearning is completed every two years, (or as advised by the eLearning provider). Once these elements have been completed staff members will need to be witnessed administering medication and have a competency from signed by either the School Nurse or a competent medication trained colleague. The staff member will then be added to the database of medication trained staff and be permitted to administer and witness medication administration and be involved in medication procedures, such as signing medication in and out of the individual houses.

4.6 In the event of a medication error, the staff member will be removed from the database and further training will be required (as above) PLUS additional training, pertaining to the nature of the error. The staff member will be reinstated on the database once training had been completed and the staff member is deemed competent.

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 and Quality Assurance Lead, recorded in the CDR book. An additional monthly stock audit is conducted by the School Nurse and Quality Assurance Lead.
- Monthly inspections of houses medication cabinets by School Nurse and Quality Assurance Lead. This will include checking for out-of-date medication and the temperature of the CD cabinet. Outcomes will be recorded on the Quality Assurance Lead Medication Tracker.
- First Aid Boxes will be checked and restocked on a monthly basis by the School Nurse and Quality Assurance Lead. House staff are responsible for informing the School Nurse when items need replacing.

- Serious incidents involving CDs / and non-controlled medication will be recorded on Clear Care, the schools electronic logging and reporting system and on the Medication Concerns Tracker. This may be a Significant Incident Form and / or a Medical or Health Event depending on the nature of the incident.
- Parents and Carers and Social Workers will be informed of any significant events related to medication.
- 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.**

6.1.1 Children's medications, where they are in tablet / capsule form, will be dispensed 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.

6.1.2 At the Mulberry Bush, there is a main Controlled Drug cabinet (situated in the School 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.

6.1.3 Any compromised medication waiting to be returned to the pharmacy for disposal is stored in a separate double locked Controlled Drugs cabinet in the School Nurse's 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 Bramble House) also have CD cabinets within that house. Medication is signed out of the main CD cabinet (and CDR book) and into the house CD cabinet for the week, so that it can be administered to the child in the house setting.

6.1.4 Each of the CD cabinets are locked securely at all times and situated behind a locked door, not accessible to the children or to unaccompanied visitors. Keys for medication cabinets are stored in a locked cabinet with a key-pad code in each house, close to the medication cabinets. This aims to minimise numbers of keys carried by staff and to ensure all staff who work in a house can access children's medications.

The current key-pad code for the key cabinets in the households is 1948A (Burrow and Bramble 1948#).

Manual access keys for these cabinets are stored in the key cupboard in the group living office.

Key-pad codes / this paragraph updated March 2025.

6.1.5 Group Living staff, education staff and others who have had appropriate training (not agency staff, placement students or others) are permitted to access the key cupboard and CD keys.

6.1.6 Any loss of CD cabinet keys must be reported immediately to the School Nurse and DHoGL.

6.1.7 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.

6.2.1 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 child.

6.2.2 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 XL / Medikinet XL, Equasym XL, Xaggitin XL 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?
- **Right to refuse:** children should be actively encouraged to take medication. Any continued refusal should be documented and discussed with the School Nurse.

6.2.3 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)

6.2.4 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 School Nurse or Quality Assurance Lead. These will then be uploaded and stored electronically in the Children's Online File.

6.2.5 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. When there is a need for medication to be taken off site adults should ensure they follow the guidelines for transporting medication (see CD 6.5) and ensure medication is kept securely (eg, in a designated orange medication box with security seals in a locked car etc). These processes should be followed during all trips and activity weeks such as camping and Outward Bound.

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 Mulberry Bush aims to maintain an effective balance in its systems.

6.3.1 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/QAL 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 cabinet and locked away.

6.3.2 The controlled medication is stored in the main CD cabinet 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 cabinet for the receiving house. 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 cabinet for each child and into the household CD cabinet 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.

6.3.3 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.

6.3.4 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 to best manage the risk.

6.3.5 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 6) should be completed to assist with the investigation.

6.3.6 Any returns to the pharmacy must be signed for by a designated person (See Appendix 4) and witnessed. Any discrepancy in the quantity should be reported immediately to the pharmacist (at Bampton Health Pharmacy) and to the School Nurse.

6.3.7 The administration of CDs must be recorded and double signed on the child's MAR sheet. Completed MARS sheets are checked by the child's Deputy Household Manager and then the School Nurse or Quality Assurance Lead. These will then be uploaded and stored electronically in the Children's Online File.

