



STUDENT HEALTH POLICY

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INTRODUCTION

Newberry House Montessori School (NHMS) practises the Montessori methodology offering a variety of stimulating and nurturing environments that focus on child-centred education.

All staff employed by NHMS have an obligation to ensure that the children in their care, whilst on the school property, are educated in a healthy environment and are taught healthy living practices as outlined in this document. Staff induction and orientation are used as a means to raise awareness and understanding of the implementation of the health policy. In addition staff who work with young children are to be trained in Paediatric First Aid and will attend a refresher course every two years.

GENERAL INFORMATION

Appointed Health officer:

The appointed Health Officers at NHMS are: Front of House Personnel.

All health concerns arise it is to be reported to the Health Office (Front of House) who's duty it is to follow up the matter.

Emergency contact numbers:

The following information is to be posted at each telephone:

- Police/Fire/Ambulance: 107 or 10111
- Armed response:
- Social worker:
- Child line : 0800 55555
- Child Welfare : 021 887 2816
0800 435 5754 (24 hours)
Email: information@helpkids.org.za

- Child Protection Unit Western Cape: (021) 483 3858/3765/3158/5445
- Poison Centre: 0861 555 777

MEDICAL POLICY

Disclosure of information on admission by Parents or Guardians

1. All applicants to NHMS are to inform the school of their child's medical history and general state of health. This information will be requested on the medical section of the application form. All information is kept confidential.
2. At NHMS it is the obligation of the child's parents/guardians to inform the school of any changes in the child's general health.
3. Food or dietary restrictions, medication or allergies, and the appropriate action and medication, need to be declared on the medical form. The school does not take responsibility for undeclared allergies or medical conditions.
4. Parents will be required to review and update the medical form on an annual basis.
5. Chronic, life threatening conditions such as asthma and diabetes, as well as full details of appropriate warning signs, action and medication, need to be declared on the medical form.
6. Applicants who use alternative, herbal, homeopathic and/or traditional medicine need to inform the school in writing on the medical form and additionally complete the medication consent form (Appendix 2).

7. In the best interests of the child's general health and wellbeing applicants with any other form of debilitating physical, mental or emotional condition must be disclosed to the school on application.
8. Parents need to give permission on the application form for the school to call the hospital or child's family doctor in cases of medical emergency.
9. Parents will be made aware of visits to the school by the Health Department for vaccinations, eye, ear & dental checks from time to time.

Medication:

Medication to be administered by staff must be prescribed by a physician and with prior consent of the parent. All medications are to be checked in with the school staff by a parent. A medication register which parents must sign will be kept by the school. A medication consent form (Appendix 2) is to be completed and given to the staff member concerned. All medications MUST be in their original container and have an unaltered label. The chemist's label must have:

- the dosage;
- the child's name;
- the time and frequency of administration;
- the prescribing doctor's name;
- the date of prescription;
- the expiry date of the medicine;
- any special storage instructions.

Parents must clearly indicate and instruct the health officer whether medicine needs refrigeration.

It is NHMS policy that:

1. Children are not allowed to keep their own medication or to administer it themselves.
2. Two staff members will be present when administering the medication.

Administration of Medication

NHMS will only agree to the administration of medication under the following conditions:

1. In cases involving long-term medication for chronic conditions, or emergency medication for life threatening conditions such as severe allergies, diabetes or asthmatic attacks.
2. A medication authorization and indemnity form has been filled in with exact details of the medication and administering thereof.
3. Any medication changes during the school year are accompanied by a new medical form.
4. In the event that medication needs to be administered, and the school has agreed to this after discussion with the parents/guardian of the children.

The school reserves the right to refuse to administer medication to any child.

