



Alma Primary Policy on Medicines and Supporting Children with Medical Conditions

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Policy Development

Change	Resp.	Date
Revised exclusion guidelines and consent form. Clarification regarding storage of inhalers.	MJS	Feb 2015
Reviewed – no change		Feb 16
Title changed to reflect content & quarantine period clarified	MJS	Nov17
Update & including of supporting medical needs	MJS&SLT	Apr 21
Update to legal framework, responsibilities, AAI training, medical devices storage & admin, medicines on school trips and staff training & support, and to monitoring and review,	JR	Jan 23

Part 1: General Information

Introduction

This policy has been formulated to guide staff in supporting the learning of all children, including those with medical conditions, during school activities. There is no legal requirement for school staff to administer medicines, however staff are expected to take reasonable and practical measures to support the inclusion of all pupils.

Aims of this policy

- 1) To ensure the safe administration of medicines to children where necessary and to help to support attendance
- 2) To explain the roles and responsibilities of school staff in relation to medicines
- 3) To outline to parents and school staff the safe procedure for bringing medicines into school, when necessary and their storage
- 4) To ensure the on-going care and support of children with long term medical needs via an Individual Healthcare Plan
- 5) To clarify the roles and responsibilities of parents in relation to children's attendance during and following illness
- 6) To outline the safe procedure for managing medicines on school trips.

Legal framework

This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989
- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- Medicines Act 1968
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2000) 'Guidance on first aid for schools'
- DfE(2022) 'First aid in schools early years & further education'
- DfE (2017) 'Using emergency adrenaline auto-injectors in schools'

This policy operates in conjunction with the following school policies:

- Alma SEND (Special Educational Needs and Disabilities) Policy
- Alma Complaints Policy
- Alma Equality Information, Objectives and Equality Policy
- Alma Attendance Policy
- Alma First Aid Policy

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Roles and Responsibilities

The governing board is responsible for:

- Fulfilling its statutory duties under legislation and does not discriminate on any grounds including the protected characteristics as defined by the Equalities Act 2010
- Ensuring that arrangements are in place to support pupils with medical conditions.
- Ensuring that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- Working with the Local Authority, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instilling confidence in parents and pupils in the school's ability to provide effective support.
- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring that no prospective pupils are denied admission to the school because arrangements for their medical conditions have not been made.
- Ensuring that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.

The headteacher is responsible for:

- The overall implementation and management of this policy and its relevant procedures
- Bring this policy to the attention of school staff and ensuring that they understand their role in its implementation
- Ensuring that parents are aware of the school's policy on Health, Medicines and supporting children with Medical Conditions
- Ensuring that staff receive appropriate support and training, including supporting staff in the development and implementation of IHPs
- Ensuring that there are sufficient First Aiders and trained appointed persons, on-site, for the school to be able to adhere to this policy and deliver in accordance with IHPs and when emergency situations arise
- Considering recruitment needs in order that pupils with medical needs are properly supported
- Ensuring that staff are appropriately insured and aware of the insurance arrangements

School staff are responsible for:

- Following the procedures outlined in this policy using the appropriate forms, where relevant
- Completing an Individual Healthcare Plan (IHP) in conjunction with parents and relevant healthcare professionals for children with complex or long term medical needs
- Sharing medical information as necessary to ensure the safety of a child
- Retaining confidentiality where possible
- Taking all reasonable precautions to ensure the safe administration of medicines

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- Contacting emergency services if necessary without delay
- Keeping the medical room and medication boxes stocked with supplies in date.
- Contacting parents with any concerns as they deem appropriate
- Ensuring that an individual's medical conditions are taken into consideration when planning activities in and out of school.
- Ensuring adequate preparation is taken for trips and educational visits– see 'Medicines on School Trips' below
- Ensuring that they are familiar with the medical needs of children in their care and being familiar with IHPs, in order to be able to respond appropriately when they become aware that a child/ren with a medical condition needs help, including the administering of medicines

It is both staff and children's responsibility to understand what age-appropriate action to take during a medical emergency, such as raising the alarm or administering medication to a child.

