



Administration of Medication

Responsible to:	Chief Executive Officer
Applies to:	All Teachers
Purpose:	<ul style="list-style-type: none">-To ensure that children receive the appropriate medication as required for their health, wellbeing and safety.-To ensure teachers receive, appropriate education and training to ensure they are equipped and comfortable to administer medication to children when necessary-To ensure that teachers administer medication following best practice guidelines
Definition:	'Medication' refers to those medications provided for the child by a medical practitioner.
References:	<ul style="list-style-type: none">• Education (Early Childhood Centres) Regulations 2008• Licensing Criteria for Early Childhood Centres 2008

Policy

1. Medication (both prescription and non-prescription) will only be administered to a child in the following situation:
 - By a doctor or ambulance personnel in an emergency; or
 - By the parent of the child; or
 - With the written authority (appropriate to the category of medication) of a parent.
 - Medications are to be 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.
2. It is the responsibility of the parent to inform the kindergarten if medication is required to be administered to a child.
3. It is the responsibility of the Head Teacher to ensure the correct forms are completed and permissions gained if medication is required to be administered to a child.
4. Whānau Manaaki will support teachers to have appropriate information and/or training on the administration of medication where necessary.
5. If an attending child has a condition where a difficult or complex medication or medical procedure is required to support the child's well-being, Whānau Manaaki will work with the family and teaching team to develop a plan

Procedures:

1. Teachers will ensure that at enrolment, induction and at regular intervals through newsletters and the like that parents are made aware of requirements relating to the administration of medication.
2. The Head Teacher is required to ensure the correct forms for the different categories of medication (see Appendix 1) are completed and signed by the child's parent prior to medication being administered:
 - Category (i) Enrolment form
 - Category (ii) Daily Medication Form
 - Category (iii) Ongoing Treatment Form
 - Allergic Reaction/Serious Condition Plan for children with known allergies and serious medical conditions
3. All category (ii) and (iii) medication must be clearly labelled with the name of the child to whom the medication is to be administered.
4. All medication is to be stored safely and appropriately and be disposed of safely or sent home with the child's parent after the specified time.
5. In the case of category (iii) medications that may be administered on an "as required" basis (eg. asthma inhalers, hydrocortisone cream or antihistamine medication etc), teachers will follow the instructions of parents. Only a teacher who is trained in administering the particular medication may do so. If there is no teacher with this training available the parent/whānau/caregiver must be informed immediately.
6. The Head Teacher is required to ensure teachers complete the 'Record of Medication Administered Form' immediately after they administer medication to a child.
7. The Head Teacher is required to ensure that parents have completed the 'Allergy Information Form' for children who suffer from allergic reactions.
8. An up to date list of children who have an allergy or serious medical condition must be displayed in the kindergarten office and/or discreetly in the kitchen area to ensure all teachers and relievers are aware of allergies and serious medical conditions. Seriousness of allergy eg mild or severe is to be identified.
9. The Head Teacher must inform their Senior Teacher if training is required for administering a specific medication to a child, to ensure this training can be arranged.
10. A record of training provided for specific medication administration is to be kept at the kindergarten.
11. Teachers will ensure that any personal teacher medication is stored safely and appropriately.

Appendix:

The Licensing Criteria for Early Childhood Education and Care Centres defines 3 categories of medicine.

Category (i) – a non-prescription preparation (such as arnica cream, antiseptic liquid, insect bite treatment spray etc.) that is not ingested and used for the first aid treatment of minor injuries and is provided by the service and kept in the First Aid Cabinet.

Authority required to administer: a written authority from a parent given when the child starts or at any other time and recorded on the child's enrolment form.

Category (ii) – a prescription (such as antibiotics, eye/ear drops) or non-prescription (such as paracetamol liquid, cough syrup etc.) medicine that is used for a specific 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 plant medicines), that is prepared by other adults at the service.

Authority required to administer: a written authority from a parent given at the beginning of each day the medicine is given detailing name of medicine, dosage and time/or specific circumstances/symptoms medication is to be given

Category (iii) – a prescription (such as asthma inhalers, epilepsy medication etc.) or non-prescription (such as anti-histamine syrup, hydrocortisone cream etc.) medicine that is used the ongoing treatment for 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 to administer: a written authority from a parent given at enrolment as part of an individual health plan or whenever there is a change detailing name of medicine, method and dose, time or specific circumstances the medicine should be given.

Daily Medication Authorisation form:

For Category (ii) medicines

Definition: a prescription medicine (such as antibiotics, ear/eye drops etc.) or non-prescription (such as paracetamol liquid, cough syrup etc.) that is used for a specific 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 plant medicines), that is prepared by other adults at the service.

Child's Name _____

I authorise the teachers to administer the following medication (s):

Date	Name of Child	Type of Medication
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/ /		
/ /		
/ /		
/ /		

I have supplied the following information and I understand that the teachers are not medical staff and will follow the listed instructions:

The following teachers have been provided with information and/or training to administer this medicine

DATE
(Day medication authorised for) Signature Parent/Guardian

Ongoing treatment Medication Authorisation Form:

For category (iii) medicines

Definition: a prescription (such as asthma inhalers, epilepsy medication etc.) or non-prescription (such as antihistamines syrup, hydrocortisone cream) medicine that is used for the on-going treatment of a pre-diagnosed condition and provided by a parent for the use of the child only.

Child's Name _____

I authorise the teachers to administer the following medication(s):

Name of Medicine	Name of Child	Type of Medicine

From:/...../..... until/...../.....: (cannot be longer than 3 months)

The following are the specific instructions (specific symptoms/circumstances), limitations to teachers' responsibility in administration of medication etc.:

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The following teachers have been provided with information/training to administer this medicine

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I understand that teachers are not medical staff and will follow the instructions I have authorised, or specialist training they have been given.

I understand that it is my responsibility to inform the teachers of any changes to my child's medical circumstances.

Signed Parent/Guardian..... Date..... (This form must be filed in the Accident/Illness Register)

Allergy Information:

Date	Name of Child	Description of Allergy	Reaction eg. Rash/ trouble breathing etc.	Action to be taken	Emergency Contact Details
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Allergic Reaction/Serious Condition Management Plan:

Name of child:..... Date of Birth:..... Allergic

To:.....

Details of Serious Condition/Allergy:

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Contacts

Local Doctor:..... Phone:..... Surgery:.....

Parent:..... Home:..... Mobile:..... Emergency

Contact:..... Home:..... Mobile:.....

Name of child:..... Date of Birth:..... Allergic

To:.....

Details of Serious Condition/Allergy:

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Contacts

Local Doctor:..... Phone:..... Surgery:.....

Parent:..... Home:..... Mobile:..... Emergency

Contact:..... Home:..... Mobile:.....