Infectious Disease and illness

1. Children with infectious diseases are required to stay at home.
2. Children should not attend school if they have:
 - earache
 - headache
 - diarrhoea (three or more watery stools within twenty four hours)
 - vomiting (two or more times within twenty four hours)
 - sore throat

- high temperature
 - persistent coughing
 - rash (especially with fever or itching)
 - open or oozing sores, unless properly covered and 24 hours have passed since starting an antibiotic treatment, if antibiotic treatment is necessary.
 - fatigue that prevents participation in regular activities.
3. Children that come to school with evidence or symptoms of lice, ring worm, scabies and similar infestations, will be sent home. Children suffering from these infestations should only return with a physician's certificate indicating that they no longer pose a threat to other children.
 4. Every effort should be taken to eliminate the infestation of lice and nits before sending children back to school so as to not spread to other children.
 5. Children suffering from an infectious disease may only return to school with a physician or clinic certificate indicating that they no longer pose a threat to other children.
 6. Signs will be placed on the parent board and emails will be sent out if there is an outbreak of an infectious disease or infestation as described.
 7. The government medical officer of health will be informed if there is a case of any infectious diseases at the school.

Immunisations:

1. The school requires a copy of each child's Health Certificate. It is the parent's responsibility to update the school on any changes to the certificate.
2. If a child has not been vaccinated and there is an outbreak at the school, the child's parents will be informed and the child may be required to stay home until the outbreak is under control.
3. Signs will be placed on the parent board and/or emails will be sent out if there is an outbreak at the school.
4. If the government is performing national immunisations at the school, an indemnity form will be sent out and only the returned and signed forms will be applicable.
5. Parents are encouraged to keep up to date with health information via their local clinic or family doctor.
6. Mainstream (see appendix 2) as well as some alternative (see appendix 3) methods of immunisation and treatment of communicable diseases are available.

HIV/AIDS POLICY

NHMS understands the importance of the HIV/Aids pandemic and the threat it could hold for the learners and adults in the school. We maintain to take measures to ensure the safety of all.

Non-discrimination

In terms of the fundamental human rights as detailed in the Constitution of the Republic of South Africa, 1996, no pupil with HIV/AIDS may be unfairly discriminated against either directly or indirectly.

Disclosure

No parent is compelled to disclose their child's HIV/AIDS status to the school. However, in order to act in the best interest of all members of the school community, voluntary disclosure by parents of pupils with HIV/AIDS is encouraged. This disclosure will be in the interest of the pupil with HIV/AIDS as the school may then keep this child's parents aware of any infectious/contagious virus's etc going around the school that may pose a health risk to their child.

1. The school will strive towards ensuring confidentiality of this information and will maintain a non-discriminatory environment.
2. Parents of a pupil with HIV/AIDS must obtain a medical opinion to assess whether the pupil, owing to his condition, poses a medically recognised health risk to others.

Universal precautions apply as written in the health policy of NHMS to all situations occurring at the school. The basis for the consistent application of Universal Precautions lies in the assumption that in all situations all persons are treated as potentially infected with HIV/AIDS and all bodily fluids are treated as such.

Universal precautions will be applied as such:

1. All bloods will be handled with extreme caution.
2. Skin exposed accidentally to blood will be washed immediately with running water and antiseptics.
3. All bleeding wounds, sores, grazes and the like will be cleaned immediately with running water and antiseptics.
4. All open wounds, sores, breaks in the skin, grazes and open lesions must at all times be covered completely and securely with a non-porous or waterproof dressing or plaster so that there is no risk of exposure to blood.
5. New latex gloves will be worn by the staff whenever dealing with blood or body fluid.
6. Pupils will be taught that all open sores, wounds and grazes must be kept covered completely with waterproof dressings. They will be instructed never to touch the blood, open wounds, sores or grazes of others, nor to handle emergencies such as nosebleeds, cuts or scrapes of their friends. They will be taught to call for assistance from a staff member immediately.

Education

For older children, HIV/AIDS education with the aim of developing life-skills necessary for the prevention of the virus, will be facilitated. The younger children will be introduced to the basic first aid principles to avoid transmission of the virus.

