Nobel Algarve
BRITISH INTERNATIONAL SCHOOL
LAGOA

Medical Assistance

Date: 2026



Article 1 – Medical Assistance Station

1.1 The school has a medical assistance station providing first aid services during school hours.

1.2. The medical assistance station is managed by a qualified nurse responsible for providing first aid and promoting preventative school health measures.

Article 2 – Student Medical Record

2.1. To ensure proper medical assistance, it is mandatory for the Parent/Guardian to complete and sign the student's medical record.

2.2. The medical record must be updated whenever there are significant changes in the student's health status, with legal communication made to the school.

Article 3 – Medication Administration

3.1. Whenever a student needs to take medication during school hours, the Parent/Guardian must inform the school, following legal communication protocols.

3.2. All medications must be properly labeled with the student's name and dosage instructions, accompanied by the corresponding medical prescription, and delivered to the school's infirmary. Students are not allowed to keep medications in their possession.

Article 4 – Illness and Accident Procedures

4.1. In the event of illness or an accident, Parents/Guardians will be contacted as soon as possible, prioritizing emergency care for the student.

4.2. In emergencies, students will be referred to medical services recommended by the Emergency Patient Guidance Center (CODU) of the Portuguese National Institute of Medical Emergencies (INEM).

4.3. If a student is referred to a healthcare facility and accompanied by the nurse, the Parent/Guardian or another responsible adult must immediately proceed to the healthcare facility to join their child.

4.4. In cases of school exclusion illnesses, the student may only return to school upon presenting a medical certificate confirming the absence of contagion risk.

4.5. In school exclusion illnesses prescribed by Portuguese law (Decree-Law No. 229/94, of September 13), temporary mandatory exclusion from school attendance and activities is required for the following illnesses with corresponding exclusion periods (Article 3 of Regulatory Decree No. 3/95, of January 27):

a) Diphtheria: exclusion must continue until two negative analyses of nasal and pharyngeal swabs are presented, performed at least 24 hours apart and 24 hours after the suspension of antimicrobial treatment.

b) Scarlet fever and other nasopharyngeal infections caused by Group A Streptococcus: exclusion must continue until clinical recovery. However, it may end upon presentation of a negative analysis of the nasopharyngeal swab for Group A Streptococcus, except in cases of correct antibiotic treatment, proven by a medical certificate, where exclusion ends 24 hours after the start of treatment.

c) Typhoid fever and paratyphoid fever: exclusion must continue for at least 4 weeks after the onset of the disease and until 3 negative stool analyses are presented, collected at least 24 hours apart and not before 48 hours after the interruption of antibiotic therapy. If the analyses remain positive, exclusion may be lifted upon presentation of a certificate issued by the local health authority.

d) Hepatitis A: exclusion must continue for at least 7 days after the onset of the disease or until the disappearance of jaundice when present.

e) Hepatitis B: exclusion must continue in cases of acute illness until clinical recovery; for chronic carriers with or without active liver disease, exclusion must also be maintained if exudative dermatoses or bleeding disorders with active hemorrhagic phases are present.

f) Impetigo: exclusion must continue until clinical recovery or upon presentation of a medical certificate confirming the absence of contagion risk.

g) Meningococcal infections (meningitis and sepsis): exclusion must continue until clinical recovery.

h) Mumps: exclusion must continue for a minimum of 9 days after the onset of glandular swelling.

i) Poliomyelitis: exclusion must continue until the disappearance of viruses in the stool, proven through analysis.

j) Rubella: exclusion must continue for a minimum of 7 days after the onset of the rash.

l) Measles: exclusion must continue for a minimum of 4 days after the onset of the rash.

m) Tinea: exclusion must continue in cases of scalp tinea until presenting a medical certificate confirming the patient is undergoing appropriate treatment. In cases of tinea of the feet, nails, and other skin locations, exclusion from activities or locations with a higher risk of contagion, such as pools and locker rooms, is mandatory until clinical recovery or upon presentation of a medical certificate confirming the absence of contagion risk.

n) Whooping cough: exclusion must continue for 5 days after the start of correct antibiotic therapy. In the absence of treatment, exclusion must continue for 21 days after the onset of paroxysmal coughing episodes.

o) Pulmonary tuberculosis: exclusion must continue until presenting a medical certificate confirming the absence of contagion risk, based on bacteriological examination.

p) Chickenpox: exclusion must continue for a minimum of 5 days after the onset of the rash and until complete healing of the vesicles.

4.6. Students who live with or have had contact with individuals affected by the following diseases are also subject to temporary mandatory exclusion, as prescribed by law, with the respective exclusion periods:

a) Diphtheria: exclusion must continue for 7 days, but may end earlier upon presentation of two negative analyses of nasal and pharyngeal swabs collected at least 24 hours apart.
b) Poliomyelitis: exclusion must continue until the absence of viruses in the stool is confirmed in unvaccinated individuals.

c) Whooping cough: exclusion must continue for at least 5 days after the start of appropriate prophylactic antibiotic therapy in individuals under 7 years of age who are not adequately vaccinated.

d) Meningococcal infections (meningitis and sepsis): exclusion must continue until presenting a medical certificate confirming the start of appropriate chemoprophylaxis.

4.7. The following diseases also require temporary exclusion due to infectious risk, with the respective exclusion periods:

a) Bacterial or viral conjunctivitis: exclusion for at least 24 hours after starting appropriate treatment prescribed by a doctor.

b) Influenza syndrome: exclusion for at least 24 hours after the fever subsides without the use of antipyretics, with recommendations for returning to school following preventive measures from

the Portuguese Health Directorate (DGS), such as respiratory etiquette, mask use, and safe distancing.

c) Hand-foot-mouth disease: exclusion until all sores are healed.

d) Pediculosis (lice and nits): exclusion until treatment is completed and all live lice are eliminated, with daily cleanliness and surveillance maintained and treatment repeated after 7 days.

e) Scabies: exclusion for 24 hours after starting appropriate treatment prescribed by a doctor.

f) Viral gastroenteritis: exclusion for 24 hours after symptoms (vomiting and diarrhea) cease.

Article 5 – Preventative Measures

5.1. Students should not attend school if they display symptoms of illness or parasites.

5.2. If any discomfort or symptoms of illness are noticed in the child, they will be sent to the infirmary for assessment, and the Parents/Guardians will be informed, with advice to collect the child promptly and take necessary measures.

5.3. Parents/Guardians must inform the school about any discomfort, mild headaches, or other disturbances observed in the child within 12 hours before entering the school.

5.4. If the child has an axillary temperature of 37.5°C or higher, Parents/Guardians will be contacted and must pick up the student as soon as possible.

5.5. Children with vomiting or diarrhea must remain at home until fully recovered.

Article 6 – Absence Justifications

6.1. Absences due to health reasons must always be justified by the Parent/Guardian via the school's digital platform.

6.2. If the student leaves the classroom to visit the infirmary for an acute situation and remains at school, the nurse will justify the absence to the teacher. If the student is sent home or to a healthcare facility, the justification must be made by the Parents/Guardians.

Article 7 – Medical Communications

7.1. All medical communications, including notifications of illnesses, medication administration, and absence justifications, must be made via the school's digital platform, addressed to the respective Class Director / Class Teacher / Room Educator and the nurse.

Article 8 – Doubts or Omissions in this Regulation

8.1. In case of doubts or omitted situations, the Parent/Guardian should contact the school nurse to make the best decision to safeguard the student and the school community.