



# Poole High School

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## Medical Policy

<b>Staff Link:</b>	P Rolle	Date	MAR 2024
<b>Governor Link:</b>		Next Review	MAR 2025
<b>Subsequent Reviews:</b>	Annually		

## **AIM**

Poole High School believes the welfare and health of all students are paramount. We aim, to ensure that students with medical needs receive the proper care and support whilst in school, to remain healthy and achieve their academic potential. In doing so, we would ensure that each student with medical needs could access and enjoy the same opportunities at school as any other child. Focusing on the needs of each individual and how their medical condition affects their school life and the ability to learn, whilst increasing confidence and promoting self-care.

## **INTRODUCTION**

The school follows the DfE's 'Supporting pupils at school with medical conditions' (Dec 2015), which provides guidance in supporting students, with medical needs. All staff, governors, parents and carers are made aware and have access to this policy.

There is no legal duty that requires school staff to administer medicines. However, schools need to make reasonable allowances for students with disabilities and students with medical needs. Furthermore, in an emergency, all teachers and other staff in charge of students have a common law duty to act for the health and safety of the student in their care – this may mean giving medicine or medical care. The school ensures that there are sufficient members of staff who are appropriately trained to manage medicines as part of their duty.

### **Related Policies and Legislation**

The policies and legislation detailed below are relevant and should be read alongside this policy:

- SEND Policy
- Health and Safety Policy
- Supporting students with medical needs (guidance Dec 2015)
- [www.gov.uk/guidance/equality-act-2010-guidance](http://www.gov.uk/guidance/equality-act-2010-guidance)
- Misuse of Drugs Act 1971

### **Responsibilities**

Parents or Guardians have prime responsibility for their child's health and should provide school with information about their child's medical condition. Parents, and the pupil if he/she is mature enough, should give details in conjunction with their child's GP or paediatrician, as appropriate. The school nurse and specialist voluntary bodies may also be able to provide additional background information for school staff.

Parents are responsible for:

- Making sure that their child is well enough to attend school
- Providing information on the treatment and care required.

School Governors have a responsibility to:

- Ensure this policy is adopted or adapted to reflect the actual arrangements in school
- Ensure the policy is formally communicated by specific training to all staff and that this is recorded on personal files and in compliance with data protection principles.
- Ensure that formal monitoring is undertaken to provide confidence that the policy is being followed as intended
- Where the governing body is the employer that suitable and appropriate insurance cover is obtained and in place
- Ensure someone is appointed to take the 'lead' on these issues in the school.

The Head Teacher has a responsibility to:

- Ensure the school is inclusive and welcoming and that the medical conditions or needs policy is in line with local and national guidance and policy frameworks
- Ensure the policy is put into action with good communication of the policy to all
- Ensure every aspect of the policy is maintained
- Ensure that information held by the school is accurate and up to date and that there are good information sharing systems in place using Healthcare Plans
- Ensure confidentiality and compliance with data protection principles
- Identify the training and development needs of staff and organise for them to be met
- Ensure all temporary and new staff, including trainees and work placements and those on work experience, know the emergency procedures
- Delegate a staff member to check the expiry date of stored medicines kept at the school and maintain the onsite medical conditions or needs register
- Monitor and review the policy at least once a year, in accordance with legislation, local and national guidance and as appropriate with input from children, parents, staff and external stakeholders
- Report to governors, parents, children, staff and the local authority and other key stakeholders about the implementation, successes and areas for improvement of this school medical conditions or needs policy.