HYGIENE AND GENERAL FIRST AID POLICY

General Information:

1. All staff and students are made aware that hand washing is the most important way of preventing disease in school setting. When to wash hands: On arrival at school, before any food or drink preparation, after touching any body fluids or secretions, before or after cleaning injuries and sores, before and after giving medicines, after taking off gloves, after outdoor or garden play, after any cleaning. Liquid soap, clean water and a disposable towel to be used.
2. Qualified first aid staff will administer first aid for children with minor injuries or in the event of serious incidents whilst waiting for medical assistance.
3. All staff will have access to a list of children with severe allergies or children with life threatening conditions such as diabetes and will have been trained how to administer specific emergency medication such as an EpiPen for diabetics or adrenaline for severely allergic children.
4. The school will have a full regularly updated First Aid kit in the office, as well as a small basic First Aid kit in each classroom for minor injuries.
5. All physical injuries that require First Aid treatment are to be recorded on the Accident Report form, one signed copy of which needs to be handed to the parent, and one signed copy to be kept with the child's school records.
6. All incidents of a physical/aggressive nature between children that may need First Aid treatment will be recorded on the Incident Report form; one signed copy of which needs to be handed to the parent,

and one signed copy to be kept with the child's school records.

7. Sharing of personal items like face cloths, towels, toothbrushes or linen is not allowed.
8. Equipment and materials handled daily by the children requires weekly cleaning and disinfecting.

Contents of First Aid box checklist (to be kept in each first aid box ONLY):

- 4 Triangular Bandages
- 4 Sterile Contour Bandages 75mm x 2m
- 4 Sterile Contour Bandages 100mm x 4.5m
- 4 Sterile First Aid Dressings No. 3
- 2 Sterile First Aid Dressings No. 5
- 4 Sterile Gauze Swabs 75mm x 75mm, 5's
- 1 Gauze Swabs non sterile 75mm x 75mm, 100's
- 100 Sterile Waterproof Plaster Strips
- 2 Trauma Burn shields 10cm x 10cm
- 1 Fabric Plaster Roll 25mm x 1m
- 1 Special Bandage Scissors, metal
- 1 Plastic Tweezers
- 1 Instant Ice Pack
- 10 Pairs Anti Infection Gloves
- 2 Wooden Splints
- PVP Anti septic Cream 30gr
- C.P.R. – Mouthpiece

SCHOOL HEALTH PROCEDURES ALIGNED TO NHMS'S POLICY:

Exterior and perimeter of school

1. All areas of the school need to be kept free of any hazardous items.
2. Obstacles in the playground area are to be avoided, and free running space is to be provided where possible.
3. Poisonous plants are not permitted in the garden.
4. Poisons such as rodent bait and any other pest control substances are to be avoided or kept to a minimum and may not be placed in areas accessible to children. The Poison Centre number is displayed on the noticeboard in the school's office and in this policy.
5. Dogs or other animals are not permitted on the school grounds without permission.

Interior of the school

1. The school building interior is to be inspected on a regular basis to ensure it is clean and dry.
2. All rooms are to be well ventilated and adequately lit when necessary.
3. All floor surfaces are to be swept and mopped where necessary on a daily basis.
4. All mats and rugs need to be vacuumed on a daily basis, and professionally cleaned once every school term.

Kitchen Hygiene

1. The kitchens need to be inspected on a regular basis to ensure they are maintained in a safe and hygienic condition.
2. All utensils must be clean and in good repair.

3. Cleaning materials and dangerous utensils need to be stored out of reach of children.
4. All staff must wash their hands and ensure the surface is clean before the preparation of food.
5. All children must wash their hands before preparing and eating food.
6. All fruit and vegetables are to be washed before eaten.
7. All utensils and work surfaces are to be cleaned thoroughly after food preparation.
8. If a staff member is suffering from an infectious illness he/she will not be involved in food preparation.
9. Children do not have unsupervised access to the kitchen.