Staff are not required to provide support to children with medical conditions, including the administering of medicines, but are encouraged to do so on a voluntary basis, where requested. It is important that staff take into account the needs of children with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.

Parents/carers are responsible for:

- Giving the school adequate information about their children's medical needs prior to a child starting school
- Notifying the school of changes in a child's medical condition or needs, e.g. if conditions improve or worsen or when medicine is no longer required or when a child develops a new need, e.g. asthma.
- Being involved in the development and review of their child's IHP and updating this as required.
- Following the school's procedure for bringing medicines into school including completing the relevant form
- Only requesting medicines to be administered in school when essential
- Ensuring that medicines are in date, there is a sufficient supply and are renewed when requested to do so

Children are responsible for:

- Being involved in discussions about their medical support needs, where applicable
- Contributing to the development of their IHP, if they have one, where applicable
- Being sensitive to the needs of pupils with medical conditions

Supply teachers

Supply teachers will be briefed on all relevant medical conditions of pupils in the class they are providing cover for. Supply staff will also be covered under the school's RPA arrangements (i.e. in place of insurance).

Liability and indemnity

The governing board will ensure that appropriate insurance is in place to cover staff providing support to pupils with medical conditions. This is currently the RPA operated by the ESFA.

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In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

Complaints

Parents or children wishing to make a complaint concerning the support provided to children with medical conditions are required to speak to the school in the first instance. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedures, as outlined in the Complaints Policy.

Part 2: Illness and medication

School Attendance During/After Illness

- Symptoms of vomiting or diarrhoea require a child to be absent from school and not to return until clear of symptoms for 48 hours;
- Children should not be sent to school with serious or significant pain or discomfort;
- Similarly, children should not be at school if they have been exposed to a contagious illness and have relevant symptoms, such as a raised temperature or fever;
- Children should not be sent to school with an undiagnosed rash or a rash caused by any contagious illness;
- Any other symptoms of illness which might be contagious to others or will cause the child to feel unwell and unable to fully participate in the school day require the child to be absent from school: appendix 1 provides guidance on a variety of childhood illnesses;
- The advice from the UK Government is that children who test positive for COVID-19 should stay at home and avoid contact with other people for three days. They should not return until either the required isolation period has been completed or following a negative Covid19 test;
- Where symptoms are ambiguous, parents may be asked to bring in medical certification to confirm a child is able to be in school.

Safe Administration of Medicines at School

- Medicines should only be brought to school when essential, i.e. where it would be detrimental to the child's health if the medicine were not administered during the school day. In the case of antibiotics, only those prescribed four times a day may be administered at school;
- Administering of medication during the school day, requires authorisation from the Headteacher or a delegated member of the Leadership Team. School staff are unable to administer medicines that require medical expertise or intimate contact;
- All medicines must be brought to the school office by an adult. Medicines must never be brought to school in a child's possession as this can lead to serious complications. The Headteacher must be informed of any controlled drugs required by children;
- Any adult bringing in medication is required to complete a medication form giving full information on the medication and its dosage in order for medicine to be administered by school staff;
- In most cases only prescribed medicines (including eye drops) in the original container labelled with the child's name and dosage will be accepted in school;
- Non-prescription medicines may be administered when it would be detrimental to the pupil's health not to do so or when instructed by a medical professional;
- All medication must be in date, in its original container, with dosage and storage instructions;

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- Tablets should be counted and recorded when brought to the office and when collected again;
- Painkillers, such as paracetamol or ibuprofen, may NOT be administered by staff in school, except where these have been prescribed by a doctor, as above;
- Before accepting and administering medication, the responsible staff member should check the pupil's identity, that the medication form is complete and that the details on the form match the details on the medication;
- Administration of medicines at school must be recorded directly on the child's medication form or on the Medicines Administered Log attached to the IHP, as appropriate, by an appointed staff member and witnessed by a second member of staff;
- Parents/carers are encouraged to come to the school office to administer medicines, where this is possible and practical;
- Some children may self-administer medication, under staff supervision, e.g. insulin, if this has been directed by the parents when filling in the medicine form;
- If a child refuses to take medicine, staff must not force them to do so. The refusal should be recorded and parents informed;
- If staff have concerns surrounding giving medication to a child, then the medication will not be given and the parent consulted;
- The school will not be held responsible for any side effects that occur when medication is taken correctly.