The Student Welfare Officer has a responsibility to:

- Ensure that medicines stored in school are safe, secure and accessible in an emergency
- Check the expiry date of stored medicines kept at the school and maintain the onsite medical conditions or needs register and children's' healthcare plans.
- Allow all children where appropriate to have immediate access to their emergency medication. Maintain effective communication with parents including informing them if their child has been unwell

All staff at the school have a responsibility to:

- Be aware of the potential triggers, signs and symptoms of common medical conditions or needs and know what to do in an emergency
- Understand the school medical conditions or needs policy
- Know which children in their care have a medical condition or need and be familiar with the content of the child's Healthcare Plan

- Ensure children who carry their medication (pre-arranged, ie Asthma Pumps with them have it with them at all times including off site visits or where they may be relocated to another part of the school
- Be aware of children with medical conditions or needs who may be experiencing bullying or need extra social support
- Understand the common medical conditions or needs and the impact it can have on children (children should not be forced to take part in any activity if they feel unwell)
- Ensure all children with medical conditions or needs are not excluded unnecessarily from activities they wish to take part in

Teachers at the school have a responsibility to:

- Be aware that medical conditions or needs can affect a pupil's learning and provide extra help when pupils need it
- Liaise with parents, special educational needs coordinator and welfare officers if a child is falling behind with their work because of their condition
- Use opportunities such as PSHE and other areas of the curriculum to raise pupil awareness about medical conditions or needs.

First aiders have a responsibility to:

- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards within the school. In the case of an accident at school, the First Aider / and Welfare Officer will provide an accident form<sup>2</sup> to the injured party for completion and then complete the first aid section themselves.
- When necessary, ensure that an ambulance or other professional medical help is called and as prescribed in the healthcare plan.

Catering staff have a responsibility to:

- have knowledge of menus, recipes, food products and ingredients, food handling practices, cleaning and sanitation practices in relation to life-threatening allergies.

Lunch time support staff have a responsibility to:

- in the event of a suspected allergic reaction, to call the nearest trained volunteer in administering the Adrenalin auto-injector. In addition, the emergency medical services will be called immediately. (999)

There is no legal duty that requires school staff to administer medication.

## **STUDENTS WITH MEDICAL NEEDS – INFORMATION REQUIRED**

Parents have the prime responsibility for their child's health and should provide the school with all up to date information on their child's conditions, treatment and emergency contacts, prior to entry to school. This may include details from their child's Doctor or Paediatrician in the form of Health Care Plan<sup>1</sup>, if required. Parents are asked to complete the Medical information via the online MIS portal with all applications for admission to Poole High School. This can be updated at any time

should a student's medical needs change during their time at Poole High School. Should medical treatment become necessary after admission, parents must inform school immediately. If a student is on an individual Health Care Plan, parents must also notify the school of any changes to medication and supply medicines in the original container, with the dispenser's label and current directions on.

## **INFORMATION SHARING WITHIN SCHOOL**

Photographs of students with specific conditions i.e. allergy, epilepsy, or other severe medical conditions will be displayed in the staff room. Heads of year groups, individual teachers and staff entrusted with the care of a child that has medical needs, will be given the necessary information, arrangements or procedures, prior to teaching or supporting that young person in their care. A directory list of all students with medical conditions is also maintained and updated regularly by the Student Welfare Officer for staffs' information, when required. Brief notes are also added to our MIS systems on the students' individual profiles.

## **PRESCRIBED MEDICINES**

Medication prescribed by a Doctor, Dentist or Nurse Prescriber can only be given in school at times where administration of medicine is more than 3 times a day or needs to be taken with food. Medication that needs to be given 3 times a day can be administered at home, in the morning, after school and at bedtime. Medicines should always be provided in the original container with the prescriber/pharmacist instructions for administration and dosage. The school cannot accept medicines that have been taken out the original container or accept changes to dosage on parental instructions. All changes must be clarified by a medical professional before administration, in writing and provided by the parent. **Parental/carer/guardian's consent is required before the administration of any medication.**

It is school policy to recognise that students play a role in managing their own prescribed medication and arrangements supporting students deemed competent in writing, by a medical professional. This will be reflected within individuals' Health Care Plans. Generally, medication should not be carried by a student unless previously arranged and/or they have a specific condition listed below, whereby they need immediate access to medication. The only exception may be where it is explicitly specified that assistance by a trained member of staff is required in dispensing the medication. Again, these will be reflected in a Health Care Plan.

