James Cambell Primary School

Supporting pupils with medical conditions policy

2026-27

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Aims

At James Cambell Primary School, we support pupils with medical conditions so that they are safe, included and able to access education fully, including school trips, physical education and breakfast and after-school provision. This policy covers support for medical conditions and the safe management of medicines, and must be read alongside our Allergy Safety in School Policy.

Medical conditions can affect physical health, emotional wellbeing and quality of life, and may be life-threatening. This policy aims to:

- Make sure pupils, staff and parents/carers understand how we support pupils with medical conditions
- Set out the roles and responsibilities of the school community
- Explain how individual healthcare plans (IHPs) are developed, implemented and reviewed
- Set out arrangements for the safe administration, storage and recording of medicines
- Reassure parents/carers that their child will be supported to feel safe and participate fully

The Headteacher has overall responsibility for implementation. Caroline Stevens, SLT Lead for Medical Needs including Individual Healthcare Plans, coordinates day-to-day arrangements. Alan Jacob leads on allergy safety.

Legislation and Guidance

This policy meets the requirements of section 100 of the Children and Families Act 2014 and is based on the Department for Education statutory guidance Supporting pupils with medical conditions at school and the Early Years Foundation Stage statutory framework. It also takes account of the Equality Act 2010, the SEND Code of Practice, UK GDPR and the Data Protection Act 2018.

The policy is read alongside DfE allergy safety guidance, Department of Health and Social Care guidance on emergency adrenaline auto-injectors and emergency salbutamol inhalers in schools, and current UK Health Security Agency guidance on infection prevention and exclusion periods. Controlled drugs are managed in accordance with the Misuse of Drugs Regulations 2001, as amended.

Roles and Responsibilities

The governing board

The governing board has ultimate responsibility for making arrangements to support pupils with medical conditions.

The governing board will:

- Review this policy in a timely manner, in line with the relevant legislation and requirements
- Make sure that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition
- Monitor practice, and staff training, in regards to pupils with medical conditions, in line with this policy

The governing board delegates overall implementation to the Headteacher, with day-to-day coordination by Caroline Stevens.

The Headteacher

The Headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Make sure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Make sure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development and monitoring of individual healthcare plans (IHPs)
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Manage cover arrangements in the case of staff absence or turnover, to make sure a suitable staff member is always available, and supply staff are briefed appropriately about pupils' medical needs
- Approve risk assessments for school visits and school activities outside the normal school timetable that involve provision for pupils with medical conditions
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Make sure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- Implement systems for obtaining information about a child's needs for medicines and keeping this information up to date

Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of 1 person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Parents/carers

Parents/carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Provide evidence of appropriate prescription and written permission for medicines to be administered by staff
- Be involved in the development and review of their child's IHP, and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with our school nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

Medical needs and allergy safety leads

Caroline Stevens will:

- Coordinate the development, annual review and implementation of IHPs with parents/carers, pupils and relevant healthcare professionals
- Maintain the Medical and Dietary Needs register and current medical information on the school's Shared Drive, making it available to staff who need it
- Coordinate medicine consent forms, administration records, training records and arrangements for staff cover
- Ensure relevant staff, including supply staff and club staff, know pupils' needs, emergency procedures and where medication and plans are kept
- Work with Alan Jacob to ensure allergy and asthma action plans are obtained, linked to IHPs where needed, and kept up to date
- With Alan Jacob, check monthly that spare adrenaline auto-injectors and the emergency asthma reliever inhaler are present and in date, and arrange timely replacement
- Review serious incidents and near misses with the headteacher and Alan Jacob where relevant, and share learning with staff

Alan Jacob is responsible for implementing the Allergy Safety in School Policy, coordinating allergy awareness and emergency arrangements, and sourcing spare adrenaline auto-injectors and the emergency asthma reliever inhaler. Detailed allergy arrangements are set out in that policy.

Equal Opportunities

The school will adhere to the legal responsibilities under the Equality Act 2010 and will not unlawfully discriminate against any pupils. Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents/carers and any relevant healthcare professionals will be consulted.

We will support pupils' emotional and social needs as well as their physical health. Support may include pastoral care, check-ins with the class teacher or Learning Support Mentor, and support with returning to school after absence. Bullying relating to medical conditions will be addressed through the school's behaviour policy.

Being Notified That a Child Has a Medical Condition

When notified of a medical condition, Caroline Stevens will coordinate the process in Appendix 1 to decide what support is needed and whether an IHP is appropriate. We will make every effort to put arrangements in place within 2 weeks, or by the beginning of the relevant term for new starters. Known needs will be considered before admission and interim arrangements agreed where necessary.

Support will not depend on a formal diagnosis. Where diagnosis is unclear or emerging, we will consider the available evidence and agree support with parents/carers and relevant healthcare professionals.

