CREATIVE MAKERS CIC

Medication and Supporting Medical Needs Policy

Creative and outdoor alternative provision

Quarry activities • Studio sessions • Individual support

This policy explains how Creative Makers CIC supports children and young people to participate safely when they need medicine or medical support. It sets the limits of staff practice and the arrangements that must be in place before care is accepted.

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Policy guide and immediate actions

Finding the relevant section

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If a child is seriously unwell

Make the scene safe, remain with the child and call 999 immediately where life-threatening illness, severe breathing difficulty, suspected anaphylaxis, serious collapse, unconsciousness or another emergency is suspected. Follow current first-aid training, the child's emergency plan and emergency call-handler instructions. Do not wait for a parent to answer before calling for help.

Bring emergency medicine and the action plan to the child. Use the prescribed medicine/device only as trained and directed. Never leave an unwell child alone or send them to fetch medicine. Send another adult to meet emergency services if this can be done without compromising supervision.

Before giving any routine dose

Check the correct child, current written authorisation, medicine, strength, dose, route, time and last dose. Check expiry, storage condition, allergy information, the individual plan and staff authorisation. If any check fails or there is uncertainty, do not give the routine dose; obtain urgent advice where delay may cause harm. Record what happened and notify the Medical Needs Lead.

Before complex support begins

No placement or session may start until every required safeguard in section 2 and Appendix A is complete and the director or authorised Medical Needs Lead has signed permission to start. A referral, proposed start date, parental assurance or first-aid certificate cannot substitute for this clearance.

Forms are templates for individual completion. Blank forms do not authorise treatment. Clinician-issued instructions and action plans must be attached where relevant; this policy is not a prescribing or dosing guide.

1 Purpose and responsibilities

Scope and commitment

Creative Makers CIC will make reasonable adjustments so children and young people can participate in creative learning, outdoor activities and individual sessions. A diagnosis alone is not a reason to refuse a placement. Decisions are based on the individual's needs, the proposed activities and the support that can be put in place safely.

This policy covers prescribed and non-prescription medicines, supervised self-administration and agreed medical support at all locations, on outings and during transport arranged by Creative Makers. It also covers short courses of medicine and newly identified needs. Staff do not diagnose, prescribe, alter prescriptions or assume clinical responsibility outside an explicitly agreed and competent role.

Directors

Directors approve the policy, provide resources, arrange appropriate insurance and agree who can authorise placements. They check that staffing, training, equipment and storage meet the needs accepted. Insurance cover for medicine administration, controlled drugs, delegated procedures, off-site work and individual sessions must be confirmed with the insurer; cover provided to council employees must not be assumed to extend to CIC staff.

Medical Needs Lead and session lead

The nominated Medical Needs Lead coordinates referral information, healthcare plans, consents, professional advice and training; maintains staff authorisations and site arrangements; and reviews incidents. The session lead confirms daily cover, checks medicines and equipment, briefs the team and implements handovers. The two roles may be held by the same person if responsibilities and backup are clear.

Staff and safeguarding lead

Staff accept only tasks for which they are trained, competent and authorised. They check instructions, supervise sensitively, record promptly and escalate concerns. They must disclose gaps in competence or expired training. Volunteers and temporary staff cannot administer medicines merely because they are present. The Designated Safeguarding Lead (DSL) manages welfare concerns, alleged neglect, unsafe practice and allegations against adults under the safeguarding policy.

Parents carers children and commissioners

Parents/carers provide accurate information, suitable supplies and updates, confirm doses given before arrival and remain contactable or nominate an alternative contact. Children are involved in planning and supported to communicate symptoms and preferences. The placing school or commissioner supplies relevant plans, coordinates with health services and agrees responsibility at transitions. Creative Makers retains responsibility for safe delivery of the sessions it accepts.

2 Referral and permission to start

Identifying the level of support

At referral, ask about conditions, allergies, regular and emergency medicines, recent incidents, devices, medical procedures, communication needs, relevant EHCP provision and the effect of physical activity, fatigue, food and environment. Do not wait for a crisis or rely on a broad diagnosis. Obtain existing healthcare plans and clarify any conflicting information.

An ordinary short course or straightforward medicine may be managed through a documented screening assessment, medicine consent and the routine procedure where the Medical Needs Lead confirms this is sufficient. First-aid training alone does not establish medicine competence. Seek clinical advice if the medicine, route, dose decision, side effects or support required is outside staff competence.

Firm requirement for complex or specialist needs

For complex medical needs or any medicine or procedure requiring specialist training, no placement, induction session, trial session or activity may start until all the following are complete:

- An individual risk assessment covering every intended site, activity, travel arrangement and 1:1 situation, with agreed controls and reasonable adjustments.
- A current individual healthcare plan (IHP), developed with the family and child and appropriate healthcare professional, with current clinical instructions and emergency action plans attached.
- Appropriate training for every staff member who will deliver or supervise the relevant care; a competent healthcare professional has confirmed specialist competence in writing, including its scope and renewal requirements.
- Medicine-specific consents, an agreed level of self-management and permissions for necessary information sharing; lawful alternatives are documented where confidential treatment applies.
- The correct medicines, equipment and verified storage/access arrangements, including availability at the point of need and on journeys.
- Emergency arrangements tested for the location, including communications, ambulance access, escalation thresholds, backup staff and safe supervision if an adult must accompany the child.
- Sufficient authorised staff and contingency cover, confirmed insurance and a written agreement allocating responsibilities with the commissioner.
- Appendix A signed by the director or authorised Medical Needs Lead and the confirmed start communicated to the family and commissioner.

