Medication Administration Policy

(including prescribed medicines, non-prescription medicines,

emergency medication and individual healthcare plans)

ABA Pathways

This policy is reviewed at least annually and sooner where there are statutory, regulatory, commissioning or operational changes.

Approved by:	Anna Colgate	Date: September 2026
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1. Aims

ABA Pathways promotes the health, safety, dignity and inclusion of every child and young person we support. Children and young people should not be prevented from accessing education, respite or community opportunities solely because they require medication, where their needs can be safely met.

- Ensure medication is administered safely, consistently and only with appropriate consent and information.
- Support children and young people with medical conditions to participate as fully as possible in their programme and wider activities.
- Make reasonable adjustments and work collaboratively with parents/carers, health professionals, commissioners and education settings.
- Reduce medication errors through clear checking, recording, storage, handover and escalation procedures.
- Promote independence and self-management where this is appropriate to the individual child or young person.

2. Legislation and guidance

This policy has regard, where applicable to ABA Pathways and the services being delivered, to current legislation and statutory guidance in England, including:

- Children and Families Act 2014, including section 100
- Supporting pupils at school with medical conditions: statutory guidance
- Early Years Foundation Stage (EYFS) statutory framework 2026, where applicable
- Allergy safety in schools: statutory guidance 2026, used as relevant good-practice guidance for ABA Pathways provision
- Equality Act 2010 and the duty to make reasonable adjustments
- SEND Code of Practice: 0 to 25 years
- Keeping Children Safe in Education 2026 and Working Together to Safeguard Children 2026
- Human Medicines Regulations 2012, Misuse of Drugs Act 1971 and associated controlled-drug requirements, where applicable
- UK data protection legislation and confidentiality requirements.

The Department for Education consulted on revised medical-conditions guidance in 2026. At the date of this policy, the existing statutory guidance remains in force pending a future update. ABA Pathways will review this policy when revised statutory guidance is published.

3. Scope and principles

This policy applies to medication support provided by ABA Pathways staff, contractors and volunteers across our education, early intervention, respite, community and off-site provision, including overnight support where commissioned. It should be read alongside each child or young person’s current medical information, risk assessments and, where required, an Individual Healthcare Plan (IHP).

- Medication will never be used as a punishment, reward or means of behaviour control.
- The child or young person’s communication, assent, dignity, privacy and preferences will be considered throughout.

- No member of staff will undertake a medication task for which they have not received the information, training and competency assessment required for that task.
- Emergency treatment will never be delayed because paperwork is incomplete where delay would place a child at immediate risk; emergency services and the child's emergency plan will take priority.

4. Roles and responsibilities

4.1 Directors

- Ensure this policy is implemented, reviewed and appropriately resourced.
- Ensure there are sufficient trained and competent staff for known medical needs and appropriate cover arrangements.
- Ensure medication incidents, errors, near misses and serious adverse reactions are reviewed and lessons are acted upon.
- Ensure parents/carers and commissioners are informed of any limitation in ABA Pathways' ability to safely meet a medical need.

4.2 Staff administering medication

- Follow this policy, the child's IHP/medical plan, label and written instructions.
- Complete the required checks before administration and make a contemporaneous record immediately afterwards.
- Escalate discrepancies, refusal, errors, side effects, deterioration or uncertainty rather than guessing.
- Maintain confidentiality and ensure safe storage and handover.

4.3 Parents/carers

- Provide accurate, up-to-date medical information and written consent.
- Supply medication in the original dispensed packaging unless an agreed healthcare plan specifies otherwise.
- Inform ABA Pathways promptly of changes to medication, dose, timing, allergies, side effects or doses given before the session.
- Ensure medication supplied is in date and sufficient for the planned period of support.

5. Individual healthcare plans and medication information

Where a child or young person has a medical condition that may require ongoing, complex or emergency support, ABA Pathways will work with the family and relevant professionals to obtain or develop an IHP or equivalent medical plan. The level of detail will be proportionate to risk.

- The condition, signs and symptoms, triggers and known risks.
- Medication name, formulation, strength, dose, route, timing and maximum frequency.
- What to do if a dose is late, missed, refused or vomited.
- Known side effects and signs requiring urgent medical help.
- Emergency medication and emergency response instructions.
- Storage, accessibility, expiry checking and arrangements for off-site activities.

- Communication needs, reasonable adjustments and the child or young person's level of independence.
- Who may administer the medication and any child-specific training or competency required.

6. Receiving and accepting medication

Medication will be accepted only when there is sufficient information to administer it safely. A staff member will check the medication against the written consent and medical information at handover.