Adrenaline auto-injectors (AAIs)

Where a child has been prescribed an AAI, this will be written into their IHP. Children who have prescribed AAI devices, will have these stored in a suitably safe and central location along with a copy of the IHP. This is currently in the school's medical room.

A Register of Adrenaline Auto-Injectors (AAIs) will be kept of all the children who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in the school office in the event of an allergic reaction and will be checked as part of initiating the emergency response. Where a child is, or appears to be having, a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.

In the event that an AAI is used, the child's parents will be notified that an AAI has been administered. Where any AAIs are used, the following information will be recorded on the appropriate medical record for that child:

- Where and when the reaction took place
- How much medication was given and by whom

AAIs will not be reused and will be given to the emergency services following use. In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them and the school will give consideration to taking the spare AAI in case of an emergency.

All Alma Primary staff will receive anaphylaxis awareness training on an annual basis which includes being made aware of:

- How to recognise the signs and symptoms of severe allergic reactions and anaphylaxis
- Where to find AAIs in the case of an emergency
- How to recognize when emergency action is necessary
- Who the designated trained members of staff are
- How to administer an AAI safely and effectively in the event that there is a delay in response from a designated staff member

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Trained, designated staff will be appointed to administer this medication and the sequence of events to follow when doing so. In the event of anaphylaxis, the nearest designated trained staff member will administer the AAI. If necessary, other staff members may assist the designated staff members with administering AAIs, e.g. if support is needed.

Storage of Medical Devices

Asthma inhalers & AAIs – the school will allow children who are capable of carrying their own inhalers or AAIs to do so, provided that parental consent for this has been obtained. The school will ensure that spare inhalers are kept safe and secure in the event that the original is misplaced, unavailable or not working.

When not on school premises spare AAIs are not located more than 5 minutes away from where they may be required, in a designated medical room or in the medical bag.

Storage of Medicines

- All medicines will be stored safely. When medicines are no longer required, they will be returned to parents for safe disposal;
- Antibiotics (including antibiotic eye drops) which require refrigeration are stored in the Creativity Room fridge;
- Any medication which doesn't require refrigeration (e.g. tablets and antihistamine eye drops) must be stored in the first aid cupboard in the medical room;
- Sharps boxes will be supplied and used for the disposal of needles and other sharps;
- AAIs should be stored in an individual box in the medical room with the child's name and picture on the box;
- Controlled drugs will be stored in a non-portable container and only named staff members will have access; however, these drugs can be easily accessed in an emergency. A record will be kept of the amount of controlled drugs held and any doses administered. Staff may administer a controlled drug to a child for whom it has been prescribed, in accordance with the prescriber's instructions;
- Asthma inhalers for frequent use should be stored in the child's classroom in a named box, within the child's reach and taken with the child for outside PE lessons etc. Inhalers for infrequent use should be labelled and stored in the medical room with any other medication, as above. All inhalers must be labelled with the child's name and should be taken with the child during physical activities including trips;
- No medicines, other than asthma inhalers, may be kept in the classroom;
- The school will ensure that children know where their medication is at all times and who manages the administration of the medication;
- Medication stored in school will be kept in the original container together with instructions for use, child's name, likely side effects, dosage and expiry information.