Examples warranting specialist assessment include rescue seizure medicine, insulin or pump support, tube-administered medicines, injectable medicines, oxygen, suction, tracheostomy or other invasive/intimate healthcare. This is not an exhaustive list. A nurse's or former ambulance worker's title does not by itself authorise these tasks.

3 Individual planning and inclusive support

Where a start must be deferred

If any required safeguard is incomplete, the proposed start is deferred. The Medical Needs Lead records the outstanding actions, responsible people and review date and promptly informs the family and commissioner. The commissioner must be asked to coordinate suitable interim education/support. A parent signing a waiver, attending informally or offering to train staff alone cannot bypass the clearance requirement.

Deferral must be proportionate, time-limited by active review and based on the identified unmet safeguards. Consider alternative activities, locations, staffing or a properly agreed clinical support arrangement. Do not impose a blanket exclusion, require a parent to give up work, or routinely shorten attendance because of a condition. An alternative placement arrangement must be separately assessed and meet all applicable safeguards before it starts.

The clearance requirement concerns planned provision. If unexpected illness occurs while a child is present, staff still provide immediate first aid, call emergency services and follow emergency instructions; they do not withhold help because paperwork is incomplete.

The individual healthcare plan

The IHP translates clinical advice into arrangements for Creative Makers. It identifies normal presentation, symptoms and triggers, daily care, each medicine and device, the child's independence, escalation and emergencies, privacy, communication, staff and backup. Attach professional plans rather than rewriting clinical dosing instructions from memory. An EHCP does not replace a medicine consent or clinical action plan.

Plan for fluctuating conditions, fatigue, hydration, toilet access, food needs, rest, sensory or communication differences and side effects that may affect tools, balance or judgement. Discuss how the child will ask for help without embarrassment. Record the views of the child and family, including any disagreement and how it was resolved with professional advice.

Review and change

Review the IHP at least annually and immediately after a medicine/condition change, significant incident, new site/activity, change in staff competence or change in self-management. Put the review date and plan version on all working copies. Withdraw superseded instructions. A new dose, route, device or procedure may require fresh consent, training and clearance before the affected support resumes.

If essential cover or medicine is missing on the day, do not begin the affected session until a safe, authorised arrangement is restored. Keep the child supervised while contacting the lead, family and commissioner. Record the decision and arrange safe handover; never send a child away alone.

4 Consent and accepting medicines

Written permission and the child's involvement

Obtain medicine-specific written parental/carer permission for children under 16 before routine administration or supervised self-administration. Check that the person giving permission has appropriate authority, including delegated authority for a looked-after child. Explain the procedure to the child and seek their cooperation. For young people aged 16 or over, obtain their own informed consent where they have capacity and agree appropriate family involvement. Capacity, confidentiality or disputed consent concerns require senior and professional advice.

Where a medicine has been prescribed confidentially without parental knowledge, do not automatically disclose or deny access. The Medical Needs Lead and DSL must obtain appropriate professional advice, agree lawful consent and safe arrangements, encourage parental involvement where appropriate and record the basis of the decision. Share information without consent where necessary and lawful for safeguarding or an emergency.

Consent must specify the medicine, strength, dose, route, timing, duration, reason, last-dose information, known allergies and precautions, storage, and emergency actions. For as-required (PRN) medicine, obtain the indication, minimum interval, maximum in 24 hours and clear criteria for seeking help. A blanket permission for any medicine is insufficient. Verbal messages do not authorise routine changes.

Receipt and checking

- Prescribed medicine: accept in date in the original pharmacy-labelled container, with the child's name and legible current instructions. For insulin in a pen/pump, confirm identity, expiry and instructions through the individual plan.
- Non-prescription medicine: accept in the original manufacturer's pack with instructions and expiry, clearly allocated to the named child. Check age suitability, contraindications and the consent. A prescription is not automatically required for an appropriate over-the-counter medicine.
- Record receipt, quantity, expiry, opening date where relevant, storage instructions and the adult transferring it. Check equipment and sufficient supply for the whole session and agreed contingency.
- Resolve discrepancies between the consent, label and plan with the parent and prescriber/pharmacist before routine use. Staff must not relabel, decant into unlabelled containers or guess a dose.
- Confirm the last dose and other products given at home/school to avoid duplicate ingredients or dosing. Use Appendix E for handover.

No medicine containing aspirin is given to a child under 16 unless prescribed by a doctor. Staff must not supply their own medicines, share another child's medicines or use medicines to manage behaviour. Requests for supplements or alternative remedies require the same assessment and authorisation; staff do not assume these are harmless.