Obtaining and updating medical information including EYFS

- Parents/carers complete a medical information form after a place is confirmed and before their child starts, including details of conditions, allergies, medicines, dietary requirements and emergency contacts
- For pupils joining mid-year, or with a new diagnosis or changed needs, information is obtained promptly and appropriate arrangements agreed
- At the start of each school year, parents/carers are reminded to review and update their child's medical information
- Parents/carers must inform the school promptly of any change, by telephone on 020 8270 4684 or email to office@jamescambellprimary.org.uk
- Caroline Stevens will update the Medical and Dietary Needs register, relevant plans and medicine records, and ensure that staff who need the information receive it

Individual Healthcare Plans

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions.

Day-to-day responsibility is delegated to Caroline Stevens.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents/carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents/carers and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has special educational needs (SEN) but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the headteacher and Caroline Stevens, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods, additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents/carers and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil, during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/carer or pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact and contingency arrangements

An IHP is particularly important where a condition fluctuates, presents a high risk that emergency intervention may be needed, or requires complex or additional support. A short course of medication or a condition with little impact at school will not automatically

require an IHP; consent and administration records are still required where medicine is given.

Allergy and asthma action plans

In line with our Allergy Safety in School Policy, pupils with a known food or insect sting allergy should have an allergy action plan issued by a healthcare professional. Pupils with asthma should have an asthma action plan. Where an IHP is required, the relevant action plan will be attached to it. Updates to an action plan will trigger review of the IHP. For a suspected allergy, interim risk management and healthcare advice will be sought without waiting for diagnosis.

Plans will be shared with relevant staff and, as appropriate, with the receiving school during transition. Where a pupil returns after hospital education or other provision, the school will work with the family, healthcare professionals and education provider to agree reintegration support.

Managing Medicines

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so, and
- Where we have parents/carers' written consent

The person administering the medicine will keep a written record. Parents/carers will always be informed on the same day the medicine has been administered, or as soon as reasonably possible.

Where a medicine has exceptionally been prescribed without parental knowledge, the school will seek advice from the prescribing healthcare professional on consent and confidentiality, taking account of safeguarding responsibilities.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check recommended and maximum dosages for the pupil's age, and when the previous dosage was taken.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents/carers to arrange for safe disposal when no longer required.

Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents/carers and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible.

Staff will not force a pupil to take medicine or undergo a procedure if they refuse. They will follow the IHP, inform parents/carers promptly and obtain medical advice or emergency assistance where necessary. Refusals and action taken will be recorded.

Unacceptable practice

Although school staff will use their discretion and judge each case on its merits with reference to the pupil's IHP, they will keep in mind that it is not generally acceptable practice to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents/carers
- Ignore medical evidence or opinion
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs

- Send an ill pupil to the school office or medical room unaccompanied or with someone unsuitable (e.g. a fellow pupil who is not old or responsible enough)
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent/carer should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

Consent and administration checks

- Written consent must identify the medicine, dose, route, timing or circumstances for use, and relevant instructions. Changes must be confirmed in writing and checked against the label or healthcare instructions
- Non-prescription medicines must be in date, in their original packaging, labelled for the pupil, and accompanied by written parental instructions consistent with the manufacturer's directions. Staff will seek advice if instructions are unclear or inconsistent
- Before every dose, staff will check the pupil's identity, medicine, consent, dose, route, timing, expiry date, relevant allergies and the time of the previous dose, including doses given at home
- Staff will record the date and time, medicine, dose and route, their name/signature and any refusal, omission, error or adverse reaction. Parents/carers will be informed on the same day or as soon as reasonably possible
- For medicines prescribed as needed, consent or the IHP must specify when to give them, dose intervals and the maximum dose. Staff will seek advice if there is uncertainty
- Parents/carers may choose to bring in and administer pain relief during the day where appropriate. This will not be required as a condition of attendance or used instead of agreed school support. Any dose given must be communicated to staff to prevent duplication

Storage handover and disposal

Parents/carers should hand medicines directly to a designated member of staff. Medicines will be stored securely in accordance with their instructions, with arrangements recorded in the pupil's IHP or medicine record. Refrigerated medicines will be kept securely at the required temperature. Emergency medication must remain

immediately accessible and must not be locked away. Appropriate sharps containers will be used where needed; used sharps will never be put in general waste.

Competent pupils may carry their own emergency medicines and devices as agreed with parents/carers and recorded in their plans. Where an adult holds them, their location and the staff responsible must be known to those caring for the pupil. Medication must accompany the pupil when needed during activities, clubs and visits.