Bathroom Hygiene

1. Children under five who require assistance should be accompanied to the toilet by an adult and supervised.
2. At least one toilet and one hand basin needs to be available for every 20 children.
3. Toilets and basins need to be at an accessible low level, or a step should be provided for the children.
4. The bathrooms need to be inspected throughout the day to ensure they are kept in a safe and hygienic condition.
5. All bathroom areas are to be disinfected daily if required.
6. Liquid soap and paper towels (hand towels are not permitted by health department) need to be available at all times.
7. Children are encouraged to flush the toilet after use.
8. Children are encouraged to wash their hands after use of the toilet. Staff will assist where necessary.
9. Diverse styles of toileting due to culture or religion are respected and assisted where necessary.
10. Privacy in the toilet is encouraged amongst the children and will be respected by the staff.
11. In the event of a child having a mishap, the area will be cleaned and disinfected immediately.
12. Latex gloves are available at all times and must be used if a child needs assistance with hygiene or soiled underwear.
13. Soiled underwear will be rinsed when necessary in a separate facility, placed in a plastic bag and sent home for laundering.

Nutrition

1. It is the duty of the parents to ensure that their child receives a nutritious breakfast before coming to school.
2. It is the duty of the parents to ensure that their child receives a nutritious snack and water or diluted fruit juice for mid- morning consumption at school.
3. Fresh, clean water is available at all times.
4. It is the duty of the parents to ensure that their child receives a nutritious packed lunch if they stay for the afternoon program.
5. Prohibited food items include but are not limited to: sweets, fizzy drinks, chips, high fat and sugar content or processed foods, cake, chewing gum, suckers, etc.
6. Birthday celebration policy: no party packs are allowed at school; only a cake or cupcakes or small baked treats like popcorn, ice creams, and muffins to share amongst the class will be permitted.

Non Smoking Policy

Staff, parents and visitors may not smoke on the school premises.

Sun Protection

All children are required to wear a sun hat when outdoors, sun block to be applied at home during the summer months.

Fostering health awareness in the children

Holistic health awareness (physical, social and emotional) is included in the school's curriculum and is monitored and presented by the teachers in a variety of formats.

APPENDIX 1 – INJURY REPORT FORM

Whenever an injury occurs, three copies of an injury report should be completed. One to given to the parent and one to be kept in the child’s file and one kept in a safety file to be reviewed regularly to identify problems which can be corrected.

SPECIMEN INCIDENT REPORT:

Compiled by:

Name of learner:

Date of injury		Time of incident	
Location			
Name/s of persons involved/witnesses			
Classification of incident	POTENTIAL/ACTUAL DAMAGE TO EQUIPMENT/STRUCTURE	YES	NO
	RISK OF/ INJURY TO PERSON	YES	NO
Brief description of incident			
First Aid Treatment:			
Controls (to prevent re-occurrence)			

APPENDIX 2 – MEDICATION CONSENT

Medication Permission Slip

Medications prescribed for an individual student **MUST** be kept in the original container bearing the original pharmacy label with student’s name, medication, and dosage.

NO medication (prescribed¹ or over the counter²) shall be dispensed without written permission of the physician and/or legal guardian of the student. The pharmacy label can serve as the written order of the physician. Changes in medication must be documented by written authorization from the physician.

Medication cannot be transported by students in grades 000-8.

Name of Student			
Name of Medication			
Dosage		Time	
Pharmacy		Prescription #	

To be completed by the Physician/or referenced by the prescription/ pharmacy label. (Please cross out the incorrect one)

It is necessary for this medication to be taken during the school day at the above time(s).

Physician’s name			
Address		Telephone	
Signature		Date	

To be completed by the parent

I authorize school personnel to administer the above medication to my child and agree that we will not hold liable any member of the school staff or an individual of official capacity who is directed by me and the school nurse to assist my child in taking said medication.

Parent/Guardian signature		Date	
Home Address			
Home Telephone		Cell phone	

Mediation register (to be completed by staff member administering medication)

Time/Date	Signature	Time/Date	Signature

¹ Prescribed means that the medication is accompanied by a doctor’s prescription; it is specifically for one person and may not be given to another.

² Over the counter means that a pharmacist recommended it and it does not need a prescription.

