Malden Oaks
School & Tuition service
Making the MOST of every day

Medicines Policy

Status	Non Statutory
Review Frequency	Annual
Last Reviewed	Autumn 2026
Next Review Due	Autumn 2027
Responsible for review	Deputy Headteacher (SENCO)
Approval by	Education Sub-committee

In developing and reviewing this policy, the school has had regard to the following legislation and guidance, together with other relevant considerations:

Official Guidance	• DfE's guidance on supporting pupils with medical conditions at school

1. Responsibilities

Achieving for Children

AfC, on behalf of Kingston Local Authority, will ensure there is advice and guidance to schools on the necessary local policy and procedures to ensure the safety of students when medication is taken or administered during school time. This is included as part of the Safeguarding arrangements.

The Headteacher is responsible for:

- Implementing the Management Committee policy in practice and for developing detailed procedures;
- Ensuring that staff who volunteer to administer medicines receive support and training wherever necessary;
- Ensuring the school's local policies and procedures are communicated to parents;
- Ensuring the school's insurance arrangements provide appropriate indemnity for staff against claims for alleged negligence, providing they are acting within the remit of their employment;
- Ensuring new and temporary staff are aware of any student in their class who may need specific medication for a serious medical condition.

Management Committee

The Management Committee, on behalf of the local authority, sets policies for Malden Oaks, taking into account the views of the headteacher, staff, parents, and students.

The SENCO has overall responsibility for 'Children with Medical Needs' and the Management Committee must also ensure staff who volunteer to administer medication receive appropriate accredited training.

Kingston School Health Team/Service and Kingston Hospital Paediatric Diabetes Service

The Kingston School Health Team and Kingston Hospital Paediatric Diabetes Services are responsible for:

- Providing regular training for school staff in managing the most common medical conditions at school:
    - training on the use of adrenaline auto-injectors (e.g. EpiPen, Jext) for anaphylaxis by the School Health Team; and
    - insulin for diabetes by the Kingston Hospital Paediatric Diabetes Service;
- Assisting the school with updating the school's medical conditions policy if required.

2. Policy

The Management Committee ensures the school has a policy in place which summarises the arrangements for the administration of medicines in school. Consideration is given to how the policy will be implemented effectively, including a named person who has overall responsibility for policy implementation.

3. Non prescribed Medicines

Over the counter medicines are not kept by the school and staff are not permitted to administer any medication to students that has not been prescribed by a qualified medical practitioner. Occasionally some items may be taken on educational visits – see section 'Educational Visits'.

Arrangements for students who require regular Paracetamol (such as for painful periods, etc.) should be dealt with in the same way as prescribed medicines.

4. Prescribed Medicines

Medicines should only be taken to school when essential; that is where it would be detrimental to a child's health if the medicine were not to be administered during the school day.

School staff may administer prescription medicines, although there is no statutory or contractual duty for staff to do this. Parents must complete a recognised 'Administration of Medicines in Schools' form – example given in Appendix 1.

Medicines must be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. This will include:

- Name of child.
- Name of medicine.
- Dose (in some conditions this may vary on a daily basis).
- Method of administration.
- Time/frequency of administration.
- Any side effects.
- Expiry date.

5. Staff Indemnity

There is no statutory or contractual duty for staff to administer medicines. Consequently, to comply with this policy, we have volunteers from existing teaching or support staff (including, but not limited to, first aiders) and the services of the school nurse.

As the administration of medicines is considered to be an act of "taking reasonable care" of the student, staff agreeing to administer medication can be reassured about the protection their employer would provide.

Staff employed at Malden Oaks have insurance arrangements through Zurich Municipal, are fully indemnified against claims for alleged negligence, providing they follow the guidance provided in this document and at relevant training courses. Staff must attend courses as detailed in this guidance in order to ensure they have received an appropriate level of training.

Zurich has stated the following:

“The Public Liability policy that you have with us covers the insured, school Management Committee, teachers, other employees and volunteers should a claim be made against them from a pupil who alleges that they have sustained an injury or damage to their property as a result of the negligent provision of medical treatment.

The policy covers the administration or supervision of prescription and non-prescription medication orally, topically, by injection or by tube and the application of appliances or dressings. This applies to both straightforward and complex conditions. We would expect that the teachers, employees and volunteers would have received appropriate training and that this is reviewed on a regular basis.

Cover applies up to the full policy limit and in addition the policy covers costs incurred in defending any claim. The policy excess/deductible, if any, will apply as normal. The policy applies to all school activities including extra-curricular activities and school trips at home and abroad. Cover also applies to any first aid activities carried out by teachers, employees and volunteers.”

6. Training

Training for staff will be of a suitable standard in order to ensure they are competent to administer medicines safely.