- The child or young person's name.
- The medication name, strength and formulation.
- The prescribed or authorised dose, route, frequency and timing.
- That the label is legible, the packaging is intact and the medication is in date.
- Any special storage instructions.
- When the last dose was given, where this is relevant to safe administration.

Any discrepancy must be resolved with the parent/carer, pharmacist, prescriber or relevant healthcare professional before a non-emergency dose is administered. Staff must not alter labels, decant medicines into unlabelled containers or make assumptions about dose changes.

7. Prescribed medication

- Prescription medication will only be given to the child or young person for whom it was prescribed and in accordance with the pharmacy label and written instructions.
- Aspirin or medicines containing aspirin will only be administered to a child where prescribed by a doctor.
- A change in medication, strength, dose, route or instructions requires updated written information/consent before the changed regimen is administered, except where an emergency healthcare plan directs otherwise.
- ABA Pathways will not administer a dose exceeding the authorised instructions unless supported by clear written instructions from an appropriate prescriber or healthcare professional.

8. Non-prescription medication

Non-prescription medication will only be administered where there is a clear, documented rationale, written parental/carer consent and sufficient information to do so safely. It will not be used to mask symptoms where medical assessment is more appropriate.

- The exact medication/product, dose, circumstances and minimum interval between doses must be recorded in advance.
- Parents/carers must tell staff about relevant medication already given before the session.
- Staff will check the product label, age/weight restrictions where applicable, contraindications and expiry date.
- Topical creams supplied by families must be clearly labelled for the child and have written consent/instructions.
- If symptoms are significant, unusual, persistent or worsening, staff will seek medical advice and/or arrange collection rather than repeatedly administering non-prescription medication.

ABA Pathways will not rely on blanket consent for unspecified medicines. Any setting-held emergency stock will be governed by a separate risk assessment, stock-control process and clear written consent/clinical guidance as applicable.

9. Administering medication

Before administering medication, the staff member will complete the appropriate checks. For higher-risk, unfamiliar or child-specific medication, a second trained staff member should independently check where the risk assessment or healthcare plan requires this.

- Right child
- Right medicine
- Right dose
- Right route
- Right time
- Right documentation and valid consent
- Right to refuse, unless an emergency legal/clinical framework applies.

The child or young person will be supported to take medication in a way that respects their communication, sensory needs, privacy and dignity. Medication must not be covertly administered in food or drink unless this has been formally agreed through an appropriate best-interests/clinical process and is documented in the healthcare plan.

Immediately after administration, staff will record the date, exact time, medication, dose, route, name/signature of the administrator and any required second checker, together with relevant observations. Parents/carers will be informed of medication administered in accordance with the child's plan and service arrangements.

10. Refusal, omission, errors and adverse reactions

10.1 Refusal or missed medication

If a child or young person refuses medication, staff will not force administration. They will use appropriate communication and reasonable support, record the refusal and follow the IHP/medical instructions. Parents/carers and/or a healthcare professional will be contacted where the medication is time-critical, essential or refusal creates a significant risk.

10.2 Medication errors and near misses

Any wrong child, wrong medicine, wrong dose, wrong route, wrong time outside agreed parameters, duplicate dose, omitted essential dose, storage failure or similar incident must be escalated immediately to a director/senior lead. Staff will seek urgent clinical advice from the prescriber, pharmacist, NHS 111 or emergency services as appropriate, inform parents/carers, record the incident and complete the relevant incident/safeguarding process. Near misses will also be recorded and reviewed so that learning can prevent recurrence.

10.3 Adverse reaction or deterioration

If a child develops symptoms of a serious allergic reaction, overdose, severe side effect or acute deterioration, staff will follow the emergency plan, call 999 when indicated and provide first aid/emergency medication within their training. Parents/carers will be contacted as soon as practicable without delaying emergency treatment.

11. Emergency medication and allergies

Emergency medicines such as adrenaline auto-injectors, inhalers, buccal midazolam or other rescue medication must be readily accessible to trained staff and must not be locked away in a way that causes delay. They must remain secure from unauthorised access.

- Children with known risk of anaphylaxis or other medical emergency should have an up-to-date IHP/emergency action plan available to relevant staff.
- Staff supporting the child must know where emergency medication is kept and what action to take.
- Expiry dates and availability will be checked routinely and before off-site activities.
- After use of an adrenaline auto-injector, emergency services must be called and the child monitored in accordance with current emergency guidance.
- Allergy risks should be considered in food, activities, cleaning products, trips, celebrations and community/overnight provision.

12. Controlled drugs

Where a child requires a controlled drug, ABA Pathways will make arrangements proportionate to the medication and legal requirements. Controlled drugs will be securely stored with access limited to authorised staff while remaining accessible when clinically necessary. Administration and stock movements will be clearly recorded. Unused or expired controlled drugs will be returned to the parent/carer or pharmacy as appropriate and will not be disposed of in general waste.

