

Medication Policy

RATIONALE

To ensure that all medicines (prescription and non-prescription) are approved for a particular child, administered and stored appropriately and safely, and that we record who gives what medicines to children.

PRACTICE

Category (i) medicines

Definition - a non-prescription preparation (such as arnica cream, antiseptic, insect bite treatment, saline etc) that is - not ingested; used for the first aid treatment of minor injuries; and provided by the service and kept in the first aid cabinet or in the bathroom cabinet.

Authority for permission to apply category (i) medicines, arnica and calendula creams when administering first aid, is requested on the enrolment form. All teachers will be made aware of children that permission has not been granted for this through the staff communication book or in team meetings. The Office Administrator will inform the Centre Director/Team Leader verbally and add the child's name to relevant lists in the kitchen and bathroom as reminders for staff.

Category (ii) medicines

Definition - a prescription (such as antibiotics, eye/ear drops, etc) or non-prescription (such as cough syrup, etc) medicine that is:

- Used for a specified period of time to treat a specific condition or symptom; and
- Provided by a parent for the use of that child only or, in relation to Rongoa Māori (Māori plan medicines), that is prepared by other adults at the service.

The medication chart is kept on the kitchen bench. Written authority is required each day in the medication chart for Category (ii) medicines, detailing name of medicine, method and dose and specific time or circumstance for when the medication is to be administered.

Medication needs to be handed to a staff member/person responsible and checked that:

- It is prescribed for the specific child (or explanation given and signed by parent for permission to administer a medication)
- It is in its original container
- That the details on the prescription match what has been written on the medication log
- It is not out of date
- In the case of non-prescription medication manufacturer's guidelines need to be followed, including age range.

Medication will be stored in the fridge or in the cupboard above the fridge in the kitchen. When medication is to be administered a red arrow displayed on the paper towel dispenser in the kitchen. Medication is to be taken home at the end of each day and not stored at the centre.

Pamol will not be administered for fever. Children with a fever will be required to be collected from the centre, as per Sickness and Infectious diseases policy.

The staff member administering the medication must be overseen by a second staff member. Once the medication has been administered the teacher is responsible for filling out the details on the medication chart and having it counter-signed.

At the end of the day the staff member administering the medication (registered Teacher) must also get the signature of the parent, acknowledging that the staff member has administered the agreed amount. At this point all remaining medication should be returned to the parent.

Category (iii) medicines

Definition - a prescription (such as asthma inhalers, epi-pen, epilepsy medication etc.) or non-prescription medicine (such as antihistamine syrup, lanolin cream etc.) medicine that is:

- Used for the on-going treatment of a pre-diagnosed condition (such as asthma, allergic reaction, diabetes etc.), and
- Provided by a parent for the use of their child only.

For ongoing health conditions, where Category (iii) medications are required then an individual health plan will be completed with the family. This will detail the condition and the medication that will be stored and used over a period of time in the centre for their child. Medication will be stored in the fridge or in the cupboard above the fridge in the kitchen. The staff member administering the medication must be overseen by a second staff member. Once the medication has been administered the teacher is responsible for filling out the details on the medication chart and having it counter-signed.

The Team leader or The Centre Director will check the expiry for medication when a Cat iii med form is re-signed and ensure that parents will be advised as these medications are coming up to their expiry date. Any medication that cannot be returned to parents will be disposed of in a safe manner.

Training that is needed for the administering of medication will be discussed when the individual plan is being devised, it is the responsibility of the family to help provide and organise training for staff.

GUIDING DOCUMENTS

Education (Early Childhood) Regulations 2008 Reg 46, HS28-29

Approved by:

Centre Director : *Hilary Henderson*

Date: November 2022

Service Provider

Contact Person: *Aaron Donaldson*

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To be reviewed: November 2024

2020

1 Is this policy working?

yes , staff are clear about double checking and having signatures from parents

2 Does it match our practice?

Yes

3 Is it supported by research?

Yes