**Inhalers:** Students with Asthma must carry their own inhaler. This ensures it is readily available for use prior to exercise or at the onset of an attack. The School recommends that a spare is housed in the medical room.

**Auto injectors:** Auto injectors should be carried by students capable and trained to administer their own medication in an emergency, with spares kept by the school in an easily accessible area, unlocked and central to the whole school (i.e. Staff Room) when required. These should be clearly labelled with the student's details and photograph provided by parents, ensuring they are regularly updated.

**Diabetics:** It is good practice to keep an 'emergency kit' for diabetic students in addition to what they carry themselves. Students will be asked to only carry retractable lancet needles to prevent accidental injury to others and possible cross-infection. This should all be provided by parents, clearly labelled with the student's name and kept in the Medical Room.

Prescribed medication can only be used on the student clearly named on the medicine and must not be given to another person, even if it is the same medication.

Controlled Medication: Only ADHD controlled medication can be kept at school, in a double locked facility with the relevant paperwork.

It is an offence for a student to share their medication with another person.

## **NON-PRESCRIBED MEDICINES**

It is not common practice for school to administer non-prescribed medication supplied by parents unless it has been deemed detrimental to the child's health or school attendance not to do so.

Any non-prescribed medication (painkillers) previously arranged with school and supplied by parents for their child, must be in the original container. Written instruction from the parent giving authority to administer medication with the dose and time is required. Any future doses given for ongoing general pain must always be verified with parents before administration, to clarify previous doses taken.

Students under the age of 16 will not be given medicine containing Aspirin unless prescribed by a doctor.

## **SCHOOL PARACETAMOL**

Poole High School does carry a limited amount of Paracetamol for emergencies ONLY. This means for accidents that happen within school time (except head injuries as painkillers can mask concussion) and for students who are waiting to be transported to hospital. Parental consent will be sought by phone call. Paracetamol is NOT given for ongoing ailments that parents could provide for, for forgotten medication or for ailments or pains. This is also highlighted in the 'Medical Advice for Parents Form<sup>3</sup>'

## **SHORT-TERM MEDICAL NEEDS**

Short course medication may be prescribed for a child during their time at school. This may be antibiotic treatment or applied lotions. Again, these must be supplied in the original containers with prescriber's dosage instructions, accompanied with written consent by a parent for the school to administer.

## **LONG TERM MEDICAL NEEDS**

The school requires information on a student's particular needs before admission into school or when they first develop a medical need.

It may be necessary, although not always, to develop a Health Care Plan. This would involve parents, the child concerned, student welfare officer and health professionals. The Poole Primary Care Nurses or nurse specialist appointed for specific conditions, will help the school draw up a written agreement with parents identifying the level of support that is needed. This will clarify the specific needs and important information for staff, parents and student.

An interim Healthcare Plan/Medical Passport can be drawn up in consultation with parent to support a student with apparent needs still undergoing diagnosis. It is not necessary to have a formal diagnosis before providing support. However, some form of medical evidence may be required to

base the level of support needed or agreed. In addition, a member of staff or nurse can initiate a Healthcare Plan on consultation, or the review of one, but plans should be made to involve all parties mentioned.

A review will be jointly agreed, ensuring this will be updated only when the child's needs change or earlier if evidence is presented that a child's medical needs have changed.

## **RECORDING OF MEDICINES, ACCIDENTS AND WELFARE CONCERNS**

A note of any student and their symptoms admitted to the Medical Room will be logged in the Daily Medical Book and MIS database. This also applies to any first aid treatment on students around the school. Any medications dispensed as agreed with a parent in writing or as part of a Health Care Plan must also be logged in the Daily Medical Book as well as any student's own logbooks set up. Individual logbooks may be set up with prior agreement between school and parents to enable clear monitoring for outside professionals such as Doctors, Paediatricians and Health Care Specialists. The Student Welfare Officer and Welfare Assistant maintain these logs.

