



MEDICINES POLICY

The purpose of this operational policy is to keep children and adults safe by meeting ECE Licensing Criteria HS28.

Position Statement

At this centre we will ensure that all medicines (prescription and non-prescription) are administered appropriately and safely by those people authorised to do so and according to the category of medicine. A record of medicines given to children and by who are kept.

Issue Outline

There are other cases where a child will need basic first aid such as antiseptic cream, or a child's doctor will say the child is well enough to attend, but that the child must be given medicines over the course of the day. In other cases, a child's medical condition will be on going and will require medicine/s for this purpose. In all these cases it is imperative that medicine is appropriately administered and only by those authorised to do so.

Detail

General

Our centre complies with HS25 that there is an adult present at all times for every 50 children attending (or part thereof) that:

- Holds a current first aid qualification gained from a New Zealand Qualifications Authority accredited first aid training provider

- If a child is injured, any required first aid is administered or supervised by an adult meeting these requirements

Category (i) medicines

Definition - non-prescription preparation (such as arnica cream, antiseptic liquid, insect bite treatment spray etc) that is:

- Not ingested

- Used for the 'first aid treatment of minor injuries; and

- Provided by the centre and kept in the first aid cabinet

Category (ii) medicines

Definition – a prescription (such as antibiotics, eye/ear drops etc) or non-prescription (such as paracetamol liquid, 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.



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Category (iii) medicines

Definition – a prescription (such as asthma inhalers, epilepsy medication etc) or non-prescription (such as antihistamine syrup, lanolin cream etc) medicine that is used for the ongoing treatment of a pre-diagnosed condition (such as asthma, allergic reaction, diabetes, eczema etc); and provided by a parent for the use of that child only.

Authorisation

Our centre also ensures that all medicines (prescription and non-prescription) are administered appropriately and safely according to the category of medicine (HS28). This includes written authority from parents.

Category (i)

We ensure that we get written authority from a parent at enrolment for the use and preparation of category (i) medicine that maybe used for their child for the period that they are enrolled. We will advise parents if there is any change to this (see medicine register).

Category (ii)

At the beginning of each day that the category (ii) medicine is needed, the parent must let the centre know in writing what the medicine is, how it is to be administered (method and dose), and when the medicine should be given (such as time or day or in response to specific symptoms).

The parent must sign at the start of the day to show they give their consent for the centre to administer the medicine.

When they collect their child at the end of the day, they must sign again to acknowledge that the centre has correctly administered the medicine.

We do not accept parental permission to administer medicines that is gained over the phone (see medicine register).

Category (iii)

We ensure that we get written authority from a parent at enrolment for the use and preparation of category (iii) medicine that will be used for their child only for the period that they are enrolled. This includes how (method and dose), and when (time or specific symptoms/circumstances) the medicine should be given. Parents and the centre will also agree to an individual health plan. We



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request that parents advise us if there is any change to this detailing while enrolled (see medicine register).

Records of who is authorised to administer what medicines are maintained and all staff and relevant parents are informed.

Medicines are stored safely and appropriately, and are disposed of, or sent home with a parent (if supplied in relation to a specific child) after the specified time. A medicine register is kept with the medicines.

A record with specific details on all medicine given to children is kept for categories (i), (ii) and (iii).

Adults who administer medicine are provided with relevant information and training relevant to the task.

A record is kept of information and training provided. Administers are required to double check name, expiry date and that medicine is correct dosage.

In cases of chronic illness, we will develop individual health management plans in consultation with parents and the child's doctor if necessary.

Sudden Illness

If the child appears to be very unwell, for example they have a very high temperature, and the parent or emergency contact cannot get to the service quickly, our centre will refer to its accident and illness policy under HS27.

If a child who is not currently receiving medicine becomes unwell while at the centre, we will contact the parent or caregiver to let them know that child is unwell and to ask them to collect without delay, particularly if the illness could be infectious.

If the parent or caregiver cannot collect their child, we will require they make other arrangements, such as asking their emergency contact person to pick the child up from the service. If that is not possible or practicable under the circumstances, the centre will take the child to a local medical practitioner or hospital Emergency Department for immediate treatment, where any costs incurred will be passed onto the parents.



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Alignment with other policies

HS25 – First Aid

HS27 – Accident and illness policy

HS29 – a record of training/and or information provides to adults who administer medicine to children (other than their own) at the service.

Relevant Background (including legislation/regulation references)

Licensing Criteria 2008, Health and Safety, Child Health and Well-being Documentation required.

HS28: (1) 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, an

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.

Date developed: December 2013

Last review date: September 2020