Defibrillators

- The school has an automated external defibrillator (AED). The AED is stored in the main hall entrance foyer, in a wall mounted cabinet. This is locked, with the keys kept on the wall beside the cabinet, out of reach of children

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- All staff members will be made aware of the AED's location and what to do in an emergency. A risk assessment regarding the storage and use of AEDs at the school will be carried out and reviewed annually.
- No training will be needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members will be trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.
- The emergency services will always be called where an AED is used or requires using.
- Where possible, AEDs will be used in paediatric mode or with paediatric pads for pupils under the age of eight.
- Basic maintenance checks will be undertaken on AEDs on a monthly basis by the school site team, who will also keep an up-to-date record of all checks and maintenance work.

Record keeping

Written records will be kept of all medicines administered to pupils. Proper record keeping will protect both staff and children and provide evidence that agreed procedures have been followed.

Medicines on School Trips

Children with medical needs are given the same opportunities as others. Staff may need to consider what is necessary for all children to participate fully and safely on school trips. Staff should discuss any concerns about a child's safety with parents.

- Medication and medical devices will continue to be readily available to staff and children when off school premises;
- The Educational Visits Leader is responsible for designating a school First Aider for the trip;
- The Educational Visits Leader is responsible for ensuring that arrangements are in place for any child with medical needs prior to a trip taking place, including ensuring that asthma inhalers are carried as required. A copy of any relevant IHP or medication form should be taken on the trip;
- The designated school First Aider on the trip will hold and administer any medicines required and record the details on the Medicines Administered Log of the child's IHP or medication form;
- The First Aider will return the form and any unused medicines to the medical room on return to school;
- All staff members and relevant volunteers present on off-site trips and visits will be made aware of the actions to take in a medical emergency related to specific medical needs and conditions of the child, for example what they would need to do if an epileptic child has a seizure.

Part 3: Supporting Children with Medical Conditions

Admission and Identification of Needs

When Alma Primary staff are notified that a child who attends or who has accepted a place in the school has a medical condition that requires support in school, staff will arrange a meeting with parents, healthcare professionals and, where appropriate, the child, to discuss meeting the child's needs. In most cases this will include the development of an Individual Healthcare Plan (IHP).

The school will not wait for a formal diagnosis before providing support to a child. Where a child's medical condition is unclear, or where there is a difference of opinion concerning what support is

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required, a judgement will be made by the Headteacher based on all available evidence (including medical evidence and consultation with parents).

For a child starting at the school in a September uptake, arrangements will be put in place prior to their introduction and informed by their previous setting. Where a child joins the school mid-term or a new diagnosis is received, the school team will make every effort to ensure that appropriate arrangements for care and medical support are put in place within four weeks of the child starting.

In a situation where lack of appropriate support would endanger a child, or prevent their ability to be in school, the Headteacher and Inclusion leader will work with external agencies to seek alternative interim arrangements. Alma Primary reserves the right to not accept a child into school at times where it would be compromising to the health of that pupil to do so.

Staff training and support

The school will endeavour to ensure that any staff member providing support to a child with medical conditions, or those expected to administer medication, receive suitable training within an appropriate time frame. This will normally be prior to the child starting, but in some cases, particularly where a child already in the school develops a medical need, training will be organised to take place as soon as it is possible for the school team to organise such training.

Where it is a necessary or vital component of their job role, staff will undertake training on administering medication in line with this policy as part of their induction. Staff will not undertake healthcare procedures or administer medication without appropriate training, unless acting under the guidance of medical personnel, for example under the guidance of a 999 call handler.

Training needs will be assessed by the Inclusion Leader, through the development and review of IHPs, on a bi-annual basis for all school staff.

Through training, staff will have the requisite competency and confidence to support children with medical conditions and fulfil the requirements set out in IHPs. Staff will understand the medical conditions they are asked to support, their implications, and any preventative measures that may need to be taken.

Staff will be advised that the requirement to administer medication is entirely voluntary, unless the supporting of children with medical conditions is central to their role within the school, and that they should only agree to take on the responsibility of administering medication when they have received appropriate training and can make an informed choice

A first-aid certificate alone will not constitute appropriate training for supporting pupils with specific ongoing medical conditions.

Whole-school awareness training will be carried out on an annual basis for staff and included in the induction of new staff members.