Many of our staff receive regular First Aid training, which includes the administration of emergency medication for conditions such as asthma or anaphylaxis. For more details, see our First Aid Policy.

Administration of some specific medication requires specific training, including the following:

Medication	**Situation**	**Training Provider**
Adrenaline Auto-Injectors (Epipen, Jext)	For anaphylaxis. All staff receive this training as per our Allergies Policy.	School Health Team Ku19@yourhealthcare.org
Rectal Diazepam	For disabled children attending mainstream or special schools.	Nicola Rocco, Moor Lane Centre, 030 8547 5746.
Buccal Midazolam	For disabled children attending mainstream or special schools.	Nicola Rocco, Moor Lane Centre, 030 8547 5746.
Insulin		Kingston Hospital Paediatric Diabetes Team

		pdt@kingstonhospital.nhs.uk
Rectal Diazepam	For non-disabled children	PONT – Paediatric Outreach Nursing Team, Kingston Hospital, 020 8546 7711, extn. 2327.
Buccal Midazolam	For non-disabled children	PONT – Paediatric Outreach Nursing Team, Kingston Hospital, 020 8546 7711, extn. 2327.

7. Medicines Brought into School & Precaution Treatment for Serious Medical Conditions

Diabetes

Changes in the availability of insulin and evidence showing that insulin is much more effective at keeping blood sugar levels normal when it is given along with every meal i.e. breakfast, lunch and evening meal, means that many students may now need to have insulin injections in school at lunch times. In light of the recent developments in the treatment of diabetes, schools are encouraged to support children with the administration of insulin and take responsibility for procedures.

All students will now only use the safer needle devices to prevent sharps injuries to staff.

Appropriate training for school staff is available from the Kingston Hospital Paediatric Diabetes team (PHT). School staff as deemed necessary must attend a course organised by the PHT and annual refreshers to ensure they are competent to carry out the administration of insulin.

Training will cover:

- General overview of diabetes
- Monitoring of blood glucose levels
- Practical administration of insulin (including equipment) including the use of safety needles to prevent the risk of sharps injuries
- Treating emergency situations (including hypos)
- Access to healthy and appropriate food

Asthma

Parents/carers are requested to provide a list of medications the student receives, noting which ones need to be taken during school hours. Also, medication needed during school activities “off-site” and “off-hours” should be noted and available. Students are encouraged to keep inhalers with them at all times – but this can vary according to age and ability. If inhalers cannot be kept by individual students, they should be readily available in the classroom. In most cases students can carry these with them at all times. Parents should provide a spare inhaler that is clearly labelled with the student's name and should not be used for any other student. Schools should ensure that there is:

- a specific plan of action for staff in case of an acute episode that may include guidance for monitoring peak flow (in more severe cases);
- information for the staff to be aware of identified triggers that can make asthma worse;
- an emergency procedure and phone numbers for each student
- Ensure there are staff trained in first aid at the school will help to ensure there are staff on site who understand when the use of the inhalers is going as expected and when the inhaler is not improving the child's condition quickly enough and emergency action is needed.

Spare Emergency Inhaler

It is at the discretion of the school whether to keep a Salbutamol inhaler and spacers for use in an emergency. We do not have them at Malden Oaks because the emergency salbutamol inhaler should only be used by children:

- who have been diagnosed with asthma, and prescribed a reliever inhaler;
- OR who have been prescribed a reliever inhaler;
- AND for whom written parental consent for use of the emergency inhaler has been given.

This information should be recorded in a child's individual healthcare plan.

For more information about the provision of emergency inhalers, refer to the Department of Health's guide entitled: Emergency Inhalers in Schools, 2015.
https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools

Allergy and Anaphylaxis

Every student who is at risk of anaphylaxis should be prescribed an adrenaline auto-injector (AAI). Treatment of anaphylaxis requires intramuscular adrenaline - an injection of adrenaline into the muscle. The most common brands of AAI are EpiPen and Jext.

Where school staff agree to administer treatment and medication to a student in an emergency, training sessions must be arranged by the school nurse/School Health Team. Annual refreshers are required.

For more details, see our Allergy Policy.

Training will include:

- Signs and symptoms of anaphylaxis;
- Emergency procedures, including where and how to administer the student's prescribed adrenaline injector.

Schools will have local procedures for each students which include:

- Reducing the risk of coming into contact with the allergen (e.g. nuts, eggs, bee stings)
- Arrangements for educational visits
- When to administer adrenaline

- How to administer intra-muscular adrenaline
- Requesting that parents provide two epipens
- Staff training

Spare Adrenaline Auto-injectors (AAI)

All schools are now expected to hold spare AAIs. However, this should not be considered a replacement or an alternative to the need for a student to have immediate access to **two** of their own AAIs.