5 Administration and supervision

Routine medicines

Creative Makers may accept tablets, liquids, creams, drops and other ordinary medicines when the task is within authorised staff competence and the arrangements are agreed. Do not ask families to change prescribed timings for convenience; a pharmacist or prescriber must confirm whether a schedule outside sessions is clinically appropriate.

Use a clean, suitable place away from paint, clay, dust, tools and food contamination. Provide hand hygiene and any required protective equipment. Minimise interruptions while maintaining supervision and dignity. Use the supplied measuring device; household spoons are unsuitable for measuring liquid doses.

The administration sequence

- Identify the child using two reliable identifiers where practical, such as their name and date of birth; ask and cross-check against the named record.
- Read the current consent, pharmacy/manufacturer's instructions and healthcare plan. Check the medicine, strength, dose, route, time, expiry, allergies and acceptable storage.
- Check the administration record, handover and last dose, including home/school doses. Confirm minimum intervals and daily maximums for PRN or pain-relief medicines; if unknown, obtain advice before giving.
- Confirm that the staff member is authorised for this medicine/task and that any required second check is available. High-risk calculations or device settings follow the written specialist protocol.
- Explain the medicine and offer agreed choices or reassurance. Give or supervise exactly as directed. Check that the intended dose was taken; do not leave it unattended.
- Record immediately after the actual administration, including outcome and any refused, missed, partial or uncertain dose. Do not pre-sign. Inform the family of PRN use, illness, emergency treatment and any departure from the plan.
- Monitor as directed, return medicines to the correct location and hand over any follow-up action.

Supervised self-administration

Encourage age-appropriate independence following an individual assessment with the child, parent and healthcare professional where needed. Record whether the child may carry, access, measure or take medicine themselves, the supervision required and when help must be sought. Ability to swallow a tablet is not proof of ability to manage timing, dose and safety.

For supervised doses, staff observe and make the same record as for staff administration. For agreed independent use, establish an appropriate reporting and monitoring system in the IHP; distinguish the child's report from a witnessed dose. Review self-management if medicines are lost, shared, misused or doses are uncertain. Never prevent necessary access to an inhaler or emergency medicine as a behavioural sanction.

6 Storage and controlled drugs

Routine and refrigerated medicines

The Medical Needs Lead verifies and records storage for each site in Appendix H before medicines are accepted there. Routine medicines are secured from unauthorised access, kept in their original labelled packs and separated by child. Staff know how to obtain access throughout the session, including if the usual key holder is absent. Do not keep medicines in first-aid boxes or beside art chemicals, tools or shared food.

Follow the product's actual storage requirements. Refrigerated medicines are kept in a labelled, sealed container in a suitable refrigerator with restricted access. Record temperatures at each operating day and investigate excursions against the stated range; obtain pharmacist advice about suitability if there has been a failure. Do not assume every medicine requires refrigeration or the same temperature range. Arrange monitored transport where needed.

At borrowed halls or temporary sites, agree secure custody, access, privacy and end-of-session removal with the venue. Portable containers are held by a named adult and protected from weather, heat and loss; no medicines are left in an unattended vehicle. For 1:1 or home sessions, document whether the parent or staff has custody and who records each dose.

Emergency access

Inhalers, adrenaline devices and relevant emergency equipment remain immediately available to the child or trained adult, including outdoors. They are not locked in a cupboard or restricted room. The safe location must prevent casual misuse without delaying treatment. Take the medicine to the child; do not leave it at a distant studio while the child is in the quarry. Record any necessary exception for controlled rescue medicine through a specialist access protocol.

Controlled drugs

Accept only a named child's prescribed controlled drug with current instructions, consent and authorised staff. Obtain advice on the legal and practical storage requirements for the particular drug and setting. For on-site stock in staff custody, use a secure non-portable container with access limited to named authorised staff; a portable cash box is not sufficient as the standing storage arrangement.

Record every receipt, dose, return and running balance. Creative Makers requires a second authorised adult to witness receipt/return and stock reconciliation, and dose checks wherever practicable. This is an organisational safeguard; any specialist requirement for a witness must always be met. A 1:1 arrangement requires an explicitly approved checking method and cannot bypass an essential second-person requirement.

Investigate any unexplained discrepancy immediately, prevent further access where necessary and escalate to the lead and DSL. Obtain advice about external reporting if loss, theft or diversion is suspected. A competent child's lawful possession for personal prescribed use must be individually assessed and recorded. Never permit sharing. For outings, agree and document secure transport, chain of custody and rapid access rather than leaving required treatment behind.

7 Emergency medicines and response

Child-specific rescue arrangements

For asthma, anaphylaxis, seizures, diabetes or other conditions needing urgent treatment, obtain a current clinical action plan identifying symptoms, triggers, medicine/device, dose, route, repeat-dose conditions, limits and when to call 999. Staff are trained on the actual device and relevant child-specific procedure. No generic instruction in this policy replaces that plan.

Check rescue medicine at arrival and before every activity or departure. Confirm availability, expiry, sufficient quantity and working equipment. Where adrenaline devices are prescribed, plan for both prescribed devices to accompany the child. Replacement after use or expiry is arranged before the next affected session. Distinguish rescue medicines from daily medicines and keep the action plan accessible with them.