## **STORAGE OF MEDICATION**

Medication will be stored strictly in accordance with product instructions (paying particular note to temperature). This will mostly be in a lockable medical cabinet, fridge or cupboard within the Medical Room. Only emergency medication like Asthma pumps and Adrenalin Auto injections are kept unlocked, in an easy, accessible box clearly marked with 'Emergency' written on.

All medication is kept in a labelled envelope or box for each student that requires it.

## **DISPOSAL OF MEDICATION**

Parents are responsible for ensuring that date expired medication are returned to the pharmacy for safe disposal. Any medication left at school after a student is specified as 'off roll', and not collected by a parent, will be disposed of at the local pharmacy by the Student Welfare Officer or Welfare Assistant. The school is registered under the Waste (England and Wales) Regulations 2011, for this reason (Gov.uk Oct 2016)

Sharps boxes will always be used for the disposal of needles. Collection and disposal of boxes will be arranged between parent and Student Welfare Officer or Welfare Assistant.

## **EMERGENCY PROCEDURES**

In the event of an emergency, every effort will be made to contact a parent, so that they may accompany their child to hospital. If a parent cannot be located a member of staff will accompany the child taken to hospital by ambulance and remain until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

## **AED (HEART DEFIBRILLATOR)**

The school have several heart defibrillators. These are kept:

- Cabinet in the staff room
- Medical Room

- Outside the Art Block (provided by Longfleet FC)
- Outside Sports Hall/Theatre

These are available for emergency use for the public, staff and students, should they go into cardiac arrest. Although staff/first aiders have relevant training, the AED equipment can be used easily by an untrained member of staff in an emergency, under guidance from the emergency services (DfE, April 2016). The Student Welfare Officer maintains the equipment termly.

## **STAFF TRAINING**

The school ensures that staff who administer medicines as part of a previous arrangement, Healthcare Plan or under emergency circumstances are fully briefed in general procedures on medicines and that they receive appropriate training to administer specific medicines e.g. Auto injectors, inhalers and equipment. Training in the administration of specific medications is arranged via the Primary Care Trust School Nurse or Nurse Specialist appointed by the child's GP or hospital Consultant. Records are maintained of all training completed by staff.

The school also ensures that there is a sufficient number of staff qualified as First Aid trained by a recognised body.

In a medical emergency, First Aid is given and an ambulance called if necessary and parents notified. If a student has a Healthcare Plan this is given to the ambulance crew. Instructions are given to all first aiders and the main Reception for calling an ambulance. Emergency procedures and information on medical conditions are easily accessible to staff on the school network, they are also signposted to this information periodically.

## **RESIDENTIAL VISITS / WORK EXPERIENCE**

- Parents are sent a medical form prior to any residential trip which is to be completed and returned to the school in good time. This form requests details about the child's condition and their overall health. This provides essential and up-to-date information to relevant staff and visit support staff to help the child manage their condition while they are away. This includes information about medication not normally administered by the school
- All medical forms are taken by the relevant staff member on visits and for all off-site activities where medication is required. These are accompanied by a copy of the child's Healthcare Plan
- All parents of children with a medical condition attending an offsite visit or overnight visit are asked for consent
- It is essential a check is made to ensure children with asthma have their inhalers with them before the party leaves the school
- It is considered good practice to record any medication administered to the child during the residential. This record can then be given to the child's parents on return
- The school will take every reasonable measure to ensure that off-site visits are available and accessible to all, irrespective of medical needs, but that this should not encroach unduly on the overall objectives of the activity or the rest of the group. Under the Equality Act 2010 if, after reasonable adjustments have been planned, the risk assessment indicates there is an unacceptable risk to the health and safety of the individual or the group then this will take precedence over equality legislation



- Risk assessments are carried out by the school prior to any out-of-school visit and medical conditions or needs are considered during this process. A personal or individual risk assessment is carried out where appropriate
- Risk assessments are carried out before pupils start any work experience or off-site educational placement. These should be shared with the parents. It is the school's responsibility to ensure that the placement is suitable, including travel to and from the venue for the pupil. Permission is sought from the pupil and their parents before any medical information is shared with an employer or other education provider.