13. Invasive or specialist medication

Medication or procedures requiring specialist skills - for example injections, rectal medication, buccal rescue medication, enteral medication or other invasive procedures - will only be undertaken where ABA Pathways has agreed it can safely meet the need and the staff involved have received child-specific training and been assessed as competent by an appropriate healthcare professional where required.

ABA Pathways will make reasonable efforts to facilitate necessary healthcare support. A child will not be excluded simply because a procedure is complex; however, support will not begin until safe arrangements, training, equipment and emergency plans are in place.

14. Self-administration and promoting independence

Children and young people will be encouraged to manage their own medication where this is safe, appropriate and consistent with their age, capacity, communication and healthcare plan. The level of supervision and access will be individually risk assessed. Staff will not remove independence solely for organisational convenience.

15. Storage, transport and disposal

- Medication will be stored in accordance with the manufacturer's instructions, securely and out of unauthorised reach.
- Medication requiring refrigeration will be kept at the required temperature in a secure area, with appropriate monitoring where necessary.
- Emergency medication will be immediately accessible to trained staff.
- Medication taken off site will remain with an authorised adult in a suitable container and must not be left unattended in vehicles.
- Expired, discontinued or surplus medication will be returned to parents/carers for appropriate disposal, or managed through an agreed pharmacy process.
- Sharps will be disposed of in an approved sharps container.

16. Off-site, community, transport and overnight respite

Medication arrangements apply equally when ABA Pathways supports a child away from the main setting. Planning must ensure that medical needs do not unnecessarily restrict access to community activities, trips or respite.

- The lead staff member will confirm medication, emergency plans, consent and contact details before departure or handover.
- Medication will travel securely and remain accessible where clinically required.
- For overnight respite, administration times, PRN parameters, night-time emergency arrangements and handover of doses given before arrival/after return must be explicit.
- Where medication must be given during transport, this will be specifically risk assessed; administration will not take place while a staff member is driving.
- Any dose administered off site will be recorded at the time and communicated at handover.

17. Staff medication

Staff are responsible for ensuring that any medication they take does not impair their ability to safely support children and young people. Staff must inform a director where a condition or medication may affect safe working, while only sharing information necessary for risk management. Staff medication must be securely stored and inaccessible to children, except where immediate personal access is medically necessary; in that case an individual risk assessment will determine safe arrangements.

18. Record keeping and confidentiality

- Written consent and current medical instructions will be retained securely.
- Each administration, refusal, omission, error and relevant observation will be recorded accurately and promptly.
- Records will distinguish factual observations from professional opinion.
- Medical information will be shared only with those who need it to keep the child safe and provide appropriate support, in line with safeguarding and data-protection requirements.
- Where ABA Pathways uses digital systems for records, access will be role-appropriate and records will be retained in accordance with the organisation’s retention arrangements.

19. Training and competency

Staff must receive training appropriate to the medical needs of the children they support. General medication awareness does not by itself authorise a staff member to undertake a child-specific specialist procedure.

- Training and competency will be refreshed when needs, medication, equipment or instructions change and at intervals appropriate to the procedure.
- A record of training and competency will be maintained.
- Staff must say when they do not feel competent or when instructions are unclear; they will not be pressured to perform a task beyond their training.
- Agency, self-employed and temporary staff will only administer medication where the same competency and authorisation requirements have been met.

20. Safeguarding, consent and restrictive practice

Medication practice is part of safeguarding. Unexplained changes in medication, repeated missing doses, suspected over-medication, medication being used to control behaviour, unsafe storage, fabricated or induced illness concerns, or a pattern of errors may require safeguarding consideration and discussion with the Designated Safeguarding Lead (DSL).

Physical restraint must not be used simply to make a child take routine medication. If a life-saving emergency intervention may foreseeably require physical support, this must be clinically directed, legally justified, individually planned and carried out by appropriately trained staff using the least restrictive approach necessary. Any such incident will be recorded and reviewed.

21. Monitoring and review

Directors will monitor compliance through medication records, incident and near-miss reviews, training records, stock/storage checks and feedback from children, families and professionals. Identified weaknesses will be addressed promptly. This policy will be reviewed at least annually and sooner following a significant medication incident, changes in provision or changes to legislation/statutory guidance.

22. Links with other policies

- Child Protection and Safeguarding Policy
- SEND Policy
- Health and Safety Policy
- First Aid Policy
- Allergy Safety arrangements/policy
- Behaviour Support / Positive Behaviour Support procedures
- Restrictive Physical Intervention / Restraint Policy
- Data Protection and Confidentiality Policy
- Risk Assessment procedures
- Complaints Policy