Responding to an emergency

- Stop the activity and remove immediate hazards. Keep the child accompanied. Call 999 for a suspected life-threatening event or as the action plan directs; describe the symptoms and relevant condition.
- Follow the child's plan, current training and call-handler advice. Give prescribed emergency treatment promptly as authorised; do not delay for consent calls, a witness or paperwork. Record treatment times once immediate care permits.
- For suspected anaphylaxis, use the prescribed adrenaline device promptly as trained, call 999 and follow the action plan for a further dose and positioning. Do not allow the child to stand or walk. Antihistamine does not replace adrenaline for anaphylaxis.
- Allocate adults to care, calling, medicine retrieval, meeting emergency services and supervising others. In a 1:1 session use speakerphone if practical and summon agreed backup; stay with the child.
- Give ambulance staff the medicine details, doses and times, relevant plan and emergency contacts. Notify the family and commissioner promptly without delaying treatment.
- A staff member remains with the child until safe handover to an appropriate adult or clinical service, accompanying them if agreed with ambulance staff. Maintain safe supervision of remaining children. Complete Appendix F and review before the next session.

Spare emergency stock

Do not assume Creative Makers qualifies for the legal school exemption allowing non-prescription purchase of spare inhalers or adrenaline auto-injectors. Before holding organisation-owned spare stock, directors must verify the provider's legal status, lawful supply route, clinical governance, insurer agreement and a written protocol for eligibility, consent, use, storage and replacement. Medicines prescribed to one child cannot be treated as communal spare stock.

The July 2026 DfE allergy guidance expects schools to stock spare adrenaline devices and sets out school-specific arrangements. Creative Makers will use it as a safety benchmark, while confirming which provisions apply to its status. If spare stock is not lawfully available, the child-specific plan must still provide reliable emergency treatment; call 999 for any unexpected severe reaction.

8 Safe creative and outdoor sessions

Quarry and outdoor provision

Assess uneven ground, steep edges, slips, water where present, weather, pollen, insects, exertion, remoteness and the time needed to reach the child. Consider conditions affecting balance, awareness, breathing, temperature control or fatigue. Define safe activity zones and pauses; adapt activities and choose a different location where the agreed controls cannot be met.

Verify the exact address, access gate, ambulance rendezvous point, gate/key access and a route to the activity area. Test mobile coverage at the actual location and agree backup communications. A map or location app supplements a clear address and access directions. Do not rely on assumed response times or send the unwell child across rough ground to reach treatment.

Keep emergency medicines with the group and immediately reachable. Protect medicines from direct sun, freezing, damp and dust without breaching their storage instructions. Ensure clean drinking water, hand hygiene, suitable rest and privacy. Stop or relocate the session if weather, access or communications undermine the plan.

Studio and hall provision

Check dust, clay, paint, adhesives, aerosols, solvents, fragrance, latex, craft materials and food ingredients against individual allergies and respiratory needs. Use substitutes, ventilation and safe working methods as assessed. Separate medicine handling from work surfaces and chemical storage. Check labelled ingredients in cooking or edible craft activities and avoid cross-contact through tools, hands and surfaces.

Consider dizziness, tremor, drowsiness or altered awareness when using tools, heat or equipment. The healthcare plan and activity assessment determine restrictions and supervision; staff do not make an independent clinical judgement that an unfamiliar side effect is harmless. Agree a quiet space for recovery while preserving supervision. At shared halls, confirm that emergency access and medicine arrangements remain available while other users are present.

Individual sessions outings and travel

A lone-working assessment must show how the adult can give care, call help, keep the child safe and summon backup. A nominal 1:1 booking does not justify working alone where two adults are required for treatment or safe supervision. Do not use a child or another learner as the emergency backup.

Before an outing, check the plan for activity, meals, journey duration and possible delay; authorised staffing and cover; medicines, devices, storage and records; toilet/water access; communications and emergency routes. Define responsibility with the school, parent and transport provider for each handover. Transport staff are not automatically trained medicine administrators. The placing school's arrangements must be communicated to Creative Makers rather than presumed to apply.

Check medicines out and back in and communicate doses given. Maintain the same consent, training and record standards off site. Include children with adjustments wherever safe; any restriction must be individually justified and reviewed.

9 Refusal and medication incidents

Refused missed partial or uncertain doses

Do not force a child to take medicine, conceal it in food or use threats, rewards or restraint to secure a routine dose. Explore communication, taste, distress or privacy needs calmly and follow the refusal arrangements in the IHP. Seek urgent help where refusal creates immediate risk. Emergency consent or capacity issues are handled with clinical/emergency advice.

Record the offered time, medicine, intended dose, what was actually taken and the child's explanation where available. Notify the lead and parent promptly and obtain prescriber/pharmacist advice where the effect of a missed dose is unclear. Call 999 when symptoms or the plan require it. Do not mark an offered dose as administered.

If a child spits out medicine, vomits, drops a dose or the dose taken is uncertain, do not automatically repeat it. Record the uncertainty and obtain clinical advice to avoid overdose. Never double a later dose or change timing without authorised instructions. If essential medicine is missing or out of date, contact the lead and family immediately and agree safe support; seek urgent advice if delay is unsafe.

