Local Operational Arrangements for Medical Conditions

Companion document to the Trust Supporting Pupils with Medical Conditions Policy

School name:	Britannia Primary School and Nursery
Part of:	Oxlip Learning Partnership
Named senior leader for medical conditions:	Keith Hart, Principal
Reports to (Trust-wide lead):	Thomas Jarrett
Approved by:	Local Advisory Board (LAB), in line with the Trust's Scheme of Delegation
Last reviewed on:	12.9.26
Next review due by:	12.9.27
Parent policy:	Trust Supporting Pupils with Medical Conditions Policy

Purpose of this document

This document sets out how Britannia Primary School delivers the Trust's Supporting Pupils with Medical Conditions Policy in practice. It must be read alongside, and does not replace, that policy. It should be completed by the school's named senior leader, reviewed at least annually alongside the Trust policy, and made readily accessible to staff and parents/carers.

This document does not cover allergy (including asthma). Local arrangements for allergy safety are set out separately, under the Trust's Allergy Safety Policy, and maintained by the school's named senior leader for allergy safety.

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1. Key contacts

Role	Name	Contact details
Named senior leader for medical conditions	Keith Hart	Keith.hart@britannia.suffolk.sch.uk
Principal	Keith Hart	Keith.hart@britannai.suffolk.sch.uk
SENCO	Emma Campbell	Emma.campbell@britannai.suffolk.sch.uk
First aid lead	Liz Jones	Liz.jones@britannia.suffolk.sch.uk
School nursing service	School Nursing Team	childrenshealth@suffolk.gov.uk
Local safeguarding lead (DSL)	Emma Campbell	Emma.campbell@britannai.suffolk.sch.uk

2. Process when the academy is notified a pupil has a medical condition

- 1. Information is received (from parent/carer, school nurse, GP/paediatrician, or another education setting on transfer)
- 2. The named senior leader logs the notification and considers, with the parent/carer and relevant healthcare professional, whether the pupil needs an Individual Healthcare Plan (IHP) — see section 3
- 3. Where an IHP is needed, it is drafted in partnership with the parent/carer, relevant healthcare professional, and the pupil where appropriate, and completed within 2 weeks (or by the start of term for new starters)
- 4. Relevant staff are briefed on the pupil's needs before they take up their support role
- 5. Where no IHP is needed, this decision and the reasoning is recorded

2.1 Transition into the school

New starters:

- Admissions form
- Meeting with member of SLT
- Telephone contact between schools

Where a pupil with a known medical condition is transitioning from another school or setting, our Family Liaison Officer, contacts the previous setting to discuss how the pupils' needs are currently managed, and meets with the pupil and their parents/carers before admission to confirm the IHP accurately reflects the support needed. Any staff training identified through this process is arranged before the pupil joins, wherever possible.

Contact for parents/carers to report a new or changed medical condition: phone 01473 728566 or email office@britannia.suffolk.sch.uk.

3. Individual healthcare plans (IHPs) — local procedure

Day-to-day responsibility for developing and maintaining IHPs at this school is delegated to: Liz Jones- liz.jones@britannia.suffolk.sch.uk

The IHP is a separate document (see template reference below), stored and made accessible via the pupil's profile on Arbor (the Trust's core MIS), which all schools use as the default storage and access route. IHPs are accessible to all staff members.

The IHP template used is the Trust template based predominantly on the Department for Education's model templates, adapted to reflect the Trust's policy.

3.1 Amending an existing IHP

Where an existing IHP is amended, the change is formally communicated to the pupil's parents/carers in writing by: Liz Jones liz.jones@britannia.suffolk.sch.uk and their confirmation of agreement is obtained and recorded. The updated Care Plan and the parent/carer confirmation are stored against the pupil's profile on Arbor by Louise Taylor, Office Manager, within 5 school days of the amendment. Staff who need to know are also notified that the IHP has changed: weekly briefing, phase meetings, email summaries and SLT meetings.

3.2 IHP review calendar

IHP reviews are completed at the start of every academic year, following parents/carers completing a medical form. Liz Jones reviews the IHP's which are adjusted as pupils' needs change or new pupils join, and depends on clear, ongoing communication between the school and parents/carers.

3.3 Cross-reference with EHC plans

For pupils who also have an EHC plan, Emma Campbell, DSL & SENDCo routinely checks that the support described in the IHP is consistent with the provision set out in Section F of the EHC plan — for example, confirming that any staff training identified in either document is planned.

3.4 Case review

The annual review of each individual IHP is completed by the new class teacher and the first aid lead (Liz Jones). This is reviewed earlier if the pupil's needs change. IHPs are regularly checked that they are up to date, accurate, and being followed in practice by staff. Findings are recorded: in the medical folder and reported to the Principal.

3.5 Parental engagement

Parents/carers must be actively engaged in the development and review of their child's IHP. This school uses the following approach(es) to support that engagement:

- Scheduled review meetings with parents/carers ahead of each IHP review
- A named point of contact for parents/carers to raise questions or concerns about their child's medical support
- Parent/carer feedback (e.g. a short survey) on how well medical conditions support is working
- Drop-in or introductory sessions for parents/carers of pupils with medical conditions, e.g. at the start of the school year or on transition
- Regular check-ins (e.g. termly calls or emails) for pupils with more complex or higher-risk conditions

3.6 Staff awareness of IHPs

There is an expectation that teachers read the IHPs of pupils in their classes and note when they have been updated — in the same way they are expected to be familiar with other information needed to teach a class safely and effectively. This is communicated via:

- Staff briefings
- Email briefings
- Induction to new classes

Pupils and their families are told who to contact with questions about their IHP's: Emma Campbell, DSL

4. Managing medicines — local arrangements

Medicines are stored at this school:

- Above computer in lunch hall (x 2 pairs of EpiPens)
- School office, Above pigeonholes, first aid room and nursery (Spare inhalers)
- School main office (Daily medicines e.g. antibiotics, creams)

Sharps and controlled drugs disposal/storage: Sharps bin located in Main office.

