

CHILD MEDICATION AND ADMINISTRATION POLICY

Rational:

Here at Bright Babes we understand that children may require medication for varying reasons (prescribed and non-prescribed) we will ensure that all medicines are approved for a particular child, administered and stored appropriately and safely, and that we record who give what medicines to children.

Purpose:

To ensure that children receive the appropriate medication as required for their health, well-being and safety.

To ensure teachers receive appropriate education and support when dealing with issues related to the administration of medication.

To ensure the teachers administer medication according to health and safety requirements.

Principles:

There are three categories of medicines that are administered in early childhood centres:

Category (i) Medicines:

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

Authority required – written authority from a parent given at enrolment.

Category (ii) Medicines:

Definition – a prescription (such as antibiotics, eye/ear drops, etc.) or non-prescribed medicine (bonjella) 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 Rongo Māori (Māori plan medicines), that is prepared by other adults at the service.

Authority required – written authority from a parent given at the beginning of each day they need medicine administered.

Category (iii) Medicines:

Definition – a prescription (such as asthma inhalers, epilepsy medication, etc.) or non-prescription (such as lanolin cream, fatty cream) medicine that is:

- Used for the ongoing treatment of a pre-diagnosed condition (such as asthma, epilepsy, allergic reaction, diabetes, eczema, etc.); and
- Provided by a parent for the use of that child only.

Authority required – written authority from a parent given when individual health plan discussed, or whenever there is a change.

Procedure:

Parents can be reassured that their child will be given the right medication at the right time. Appropriate training and procedures will ensure that overdoses or wrong medication are not given and that the right child gets the right medication at the right time.

- We will endeavour to ensure that a qualified and experienced staff member who meet the First Aid requirements with a recognised First Aid Qualification can administer medications to children. They will also ensure that another staff will check the dose given.
- It is the parent's/guardians' responsibility to ensure instructions are updated on a daily (or as regularly as needed) basis.
- Teachers shall ensure that any administration of children's medication is authorised by parents on the medication form prior to administration.
- Teacher's shall contact management for further advice when issues arise concerning medication and/or if require knowledge on how to administer certain medication.
- When medication administration is via apparatus with which the teacher/s are unfamiliar with (e.g. Ventolin inhaler, epi-pens, diabetic insulin injections), or in instances where teachers feel they need assistance to develop skills or confidence to administer medication, support and practical advice shall be sought. When further support and/or advice are given to teachers, this shall be documented as part of the medical plan for the child

NO MEDICATION PRESCRIBED FOR A CHILD WILL BE USED FOR A STAFF MEMBER.

Alignment with other Policies:

- Centre Exclusion Policy
- Child Illness Policy

Relevant Background (including legislation/regulation references)

Licensing criteria 2008, Health and Safety, Child Health and Well-being Documentation required:

- HS28: (i) A record of the written authority from parents for the administration of medicine in accordance with the requirement for the category of medicine outlined in Appendix 3. (ii) A record of all medicine (prescription and non-prescription) given to children left in the care of the service. Records include:
 - ◆ Child's name
 - ◆ Name and amount of medicine given
 - ◆ Date and time medicine administered and by whom, and
 - ◆ Evidence of parental acknowledgement. When the same dose of category (iii) medicine is administered on a regular basis, parental acknowledgement may be obtained weekly or every 3 months.
- HS29: A record of training and/or information provided to adults who administer medicine to children (other than their own) while at the service.

Policy Review Schedule

Review every three years or when there is a significant change in the area of the policy topic.

Introduction Date:				
Next review date:				
Comment:				
Consultation Undertaken:				