Errors adverse reactions and near misses

An error includes the wrong child, medicine, strength, dose, route or time; duplication; omission; expired or compromised medicine; wrong device setting; and an incomplete or false record. A near miss is an unsafe event caught before harm or administration. Report both promptly, even if the child seems well.

- Stop the administration or affected procedure. Keep the child supervised and assess immediate safety. Call 999 for severe symptoms, suspected dangerous overdose or a life-threatening event.
- Obtain prompt clinical advice appropriate to urgency, such as NHS 111, a pharmacist or the treating team. Do not wait for symptoms if the wrong medicine or dose may be harmful. Give the exact product, strength, amount, timing and child details.
- Follow advice; do not induce vomiting, give an antidote or administer a corrective dose on your own initiative. Retain packaging and devices for clinicians.
- Tell the Medical Needs Lead, parent/carer and relevant commissioner promptly; inform the DSL if safeguarding, deliberate misuse or unsafe adult practice is suspected. Record who was contacted, when and their instructions.
- Complete Appendix F, preserve original records and secure relevant stock. Correct record errors with a dated, signed amendment preserving the original entry; do not erase or retrospectively fabricate an administration.
- Review causes, staffing, training, equipment and procedures. Pause the affected activity/support until safety is restored. Directors assess insurer, safeguarding, regulator, commissioner and other reporting duties according to the event.

Suspected adverse drug reactions or device faults are also considered for MHRA Yellow Card reporting, with healthcare advice. Reporting must not delay care. Communicate improvements to the team and confirm that the child's revised plan is ready before support resumes.

10 Records safeguarding and confidentiality

Records and handovers

Maintain a current child record containing the assessment/IHP, clinical action plans, consents, medicine receipt and stock records, administration records, incidents and reviews. Maintain a separate staff training/competency register and site arrangements. Use the child's plan version and staff identity to make each decision traceable.

Record actual date and time, medicine and strength, dose, route, whether staff administered or supervised, staff signature/identifier, witness where required and outcome. Record PRN reason and monitoring, refusals, omissions and any contact/advice. Independent self-administration records must make clear what staff witnessed and what was reported. Do not sign on another person's behalf.

Hand over the last dose and next due dose between home, school, transport and Creative Makers, especially where medicine is time-critical or given PRN. Use secure information channels and confirm receipt. Keep a usable record at the point of care if digital systems are unavailable, then reconcile it without obscuring the original. Do not rely solely on informal messages.

Safeguarding and dignity

Treat deliberate medicine withholding, repeated unsafe supply, unexplained injuries, diversion, coercion, excessive sedation, fabricated illness indicators or abusive administration as potential safeguarding concerns. Inform the DSL and follow the safeguarding policy and relevant local referral procedures. Record facts and the child's words; do not conduct an unauthorised investigation or make a clinical diagnosis. Allegations about adults follow the staff allegations/LADO process as applicable.

Medication must never be used for staff convenience or to control behaviour. Prescribed medicines supporting a condition are managed according to their clinical purpose. Medical support involving intimate contact or procedures requires a specific plan for consent, dignity, staff competence, appropriate observation and safeguarding; apply the separate intimate-care policy. Do not create unnecessary isolation or public disclosure.

Confidential information and retention

Health information is special category personal data. Directors must document an appropriate UK GDPR Article 6 lawful basis and Article 9 condition, and any applicable Data Protection Act 2018 requirements. Medicine consent is distinct from the legal basis for processing health information. Explain collection, sharing and retention in the privacy notice; use only the information needed for care and safety.

Restrict access to authorised people who need the information. Store paper records securely and protect digital records with individual accounts and appropriate access controls. Carry essential plans securely on outings without making them visible to other families. Share relevant details promptly with emergency services and safeguarding professionals where necessary and lawful; confidentiality does not prevent vital safety communication.

Before adoption, directors approve a record-category retention schedule taking account of commissioning requirements, insurer advice, safeguarding/legal needs and data minimisation. Do not invent a universal deletion period. Securely transfer records when appropriate, preserve them during an incident or legal hold and dispose of them confidentially when the approved period expires. Report data breaches under the data-protection procedure.

11 Training oversight and review

Training and limits of competence

Staff have first-aid training, but directors must verify each certificate, course content, level, renewal date and whether it is appropriate for the ages and settings involved. Staff qualifications and storage locations remain verification items until evidenced in Appendices G and H. Do not infer paediatric, registered nursing, paramedic or other professional credentials from job descriptions or recollections.

All relevant staff receive induction in this policy, dose checks, consent, records, storage, infection control, recognising deterioration and summoning help. The lead authorises ordinary medicine tasks only after checking understanding and practical ability. Written instructions may be adequate for some straightforward tasks after assessment; they cannot replace specialist training for unfamiliar or complex treatment.

For specialist care, the appropriate healthcare professional identifies the required training, demonstrates the procedure and confirms competence for the specific child, medicine/device and task. The written confirmation states scope, restrictions, supervision, reassessment and renewal. Parents contribute valuable information but are not the sole specialist trainer. Staff must not carry out a procedure outside that scope.