Adrenaline auto-injectors and emergency inhalers

Parents/carers of pupils prescribed adrenaline auto-injectors are asked to provide 2 in-date devices and replace them promptly. Pupils' devices will remain close to them or in an agreed unlocked, immediately accessible location, with a copy of the allergy action plan. Storage, temperature protection and home-to-school handover arrangements must follow the Allergy Safety in School Policy and the pupil's plan.

School spare adrenaline auto-injectors are stored in pairs in the lunch hall, unlocked but accessible to staff only, separately from pupils' prescribed devices. Alan Jacob and Caroline Stevens check spare devices and the emergency asthma reliever inhaler monthly. The location of the emergency inhaler must be recorded and communicated to relevant staff. Spare medicines must be replaced promptly after use.

Use of school spare adrenaline auto-injectors and the emergency inhaler must follow the relevant national guidance, the pupil's action plan and the school's emergency procedures. Advance written parental consent will be sought and recorded. Spare salbutamol is for eligible pupils with asthma or a prescribed reliever inhaler and recorded parental consent. In a life-threatening emergency, staff must call 999, follow emergency clinical advice and avoid delays in necessary treatment. The Allergy Safety in School Policy sets out the detailed response to suspected anaphylaxis.

On trips, pupils' prescribed emergency medicines and action plans will accompany them, together with trained staff. In line with the Allergy Safety in School Policy, a spare adrenaline auto-injector will also be taken where a pupil attending has an allergy requiring active management in school. On-site emergency provision must be maintained.

Emergency Procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance.

A pupil needing medical help must remain supervised by a suitable adult. Staff will provide emergency services with the pupil's IHP or action plan, details of medicines given and relevant medical information. Parents/carers will be contacted as soon as possible; this must not delay emergency treatment.

Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher and Caroline Stevens. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to support with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it – for example, with preventative and emergency measures so that they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

A first-aid certificate alone does not provide sufficient training for all medical procedures. Training and confirmation of competence must cover the specific support required. Caroline Stevens will maintain records of training, refresher dates and cover arrangements.

Allergy awareness training will be provided at least annually and at induction, including for relevant temporary, supply, peripatetic, agency and club staff and regular volunteers, as set out in the Allergy Safety in School Policy. The school has EpiPen and Jext training devices for practical familiarisation.

Record Keeping and Information Sharing

The governing board will ensure written records are kept of all medicines administered to pupils for at least the period they remain at the school, and thereafter in accordance with the school's retention schedule and relevant requirements. Parents/carers will be informed if their child has been unwell at school.

Caroline Stevens will maintain:

- The current Medical and Dietary Needs register, including relevant conditions, dietary needs, emergency risks and whether an IHP or action plan is in place

- Current IHPs, allergy and asthma action plans, review dates and agreed consent forms
- Medicine administration records, including refusals, omissions, errors and adverse reactions
- Records of medicine receipt, return and disposal as appropriate, and a running balance for controlled drugs
- Staff training and competence records, and monthly checks of spare emergency medication
- Records of serious incidents and near misses, learning and actions taken

Medical information is held on the school's Shared Drive with appropriate access controls. Current plans and essential emergency information must be readily accessible to staff who need them, including staff supervising clubs and visits. Relevant allergy information is also made available where food is served or handled, as set out in the Allergy Safety in School Policy.

Records will be updated when parents/carers or healthcare professionals report changes; the current version will be clearly identified and previous versions retained appropriately. These arrangements apply to all pupils, including Nursery and Reception.

Health information is special category personal data. It will be handled securely under UK GDPR, the Data Protection Act 2018 and the school's data protection policy, and shared only with those who need it to support the pupil. Parents/carers will be told how to access their child's information, subject to applicable exemptions.

Serious Incidents and Near Misses

A serious incident is any event relating directly to a medical condition (including allergy) in which a pupil, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

A 'near miss' is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so – for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

Staff will record serious medical incidents and near misses on CPOMS as soon as practicable, after immediate care has been provided, and notify Caroline Stevens and the headteacher. Allergy-related incidents must also be reported to Alan Jacob. Records will include:

- Who was affected
- What happened, when and where
- Why the incident occurred (as far as is known)
- How staff and pupils responded and what was done to support the individual

- Whether emergency services were called
- How the incident concluded

Medicine errors, omissions and suspected adverse reactions must be reported immediately to the medical needs lead or headteacher, with prompt clinical advice and parental notification. Emergency help must be sought where needed. The dose or procedure must not be repeated without appropriate advice.

Parents/carers will be informed as soon as possible and given an opportunity to discuss the event and contribute to the review. Relevant healthcare professionals will be informed where the incident relates to a care or action plan they issued. The headteacher will ensure any required reports to the local authority, HSE or other statutory agencies are made under the applicable reporting criteria.