6.3.8 Completed and signed off MARS sheets are uploaded and filed electronically in the child's online file

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.

6.4.1 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 cabinet. A designated person should return the medication to the nurse's office compromised drugs store and this should be witnessed by a designated person.

6.4.2 The details should be recorded on a Compromised Drug Sheet in the School Nurse's office.

6.4.3 Where a Controlled Drug dose is refused or missed there are guidance notes for each CD taken by children in each houses' medication folder. Guidance documents should be consulted and School Nurse / GP contacted if the child's health or wellbeing is at risk due to the refusal or missed medication.

6.4.4 If a tablet is dropped on the floor or compromised in any way, an entry should be made on the MAR and witnessed by a second member of staff. The tablet should then be stored in the house CD cabinet. A designated person should return the medication to the nurse's office compromised drugs cabinet and this should be witnessed by a designated person.

6.4.5 Compromised medication will be returned to the pharmacy in an appropriately secured container (see transporting CDs 5.0). This will be done by a designated person (see Appendix 4).

6.4.6 The pharmacy will sign and return the compromised drug sheet and destroy the medication.

Title CD6.5: TRANSPORTING CONTROLLED DRUGS

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

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.

6.5.1 Medication Boxes are available to ensure safe transportation of medication. These are secured with seals with a unique identification number which is recorded on the medication Handover Form. These boxes can be used for the safe transport of children's medication between home and school or for trips out. Please refer to instructions on the box for safe use.

6.5.2 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.

6.5.3 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 medication 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.

6.5.4 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.

6.5.5 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 3) 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.

6.5.6 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.

6.6.1 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.

6.6.2 The 'investigating discrepancies with controlled drugs' flow sheet should be completed (Appendix 6).

6.6.3 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-childrens-social-care-providers>).

6.6.4 If a Controlled Drug is given to the wrong child, it is very important that employees seek advice immediately from the School Nurse, 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 who will carry out an investigation. A Medical or Health Event Form should be completed on ClearCare.

6.6.5 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.

6.7.1. see 5.1 (Monitoring compliance and effectiveness through auditing).

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. When staff members give POMs to children these must be double signed on the MAR sheets.
 - iii. 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 the central medication cupboard 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).
- e) Most medications can be stored at room temperature (at 25 degrees celsius or below). Temperature of cabinets should be checked during the half termly audit. If temperature goes above 25 degrees daily checks should be made for a period of two to three months to ascertain if this is consistent. If temperature remains in excess of 25 degrees then measures need to be taken to reduce the temperature of the room.
- f) Some medicines may need particular care or storage e.g. antibiotics / insulin which are stored in a correct temperature (between 2 and 8 degrees celsius) refrigerator. A refrigerator with a lock is on site for this purpose. The temperature of the fridge should be monitored daily when in use.
- g) The creation of weekly MAR sheets is overseen by Deputy Household Managers and may be delegated to keyworkers.
- h) All medications in 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.
- i) 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.
- j) 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.

- k) 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.
- l) It is essential to check both homely remedies and prescribed medication MAR sheets before giving medicines to children.
- m) 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.
- n) 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.
- o) Medicines should not be given to a child in class without liaising with the group living team.
- p) 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 judgement required. In the absence of the School Nurse for an extended period, treatment team leaders and Deputy Household Managers will take on this responsibility.
- q) Liquid medication must be administered through an oral medication syringe. Medication spoons are not permitted.

Storage of Adult Medication

a) Medication remains the property of the person it is prescribed for, and adults are responsible for their own medication needs whilst at work, in order to keep themselves and others safe.

b) ALL medication needs to be labelled and stored safely and securely whilst on site and be kept behind two locked doors). Adult medication boxes with security seals are available from the school nurse, or medication can remain locked in a car, or in a locked bag in a locked room.

c) Any specific needs such as allergies should be clearly communicated to relevant adults with a clear action plan in place of how to respond should this be required.

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. Use of chaperones will be facilitated where 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.
5. when an invasive procedure is required - every effort will be made to contact the correct person with parental responsibility and / or a relationship with the child to provide support to the child and gain their consent to the procedure. It may be necessary to clinically hold the child for the procedure with consent and if deemed in the child's best interests medically.