Arrange refresher training according to professional advice, product/device changes and observed competence. Creative Makers requires at least annual allergy awareness and emergency-response training for staff present during sessions, including relevant temporary staff and volunteers, and practical device training for those responsible for emergency treatment. Whole-team awareness does not replace individual specialist competence.

Staffing and assurance

Keep a matrix of authorised staff, their tasks, sites and expiry/review dates. Each rota must provide suitable first-aid cover, medicine support and backup throughout the session, breaks, outings and emergencies. Staff absence or training expiry triggers reassessment; untrained cover cannot simply take over. A staff member's willingness and confidence are checked and concerns resolved through training or another arrangement.

The lead checks medicines at receipt and each session, reconciles stock and reviews storage/access and temperature records where relevant. At least termly, sample consents, administration records, competencies and incidents; check that emergency retrieval and communications work at each site. Directors review findings and outstanding actions.

Disposal review and complaints

Return unused, expired or discontinued medicines to the parent or authorised adult for pharmacy disposal, documenting quantity, recipient and date. Keep expired stock separate and secure until removal. Do not place medicines in general waste, sinks, toilets, fires or quarry waste. If a parent cannot collect, agree an appropriate pharmacy or licensed disposal route; controlled drugs require advice specific to their disposal.

Use suitable sharps containers for needles and sharps, keep them safely and arrange authorised collection. Never recap or leave used needles loose. Hand used emergency devices to ambulance staff where appropriate and document the transfer. Replace necessary supplies promptly.

Review this policy annually and sooner after an incident, material guidance change or change in provision. Families can raise concerns with the Medical Needs Lead/director through the complaints policy; safeguarding concerns follow the safeguarding route. Complaints must not reduce a child's access to needed care.

12 Guidance and council alignment

Sources were checked on 12 October 2026. The following distinguishes published guidance and local expectations from Creative Makers' own operational safeguards. It does not assert that the CIC is a registered school or approved framework provider.

Source or local position	How Creative Makers applies it
DfE Supporting pupils with medical conditions at school [1]	Direct statutory audience: maintained schools, academies and PRUs. Creative Makers uses its planning, competence and safe medicine principles as a benchmark and supports commissioning schools to discharge their duties.
DfE Allergy safety in schools July 2026 [2]	Published final guidance, distinct from the March consultation. Addresses allergy policy, training, individual plans and incident learning. School-specific supply permissions and duties must be checked against CIC status; this policy does not declare blanket eligibility for spare stock.
DfE Alternative provision and voluntary non-school AP standards [3–4]	Supports clear commissioning responsibilities and oversight. The August 2025 non-school standards are published as voluntary, not automatically mandatory. Contractual adoption is checked for each placement.
Somerset Council AP Framework [5]	Public framework page expects commissioning quality assurance and evidence of provider policies. Creative Makers supplies this policy alongside actual assessments, staff evidence and medicine arrangements; directors check the relevant DPS/framework and placement terms.
Wiltshire HS027s April 2021 and SEND resources [6–7]	Published council medication policy supports prior assessment/planning, written consent, records, safe storage and appropriate training. Its printed review date is April 2023. Directors verify current commissioner requirements and any replacement policy/toolkit rather than claiming this older model is the entire current contract.
Bath and North East Somerset OAP and health information [8–9]	Published inclusion expectations support personalised assessment and review; health information identifies nursing and specialist service routes. Creative Makers coordinates individual arrangements with the placing school and healthcare team. No council-wide bespoke AP medication mandate is asserted from these public pages.
DHSC emergency medicines and DfE first aid [10–12]	Used for lawful school spare-stock distinctions and first-aid planning. First-aid competence is assessed separately from competence for specialist medical care.
ICO special category information [13]	Directors document lawful processing, access, sharing and retention appropriate to the CIC rather than copying a council's legal basis.

Before each commissioned placement, confirm the latest applicable council/commissioner specification, medical-support expectations, reporting timescales and evidence requirements in writing. Any additional requirement is recorded in the placement agreement and individual plan. Resolve inconsistent instructions with the commissioner and clinical team; never lower clinical safeguards to meet a proposed start date.

Appendix A Placement clearance

Mandatory for complex medical needs or medicines/procedures requiring specialist training. Complete before any placement, trial, induction or session begins. Attach evidence; ticked boxes without evidence are insufficient.

Field	Complete for this child or arrangement
Child name and date of birth	
Commissioner and placing school contact	
Proposed sites activities session pattern and start date	
Condition medicines procedures and level of self-management	

Required safeguard	Evidence reference and date	Complete
Individual site/activity/travel/1:1 risk assessment and controls agreed		Yes / No
IHP with current clinical instructions and emergency action plan		Yes / No
Training completed for every relevant staff member and backup		Yes / No
Written specialist competency confirmation and scope/renewal		Yes / No
Medicine consents and self-management arrangements agreed		Yes / No
Medicines equipment supply and storage/access verified		Yes / No
Emergency communications access and supervision contingency tested		Yes / No
Staff rota cover and clinical advice routes confirmed		Yes / No
Insurance and commissioner responsibilities confirmed		Yes / No

Outstanding actions and owners: _____

_____

Decision: CLEARED TO START / DEFERRED. Confirmed start date: _____

Where deferred, review date and interim-support request to commissioner: _____

Director or authorised Medical Needs Lead name and signature _____ Date _____

Parent/carer or appropriate consenting young person acknowledgement _____ Date _____

Commissioner acknowledgement of agreed responsibilities _____ Date _____

A clearance is valid only for the documented support and sites. A material change or loss of a required safeguard triggers reassessment before the affected session starts.