Reviews will seek to learn lessons without blame, identify changes to plans, risk assessments, training or procedures, and share relevant learning with staff. The school will offer wellbeing support to the pupil, family, staff and witnesses as appropriate.

Liability and Indemnity

The governing board will ensure that appropriate insurance or indemnity arrangements are in place and reflect the school's medical support activities and level of risk. The headteacher will ensure that staff are aware of the protection provided and any conditions, including requirements for training and competence.

Before staff undertake a specialist healthcare procedure, the headteacher will confirm that the procedure is covered and arrange any additional cover required. Current insurance details and any exclusions will be held by the school and made available to relevant staff.

Complaints

Parents/carers with concerns about support for their child's medical condition should discuss these with Caroline Stevens in the first instance, or with the headteacher where appropriate. If the matter is not resolved, parents/carers will be directed to the school's complaints procedure.

Monitoring Arrangements

Caroline Stevens will monitor this policy's implementation, with oversight from the headteacher and liaison with Alan Jacob on allergy safety. The governing board will review and approve it annually, or earlier following changes in guidance, a serious incident or near miss, or an identified improvement need.

The policy will be made available to staff and parents/carers and published on the school's website. Staff will be made aware of their responsibilities at induction and through relevant updates and training.

Links to Other Policies

- Allergy Safety in School Policy
- Accessibility plan and equality information and objectives
- First aid policy
- Health and safety policy and educational visits procedures
- Safeguarding and child protection policy
- SEND policy and SEN information report
- Behaviour policy
- School food policy
- Data protection policy and records retention arrangements
- Complaints procedure
- Infection prevention arrangements, including Appendix 2

Appendix 1 Being Notified That a Child Has a Medical Condition

1 Receive and record information

Parents/carers, a healthcare professional or the previous school notify the school of a medical need. Caroline Stevens records the information and obtains relevant medical advice, action plans and parental details.

2 Assess immediate needs

Identify any immediate risks and agree interim support. Consider medicines, dietary needs, emergency response, school activities and staff training. Do not wait for a formal diagnosis where support is needed.

3 Agree whether an IHP is required

The school, parents/carers and relevant healthcare professional consider the evidence and whether additional or different arrangements need a written plan. Involve the pupil as appropriate. If there is no consensus, the headteacher makes the final decision. Record the decision and support agreed.

4 Develop and agree the plan

Caroline Stevens coordinates a planning discussion with the family, relevant staff and healthcare professionals. Agree what support is needed, when, by whom, training and cover, consent, emergency arrangements and review date. Link any EHC plan and attach relevant allergy or asthma action plans.

5 Prepare and implement

Obtain medicines, equipment and written consent; complete training and confirm competence. Brief all relevant staff and make plans and emergency medication accessible. Aim to have arrangements ready within 2 weeks or by the start of term for new pupils.

6 Review and transfer

Review at least annually, and earlier after a change in needs, updated action plan or relevant incident. Update records and staff briefings. Share relevant plans securely when the pupil moves school.

Appendix 2 Procedures for Children Who Are Sick or Infectious

These procedures apply throughout the school, including Nursery and Reception. They are intended to protect pupils and staff while avoiding unnecessary absence for pupils whose medical needs can be safely supported in school.

- Parents/carers should notify the school of infectious illness and seek healthcare advice where needed
- If a pupil becomes too unwell to remain at school, staff will assess their immediate needs, supervise them in an appropriate place and contact parents/carers or an emergency contact to arrange collection
- Call 999 for a medical emergency. Follow the pupil's IHP or action plan where relevant and do not delay urgent care while waiting for collection
- Pupils with a high temperature who are unwell should stay at home until the temperature has resolved and they are well enough to attend
- For suspected infectious vomiting or diarrhoea, pupils should not return until at least 48 hours after the last episode, unless current public health advice requires a longer period. Symptoms attributable to an established non-infectious condition will be considered individually using medical advice
- For other infections, apply the current UKHSA exclusion table and any advice from the health protection team; not every infection requires exclusion
- Staff will seek public health advice where an outbreak is suspected, make required notifications and inform families of relevant risks while protecting confidentiality

Preventing the spread of infection

- Promote effective handwashing, respiratory hygiene and safe disposal of tissues
- Maintain routine cleaning of classrooms, toilets, play areas, toys and equipment, with prompt safe cleaning of body-fluid spills
- Maintain hygienic nappy-changing facilities and routines where applicable, with appropriate protective equipment
- Follow food hygiene requirements in food preparation, storage and serving
- Encourage families to follow national immunisation advice and provide relevant public health information
- Follow current UKHSA advice on infection prevention, exclusion and outbreak management

Current national reference: UKHSA Health protection in children and young people settings, including education, and its exclusion table: https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities