



**AANSTEEKLIKE SIEKTES IN SKOLE / COMMUNICABLE ILLNESSES IN SCHOOLS**

Na aanleiding van toenemende navrae oor gesondheidsorg in skole, is dit noodsaaklik dat daar gekyk word na die aangeleentheid en verskeie verbandhoudende aspekte.

Wanneer dit kom by die hantering van aansteeklike siektes by leerders is daar bitter min inligting t.o.v. wetgewing, regulasies of beleid.

Dus, soos in alle gevalle van onduidelikheid wend ons onself tot die Grondwet van die RSA. Daarin vind ons die belangrikste aanwysing wat alle daaropvolgende besluite moet beïnvloed en dit is dat die beste belang van die kind van kardinale belang is. Dit wil sê dat alle beleids-oorwegings en hanteringswyses ondersoek en getoets moet word aan die beginsel van die beste belang van die kind (en die ander kinders). Dit is nie onredelik van ouers om van skole te verwag dat alle redelike maatreëls geïmplementeer sal word om nie kinders aan die draers van aansteeklike siektes bloot te stel nie.

Oor die algemeen kan dit as goeie praktyk geag word om gereeld skrywes aan ouers te stuur rakende die aanwesigheid en frekwensie van algemene oordraagbare siektes, asook die meer ernstige gevalle. Die skrywes kan ook 'n voorstel bevat dat ouers hul kinders gereeld moet neem vir mediese ondersoeke en veral waar die vermoede van moontlike siekte bestaan. Sodoende kan potensiële verspreidingsgevalle voorkom word nog voor die kinders by die skool hek instap. Daar moet nogtans gewaak word teen die skep van paranoia en paniek, en moet redelikheid voor die oë gehou word by die samestelling van sodanige omsendskrywes.

Wanneer individuele gevalle wel by die skool opgemerk word, moet dit met die individu se ouer/voog so spoedig as moontlik hanteer word. Hetsy dit 'n versoek behels om die kind na 'n gesondheidspraktisyn te verwys of om die ouers te verwittig van moontlike alternatiewe soos die beperkte isolering van die kind.

Indien isolasie van 'n kind noodsaaklik is, moet dit geskied op so wyse dat 'n leerder se reg op onderrig nie onredelik geskend word nie en/of daar nie teen die leerder gediskrimineer word nie. Kinders en selfs volwassenes kan immers baie vinnig geviktimizeer voel wanneer hul in afsondering geplaas word as gevolg van 'n potensiële vernederende gesondheidstoestand.

Indien u skool nie oor beleid beskik wat die

As a result of increasing enquiries about health care in schools, it became necessary to look into the matter and its related aspects.

When it comes to the handling of communicable illnesses in learners there is very little in the line of laws, regulations or policies.

Thus, as in all cases of uncertainty we turn to the Constitution of the RSA. There we find that any decisions taken must always be in the best interest of the child. This means that all policy considerations and management approaches must be tested against the principle of what is in the best interests of the child (and other children). It is not unreasonable for parents to expect that all possible measures will be taken to prevent children from being exposed to carriers of communicable illnesses.

In general, it may be considered good practice to regularly send letters to parents regarding the presence and frequency of common communicable diseases, as well as of the more serious cases. The letters could also contain a proposal that parents take their children for regular professional medical check-ups, especially where the suspicion of possible illness exists. In this way the potential spread of infection can be prevented before children enter the school gate. It is, however, essential not to create panic and paranoia when compiling such letters. Calm and reason should always prevail.

When individual cases are noticed at the school, the matter must be brought to the attention of the individual's parent / guardian as soon as possible whether it is to recommend referring the child to a health professional or to notify the parents of alternatives such as the limited isolation of the child.

If isolation of a child is necessary it should be done in such a way that the learner's right to education is not unreasonably violated, and there is no unfair discrimination against the learner. Children as well as adults can very quickly feel victimized when they are placed in isolation because of a potentially embarrassing health condition.

Should your school not have a policy to address the matter, the governing body organisation, of which the school is a member, can be approached for assistance with the drafting of an appropriate policy.

It would also be prudent to devise an action plan to deal with the large-scale outbreak of serious illness, and to

aangeleentheid aanspreek nie, kan die beheerliggaamorganisasie waarvan die skool 'n lid is, genader word vir bystand met die opstel van 'n beleid deur die skoolbeheerliggaam.

Dit sal ook wys wees om voorsiening te maak vir 'n aksieplan om die grootskaalse uitbreek van ernstige aansteeklike siektes te hanteer, en ook moontlik die Departement van Gesondheid daarby te betrek.

possibly involve the Department of Health in the plan.

### SIEKEBOEË EN SOORTGELYKE MEDIESE FASILITEITE BY SKOLE EN KOSHUISE / SICK BAYS AND SIMILAR MEDICAL FACILITIES IN SCHOOLS AND HOSTELS

Aangesien die Wet op Nasionale Onderwysbeleid, SASW en die Regulasies vir Veiligheidsmaatreëls by Openbare Skole, swyg met betrekking tot gesondheidsorgbehoefes en fasiliteite by skole, word daar gekyk na die Children's Act se 'General regulations regarding children (2010)'<sup>1</sup>. Alhoewel die regulasie nie skole insluit nie, word koshuise klaarblyklik onder 'private hostels' ingesluit as 'partial care facilities'. Die regulasie dien dus as riglyn om leiding te gee vir die korrekte hantering van die aangeleentheid totdat die gaping in onderwyswetgewing aangevul word.

Met betrekking tot hierdie aangeleentheid wil dit dus voorkom of 'n onderskeid getref moet word tussen die gevalle van koshuise en skole.

Die bogenoemde regulasie bepaal dat t.o.v. koshuise beleid en prosedures, met betrekking tot die gesondheid van kinders in "partial care facilities" in plek moet wees. Kriteria vir die identifisering van siek kinders, veilige bewaring van alle medikasie en riglyne vir die voorkoming van die verspreiding van siektes moet in plek wees. Dit bepaal verder dat ouers in kennis gestel moet word van die siekte, dat die kind geplaas moet word na 'n kamer wat ontwerp is om hom of haar in te versorg en dat 'n kind in noodgevalle na 'n kliniek of hospitaal geneem moet word.

Indien 'n kind reeds op voorgeskrewe medikasie is, moet die kind die medikasie ontvang, soos voorgeskryf en soos versoek deur die ouers.

Verdere beleid vir sulke fasiliteite moet ontwikkel word, onder andere die prosedures vir die hantering van mediese behoeftes van kinders en kinders met chroniese siektes. Dieselfde gelde ook vir rekordhouding en registers ten opsigte van die berging en gebruik van medisyne asook die mediese rekords van elke kind. Vir 'n volledige lys van standaarde met betrekking tot die gesondheidsorg van kinders in 'partial care facilities', sien Aanhangsel B, Deel 1 – Art 2(a) tot (e) van die Regulasie (hierby aangeheg).

Dus blyk dit uit die regulasies, dat medisyne wel gegee mag word aan 'n kind volgens die ouers se versoek en soos voorgeskryf. Geen melding word gemaak oor medikasie wat nie voorgeskryf is nie en daar word derhalwe aanbeveel dat geen medikasie uit eie beweging aan kinders gegee moet word nie.

By 'n instansie wat nie "partial care facilities" is nie, met ander woorde gewone skole, wil dit voorkom dat die wyse

As the National Education Policy Act, SASA and the Regulations for Safety Measures at Public Schools is silent with regard to health-care needs and facilities at schools, the focus is on the Children's Act's 'General regulations regarding children (2010)'. Although the regulation does not include schools, school hostels are apparently included under 'private hostels' as 'partial care facilities.' The regulation therefore, serves as a guideline to provide direction in the proper handling of the matter until the gap in education legislation is filled.

Therefore, it would appear that a distinction must be made between the situations of hostels and schools.

The above regulation states that for hostels policies and procedures relating to the health of children in "partial care facilities" must be in place. Criteria for the identification of sick children, safe storage of all medications and guidelines for the prevention of the spread of diseases should be in place. It further states that parents should be informed of the illness; that the child should be placed in a room designed to be used for the care of such children and if it is an emergency, the child should be taken to a clinic or hospital.

If a child is already on prescribed medication, the child should receive the medication as prescribed and as requested by the parents.

