

# CONDUCTIVE EDUCATION WAIKATO

Early Intervention and Habilitation Provider

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## MEDICINES POLICY

### Purpose

The purpose of this operational policy is to keep children and adults safe by meeting ECE Licensing Criteria HS28 – Medicine Administration and Medicine Training HS29.

### Position Statement

At this centre we will ensure that all medicines (prescription and non-prescription) are administered appropriately and safely by those people authorised and trained to do so and according to the category of medicine. Medicines are stored safely and out of reach of children, and records of medicines given to children and by whom are kept.

### Issue Outline

There are 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 ongoing 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 and trained to do so.

### Detail

#### General:

Our centre complies with HS25 that there is an adult present at all times for every 25 children attending (or part thereof) that:

- holds a current first aid qualification gained from a New Zealand Qualifications Authority accredited first aid training provider; or
- is a registered medical practitioner or nurse with a current practising certificate; or
- is a qualified ambulance officer or paramedic.

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

#### **Category (i) medicines**

Definition – a 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 service 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 only or, in relation to Rongoa Māori (Māori plant medicines), that is prepared by other adults at the service.

#### **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, epilepsy, allergic reaction, diabetes, eczema etc); and provided by a parent for the use of that child only.

Source: Appendix 3; Licensing Criteria for centre-based ECE services

## **Authorisation**

- 1) 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. This authority will be kept in the enrolment files for 7 years.

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

- 2) Administration of medicines and signing / acknowledging medicines were administered. It is important to check before administering that the medicine is:

- a. The correct medicine
- b. The correct dose
- c. Given to the correct child
- d. Administered at the correct time.

Parental authority may be delegated by the parent to other authorized persons, such as other people who are responsible for having the role of providing day-to-day care for the child, and may include a biological or adoptive parent, step parent, partner of a parent of a child, legal guardian or member of the child's family, whānau or other culturally recognised family group.

The record of medicine administered to children will be kept for 2 years.

### Category (i)

- We ensure that we get written authority from a parent at enrolment for the use and preparation of category (i) medicine that may be 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 our 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 of day or in response to specific symptoms).
- The parent must sign the medicine register at the start of the day to show they give their consent for our centre to administer the medicine.
- When parents collect their child at the end of the day, they must sign the medicine register again to acknowledge that our centre has correctly administered the medicine.
- Paper-based copies of medicine forms are to be kept onsite for 2 years.

### 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 our centre will also agree to an individual health plan. We request that parents advise us if there is any change to this detailing while enrolled (see medicine register).

### Clarification

Nappy creams and nappy rash barrier preparations are not medicines and therefore do not need to be authorised or acknowledged in the same way that medicines are.

However, If a child needs a prescribed medication to treat a condition e.g.. thrush or infected nappy rash, this medication must be treated as a category (ii) medicine.

There are nappy change procedures in place that mitigate and prevent infection and cross-infection.

Sunscreen cremes / lotions: As sunscreen is not a medicine, it does not need to be authorised or acknowledged in the same way that medicines do.

## Roles and Responsibilities

To meet the First Aid requirements under either the 1998 regulations or 2008 regulations our centre recognises any First Aid qualification from courses that:

- are delivered by a New Zealand Qualifications Authority accredited first aid provider; and
- meet the minimum requirements of Unit Standard 6400 (or the successor to that Unit Standard); and
- are evidenced by a certificate issued by the trainer that is valid for a period of up to 2 years following qualification; and
- require an 8-hour refresher course every two years to maintain the certificate as current.  
Go to: <http://www.lead.ece.govt.nz/ManagementInformation/Staffing.aspx>

The Person Responsible for the session is responsible for administering medicines (prescription and non-prescription), recording medicines administered, and reporting back to the child's parent or caregiver at the end of the day.

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 out of reach of children but can be accessed quickly in the event of an emergency.

Category 1 medicines are regularly checked as to their expiration dates by the Centre Administrator. Category 1 medicines supplied by our centre are disposed of appropriately by this centre. Parent supplied Category 1 medicines are 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).

## Medicine training

- Adults who administer medicine are provided with relevant information and training relevant to the task.
- Families of the children who require medicine will be asked to provide information and staff training. This may include use of inhalers, epi-pens for anaphylactic shock or insulin injections.
- Training could be in the form of conversations, demonstrations or written information, and include the child's GP, practice nurse, public health nurse, a pharmacist or a foundation such as asthma foundation.
- A record of information and training provided is kept with the child's enrolment record (this is separate from First Aid training). This record is kept for the duration of the child's enrolment or the staff members' employment, whichever is longer.
- Administers are required to double check the name of the medicine (the **right medicine**), the name of the child (medicine given to the **right child**), expiry date and the

**right dose** (that medicine is correct dosage) at the **right time** (follow instructions provided by parents or medical staff). This will be double-checked and signed by another staff member.

- 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 Injuries, Illness and Incident Management policy under HS27.

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

If the parent or caregiver cannot collect their child, we will isolate the child per the centre Isolation Procedure, and request they make other arrangements, such as asking their emergency contact person to pick the child up from the service.

## Alignment with Other Policies

HS27 – Injuries, Illnesses and Incidents 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 acknowledgment 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

## Impacts of Policy on Staff, Parents, Children

This policy is essential for the health and safety of children. Parents need reassurance that their child will be given the right medication at the right time. Appropriate training and

procedures ensure that overdoses or wrong medication are not given, and that the right child gets the right medicine at the right time.

## **Alignment with the Centre Philosophy**

This policy ensures a safe environment, a crucial part of creating and maintaining the well-being of children in our care.

## **Implications and/or Risks**

Correct implementation of this policy is essential for maintaining our licence, for keeping our children safe and our parents confident in us. These factors protect our reputation.

## **Implementation**

Medicines are kept securely out of reach of children, but readily accessible for adults. They will be secured in the medicine box in the children's bathroom, or in the child safety-locked refrigerator in the classroom if refrigeration is required.

Clear procedures have been developed and staff are trained to follow them.

The record of training and medicine registers are kept in the childrens bathroom.

## **Review**

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

REVIEW DATE: August 2024

REVIEW DATE CYCLE: August 2027

Centre Manager: \_\_\_\_\_