DEDHAM
Therapy Farm

Supporting Children with Medical Needs and Policy

Review: September 2027

Named Medical Lead: Amy Boyce

1. Purpose and status

This policy explains how Dedham Therapy Farm CIC supports children with medical conditions and allergies so that they can access and participate in provision safely, consistently and with dignity. As a non school/ unregistered alternative provision, Dedham Therapy Farm is not itself an "appropriate authority" for the statutory duty in section 100 of the Children and Families Act 2014 unless another legal status applies. However, this policy adopts relevant good practice from the Department for Education guidance and supports commissioners to meet their own duties. It also reflects the voluntary national standards for non school alternative provision, including safeguarding, welfare, health and safety, risk assessment, appropriate staffing and information sharing.

2. Scope and principles

- Children with medical conditions and allergies will be supported to take part as fully and safely as possible.
- Decisions will be based on the child's individual needs, professional advice, the commissioner's information and a proportionate risk assessment.
- No child will be denied access solely because of a medical condition where reasonable and safe arrangements can be made.
- The child's views, age, understanding, privacy and growing independence will be considered.
- Medical information will be shared only with people who need it to keep the child safe and will be handled in line with data protection requirements.
- This policy applies on site, and on off site visits or activities led by the provision.

3. Roles and responsibilities

Directors/management will ensure this policy is implemented, resources and insurance are suitable, training is available,

The named medical needs lead - Occupational Therapist will coordinate information, plans, risk assessments, staff briefings, medicine records and liaison with families, commissioners and healthcare professionals.

All staff and volunteers must follow agreed plans, complete required training, know emergency arrangements, protect confidentiality and report errors, incidents or changes promptly.

Parents/carers should provide accurate and current information, medicines and equipment in date and in original labelled packaging, consent and professional advice, and notify changes.

Farm Assistants should be involved according to their understanding and encouraged to communicate symptoms and manage their needs safely.

Commissioners remain responsible for providing relevant information before placement, coordinating with the child's school or local authority, and agreeing responsibilities where plans cross settings.

Healthcare professionals may advise on the child's needs, treatment, training and emergency response.

4. Admission, notification and information gathering

1. Before attendance, the provision will request information about medical conditions, allergies, medication, triggers, warning signs, treatment, emergency action, healthcare contacts, dietary requirements, communication needs and any relevant risk assessments or plans.
2. The assessing Occupational Therapist will decide, with the child, parent/carer, commissioner and relevant professionals, whether an individual healthcare plan is required and what controls must be in place before attendance.
3. Where information or safe arrangements are incomplete, the provision will work urgently with the commissioner and family. Any temporary restriction must be necessary, proportionate, recorded and reviewed.
4. Information will be checked at least annually and whenever the child's condition, treatment, placement or activities change.

5. Individual healthcare plans

A healthcare plan, in the initial assessment report, will be used where it would clarify what support is required, particularly for complex, fluctuating or high-risk needs. The plan should record: the condition and its effect; symptoms and triggers; medication, dose, timing and method; equipment and storage; daily care; dietary or environmental controls; reasonable adjustments; the child's ability to self-manage; staff training; emergency action and contacts; arrangements for absence, transport and off-site activities; consent; information-sharing arrangements; and review dates. The plan will identify who does what and when. It will be agreed with relevant parties, accessible to staff who need it, and reviewed at least annually and after any significant change or incident.

6. Managing medicines

- Prescription medicine will only be accepted only when prescribed for the child and supplied in the original container, as dispensed, with a legible pharmacy label and instructions.
- Non-prescription medicine will be administered only under the provision's agreed procedure, with written consent and clear instructions; aspirin will not be given to anyone under 16 unless prescribed.
- Medicines will be stored securely yet remain readily accessible in an emergency, at the required temperature, and away from children who are not authorised to access them.
- Medication supplied by parent must be accompanied by the medication use form.
- Emergency medicines such as adrenaline auto-injectors, inhalers, glucagon or rescue medication will be available without avoidable delay and accompany the child off site.
- Staff will check the child, medicine, dose, route, time, expiry date and instructions before administration. Administration or refusal will be recorded promptly and parents/carers informed where appropriate.

- No child will be forced to take medicine. Refusal or inability to take it will be managed under the healthcare plan and escalated where this creates risk.
- Children may carry and self administer medicine where this has been assessed as safe and is recorded in their plan. Appropriate supervision and a backup arrangement will be considered.
- Unused, expired or surplus medicine will be returned to the parent/carer for safe disposal. Sharps will be disposed of in an approved sharps container.
- Medication errors, omissions and near misses will receive immediate first aid or clinical advice as required, be reported to management and the parent/carer and commissioner, recorded, reviewed and safeguarded where appropriate.