Appendix B Individual healthcare plan

Part 1 of 2. Complete with the child, family and appropriate healthcare professional. Attach clinical plans and relevant assessments. Use continuation sheets where needed.

Field	Complete for this child or arrangement
Child name date of birth and preferred name	
Plan version date and review date	
Parent/carer and emergency contacts in order	
School/commissioner contact and handover arrangements	
Relevant healthcare professional and advice contact	
Conditions allergies triggers and normal presentation	
Symptoms requiring help and communication preferences	
Daily support including food water toilet rest and access	
Medicines devices and procedures — attach instructions	
Self-administration carrying and supervision arrangements	
Activities sites and reasonable adjustments	
Privacy dignity and intimate-care arrangements	

Linked documents and versions: _____

_____

Child's views and preferences: _____

_____

Appendix B Emergency and care arrangements

Part 2 of 2. This is an operational plan. A healthcare professional must supply the clinical treatment instructions; staff do not invent dose thresholds or rescue regimens.

Field	Complete for this child or arrangement
Child name and plan version	
What constitutes an emergency for this child	
Immediate actions and 999 thresholds — attach clinical plan	
Rescue medicine device route dose repeat limits — attachment reference	
Location of emergency medicine and how it accompanies child	
Named competent staff tasks restrictions and backup cover	
Actions if staff medicine equipment or communications unavailable	
Quarry/site address gate access and ambulance rendezvous	
Transport outings and hospital accompaniment arrangements	
Refusal missed dose vomiting and deterioration instructions	
Family school and commissioner notification arrangements	
Monitoring follow-up and return-to-session requirements	

Agreed healthcare input and clinical instruction author/date: _____

Medical Needs Lead _____ Date _____

Parent/carer or appropriate consenting young person _____ Date _____

Relevant healthcare professional agreement or attached written confirmation _____
Date _____

Review triggers: condition/medicine/device change, incident, new site/activity, staff or self-management change. Record the revised version and withdraw old copies.

Appendix C Medicine consent

Use one form for each medicine and update when instructions change. Attach the prescription label/clinical instruction where relevant. Completion does not replace provider acceptance or staff competence checks.

Field	Complete for this child or arrangement
Child name and date of birth	
Medicine name form strength and reason	
Prescribed / non-prescription and prescriber if relevant	
Exact dose route and scheduled times	
For PRN — indication minimum interval maximum in 24 hours	
Start/end dates and expiry/opened-use expiry	
Last dose time and amount and other relevant medicines	
Allergies precautions contraindications and side effects	
Storage measuring device and equipment required	
Staff administration / supervised self-administration / independent use	
Action if refused missed vomited or uncertain dose	
Emergency plan and specialist training reference if required	

I authorise Creative Makers CIC to provide the medicine support described above under the agreed plan. I will report changes promptly, provide suitable supplies and accurate last-dose information, and arrange collection of unused medicine. I understand that Creative Makers must confirm it can provide the support safely.

Parent/carer name signature and authority to consent or young person consent _____
Date _____

Contact telephone: _____ Date agreed with child: _____

Medical Needs Lead acceptance and staff authorisation confirmed _____ Date _____

If confidential treatment or another lawful consent arrangement applies, attach the senior/professional decision and record its reference here: _____

Appendix D Administration record

Use one sheet per child per medicine. Complete immediately after each actual dose or non-administration. Never pre-sign. Use continuation sheets for longer courses.

Field	Complete for this child or arrangement
Child name date of birth and plan version	
Medicine strength form and route	
Dose scheduled times or PRN limits and consent reference	
Allergies and precautions	
Staff signature key — name initials and authorised task	

Date and actual time	Dose and route or omitted	Last dose checked and PRN reason	Given by staff or self use	Staff and witness if required	Outcome and follow-up

Record “staff administered”, “supervised self-administration” or “independent use reported by child” accurately. State refused/missed/partial/uncertain instead of recording an intended dose as given. Add a dated continuation note for advice, notification or monitoring; cross-reference any incident report.

Corrections retain the original entry and show the corrected information, reason, date and signature. Do not erase, overwrite or backdate. Record home/school dose information and its source where needed to prevent duplication.

Appendix E Receipt stock and handover

Use for medicine movements and dose handover. A separate controlled-drug running balance is required for each child and product/strength. Record quantities in clear units.

Field	Complete for this child or arrangement
Child name date of birth and medicine/strength	
Storage location and authorised key/access holders	
Expiry date opened date and quantity/unit received	
Current label consent and plan checked by/date	

Date/time	Received given returned or transferred	Quantity in/out and balance	From/to name and signature	Staff and witness	Last/next dose or discrepancy

Handover statement

Last dose given or reported: medicine _____ amount _____ time _____

Next dose due / PRN constraints: _____

Medicines equipment and plan physically transferred to: _____

Handing over adult _____ Date _____

Receiving adult _____ Date _____

Stock discrepancy or temperature/storage concern: secure affected stock, notify the lead immediately and obtain advice. Record the reference and action; do not alter a balance to conceal a discrepancy.