Record of medicines administered is kept in the medical cupboard and main office as paper register, signed by the administering member of staff at the time, and parents/carers are informed: Informed as per care plans.

4.1 Allergy-related medication

Arrangements for allergy-related medication — including prescribed and “spare” adrenaline devices and asthma inhalers — are set out in this school's local arrangements under the Trust's Allergy Safety Policy, not in this document. See: Local Operational Arrangements for allergy safety – Lead Mrs L Jones.

5. Emergency procedures — local arrangements

In an emergency, staff will:

- 1. Call 999 immediately
- 2. Ensure a named staff member informs the pupil's parents/carers
- 3. Follow the pupil's IHP
- 4. Take the pupil's medication to the emergency, where appropriate

First aiders trained in paediatric first aid: see posters in school.

Defibrillator location(s): On middle playground outside the music pod. The local NHS ambulance service has been notified of its location: Yes

Procedure for contacting emergency services and informing parents/carers:

- Emergency services contact
- Carers contacted immediately afterwards by senior member of staff
- Senior Leder to accompany student if parent is unable to be present.

For school trips and off-site activities, staff follow the general off-site visits checklist set out in the Trust's Health and Safety Policy (e.g. school mobile phone, portable first aid kit, parents' contact details, risk assessments, minimum staffing). This document covers what's additionally needed for pupils with medical conditions specifically:

- Trip leader reviews Pupils’ IHPs
- Trip Leader amends Risk Assessment accordingly
- Senior Leader reviews RA
- Printed IHPs are given to relevant staff for storage with trip pack
- Pre-trip staff briefing goes over Pupils’ IHPs

5.1 A pupil with a IHP cannot be located

Where a pupil with a IHP is marked present but cannot be located, staff escalate this immediately to: Emma Campbell, DSL, following the academy's attendance/registration escalation procedure. A search begins straight away and is not delayed pending further checks of the register. This applies with urgency where the pupil's IHP identifies a risk of harm if they are not located promptly.

- SLT given outline of situation
- Use of radios for contact during the search
- Parents notified immediately if pupil not found after site search

6. Staff training — local arrangements

Whole-school awareness training is delivered: As part of annual training through National College.

Condition-specific/clinical procedure training is arranged by: School nursing team or relevant specialist department and recorded in: National College training log.

Supply and temporary staff briefing process: Senior leader will detail any relevant medical information on entry. Support staff will assist with delivery of any care arrangements.

Skills and knowledge audit: Emma Campbell, DSL audits staff (and, where relevant, governors') skills and knowledge of best practice in supporting pupils with medical conditions, annually, to help plan targeted training — particularly for the staff member(s) leading medical conditions provision.

7. Record keeping

Medicine administration records, IHPs and training records are retained for as long as the pupil is on roll and archived in line with the Trust's records retention schedule. Access is limited to staff who need to know, in line with UK GDPR.

8. Procedures for pupils who are sick or infectious

- Pupils with an infectious disease should not attend the school
- Parents/carers should notify the school if their child has an infectious disease
- If a pupil becomes unwell during the day, parents/carers will be contacted to collect their child
- Pupils with a temperature, sickness, diarrhoea or an infectious disease should not attend while unwell; staff may ask parents/carers to seek medical advice before their child returns
- Staff will notify parents/carers if a risk to other pupils exists

Pupils with specific infectious diseases set out in the UK Health Security Agency's exclusion table will not return until the appropriate exclusion period has passed.

8.1 Pupils made vulnerable to infection by a medical condition

Some pupils — of any age, not only in the early years — are made vulnerable to infections that would rarely be serious for most pupils, because of an underlying medical condition (for example immunosuppression). Where the school is aware of such a pupil, this is recorded in their Care Plan. If the pupil is exposed to chickenpox, measles, slapped cheek disease (parvovirus B19), or another risk identified in their IHP, their parents/carers are informed promptly and further medical advice is sought, in line with the Trust's Health and Safety Policy.

- Staff briefings
- Email briefings
- Class lists

9. Insurance and indemnity — local details

This school is covered by: DfE Risk Protection Arrangement (RPA) Policy/membership - reference: 146323
This provides liability cover relating to the administration of medication.

10. Complaints — local contact

Parents/carers with a complaint about this school's support for their child's medical condition should contact: Emma Campbell, DSL, in the first instance, before escalating via the Trust's complaints procedure.

11. Review

This document is reviewed at least annually by the named senior leader, alongside the Trust policy, and following any serious incident or near miss that indicates local arrangements should be strengthened. Feedback from pupils, parents/carers and staff will be considered as part of each review.

12. Local infection control / hygiene routine (EYFS settings)

- Reducing sources of infection through good hygiene practices and handwashing
- Encouraging and facilitating healthy eating
- Following regulated food hygiene standards in food preparation areas
- Championing immunisation awareness for staff, parents/carers and pupils, while respecting individual choice
- Daily cleaning routine for nappy changing facilities, play areas, and toys/equipment