Emergency Treatment

- a) Parents/persons with parental responsibility should be contacted wherever possible, when time permits. A contact number is on the child's "front sheet" held on the Integrated Treatment Plan 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) 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.

- c) 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.
- d) 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 number of staff members are trained to the "First Aid at Work" standard. Where necessary, children are taken to the local Minor Injuries Unit in Witney or to Accident and Emergency at the John Radcliffe Hospital in Oxford.

First Aid boxes are available in each house, class and school vehicle and are checked monthly.

When children are involved in an accident a paper and electronic Accident Form on ClearCare is completed. These are monitored and recorded by the Quality Assurance Lead with patterns and trends being raised as required.

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. We are currently in the process of transferring these records online. 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) Medication Administered Record (MAR) - illness, allergies. There should be a separate MAR for prescribed and homely remedies.
- f) Reports of LAC Medicals.
- g) Other correspondence, such as Consultant/GP's letters.
- h) Accident Forms.
- i) 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.

A copy of a child's basic information page from their Integrated Treatment Plan should accompany them to any GP/ Minor Injury Unit/ or Hospital.

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
- f) any incident which meets an appropriate threshold involving medication will be reported to OFSTED.

The following people must be notified:

- a) Parents/persons with parental responsibility
- b) The Placing Authority
- c) Jane Birchenough, Angus Burnett, Claire McCarthy - Designated Safeguarding Leads
- d) Claire McCarthy – Registered Manager
- e) Lee Wright – Responsible Individual
- f) Primary Care Trust
- g) Area Office of Social Services
- h) Oxfordshire Social Services
- i) The Department for Education (DfE)
- j) Emergency services as appropriate
- k) Ofsted
- l) 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 appropriate records for a child must be completed after each visit. The children will have regular appointments with the optician as required, timescales may vary depending on the age of the child and their optical needs. Parents and carers have the opportunity to take care of dental and optical care if they wish. This is clarified at the beginning of a child’s placement.

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

Persons with parental responsibility 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, Nicky Turberville. In addition the Deputy Household Managers have responsibility in their households and will collectively support the School 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 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.

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 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 suntan spray (in line with the MBS equality and diversity policy) with an SPF 30 or above with high UVA and UVB protection.

Plasters in a range of skin tones are available in the School Nurse's office.

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 - Investigating discrepancies with controlled drugs flow sheet

Appendix 7 - New Child Paperwork Tasks

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:

The 7 Rights of Medication Administration

1. **Right person** [Name and Date of Birth on MAR and packaging].
2. **Right medicine** [Trade name on MAR and packaging].
3. **Right route.**
4. **Right dose.**
5. **Right time.**
6. **Right documentation.**
7. **Right to refuse.**

Medication Administration protocol:

- Can you focus on this important task?
- Are there 2 of you?
 - o CD or POM on the packaging – one person GIVES MEDICATION, one WITNESSES.
 - o 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 the 7 Rights.

Record medication and dose given and 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.

If you have any concerns about any part of administering medications please raise these concerns with those around you, with managers and the school nurse – *it is your job to raise concerns.*

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 the School Nurse Folder in the T: Drive on One Drive. 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:	Weight (kg)	Allergies	Month and year of MARS	
Medicine	Dosage	Frequency / Times.	Form of Medicine	Date begun/ due to end	CD/ POM	PRN? Complete separate PRN MARS sheet.

Important Communication:

Day/Date	Time	Medication Please write clearly in Block capital letters	Dose Given	LEGIBLE Signatures & initials			
				Signatures	Initial	Signatures	Initial
Monday							
Tuesday							
Wednesday							
Thursday							

Friday							
Saturday							
Sunday							



No Changes to the list of Homely Remedies without consulting the School Nurse.

Medical Administration Record for Homely Remedies

Name	DOB:	Weight (kg)	Allergies
------	------	-------------	-----------

** Read contra-indications	Cetirizine/ loratidine (anti histamine)	Sudocrem
Anthisan Cream**	Cough and Decongestant Syrup**	Vicks Vapo Rub
Antiseptic Cream	Dry Cough Syrup	Waspeze* FROM NURSE
Antiseptic Throat Lozenges	E45 cream**	Worm Tablets* FROM NURSE
Aqueous Cream	Joy-rides* FROM NURSE	Head lice treatment (from NURSE)
Bath Emollient/Oilatum	Karvol	(Multivitamin
Bonjela	Saline Pods Eye Wash	Antifungal cream
Calamine Lotion	Sore Mouth Pastilles	Oilatum (Soap substitute)
Calpol (Paracetamol Suspension)		

All medicines/homely remedies to be administered by authorised staff only.