DfE guidance in the event of an anaphylaxis reaction:

- *The child, young person or individual should be placed flat with legs raised. Adrenaline devices should be brought to them (whether their own prescribed ADs or "spare" ADs as opposed to the patient being taken to where the adrenaline devices are).*
- *Adrenaline should be administered as soon as possible, within five minutes. Do not wait to contact the emergency services before administering adrenaline.*
- *Immediately call 999 and request an ambulance.*
- *If the child, young person or individual **has their own prescribed adrenaline devices**, these should be used in the first instance.*
- *If the child, young person or individual **does not have prescribed adrenaline devices**, "spare" adrenaline devices can be used.*
- *If the child, young person or individual's **prescribed adrenaline devices are not available or misfire**, "spare" adrenaline devices can be used.*

The new guidance states that you can use spare AAIs with anyone experiencing anaphylaxis in an emergency, for the purpose of saving their life. This means you can use them on a pupil who is experiencing anaphylaxis for the first time without needing parental consent. As a matter of good practice we will seek parental consent, but there is no need for staff to check for this before administering an AAI.

- AAIs are kept in a safe and suitably central location to which all staff have access at all times, but which is out of the reach and sight of children, not locked away, and not located more than 5 minutes away from where they may be needed
- At least 2 named volunteers among school staff will have responsibility for making sure on a monthly basis, the AAIs are present and in date, and replacement AAIs are ordered when the expiry date is near
- AAIs are kept at room temperature, in line with the manufacturer's guidelines, and protected from direct sunlight

Epilepsy

The majority of people with epilepsy take regular medication with the aim of controlling their seizures. Some students with difficult to control epilepsy may take several different types of medication.

Some students will require prescribed emergency medication, such as rectal diazepam or buccal midazolam, which aim to bring them out of the seizure before they have repeated episodes – one after the other. Such medication can only be administered by a trained member of staff. See training providers in section 6 of this guidance.

Individual Healthcare Plans

Individual Healthcare Plans (IHCPs) should be prepared for students with medical conditions to provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. IHCPs are also likely to be helpful where medical conditions are long-term and complex. However, most children who require medicines everyday for long term conditions during school day will require one. The school, healthcare professional (either the GP or a specialist from hospital or the community) and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. An Individual Healthcare Plan form is provided at the end of the Supporting Students with Medical Conditions Policy.

Defibrillators

Sudden cardiac arrest is when the heart stops beating and can happen to people at any age and without warning. When it does happen, quick action (in the form of early CPR and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. Modern defibrillators are easy to use.

We have Defibrillators on all our sites. The locations are:

Ham - Ham Reception

6Oaks - Ham Reception

Hampton Hill - Reception

Kingston - Leadership Office

Surbiton - Reception

Southwood - Main Corridor of the Building

Petersham - Entrance Foyer

We have regard to the DfE's guidance on automated external defibrillators (AEDs):

https://www.gov.uk/government/publications/automated-external-defibrillators-aeds-in-schools

Whilst defibrillators are designed to be easy to use without training, we arrange for short training sessions for staff which are repeated at set intervals.

Staff members appointed as first aiders are trained in the use of CPR and the use of AEDs.

Weekly checks of the defibrillator are carried out by, or on behalf of, the Head of School to ensure they read ‘OK’ and there is at least one bar showing for the battery level symbol.

Forms (see Appendices)

- Parental Agreement (Appendix 1)
- Record of Medicines Administered (Appendix 2)
- Record of Insulin (Appendix 3)

Appendix 1

Child's name:	
GP Surgery **Address & Telephone**	
Medical Conditions	
Medication	**If medication needs to be taken at school- the form overleaf must be completed.**
Does anything make the condition worse?	
Allergies **Please note that Malden Oaks is a 'Nut aware' school so your child should not bring any nuts or food containing nuts onto site.**	
Does your child have any food allergies?	
Does your child have any dietary requirements? If so, what are they?	
Do you give us consent to act in case of an emergency? E.g Administer First Aid/ phone 999 Yes / No	
To be completed by HOS	
Does the student need an Individual Healthcare Plan?	Yes / No When will it be completed by:

Signature(s)_____ Date_____

Parental Agreement for Malden Oaks to Administer Medicine

Malden Oaks will not give your child medicine unless you complete and sign this form

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Medical condition or illness	

Medicine

Name/type of medicine *(as described on the container)*	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)_____ Date_____

Appendix 2

STUDENT NAME:

Record of Medicine administered:

MEDICINE: ……

Date	Time	Dose	Any reaction	Print Name

Appendix 3

Record of Insulin administered to .....

Date	Blood sugar	Time	Dose	Any reaction	Print Name