Further policy for such facilities should be developed, including procedures for handling the medical needs of children and children with chronic diseases. The same applies for record-keeping and registers relating to the storage and the use of medicine and the medical records of each child. For a complete list of standards with regard to the health care of children in 'partial care facilities', see Appendix B, Part 1 - Section 2 (a) to (e) of the Regulation (attached).

Thus, it appears from the regulations that medicine may be given to a child according to the parents' request and as required. No mention is made of non-prescribed medicines and it is therefore recommended that no personal decision should be taken to give a child medication.

At institutions that are not 'partial care facilities' - in other words, normal schools - it would appear that the wise approach is not to offer medical facilities.

If a school does have, or creates such a facility it takes on

<sup>1</sup> General regulations regarding children 2010 – Chapter 4

benadering is om nie mediese fasiliteite aan te bied nie.

As 'n skool egter so iets het of skep, trek dit die volle verantwoordelikheid en aanspreeklikheid wat 'n mens sou verwag. Art 60 van die Skolewet sal 'n skool teen kontraktuele en deliktuele eise beskerm – maar daar is geen voorsiening vir beskerming teen strafregtelike klagtes of dissiplinêre optrede deur die Departement nie.

Eerder kan gebruik gemaak word van 'n area of kamer (noem dit 'n “wagkamer”) waar kinders na 'n besering of siekte noodbehandeling kan ontvang (indien nodig) en dan kan wag totdat die kind se ouers gekontak kan word om hom/haar te kom haal. Amper as 'n tipe transito-area. 'n Stil en skoon area of kamer waar 'n kind rustig kan wag of rus behoort voldoende te wees.

Die skool behoort 'n beleid oor die hantering van 'mediese sake' op te stel wat aandui wat die skool sal doen en wat nie, en dan ook seker maak dat ouers daarvan kennis neem en verstaan.

the full responsibility and accountability that one would expect. Section 60 of the Schools Act will protect a school against contractual and delictual claims but there is no provision for protection against criminal charges or disciplinary action by the Department.

Rather, use can be made of an area or room (call it a “waiting room”) where a child - following an injury or illness- can receive emergency treatment (if necessary), and then wait until the child's parents can be contacted or fetch the child. The room is therefore used as a kind of 'transit' area. A quiet and clean area or room where a child can calmly wait or rest should be sufficient.

The school should have a policy on the handling of medical matters indicating what the school will and will not do, and then ensure that parents know and understand the contents of the policy.

**CHILDREN'S ACT, 2005**  
**GENERAL REGULATIONS REGARDING CHILDREN**  
**ANNEXURE B**  
**NATIONAL NORMS AND STANDARDS**  
**PART I**  
**NATIONAL NORMS AND STANDARDS FOR PARTIAL CARE**  
**Section 2: Proper care for sick children or children who become ill**

**2. Proper care for sick children or children who become ill**

- a) Staff must have the ability to identify children who are ill and be able to refer them for appropriate health services.
- b) Policies and procedures relating to the health care of children whilst at the partial care facility must be in place. Such policies and procedures must cover the following:
  - i. Criteria for identifying ill children;
  - ii. safe keeping of all medication at a partial care facility;
  - iii. procedures for dealing with children who are ill; and
  - iv. guidelines for preventing the spread of diseases at the partial care facility.
- c) The following procedure regarding children who are ill must be adhered to:
  - i. After identifying children who are ill, the illness or problem must be reported to the parent(s), caregiver or family as soon as possible;
  - ii. the child must be removed from other children to a safe place or room designed to care for ill children;
  - iii. any child assessed to have an infectious disease (measles, chickenpox, etc) must be immediately isolated from other children and referred to the nearest hospital or clinic for further assessment and treatment;
  - iv. if a child is already on prescribed medication, that child must receive the medication as prescribed and as advised by the parents; and
  - v. in cases of emergency, the child must be taken to the nearest hospital or clinic for treatment and appropriate referral.
- d) The following medical records must be kept:
  - i. up-to date records of each child's medical history;
  - ii. records of each child's immunisation programme and Vitamin A schedule; and
  - iii. records of health incidents and accidents occurring at the facility.
- e) Every partial care facility must have a first-aid kit.