

Medication Policy

Goal

At TreasureTree we are committed to provide an environment that promotes the healthy wellbeing of the children and the educator and staff within our service. However, Educators are not registered medical practitioner; medication to children shall only be within the scope of the training of the educator and the permission from the parents.

Guidelines

Medicine (prescription and non-prescription) is not given to a child unless it is given:

- 1) By a doctor or an ambulance personnel in an emergency; or
- 2) By the parent of the child; or
- 3) With the written authority (appropriate to the category of medicine) of a parent
- 4) Any medication is to be given directly to educator or put in the kitchen fridge on arrival, NOT left in bags or baskets. Educator must be told of any medication to be given.
- 5) Medication must
 - be signed for in the Medication Chart
 - be in it's original bottle/tube/package
 - be in the name of the child who it is for
 - not exceed the stated dosage.
 - Creams: if non-prescribed, it will be given at educator's discretion.
 - Disposed of, or sent home with a parent if supplied in relation to a specific child after the specified time

Paracetamol: Educators will only administer Paracetamol with Doctor's prescription. *TreasureTree educators will not administer Paracetamol to children who do not have a doctor's prescription.*

In circumstances of a shock/rapidly rising temperature, the parent will be contacted immediately; Parents will be required to come and pick up the child immediately. The Medicine Chart will be signed upon parent's/emergency's person arrival at the educator's premise.

Category (i) medicines

Parents will be asked to give consent if category (i) medicines can be given to their children to treat injuries that occur while children are attending. The educator will need to check the enrolment form of the child before they use category (i) medicine to the

Category (ii) medicines

Although children generally do not (and should not) attend ECE services while they are sick, there are times when children might be well enough to attend but are still taking medication (such as the end of a course of antibiotics). Educator will need to record the medicine in medicine register/chart and discuss the requirement with parents and follow the instruction on the medicine.

Category (iii) medicines

Sometimes, medication is needed to treat or manage an ongoing medical condition. Children with

asthma, diabetes, epilepsy, chronic eczema, or severe allergies are likely to need medication in order to maintain their quality of life. If medicine has to be given ‘as needed’ (rather than according to a regular schedule), then children are likely to sometimes require medication in order to be able to participate fully (and safely) in the service curriculum. Services do not have the option of making a blanket decision not to administer any medicine of this type, as children’s lives could be put in danger.

If category (iii) medicines is required, the educator will need to take training on how to administrate the medicine and record on preventative medicine form. In this case, Service staff and management should work together with parents/whānau (and possibly relevant medical or specialist personnel) to try to find a solution that works for everyone involved.

Educators need to feel confident and capable of providing the necessary support to children when they need to have medication administered. Because educators do not generally have medical training, some form of training or information is usually required so they can do this. First aid courses do not commonly cover the correct administration of medicine, so this will not usually be sufficient.

For common medicines that are administered by mouth (such as antibiotics), the level of information needed will be minimal:

- Check that the **right dose** (use a standard measuring cup or spoon) of the **right medicine** is given to the **right child** (double-check the details on the label each time) at the **right time** (follow any instructions provided by parents or medical staff about this).

It is easy to underestimate the importance of correct administration for other widely used medications (such as asthma inhalers) – and this can have tragic consequences. No-one wants to have to deal with these consequences, so it is wise to err on the side of caution. Even adults who have used these inhalers themselves for their entire lives can have learnt or fallen into bad habits when it comes to administering this medication. When a young child’s asthma is not under control for some reason, and a less than optimal dose of medication is being administered over a period of time (due to poor technique), their health can decline very rapidly.

Because of the prevalence of asthma amongst children in NZ, it is a very good idea to have regular training sessions for staff about asthma medication administration – because it will be relevant for a number of children. Most areas have asthma educators who are happy to assist with this, or you could contact a local medical centre.

In other cases, specific training might be needed on a case-by-case basis depending on the particular child’s (or educator’s) needs. Examples might be insulin injections for diabetics, epi-pens for anaphylactic shock, or rectal suppositories for prolonged epileptic seizures. Work together with the child’s family to find the best way of providing the training needed for staff in these situations – the child’s GP or practice nurse may be willing to provide information and training.

We will work closely with the educator and the parents if a child in our care need medicine on a ongoing basis and a training is required for administrative a particular medicine. Training and arrangement will be made prior the educator can take the child in her/his care.