## COMPLAINTS & LIABILITY

Should Parents be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within the scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

The school will ensure that the insurance policy in place will provide Indemnity and Liability cover regarding the administration of all medicines.

### Attached supporting documents:

<sup>1</sup> Health Care Plan / Medical Passport

<sup>2</sup> Accident Form

<sup>3</sup> Medical Advice for Parents Form

### References:

Department of Education (Dec 2015), 'Supporting pupils at school with medication', Gov.uk [online],

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/484418/supporting-pupils-at-school-with-medical-conditions.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/484418/supporting-pupils-at-school-with-medical-conditions.pdf)

Gov.uk (Oct 2016), Licenses and Licence application, [online], <https://www.gov.uk/waste-carrier-or-broker-registration>

Department of Education (April 2016), 'Automated external Defibrillator, AEDs, A guide for schools', [online]

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/519994/AED\\_guide\\_for\\_schools.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/519994/AED_guide_for_schools.pdf)



# Individual healthcare plan

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

## Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

## Clinic/Hospital Contact

Name	
Phone no.	

## G.P.

Name	
Phone no.	

Who is responsible for providing support in school	
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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to



Name:

Student Passport

D.O.B.

Medical Liaison: Phillipa Rolle

Date of Plan May 2021

<p>Access Arrangements</p>	<p><b>All facilities</b> Has a Red Emergency card</p>	<p>I would like you to know that I have: This means that:</p>	<p>I find it difficult when:</p>
<p><b>It would help me if you could:</b> Allow me to see the Year Office and access the Medical Facility</p>		<p><b>I will help myself by:</b> Letting staff know when I am struggling. Go to the Medical room when feeling unwell.</p>	
<p><b>Additional support:</b> Call Medical Room x270 Radio Ch1 if:</p>		<p><b>Review date</b> May 2021</p>	<p><b>Ongoing</b></p>



To be completed by the injured person, other person on their behalf, other person in charge at the time of the event, attending first aider or witness to the event. <i>Please print clearly and complete all relevant fields of the report form.</i>	For Office Use Only	
	Accident	Yes No
	Incident	Yes No
	Near Miss	Yes No
	RIDDOR	Yes No
	RIDDOR Ref. No	

**Description of the incident/accident:**

Date		Time:	
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Type of Incident/Accident	Accident	Dangerous Occurrence	Violence	Near Miss
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Description of what happened?

Brief details of any injuries (give the nature and location of injury, route of entry for any chemical incident)

What action was taken?

Details of any witnesses

Was there a risk assessment in place?	Yes	No
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Which risk assessment was in place?	
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Was the Risk Assessment followed?	Yes	No
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Was PPE Required?	Yes	No
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Was PPE Used?	Yes	No
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What was the probable cause of this incident?

First Aid Provided(if applicable)			
Name of First Aider		Signature	
First Aid given			
Taken from the scene to hospital?	Yes	No	

Details of Person Injured or Affected:				
Category of Person	Student	Staff	Visitor	Contractor
First Name			Surname	
Class( If Applicable)			Teacher( If applicable)	
Gender			Age	
Contact Address	TO BE COMPLETED FOR VISITORS OR CONTRACTORS ONLY			
Contact Tel:				
Contact email				

To be completed by the line manager/supervisor or other responsible person in charge.		
Has an Accident Investigation been conducted by the Manager/Supervisor/Dept.? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
If Yes, Please attach the completed investigation report	If No or N/A, please state the reason below:	
Are there any immediate actions required to prevent re-occurrence?	Yes	No
Give details:		
Name of line/senior manager:	Signature:	Date:



# **MEDICAL ADVICE FOR PARENTS REGARDING ATTENDANCE AND SCHOOL PROCEDURES**

In Dec 2015 a document was produced by the Department of Education (DFE-00393-2014). This document, gives schools clear medical advice on dealing with various illnesses, diseases and medication. We thought you would find it useful to have a copy of the main points of the document for future reference. However, we do hope you will never need to use them! The chart on page two, relates to illnesses and diseases that we as a school have experienced. If more obscure/rare illnesses arose, they would be dealt with on the advice of both the Education and Health Departments.