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The Inclusion Leader will identify suitable training opportunities that ensure all medical conditions affecting children in the school are addressed, and that staff can recognise difficulties and act quickly in emergency situations.

Training will be organised by the admin team and may be provided by:

- Local NHS services including hospitals
- GPs
- The parents of children with medical conditions
- Commercial training provider

The parents of children with medical conditions may be consulted for specific advice and their views sought, where appropriate. The governing board will provide details of further CPD opportunities for staff regarding supporting pupils with medical conditions.

Training will also cover the appropriate procedures and courses of action with regard to the following exceptional situations:

- The timing of the medication's administration is crucial to the health of the child
- Some technical or medical knowledge is required to administer the medication
- Intimate contact with the pupil is necessary

Self-management

Following discussion with parents, children who are competent to manage their own health needs and medicines will be encouraged to take responsibility for self-managing their medicines and procedures. This will be reflected in their IHP.

In most circumstances medicines or devices, will be held in suitable locations that can be accessed quickly and easily. Where there is an agreed medical need for a child to have medicines or devices with them, this will be recorded in the IHP.

If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the child's IHP will be followed. Following such an event, parents will be informed so that alternative options can be considered.

Individual Healthcare Plans

The Headteacher and Inclusion Leader with relevant school staff, in consultation with healthcare professionals and parents, and based on evidence, will decide whether an IHP will be required for a child. The school, parents and a relevant healthcare professional will work in partnership to create and review IHPs. Where a child has a healthcare plan prepared by their lead clinician, this will be used to inform the IHP. Where appropriate, the child will also be involved in the process.

IHPs will be adapted based on the individual needs but will normally include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments;
- The child's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues;
- The support needed for the child's educational, social and emotional needs;

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- The level of support needed, including in emergencies;
- Whether a child can self-manage their medication;
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively;
- Normal cover arrangements for when the named supporting staff member is unavailable;
- Who needs to be made aware of the child's condition and the support required;
- Arrangements for obtaining written permission from parents and the headteacher for medicine to be administered by school staff or self-administered by the child;
- Separate arrangements or procedures required during school trips and activities
- Where confidentiality issues are raised, the designated individual to be entrusted with information about the child's medical condition
- What to do in an emergency, including contact details and contingency arrangements

IHPs will be accessible to those who need to refer to them via the school office, but confidentiality will be preserved. IHPs will be reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

Where a pupil has an EHC plan, the IHP will be linked to it or become part of it. Where a child has SEND but does not have a statement or EHC plan, their learning needs should be mentioned in their IHP and medical needs should be referred to in their IEP.

Where a child is returning from a period of hospital education, alternative provision or home tuition, the school will work with the external agencies to ensure that their IHP identifies the support the child will need to reintegrate.

Emergency procedures

Where an IHP is in place, it should detail what constitutes an emergency and what to do in an emergency.

Children will be informed in general terms of what to do in an emergency, e.g. telling a teacher.

If a child needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

Day trips, residential visits and sporting activities

Children with medical conditions will be supported to participate in school trips, sporting activities and residential visits. Reasonable adjustments will be made in order to enable children with medical conditions to participate, where possible, except where evidence from a clinician, e.g. a GP, indicates that this is not possible.

Prior to an activity taking place, the school will conduct a risk assessment to identify what reasonable adjustments should be taken to enable children with medical conditions to participate. In addition to a risk assessment, advice will be sought from children, parents and relevant medical professionals.

Inclusive practice

The school will not:

- Assume that children with the same condition require the same treatment.

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- Prevent children from easily accessing their inhalers and medication.
- Ignore the views of the children or their parents.
- Ignore medical evidence or opinion.
- Send children home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Send an unwell child to the school office alone or with an unsuitable escort.
- Penalise children with medical conditions for their attendance record, where the absences relate to their condition.
- Create barriers to children participating in school life, including school trips.
- Refuse to allow children to eat, drink or use the toilet when they need to do so, in order to manage their condition.