Products <u>not</u> to be used for this child:					
Date	Time	Medicine	Dose	Reason	Legible Signature
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 ref. <u>if</u> 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 and monitor to avoid over-use.

Aqueous Cream	Pot per child. Use as emollient/instead of soap for dry skin conditions.
Bath Emollient/Oilatum	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)**	Individual 5ml or 10 ml syringe (single use) or medicine pot. Individual 5 ml sachets - preferable to reduce risk of cross infection.
Cough & Decongestant Syrup**	Individual 5 ml syringe / medicine pot.
Dry Cough Syrup	Individual 5 ml syringe / 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
Sudocrem	Individual container per child
Vicks Vapo Rub	Where possible use Karvol. Otherwise pot 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 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:		DOB	Month & Year of this form:		
		Weight	Allergies		
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.

[Medication Handover Form - needs to be inserted here](#)

RECORDING AND ADMINISTRATION OF MEDICATION STAFF COMPETENCY FORM

Name

Team

Assessed by

Observe for the following: you should see all of these steps to be able to sign off as competent and safe practice.

- **Correct child:** (verbally confirm the child's name prior to administration)
- **Correct Drug:** (The child's MAR sheet should be present and referred to, check this against the medication/ MDS box.
- **Correct dose:** if in doubt consult the BNF for children
- **Correct route:** (oral) ensure medication is swallowed whole. **Not** to be chewed!
- **Right time and Frequency:** ensure the medication hasn't previously been given; is the medication best on a full stomach, has there been a sufficient amount of time between doses,
- **Right documentation referred to/ completed/ Any allergies??**
Sign and witness MAR sheet and CDR, (controlled drug record), Homely remedies sheet,
- **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.
- **If in doubt, then don't!!**

Please discuss the following:

- Storage of MAR sheets – new and current ones.
- Storage of antibiotics
- Storage of CDS and CDR's.
- Compromised Medication
- What to do if a discrepancy is suspected.
- Infection control
- Ordering medication when low stock

General comments:-

Signed	
Assessor:	
Employee	
Date:	

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 holds 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 – Nicky Turberville, Ext. 246

Deputy Household Managers – [Lisa Hutchings \(Jigsaw\)](#), [Victoria Faulkner-Barrett \(Sunset\)](#), [Alex Niner \(Pegasus\)](#), [?????? \(Burrow\)](#), [Michelle Bassett \(Bramble House\)](#)

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
Danni Pryde	House	Weekday evenings x3
Sophie Pietersen		Weekday early morning x2
Carolyn Sweet		One weekend day
Mike O’Kane		
Michelle Bassett		

This Appendix last updated March 2024

APPENDIX 6:

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 7 – NEW CHILD PAPERWORK TASKS

<p>New child paperwork arrives at the MBS –</p> <ul style="list-style-type: none"> • Copy to hard file • Copy to DHM • Copy to School Nurse 	
<p>New Child (and any medication they are taking) arrives into their house.</p>	
<p>MARS are developed initially by DHM or other appropriate person</p> <p>Subsequent MARS by appropriate adults (overseen by DHM).</p>	<p>DHM / School Nurse</p>
<p>Homely remedies form is completed</p>	
<p>Any medication is signed into the cupboard</p>	
<p>Medical paperwork file is started (with all paperwork)</p> <ul style="list-style-type: none"> • Front sheet • Consent forms • GP registration form 	
<p>File is put on School Nurses desk.</p>	
<p>Paperwork is checked, - consents/ GP form/ front sheet/ prescribed meds/ allergies/etc.</p>	<p>School Nurse</p>
<p>Letter is written to practice manager (Bampton pharmacy) registering new child.</p>	<p>School Nurse</p>
<p>GP registration and relevant consent forms are to be included along with letter.</p>	<p>School Nurse</p>

ITP paperwork suite medical sections are completed	DHM
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 house adults
Ordering repeat prescriptions from pharmacy	School Nurse
LAC medical (Initial medical)	Doctor / LAC Nurse
LAC Review medical	School Nurse