## **ADMINISTRATION OF MEDICATION**

The Welfare of the children is of paramount importance.

Parents, school staff and the authority should do all they can to enable children with various illnesses to take advantage of education suited to their needs. To ensure this objective is achieved, it is vital that we work together to fulfil our shared responsibilities.

### **Parents**

Parents have a responsibility to inform the school when their child requires medication and, where necessary, take personal responsibility for any action that is beyond that which the school staff can reasonably be expected to administer. When a child on long-term medication requires it to be administered during school hours, **parents should request in writing, the co-operation of the school staff.**

Medication coming into school should be clearly labelled with the child's name, the name of the medication and the dosage. **It should be handed into the Year Office or Ms Rolle in the Medical Room accompanied by a signed letter. If a letter is not provided, a form is available at reception and MUST be completed.**

The school will only administer medication that needs to be taken four times daily. We have been advised that medication that needs to be taken three times daily should be given before school, after school and at bedtime. However, we understand that some medical disorders may make administration of the medication obligatory in school hours. In these circumstances it is the schools responsibility to act in the interest of the child.

### **Paracetamol**

The school is not obliged to give out Paracetamol at school. However we do keep a limited amount that is used for emergencies/accidents (whilst awaiting an ambulance or A&E admittance). The school on occasions may administer Paracetamol with parental consent. Paracetamol will NOT be given at any other time or for the following reasons:

1. An on-going illness or pain that parents are aware of and can provide Paracetamol themselves to bring into school and left in the medical room.

2. Medication that has been forgotten by students, parents will be phoned and asked to bring the medication in for them.
3. If your daughter suffers with period pains we ask that you can provide your child with the relevant painkiller and given in to the medical room. Unfortunately we do not have enough painkillers to provide for this common ailment on a regular basis.

Department of Education 2014, [online] DFE-00393-2014 (Accessed: Oct 2017), Available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/638267/supporting-pupils-at-school-with-medical-conditions.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/638267/supporting-pupils-at-school-with-medical-conditions.pdf)

<b>ILLNESS</b>	<b>INCUBATION PERIOD</b>	<b>MINIMUM EXCLUSION</b>	<b>ACTION</b>
Chicken Pox	14-21 days	Until spots are crusted over	Avoid contact with non-immune adults particularly pregnant women
Cold sores	14-21 days	None	Recurrent Check it is not impetigo
Conjunctivitis	From contact	Until treatment has started	Spreads through contact
Diarrhoea Tummy upset Food Poisoning	From a few hours to 7 days	24-48 hours after symptoms clear (depending on illness/condition)	Strict hand hygiene. Special action as directed by doctor
Glandular Fever	4-6 weeks	None	Only spread by close contact
Impetigo	4-10 days	48hrs after antibiotics commence	See a doctor for treatment
Measles	2-10 days	4 days from signs of rash	Highly infectious. Check immunisation of siblings
Mumps	12-25 days	5 days from signs of swelling	
Rubella (German measles)	14-23 days	5 days from appearance of rash	Pregnant women in contact should see their doctor
Whooping cough	7-10 days	48 hrs after antibiotic commence.	Highly infectious. Check immunisation of siblings
Ringworm	4 -14 days	Until treatment starts	See doctor for treatment

Scabies	2 - 6 weeks	Until treatment has been applied	Family contacts need treatment
Verrucae	2 - 3 months	None	Treatment only necessary if uncomfortable. Verrucae must be covered with a plaster for PE or clear nail varnish/ or rubber sock when swimming
Tonsillitis	4 – 7 days	None	Most cases don't require antibiotics except for streptococcal