

Administering Medication Policy



RIVERSIDE BRIDGE SCHOOL
INSPIRE, EMPOWER, ACHIEVE

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The administration of medication forms part of Riverside Bridge School's safeguarding framework and must be read in conjunction with the Safeguarding and Child Protection Policy, where expectations around recording, oversight, escalation, and professional curiosity are set out.

1. Introduction

Riverside Bridge School is a specialist provision for autistic pupils with a wide range of additional learning, sensory, behavioural and health needs. While the school is not a PMLD setting, many pupils have co-occurring medical conditions that interact closely with their autism, including epilepsy, asthma, severe allergies, gastrointestinal conditions, ADHD, anxiety-related somatic symptoms, and medication linked to sleep, regulation or behaviour.

The interaction between autism, communication differences and sensory processing means that medical needs are often expressed in atypical ways, and pupils may show distress, avoidance, or behavioural changes when unwell.

This policy outlines the school's commitment to ensuring all pupils receive safe, consistent and autism-informed medical support throughout the school day and when taking part in off-site activities.

The school follows the statutory expectations set out in the DfE guidance "Supporting pupils at school with medical conditions" (2017), the SEND Code of Practice (2015), the Equality Act (2010), and local health guidance from the Specialist School Nursing Team.

2. Aims

The purpose of the policy is to ensure that pupils' medical needs are met reliably, professionally and with a strong understanding of how autism affects medical presentation, compliance and well-being. The primary aim is therefore to safeguard and support pupils with medical needs by providing safe and predictable systems of care that respect their autism profiles.

This policy applies to all school staff, including agency and supply workers.

Many pupils have co-occurring medical conditions that interact with their autism, including: epilepsy

- severe allergies requiring EpiPens

- asthma
- gastrointestinal conditions (GERD, restricted diets, constipation, feeding difficulties)
- anxiety-associated somatic symptoms (vomiting, headaches, panic breathing)
- ADHD and behaviour-regulation medication
- sleep-related medication

Riverside Bridge School is committed to ensuring that pupils are able to access the full curriculum and participate in school activities without unnecessary barriers created by their medical conditions.

The school aims to ensure that all staff are confident in understanding and responding to the interaction between autism, anxiety, sensory processing and medical needs. This includes supporting pupils who may mask pain or discomfort, experience heightened anxiety during medical processes, or require additional regulation, structure or communication support when medication is administered.

The school also aims to work collaboratively with parents and health professionals so that all medical decisions are informed, accurate and clearly communicated.

3. Roles and responsibilities

Governing Body

The Governing Body share responsibility with the Senior Leadership Team for overseeing the safe management of medication and medical interventions at Riverside Bridge School. This oversight includes monitoring training compliance, ensuring appropriate staff deployment, reviewing medical error reporting, and signing off annual revisions of the policy.

The Governing Body

- reviews this policy at least annually;
- receives termly reports on training compliance, medical errors, trends and risk;
- holds senior leaders accountable for safe practice

Senior Leadership Team

The Headteacher and Deputy Headteachers hold overall responsibility for ensuring the requirements of this policy are met in practice.

The Leadership team must ensure that each class has sufficient trained and competent staff to administer medication and respond to medical needs. They ensure that healthcare plans are completed for all relevant pupils, that communication between parents/carers, class staff, and the nursing team is timely and accurate, and that medication storage systems remain safe, secure and compliant with regulations.

The Leadership Team also ensures that medication supplied by families meets all legal requirements and is properly labelled, in date and consistent with written instructions.

The Leadership Team receives regular updates from the nursing team and conducts termly audits of medication storage, record-keeping and administration. Any patterns in medical errors, delays, refusals, or communication issues are analysed to ensure continuous improvement. Staff performance relating to medical procedures is monitored as part of safeguarding, health and safety, and operational compliance.

