Prescribed Medication and Infectious Diseases Policy
ADMINISTRATION OF PRESCRIBED MEDICATIONS

Only School Staff who hold a current Certificate in Administering Prescribed Medication are eligible to volunteer to undertake these duties within school hours. Staff without this certificate cannot be called upon or be expected to perform this duty.

As part of the Department’s policy on Prescribed Medications, anyone requesting that medication be dispensed during school hours needs to provide a copy of the prescription or a letter from the prescribing doctor (on letterhead) and complete the appropriate School Medical forms available from the School Office. This includes any tablets, medicines, creams, eye drops, eardrops, etc. which are long term medications or medications that may only need to be taken over a few days.

Without this proof of prescription from a doctor we cannot accept the request to administer.

Under NO circumstances can medications purchased over the counter or not prescribed by a doctor be administered by School staff.

Medications are ONLY administered at 11:30am, 12:30pm or 1:15pm

**NOTE:**

Students are NOT allowed to carry any sort of medication other than an Asthma puffer and/or an Epipen in their bags or on their person. Permission to carry must be given by the Principal - refer to the section on the School Medical Form that is to be completed. All medication (e.g. Cold and Flu tablets, rash creams, eye ointment, Panadol, etc.) must be kept in a secure location inaccessible by other students.

These are to be stored at the School office for the child to access to self-administer.

If there are any changes to the type, time or amount of medication to be administered, this request must be accompanied by a letter from the doctor (on letterhead) or a copy of the new prescription. The forms kept at the School office are to be noted with the change and signed and dated by the parent or caregiver.

**IMPORTANT NOTE:**

As stated on the Departments Website under “Administering Prescribed Medications at School”

Except in an emergency, only individual staff members who have volunteered and been trained, are to administer prescribed medication to students.

It is the responsibility of the Parents or Caregivers to ensure medications that the school hold are “in date” and that, old medications are disposed of and that there is adequate supply of the medication.

(The school does send the empty container home with the child for it to be refilled. This should be brought back to the school the next school day to ensure the child has a consistent supply of their required medication).

Medication should be provided in a secure container with a resealable lid, clearly marked with the child’s name, name of medication and amount of medication to be administered.

Children’s Infectious Diseases:

The Department of Education and Communities works within the guidelines from the NSW Health Department in relation to Infectious Diseases of Children.

Attached is a copy of various diseases showing symptoms and prevention measures.

Please take special note of the information under the heading “Do I need to keep my child at home?” to ensure children return to school after appropriate health measures have been undertaken. Further information can be obtained from on [www.health.nsw.gov.au](http://www.health.nsw.gov.au)
# Children’s Infectious Diseases

For more information contact your local health unit, community health centre, pharmacist or doctor.