APPENDIX 3 – COMMUNICABLE DISEASES INFORMATION SHEET

Disease & Incubation	Signs/Symptoms	How Transmitted	When Communicable	Restrictions	Control Measures
Cytomegalovirus	Fever, sore throat	Contact secretions with infected infant.	3 to 8 weeks after exposure	None	Strict hand washing procedures after diapering and toileting.
Chicken Pox (Varicella)	Fever, skin eruption with blister like lesions	Airborne or direct contact w/vesicle fluid	1-2 days before outbreak, till blisters dry	Until all the blisters have dried	Vaccination and isolation of sick individuals.
Diarrheal Diseases: (Varies) Salmellosis Shigellosis Giardiasis Rotaviral Enteritis E Coli 0157:H7 Cryptosporidiosis Campylobacteriosis Varies from 6-14 hrs	Abnormally loose or frequent stools, vomiting and sometimes fever. A physician should diagnose specific cause.	Fecal-oral route, through contaminated articles, food/beverages and hands.	Throughout acute infection and as long as organisms are in stool.	Exclude until diarrhea is gone for 24 hours or as advised by local health department and physicians.	Proper handwashing, sanitize all contaminated articles and equipment. Keep diapering and food service tasks and items separate. Notify parents. Check with health consultant for specifics. Notify local health department when clusters of cases occur.
Head Lice (Pediculosis) Eggs hatch in 7 days/1 week (can multiply in 8-10 days, lives 20-30 days).	Severe itching; small lice eggs closer than ¼" to nits on hair. Bumpy rash on nape of neck, behind ears and/or crown of head may appear after persistent infestation.	Direct contact with infested individual or their clothing, article to article contact, i.e. coats, blankets and hats.	As long as live lice remain on an infested person, or until eggs are ¼" away from scalp	Until after child and household is treated.	Vacuum to get rid of lice in environment. Wash all clothing and bedding in hot soapy water for 20 minutes. Notify parents. Keep all children's personal items and clothing separate.
Scabies 2-6 weeks-initial exposure 1-4 days-Re-exposure	Mite burrows under skin. Red, itchy rash tends to be in lines or burrows usually on wrists, elbow creases or between fingers.	Skin to skin contact. Shared clothing.	Until mites are destroyed	Exclude for 24 hours after treatment completed.	Notify parents. Wash all clothing and bedding in hot soapy water for 20 minutes. Keep all children's personal items and clothing separate.
Impetigo 4-10 days Staphylococcus Streptococcus 1-3 days	Blisters, crusts, scabs on skin which are flat and yellow may be weeping.	Direct contact with infected area or with nasal discharges from infected child.	When weeping, crusted lesions are present.	Exclude until on antibiotic Rx for 24 hrs. and lesion no longer "weeping" and forming yellow crust.	Child and staff wash hands frequently throughout day. Notify parent. Wear disposable gloves when treating. Cover draining lesions with dressing.
Measles	Fever, red eyes, cough, spots on tongue and mouth, blotchy rash 3 rd and 7 th day, usually lasting 4 to 7 days	Droplet and direct contact with nasal or throat secretions.	7-18 days from exposure	From time of initial fever till 4 days after rash appears.	Hand washing after contact with secretions and vaccination
Pertussis	Irritating cough can last 1-2 months-Often has a typical "whoop"	Direct contact with oral or nasal secretions	6-20 days	5 Full days after antibiotics	Hand washing after handling secretions. Covering mouth during coughing; then hand washing.
Pinkeye (Conjunctivitis) <i>Bacterial:</i> 24-72 hrs. <i>Viral:</i> Usually 12-72 hrs. (3 days)	Tearing, swollen eyelids, redness of eyes, purulent discharge from eyes.	Contact with discharges from eye, nose or mouth. Contaminated fingers and shared articles.	During active symptoms and while drainage persists. Dependent upon cause of the infection.	Exclude until drainage/secretion of eye is gone or on antibiotic Rx for full 24 hrs.	Notify parents. Wash all items used by child; good handwashing by staff and children. Check all children for symptoms for 3 days.
Rubella	Low grade fever, headache, mild redness of eyes, fine rash	Contact with nasal and throat secretions.	14-23 days	7 days from onset	Vaccination and strict hand washing procedures.
Strep Throat/Scarlet Fever 1-3 days (rarely longer)	Red, painful throat, fever. May develop rash (Scarlet Fever).	Sneezing & coughing on others, contact with mucus or saliva, contaminated articles.	2 days before symptoms until on antibiotic Rx for 24-48 hrs. Untreated cases 10-21 days.	Exclude until on antibiotic Rx for full 24 hrs. and no fever. (Must be treated for 10 days).	Notify parents. Sanitize all articles use by child. Proper handwashing. Notify local health department when cluster of cases of the symptoms, sore throat and fever occur.
Ringworm (Varies by site) Mainly: 4-10 days	Red Scaling, itchy, circular lesions and broken hairs from skin/head	Personal contact with infected humans or animals, skin to skin contact or with contaminated articles	As long as lesions/infection is active. Some lesions may not be seen with the human eye.	If on Rx, may return; otherwise exclude unless lesions are coverable	Wash all items used by infected child, cover lesions, proper handwashing; notify parents
Fifth Disease 4-20 days 4-14 days; up to 21 days	Mild or no fever, "slapped cheek" rash spreading throughout body, lacy rash on arms on legs; rash may recur with sunlight, warm bath or exercise.	Sneezing & coughing on others, contact with mucus or saliva, contaminated articles	Prior to onset of rash; Not communicable after onset of rash. During the week prior to the rash appearance.	None	Wash hands frequently; sanitize all articles used by children. Pregnant women should tell health care provider if they have been in contact with an infected person.
Meningitis Bacterial: 1-10 days (usually less then 4 days) Viral: Varies	Fever, headache, vomiting, chills, neck pain or stiffness, muscle spasm, irritability	Sneezing & coughing on others, contact with mucus or saliva, contaminated articles, or fecal-oral route- depending upon organism involved	Bacterial-Noncommunicable 24 hrs. after starting antibiotic Rx. Viral-Prolonged period	Exclude, return with Dr.'s permission after treatment.	Notify parents and local health department. Clean and sanitize all articles; proper handwashing