7. Allergy awareness and anaphylaxis

- Known allergies, allergens, symptoms, level of risk and emergency treatment will be recorded before attendance and communicated to relevant staff, using the Dedham Therapy Farm initial assessment and risk assessment templates.
- An allergy or anaphylaxis action plan supplied or endorsed by an appropriate healthcare professional will be followed. The child's prescribed or Dedham Therapy Farm spare adrenaline auto-injectors must be accessible at all times and staff must know their location.
- The provision will reduce exposure through child specific controls such as supervised eating, handwashing, cleaning, safe food storage and preparation, checking labels, preventing food sharing, considering animal feed and materials used in activities, and managing cross contact.
- Blanket "allergen-free" claims will not be made unless they can be reliably assured. Controls will reflect the child's actual allergens and the limitations of the environment.
- Food brought in, celebrations, cooking activities, animal assisted activities, gardening, craft materials, visits and contractors will be considered within the risk assessment.
- If anaphylaxis is suspected, staff will follow the child's emergency plan, administer the prescribed adrenaline auto-injector without delay where trained and authorised, call 999, state "anaphylaxis", position and monitor the child appropriately, use a second device if directed, and contact the parent/carer. The child will not be left alone or allowed to stand or walk.
- After an allergic reaction, the provision will record and review the incident, replenish medication and equipment, update controls and share relevant information with the commissioner and family.
- Pre disclosed allergies will be reviewed in the daily planning meeting under the topic of risks.
- Dedham Therapy Farm will maintain appropriate spare, in-date adrenaline auto-injectors (AAIs) for emergency use. Spare AAIs will be stored securely but remain readily accessible in an emergency. Appropriate staff will know their location and the arrangements for their emergency use. Stock and expiry dates will be routinely monitored and replacement devices obtained before expiry.

8. Emergency procedures

All staff will know how to summon first aid and emergency services, the site address and access arrangements, and how to contact the child's parent/carer and commissioner. Emergency plans will

identify symptoms requiring urgent action. A child sent to hospital will be accompanied by a suitable adult where practicable until a parent/carer arrives, with relevant medication, plans and information. Serious incidents will be managed under the provision's safeguarding, health and safety, incident-reporting and notification procedures.

9. Activities, visits and attendance

Medical needs will be included in planning for all activities, animal contact, outdoor learning, physical activity, transport and visits. Risk assessments will consider staffing, competence, access to medicines, allergens, communication, toilets, food, travel time and emergency access. Reasonable adjustments will be made so that children are not unnecessarily excluded. Absence related to a medical condition will be discussed with the commissioner and family so that support, reintegration and continuity of education can be agreed.

10. Staff training and competence

Staff will receive induction and refresher awareness appropriate to the children attending. Child specific training will be provided by a suitably competent professional where required and completed before staff undertake the task independently. Training may include medication administration, asthma, epilepsy, diabetes, allergy and anaphylaxis, use of emergency equipment, infection control and record keeping.

All staff will undertake annual allergy and anaphylaxis awareness training appropriate to their role. Training will include allergen awareness, prevention of allergic reactions, recognition of the signs and symptoms of an allergic reaction and anaphylaxis, emergency response procedures and the use of adrenaline auto-injectors.
Competence will be confirmed and refreshed after changes, incidents or identified gaps. No member of staff will be required to provide medical support beyond their training and competence, but all staff must act promptly in an emergency and follow their first aid training.

All staff will be provided with annual allergy awareness training.

No medicine will be administered by staff without training in how to administer medication and every child requiring medication during their session time will be considered at the time of assessment, to ensure there is enough staff adequately trained to administer.

11. Records, confidentiality and information sharing

The provision will maintain accurate records of consent, healthcare and allergy plans, risk assessments, medicines received and returned, administration and refusal, staff training, communications, incidents and reviews. Records will be retained and disposed of in line with the provision's retention schedule and data protection policy. Relevant information will be available to those responsible for the child, including temporary staff, while unnecessary disclosure and visible labelling will be avoided.

12. Unacceptable practice

Except where supported by an individual risk assessment or clinical advice, the provision will not:

- prevent reasonable access to medicine
- assume every child with the same condition needs identical support
- ignore the child's views; send a child who becomes unwell away alone
- penalise attendance affected by a medical condition without considering the circumstances
- require parents/carers to attend routinely to provide essential care as a condition of access
- prevent drinking, eating or toilet breaks needed to manage a condition
- or exclude a child from normal activities where safe adjustments can be made.

13. Concerns and complaints

Medical concerns should be raised promptly with the named medical needs lead or Lead Occupational Therapist. Safeguarding concerns must be reported immediately under the safeguarding policy. Complaints will be managed under the provision's complaints procedure and commissioners will be informed where appropriate. Emergency or clinical concerns should not wait for the complaints process.

14. Monitoring and review

Management will review implementation through audits of plans, medicine records, expiry dates, training, incidents, near misses and feedback from children and families. This policy will be reviewed at least annually and sooner after significant incidents, legal or guidance changes, or changes to the provision. Any gaps will result in a recorded action, owner and timescale.

15. Related documents and guidance

- Department for Education, Non-school alternative provision: voluntary national standards (August 2025).
- Department for Education, Supporting pupils at school with medical conditions (December 2015).
- Department for Education, *Allergy safety in schools* (July 2026)
- Dedham Therapy Farm CIC Safeguarding and Child Protection Policy.
- Dedham Therapy Farm CIC Health and Safety Policy, First Aid Policy, Data Protection Policy, Educational Visits Procedure, Complaints Policy and Food Safety/Allergy Procedures.
- Any child-specific healthcare, allergy or emergency action plan supplied by an appropriate healthcare professional.