The Leadership Team will:

- ensure all staff understand this policy and their responsibilities;
- commission training from the Specialist School Nursing Team;
- ensure adequately trained staffing through timetabling, cover and contingency planning;
- oversee healthcare plans, risk assessments, and emergency procedures;
- ensure appropriate insurance is in place;
- lead investigations following medical incidents;
- act immediately where a pupil's safety is compromised;
- ensure safe storage systems and clinical governance are maintained.

School Staff

All school staff involved in medication or medical interventions are expected to follow Healthcare Plans, seek clarification whenever needed and maintain high standards of

professionalism. Because many pupils at Riverside Bridge School have sensory differences, communication needs or anxiety that impact their response to medical tasks, staff must adapt their approach accordingly. This may include using visual supports, simplifying language, reducing environmental demands, offering co-regulation strategies, or presenting medication in a low-pressure and predictable manner.

Staff must record every instance of medication administered, report concerns immediately, and ensure that changes in the pupil's behaviour or wellbeing are noted and communicated. Staff must never administer medication without consent, change dosages, or deviate from written instructions.

Any staff administering or supporting medical interventions must:

- only perform tasks they are trained, signed off and confident to perform;
- read and follow Individual Healthcare Plans (IHPs), Emergency Care Plans (ECPs), seizure protocols and risk assessments;
- adhere to the school's training updates and competency expiry dates;
- follow the daily allocation system and sign for their medication duties;
- maintain clinical hygiene standards;
- report concerns, errors or uncertainties immediately;
- maintain precise records;
- use de-escalation techniques where medical needs intersect with behavioural dysregulation.

Staff must not:

- administer medication without written consent;
- guess dosages, approximate timings or rely on verbal parent instructions without documentation;
- administer if labels, packaging or instructions are unclear;
- continue administering if the pupil refuses or becomes distressed;
- undertake procedures they are not trained for.

Parents and Carers

Parents and carers are responsible for providing the school with accurate, up-to-date medical information and ensuring that any medication brought to school is in the original pharmacy

packaging, clearly labelled, and within date. Parents must inform the school promptly of any changes to diagnosis, medication or routines, and supply replacement or emergency medication as required. Medication must be handed directly to staff and not sent on transport. If essential medication is not provided, the school may have to decline admission that day to ensure the child's safety.

Parents must:

- provide full and accurate medical information on admission;
- attend admission meetings with the nursing team;
- supply medication **directly to school staff**, not transport;
- ensure medication is in-date, labelled and in original packaging;
- replace medication before expiry;
- provide emergency medication in duplicate where required (e.g., EpiPens, inhalers);
- provide accessible contact numbers;
- inform school immediately of changes to diagnosis, prescriptions or symptoms.

Failure to provide medication may result in the pupil being unable to remain on site.

Specialist School Nursing Team

The nursing team works in partnership with the school to prepare and review Healthcare Plans, deliver staff training, sign off competencies and provide medical advice. They liaise with paediatric and community health teams when required. The nurses support staff in understanding how autism may influence medical symptoms or compliance and are available to guide staff in emergencies or complex cases.

The nursing team will:

- attend all admissions and contribute to placement decisions;
- produce and sign off IHPs and emergency plans;
- deliver generic and pupil-specific medical training;
- sign off competencies for school staff;
- provide clinical advice and escalation support;
- liaise with paediatric consultants, respiratory teams, gastro teams, continence teams, and community nurse specialists;

- provide updated health information to school in a timely manner;
- attend review meetings where appropriate.

Designated Safeguarding Lead

Medical concerns with potential safeguarding implications (e.g., unexplained injuries, missed medication from home, deterioration without explanation) must be shared with the DSL immediately.