Hepatitis A 15-50 days. Average 25-30 days	Upset stomach, tired, dark colored urine, light colored stool, yellowish skin & eyes, fever, jaundice (often jaundice not present in children under 5 years), abdominal pain and diarrhea.	Fecal-oral route, through contaminated articles, food/beverages & hands.	Two weeks prior to jaundice until 1 week after jaundice (yellow) appears. If no jaundice one week prior until 2 weeks after symptoms	Exclude for 2 weeks or until 1 week after jaundice	Proper handwashing; sanitize all contaminated articles & equipment; notify parents and local health department. (Immune Globulin for the staff and child contacts should be considered)
Hand, Foot & Mouth (Coxsackie Virus) Up to 6 days, usually 3-6 days.	Small blisters with reddened base primarily on hands, feet, mouth, tongue, buttocks or throat	Direct contact with nose & throat secretions and with feces	During acute stage of illness (virus may stay in stools for several weeks)	Self-limited, exclude during acute symptoms (serious in young infants). Lesions should not be weeping.	Proper handwashing, don't share cups, glasses, etc., sanitize all contaminated articles, boil eating utensils for 20 minutes.
Rosella 5-15 days	High sudden fever, runny nose, irritability, followed by rash on trunk	To susceptible person with direct contact, (children under 4 may be susceptible, usually on children under 2)	Uncertain	Exclude until fever down for 24 hrs.	Notify parents, proper handwashing
RSV (Respiratory Syncytial Virus) 1-10 days	Fever, runny nose, cough, and sometimes wheezing.	Virus spread from resp. secretion (sneezing, coughing) through close contact with infected persons or contaminated surfaces or objects.	Just prior to symptoms and when febrile	Exclude until child has no fever and can tolerate normal activities.	Frequent and proper handwashing, sanitize all contaminated articles. Do not share items such as cups, glasses and utensils. Proper disposal of tissue when used for nasal and respiratory secretions.

<http://www.in.gov/fssa/files/CommDisChart.pdf>

http://www.services.gov.za/services/content/Home/ServicesForPeople/Parenting/Childbenefits/ECDfacility/en_ZA

APPENDIX 4 – HOMEOPATHIC VACCINATION ALTERNATIVES

Homeopathic Prophylaxis for Childhood Diseases: an alternative to allopathic vaccination by Mikhail E. W. Plettner, Ph.D., M.Sc., L.Ac.