Appendix F Incident and near miss report

Immediate care takes priority. Complete promptly after safety is secured. Include refusals/missed doses when escalation or harm risk warrants a report. Preserve original records.

Field	Complete for this child or arrangement
Child name date of birth site and session	
Incident date/time report author and witnesses	
Incident type — error refusal reaction device fault loss or near miss	
Medicine strength intended dose route and actual/possible amount	
What happened — facts symptoms and relevant timings	
Immediate care emergency medicine and 999 call time	
Clinical advice — professional/service time and exact instructions	
Family commissioner lead and DSL notified — who when and how	
Ambulance/hospital handover and child outcome	
Packaging device and records preserved	
Contributing factors and safeguards that failed or worked	
Immediate controls and conditions before support resumes	

Reporting staff member _____ Date _____

Medical Needs Lead review _____ Date _____

External reporting considered by director (insurer, safeguarding/LADO, regulator, commissioner, MHRA as applicable): _____

Actions owner deadline and review outcome: _____

_____

Director review and closure _____ Date _____

Appendix G Training and competence

Use one record per staff member and task. Verify evidence; do not treat a general first-aid certificate as specialist medication authorisation.

Field	Complete for this child or arrangement
Staff member role and employment/volunteer status	
Verified first-aid qualification awarding body and certificate reference	
First-aid issue/expiry and age/content suitability	
Any nursing paramedic or other claimed professional qualification — evidence/current scope	
Child medicine device and procedure covered	
Training provider professional role credentials and date	
Content practical training and supervised demonstration	
Assessment method and competence demonstrated	
Written assessor confirmation reference and date	
Scope restrictions supervision and permitted sites	
Renewal/reassessment date and change triggers	
Authorised tasks and backup staff	

Trainer/competency assessor name and signature or attached confirmation _____ Date _____

Staff member accepts scope and reports limitations _____ Date _____

Medical Needs Lead authorisation _____ Date _____

Register update date: _____ Evidence stored at: _____

Annual allergy training and policy induction completed: _____

Professional registration, where relevant, is verified separately from practical competence for the task. If an authorisation lapses or the device/procedure changes, withdraw the task from the rota until the lead confirms safe competence.

Appendix H Verified operating arrangements

Complete before policy adoption and before medicine support at a new site. Actual storage locations and staff qualifications require verification; no entry below is pre-confirmed.

Site or setting	Routine secure storage and access	Emergency medicine location and access	Refrigeration or transport if needed
Quarry — address to enter	TO VERIFY	TO VERIFY	TO VERIFY
Studio — address to enter	TO VERIFY	TO VERIFY	TO VERIFY
Hall — address to enter	TO VERIFY	TO VERIFY	TO VERIFY
1:1/home/mobile sessions	TO VERIFY per session plan	TO VERIFY per child plan	TO VERIFY per medicine
Outings and travel	TO VERIFY custody	TO VERIFY point-of-need access	TO VERIFY conditions

Field	Complete for this child or arrangement
Director and Medical Needs Lead names/contact and deputy	
DSL and deputy names/contact	
Verified first-aid cover and specialist staff register reference	
Controlled-drug non-portable storage and travel protocol reference	
Quarry/sites emergency address gates access and communications	
Insurance confirmation and any conditions/exclusions	
Approved records retention schedule and secure system	
Commissioner/council specification checked and date	
Dedicated allergy policy owner publication and review arrangements	

Adoption checks: responsible people appointed; qualifications evidenced; storage physically inspected; emergency retrieval/communications checked; training and cover confirmed; insurance/retention approved; council/contract requirements checked; staff briefed. Use continuation sheets for the site details and evidence.

Director approval of completed verification _____ Date _____

Next review date: _____ Outstanding actions: _____

Appendix I Session and outing checks

Complete before each session/outing where a child needs medication or medical support. A failed essential check requires resolution before the affected session begins.

Field	**Complete for this child or arrangement**
Date child/group lead and site/activity	
Current IHP risk assessment consents and clearance references	
Check	**Confirmed by and time / action required**
Condition/medicine changes and last doses checked with family/school	
Current instructions and records available to authorised staff	
Competent staff and backup cover for the whole session	
Medicine identity quantity expiry and devices checked	
Routine secure storage and emergency immediate access	
Temperature/transport and hygiene/privacy arrangements	
Food craft materials weather exertion and other triggers controlled	
Water food toilet rest and adjustments available	
Communication tested address/gate access and ambulance rendezvous	
1:1 emergency backup and other children's supervision arranged	
Travel/handover responsibility and medicine custody agreed	

Decision and any change in activity/location: _____

Session lead _____ Date _____

End of session

Confirm doses and symptoms handed over; medicines/equipment returned or secured; records and controlled-drug balances reconciled; incidents escalated; replacements and follow-up assigned. Record the receiving adult and time.

Handover completed by _____ Date _____

Follow-up required and owner: _____