In addition to the above, the school will endeavour to avoid placing parents in a situation where they have to give up working because the school is unable to support their child's needs.

Monitoring and review

This policy will normally be reviewed every two years by the governing board, Inclusion Leaders and Headteacher. Any changes to this policy will be communicated to all staff, parents and relevant stakeholders.

Records of medication administered on the school premises, or on school trips and visits will be monitored, and the information recorded will be used to improve school procedures. Staff members trained in administering medication will routinely recommend improvements to the procedure. The school will also seek advice from any relevant healthcare professionals as deemed necessary.

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Appendix: School illness exclusion guidelines.

The following guidance is to help parents and staff to ensure that communicable infections are not spread through the school community. It is important that parents and teachers reinforce the importance of washing hands thoroughly, in order to reduce risk of cross- infection. *This advice is based on the guidance provided by Public Health England, and is subject to revision based on updated guidance.*

Please note that in any illness where antibiotics are diagnosed the first dose must be given at home, and first 24 hour of doses must be given by parent or carer.

Illness	Exclusion period	Comments
Chickenpox.	Until blisters have all crusted over or skin healed, usually 5-7 days from onset of rash.	It is essential that you inform the school if your child has chicken pox in order to prevent damage to children or adults with reduced immunity.
Conjunctivitis	Parents/carers expected to administer relevant creams. Stay off school if unwell.	
Covid-19	Normally 3 days	Test where possible
Diarrhoea and/or vomiting	Exclude for 48 hours after last bout of vomiting and/or diarrhoea. This includes Campylobacter, Cryptosporidiosis, Adenovirus Gastroenteritis, and E.Coli	Please check your child understands why they need to wash and dry hands frequently. Your child would need to be excluded from swimming for 2 weeks.
Diphtheria	Until GP/Public Health Advisor has advised the child is safe to return to school	Family contacts must be excluded until cleared to return by a GP or Public Health Advisor.
Flu/influenza	Until the child is fully recovered	
German measles/rubella.	Return to school 5 days after rash appears	Please advise school immediately as pregnant staff members need to be informed.
Hand, foot and mouth disease	Until all blisters have crusted over. Children should not be excluded from school if they only have white spots.	If there is an outbreak, the school will contact the Health Protection Team.
Impetigo.	Until treated for 48 hours with antibiotics and/or lesions have crusted over,	Antibiotics may be prescribed to speed healing and reduce infection.
Measles.	For 4 days after rash appears.	
Mumps	For 5 days after swelling appears	
Nausea without vomiting		A child should only be kept home if you think there is an imminent likelihood of vomiting. Otherwise, please warn teaching staff.
Scabies	Your child can return to school once they have been given their first treatment.	Itchiness may continue for 3-4 weeks. All members of the household and those in close contact should receive treatment.

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Scarlet fever	Until treated for 48 hours with antibiotics and/or rash has disappeared	
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune, i.e. have not had chickenpox.
Tuberculosis	Until GP/Public Health Advisor has advised the child is safe to return to school	
Viral infections....	Exclude until child is well and temperature is normal (37 degrees).	
Whooping cough.	Until 5 days of antibiotics have been given. If mild form and no antibiotics, exclude for 21 days..	

Illness for which we do not normally exclude children:

Illness	Comments
Athlete's foot	This is not considered a reason for children to miss out on education.
Cold sores	Only exclude if unwell. Encourage hand-washing to reduce viral spread
Head lice	No exclusion, but please wet-comb thoroughly for first treatment, and then every three days for next 2 weeks to remove all lice.
Ringworm	Exclusion not normally required.
Slapped cheek..	No exclusion (infectious before rash), however essential that you inform school so that we can protect vulnerable adults and children.
Threadworms..	No exclusion. Encourage hand-washing including nail scrubbing.
Tonsillitis	There are many causes, but most cases are due to viruses and do not need antibiotics.
Warts and Verrucae	Verrucae/s should be covered in swimming pools and changing rooms (i.e. for PE lessons).