While no medicine can guarantee 100 percent immunity, a century of medical literature reveals that the following remedies are as effective in conferring immunity as anything developed in allopathic medicine. They may be taken for general immunization or used to increase immune response during seasons of high risk.

This protocol was developed and used successfully on numerous patients for four decades by Francisco X. Eizayaga, M.D, of Buenos Aires. The remedies listed below are the ones that have been reported useful in homeopathic literature.

Specific Instructions for Developing Enhanced Immunity:

1. in general, nosodes (which are underlined below), provide very specific protection. These, however, can be difficult to find. Give your child a 200c potency of the remedy you select for three successive days. Only one remedy may be given at a time, and not more than one disease may be immunized for each week. You may require the assistance of a trained homeopathic physician in choosing or obtaining some of these remedies.
2. Avoid giving the child coffee or strong tea as caffeine will antidote homeopathic remedies. Avoid camphor (either inhalation or contact) as it will also antidote homeopathies. Menthol, eucalyptus, and other potent aromatics should be avoided for several weeks until antibody levels have built up as these substances also have the potential to antidote the immune provoking action of these homeopathic remedies.
3. The remedy is best taken first thing in the morning or last thing in the evening just before bedtime. Place drops or pellets on or under the tongue. It is important for the mouth to be naturally clean for a homeopathic remedy to be effective. Take nothing by mouth 10 minutes before or after taking a remedy (not even water). It is recommended that the remedy be taken at least 1/2 an hour before or 1 hour after meals. First thing in the morning is preferable for convenience and effectiveness.
4. While homeopathic immunizations have been known to be effective for as long as ten years, it is not easy for a parent to determine how long increased immunity will last in each case. Therefore, it is recommended that your child be given the appropriate homeopathic remedy every 2 - 4 years depending upon his general health.
5. Children who have not been immunized in the above fashion or need to enhance their immunity for other reasons may take the 30c potency of the selected remedy every other day during periods when contagion is more likely.

Disorders and their Prophylactic Remedies

Chicken Pox Antimonium tart., Pulsatilla, Rhus tox.

Cholera Arsenicum alb., Choleratoxinum, Cuprum ac., Veratrum alb.

Diphtheria Apis, Mercurius cyan., Diphtherinum

Hydrophobia/ Rabies Hydrophobinum, Lyssinum, Stramonium

Influenza & Colds Psorinum 200c given in the Fall before it becomes cold will strengthen the system against cold and flu virus; Influenzinum et Baccilinum 200c (from Nelson's Pharmacy, London) every 3-4 weeks during flu season greatly reduces the incidence of colds and influenza; Ocillococcinum, 10 pellets twice a day given at the first sign of a cold or flu will often abort the infection.

Measles Aconitum nap., Arsenicum alb., Morbillinum, Pulsatilla, Varicellinum

Mumps Parotidinum, Pilocarpine, Trifolium rep.

Pertussis/ Whooping Cough Cuprum met., Drosera, Vaccinum, Pertussinum

Pneumonia - Pneumococinum

Polio Carbolic ac., Lathyrus sat. Physostigma,, Polio (mixed nosode), Polio (Salk)

Rubella / German measles Pulsatilla, Rubella nosode

Small Pox Antimonium tart., Hydrastis, Kali cyan., Variolinum

Tetanus Ledum pal., Thuja, Tetanotoxinum; it is often recommended that the allopathic immunization be given instead as it produces vary few problems

Tonsillitis/ Quinsy- Barita carbonica 30c given when inflammation threatens will abort the development of the inflammation

NOTE: When allopathic vaccination cannot be avoided, the following procedure may be used to reduce the undesirable side-effects of such vaccinations.

1. Immediately after vaccination, give Aconitum nap. 30c, twice a day for three days.
2. After Aconitum give Thuja 30c, twice a day for 4 days.
3. Two to four weeks after vaccination, a single dose of the nosode made from the "immunizing" agent may be given in the 200c potency if this is available.