Specific to responsibility of First aid Medical Welfare:

- to support the work of our Specialist School Nurse team to that the health and welfare needs of pupils and staff are addressed, and that the school operates in accordance with the strategic plan and delivery of a health and welfare service for meeting the needs of physically disabled pupils;
- to liaise with the external professionals linked to the above pupils such as the physiotherapist, Advisory Teacher of the Deaf, Advisory Teacher of the Vision Impaired;
- to be the of lead of First Aid;
- to liaise with the Specialist School Nurse and external medical services to ensure staff have the required training such as first aid, administration of medication, asthma awareness, epilepsy, EpiPen, diabetes, enteral/ gastrostomy feeds;
- to liaise with the Specialist School Nurse to ensure that all Health Care Plans are in place, shared with relevant people and updated annually;
- to ensure allergy and dietary requirements for all pupils and staff are updated on our internal systems and this information is shared with staff;
- to prepare first aid travel packs for off site visits;
- to regularly check the expiry dates of medication within school;
- to oversee and maintain the filing of first aid forms via our online logging system EVOLVE;
- to monitor and pass on Serious Incident Forms to the relevant persons;
- to ensure that first aid supplies are replenished in plenty of time;
- to make first aid procedures known throughout the school through training and signposting in communal areas;
- to carry out first aid where required;
- to attend regular training;
- to be responsible for the safekeeping of prescribed drugs in a locked cupboard/fridge
- to make arrangements for vaccinations with the local authority and undertaking the necessary communications and consent is gained from parents/carers;
- to ensure the communications and consent forms are completed and retained appropriately;
- to ensure serious incident forms are completed and sent to the relevant parties where appropriate.

4. Medical Needs in an Autism Context

Autistic pupils may present medical needs differently from neurotypical peers. Pain, nausea or discomfort may be expressed through behaviour rather than speech, and pupils may mask symptoms or become overwhelmed during medical procedures.

Sensory sensitivities may cause aversion to certain textures, smells or tastes associated with medication. Transitioning to quiet spaces, unpredictability and unfamiliar routines may trigger anxiety that interferes with medication routines. For these reasons, staff must take a personalised, autism-informed approach, using communication systems such as AAC, communication boards or gestures to support understanding and readiness.

Staff must remain alert to changes in behaviour that may indicate underlying medical issues, and work closely with families to recognise individual patterns and signs.

5. Admission and Pre-Start Procedures

No pupil requiring medication or medical intervention will start at Riverside Bridge School without a completed and agreed Healthcare Plan. Prior to admission, the nursing team conducts a medical assessment and works with parents and staff to identify the pupil's needs, triggers and early warning signs.

The school ensures that all necessary training has been provided and that medication is safely stored before the pupil enters the classroom environment. Transport arrangements are also reviewed to ensure that any emergency medication, such as inhalers or EpiPens, is safely accessible during journeys.

Risk assessments are written to address how autism-related needs interact with medical requirements, such as sensory sensitivities, anxiety, or behavioural responses to physical discomfort.

6. Training and Competency

Staff are only permitted to administer medication after receiving training from the Specialist School Nursing Team or other relevant clinical professionals. Competency is confirmed in writing, and staff must not perform any task for which they are not trained. Training includes procedures related to epilepsy management, the use of EpiPens, asthma care, oral medication and recognising signs of medical distress in autistic pupils.

It also includes strategies to support anxious or avoidant pupils during medical routines, and guidance on documentation and incident reporting.

Training is refreshed regularly, especially when plans change or new pupils join the class.

7. Medication Procedures

Medication must be handed directly from parents/carers to staff each time new supplies arrive. Staff check labels, dosage instructions, expiry dates and packaging. Then the information is logged onto Evolve, which will alert when the medication is running out or out of date.

Medication is stored securely in individual labelled containers within locked cupboards, with a locked fridge available for medication requiring cold storage.

Emergency medication such as EpiPens or inhalers must be immediately accessible and not locked away.

Staff must never repackage or alter medication. All medication movements are logged, including when medication is taken off site for trips or returned to parents, including out of date medication.

8. Emergency Medication

Emergency medication for pupils with specific medical needs will be stored in a designated red emergency medication bag located in each pupil's classroom. This bag will contain the specific pupil's emergency medication along with their Individual Healthcare Plan (IHCP).

The emergency medication bag must accompany individual pupil which emergency medication at all times, both within the school premises and during off-site activities, including educational visits. Whenever pupils with emergency medication transition between locations (e.g. moving between classrooms, playground, therapy sessions, or leaving the school building), the emergency medication bag must travel with the pupil.