<table>
<thead>
<tr>
<th>Disease</th>
<th>Time from exposure to illness</th>
<th>Symptoms</th>
<th>&quot;Do I need to keep my child home?&quot;</th>
<th>How can I help prevent spread?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CHICKEN POX</strong></td>
<td>2 to 3 Weeks</td>
<td>Slight fever, runny nose, and a rash that begins as raised pink spots that blister and scab. Can be more severe in pregnant women and newborns.</td>
<td>Yes, for 5 days after the rash first appears and until the blisters have all scabbed over.</td>
<td>Immunisation is available for children over 12 months old. It is recommended for people over 12 years who are not immune.</td>
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<tr>
<td><strong>CONJUNCTIVITIS</strong></td>
<td>1-3 Days</td>
<td>The eye feels scratchy, is red and may water. Lids may stick together on waking.</td>
<td>Yes, while there is discharge from the eye.</td>
<td>Careful hand washing; avoid sharing towels. Antibiotics may be needed.</td>
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<tr>
<td><strong>GASTROENTERITIS</strong></td>
<td>Depends on the cause: several hours to several days</td>
<td>A combination of frequent loose or watery stools, vomiting, fever, stomach cramps, headaches.</td>
<td>Yes, at least for 24 hours after diarrhoea stops.</td>
<td>Careful hand washing with soap and water after using the toilet or handling nappies and before touching food.</td>
</tr>
<tr>
<td><strong>GERMAN MEASLES (Rubella)</strong></td>
<td>2 to 3 weeks</td>
<td>Often mild or no symptoms, mild fever, runny nose, swollen nodes/glands, pink blotchy rash that lasts a short time. Can cause birth defects if pregnant women are infected.</td>
<td>Yes, for at least 4 days after the rash appears.</td>
<td>Immunisation (MMR) at 12 months and 4 years of age.</td>
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<tr>
<td><strong>GLANDULAR FEVER</strong></td>
<td>4 to 6 weeks</td>
<td>Fever, headache, sore throat, tiredness, swollen nodes/glands.</td>
<td>No, unless sick.</td>
<td>Careful hand washing. Avoid sharing drinks, food and utensils, and kissing.</td>
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<tr>
<td><strong>HAND, FOOT AND MOUTH DISEASE</strong></td>
<td>3 to 7 days</td>
<td>Mild illness, perhaps with a fever, blisters around the mouth, on the hands and feet, and perhaps in the nappy area.</td>
<td>Yes, until the blisters have dried.</td>
<td>Careful hand washing especially after wiping noses, using the toilet and changing nappies.</td>
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<tr>
<td><strong>HEAD LICE</strong></td>
<td>Usually 5 to 7 days</td>
<td>Itchy scalp, white specks stuck near the base of the hairs, lice may be found on the scalp.</td>
<td>No, as long as head lice treatment is ongoing.</td>
<td>Family, friends and classroom contacts should be examined and treated if infested.</td>
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<tr>
<td><strong>HEPATITIS A</strong></td>
<td>About 2 to 6 weeks</td>
<td>Often none in small children; sudden fever, loss of appetite, nausea, vomiting, jaundice (yellowing of skin and eyes), dark urine, pale stools.</td>
<td>Yes, for 2 weeks after first symptoms or 1 week after onset of jaundice.</td>
<td>Careful hand washing; close contacts may need to have an injection of immunoglobulin; immunisation recommended for some people.</td>
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<td>IMPETIGO (school sores)</td>
<td>1 to 3 days</td>
<td>Small red spots change into blisters that fill with pus and become crusted; usually on the face, hands or scalp.</td>
<td>Yes, until treatment starts. Sores should be covered with watertight dressing.</td>
<td>Careful hand washing.</td>
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<tr>
<td>INFLUENZA</td>
<td>1 to 3 days</td>
<td>Sudden onset of fever, runny nose, sore throat, cough, muscle and headaches.</td>
<td>Yes, until they feel better.</td>
<td>Immunisation is recommended for the elderly and people with chronic illnesses.</td>
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<tr>
<td>MEASLES</td>
<td>About 10 to 12 days until first symptoms, and 14 days until the rash develops.</td>
<td>Fever, tiredness, runny nose, cough and sore red eyes for a few days followed by a red blotchy rash that starts on the face and spreads down the body and lasts 4 to 7 days.</td>
<td>Yes for at least 4 days after the rash appears.</td>
<td>Immunisation (MMR) at 12 months and 4 years. Contacts that are not immune should not attend school or work for 14 days.</td>
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<tr>
<td>Meningococcal Disease</td>
<td>2 to 10 days</td>
<td>Sudden onset of fever and a combination of headache, neck stiffness, nausea, vomiting, drowsiness and rash.</td>
<td>Seek medical help immediately. Patient will need hospital treatment.</td>
<td>Avoid sharing drinks. Close contacts should see their doctor urgently if symptoms develop, and may need to have a special antibiotic.</td>
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<td>MUMPS</td>
<td>14 to 25 days</td>
<td>Fever, swollen and tender glands around the jaw.</td>
<td>Yes, for 9 days after onset of swelling.</td>
<td>Immunisation (MMR) at 12 months and 4 years of age.</td>
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<td>RINGWORM</td>
<td>Varies (may be several days)</td>
<td>Small scaly patch on the skin surrounded by a pink ring.</td>
<td>Yes, until the day after treatment has begun.</td>
<td>Careful hand washing.</td>
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<tr>
<td>SCABIES</td>
<td>New infections: 2 to 6 weeks</td>
<td>Itchy skin, worse at night. Worse around wrists, armpits, buttocks, groin and between fingers and toes.</td>
<td>Yes, until the day after treatment has begun.</td>
<td>Close contacts should be examined for infestation and treated if necessary. Wash linen, towels and clothing worn in the past 2 days in hot water and detergent.</td>
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<tr>
<td>SCARLET FEVER</td>
<td>1 to 3 days</td>
<td>Sudden onset sore throat, high fever and vomiting, followed by a rash in 12 to 36 hours.</td>
<td>Yes, until at least 24 hours of treatment has begun and the child is feeling better.</td>
<td>Careful hand washing. Sick contacts should see their doctor.</td>
</tr>
</tbody>
</table>
### SLAPPED CHEEK (Erythema infectiosum, Fifth disease, Parvovirus B19)

**Time from exposure to illness**
1 to 2 weeks

**Symptoms**
Mild illness: fever, red cheeks, itchy lace-like rash and possible cough, sore throat or runny nose. If you are pregnant when your child has this disease see your doctor immediately because it could affect your unborn baby.

*Do I need to keep my child home?*
No, this disease is most infectious before the rash appears.

**How can I help prevent spread?**
Careful hand washing; avoid sharing drinks.

### WHOOPING COUGH (pertussis)

**Time from exposure to illness**
7 to 20 days

**Symptoms**
Starts with runny nose, followed by persistent cough that comes in bouts. Bouts may be followed by vomiting and a whooping sound as the child gasps for air.

*Do I need to keep my child home?*
Yes, until the child has taken the first 5 days of a special antibiotic

**How can I help prevent spread?**
Immunisation at 2, 4, 6 and 18 months and 4 years of age. A special antibiotic can be given for the patient and close contacts. Unimmunised contacts may be excluded from child care until they have taken the first 5 days of a special antibiotic.

### WORMS

**Time from exposure to illness**
Several weeks

**Symptoms**
Itchy bottom

*Do I need to keep my child home?*
No

**How can I help prevent spread?**
Careful hand washing. Whole household should be treated. Wash linen, towels and clothing worn in the past 2 days in hot water and detergent.