Whilst in the classroom, the emergency medication bag must be kept out of reach of all pupils at all times. Ideally, the bag should be carried or worn by a member of staff using the waist strap provided, ensuring that it remains easily accessible in the event of an emergency.

All staff members working with the pupils with emergency medication, including specialist staff, must be aware of the content of the emergency medication bag, understand the purpose of the medication, and know the procedures outlined in each pupil's Individual Healthcare Plan for administering the medication in an emergency.

Administration of Medication

Medication is administered as part of a predictable routine to reduce anxiety for autistic pupils. Staff prepare pupils by using visuals, simple language, calm tone and familiar routines. Environmental adjustments may include lowering noise, minimising demands, or providing sensory regulation resources. Staff approach each pupil respectfully and ensure the pupil understands what will happen using their preferred communication system. If a pupil requires regulation prior to administration, the staff member may incorporate deep pressure, movement breaks, breathing strategies or reduced-demand interaction. Medication is administered in accordance with the written instructions, with a second adult witnessing the process. Staff record the administration immediately and return the medication to secure storage.

9. Documentation and Record Keeping

Accurate record-keeping is essential. For every administration, staff must document the medication name, dose, time, date, and the signatures of both the administering and witnessing staff. Notes may be added if sensory needs, behavioural cues or co-regulation strategies were required.

Any refusal or partial compliance is recorded fully. Record-keeping forms part of safeguarding and clinical governance, and leadership audits these records regularly.

10. Refusal or Distress

Refusal is common among autistic pupils due to anxiety, sensory sensitivity or a lack of predictability. Staff must not force medication. Instead, they should pause, use co-regulation strategies, lower demands, and reattempt once the pupil is calmer. If the pupil continues to refuse, parents are contacted for advice.

If the refusal places the pupil at medical risk, emergency services may be required. Staff must document refusals clearly and report patterns of anxiety, distress or sensory triggers so that Healthcare Plans and behaviour support strategies can be refined.

11. Off-Site and Community-Based Activities

For all trips, a medical risk assessment is completed and shared with supervising staff. Medication is transported in clearly labelled Riverside Bridge School medical bags along with a copy of the Healthcare Plan.

Staff are briefed on the medical needs of pupils, early warning signs, communication methods, and autism-related sensory triggers that may impact medical routines off site. Medication must remain accessible at all times. Staff must contact the school immediately if a medical concern arises while off site.

12. Emergency Procedures

In the case of a medical emergency, staff follow the pupil's Emergency Care Plan.

The school nurse and senior leaders are informed immediately, and emergency services are contacted if necessary.

Parents/carers are contacted without delay.

A staff member accompanies the pupil to hospital and remains with them until a parent or carer arrives.

Staff must not use personal vehicles unless authorised and accompanied by another adult.

All emergencies are documented, reviewed and shared with relevant stakeholders.

13. Infection Control

Staff must follow appropriate hygiene protocols at all times, including handwashing, use of gloves, safe disposal of waste and adherence to Public Health England guidance during outbreaks or illnesses.

Pupils with sensory sensitivities may require adapted approaches to hygiene routines, which must be planned for and risk assessed.

14. Medication Errors

A medication error includes missed doses, incorrect timing, wrong medication, incorrect dosage, documentation errors or issues linked to sensory dysregulation that disrupt

administration. If an error occurs, staff immediately ensure the pupil's safety, inform the Headteacher and nursing team, and contact parents.

The incident is recorded and formally investigated by the Safeguarding Team.

Procedures or training may be amended in response to findings.

Errors are monitored for patterns and addressed through supervision, training or procedural changes.

15. Self-Management

Some pupils, particularly those in Flow 3 or higher-functioning Flow 2, may be able to participate in aspects of their medication routine, such as self-carrying inhalers or understanding medication timing.

This level of independence must be assessed, risk-evaluated and recorded in the Healthcare Plan.

Staff should support independence only where safe and appropriate to do so.