

Administration of Medicine

Version 3 | Mahi Tuatahi
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Document Approver: Chief Executive
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Applies To | Ko Wai Whakahāngaitia

All teaching staff

General Principles | Mātāpono Whānui

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

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

To ensure that teachers administer medication according to health and safety requirements

Related Procedures or Processes and Documents | Pākanga Tukanga me Pukapuka

References |

Education (Early Childhood Services) Regulations 2008, 46, HS28

Licensing Criteria for Early Childhood Education and Care Services 2008

Policy Review Cycle | Kaupapa Arotake Hurihangā

This policy will be reviewed two-yearly and in conjunction with reviews of the related procedures or processes and documents outlined above.

Definitions | Tautuhī

Medication refers to those medications provided for the child by a medical practitioner

Policy

1. Medication (both prescription and non-prescription) will only be administered to a child in the following situations:
 - By 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.
2. It is the responsibility of the parent or whānau 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. Kindergarten Taranaki will support kindergartens 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, Kindergarten Taranaki will work with the whānau and

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teaching team to develop a plan.

6. There should be another teacher given delegated authority to assume the responsibilities of the Head Teacher in respect to this policy and procedure in the event that the Head Teacher is absent.

Procedure

1. Teachers will ensure that at enrolment, induction and at regular intervals through newsletters and Storypark that parents and whānau 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/whānau prior to medication being administered:
 - Category (i) Enrolment form
 - Category (ii) Daily Medication Authorisation Form
 - Category (iii) Ongoing Medication 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 full 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/whānau after the specified time. The child's name; photo, current treatment medication authorisation form and other relevant information should be kept with the medication.
5. In the case of category (iii) medications that may be administered on an "as required" basis (e.g. asthma inhalers, hydrocortisone cream or antihistamine medication etc), teachers will follow the instructions of parents/whānau. 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/whānau 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 e.g. 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. This needs to be updated every time a new teacher starts or a teacher leaves the kindergarten.
11. All staff will ensure that any personal medication is stored safely and appropriately.

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Appendix 1 - 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 for 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.

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Forms

Record of Medication Administered

Ongoing Medication Treatment Form Category (ii)

Ongoing Medication Treatment Form Category (iii)

Daily Medication Authorisation Record

Allergic Reaction/Serious Condition Management Plan

Record of Medication Administered

This form needs to be displayed prominently in an appropriate place so all teachers can access this information

(Parental authorisation must be obtained before any medicine is administered by a teacher)

On-going Medication Treatment Form Category (ii)

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 Full Name _____

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

Date	Full Name of Child	Type of Medication

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 _____

(Date Trained) _____ Full Name & Signature of Teacher

Date _____

(Date Trained) _____ Full Name & Signature of Teacher

Date _____

(Date Trained) _____ Full Name & Signature of Teacher

Date _____

(Date Trained) _____ Full Name & Signature of Teacher

Date _____

(Date Trained) _____ Full Name & Signature of Teacher

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.

Parent/Guardian Full Name: _____

Date: _____

Signature: _____

On-going Medication Treatment Form Category (iii)

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 Full Name _____

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

Name of Medicine	Full 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.:

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

Date _____

(Date Trained) _____ Full Name & Signature of Teacher _____

Date _____

(Date Trained) _____ Full Name & Signature of Teacher _____

Date _____

(Date Trained) _____ Full Name & Signature of Teacher _____

Date _____

(Date Trained) _____ Full Name & Signature of Teacher _____

Date _____

(Date Trained) _____ Full Name & Signature of Teacher _____

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.

Parent/Guardian Full Name: _____

Date: _____

Signature: _____

Daily Medication Authorisation Form

(This form must be filed in the Accident/Illness Register and a copy kept with the child's medication)

Date	Full Name of Child	Description of Allergy	Reaction eg Rash, Trouble breathing etc	Action to be taken	Emergency Contact Details

Allergic Reaction/Serious Condition Management Plan

Full Name of Child _____ Date of Birth _____

Home Address:

Allergic To:

Details of Serious Condition/Allergy:

Contacts

Local Doctor **Phone** **Surgery**

Parent **Hone** **Mobile**

Emergency Contact **Home** **Mobile**

Early Signs/Mild Reaction	→	Example
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Allergic Reaction/Serious Condition Management Plan

Example of a Management Plan

REACTION/SERIOUS CONDITION MANAGEMENT PLAN FOR MILD REACTION

Early Signs/Mild Reaction	→	(Example of what might be in the Management plan)
Itching	→	Give authorised medication
Hives/Rash	→	Watch carefully
Vomit	→	Notify parents
Swelling of lips, eyes, face	→	Notify parents or call ambulance if concerns escalate

REACTION/SERIOUS CONDITION MANAGEMENT PLAN FOR SEVERE REACTION

Severe reaction/anaphylaxis	→	(Example of what might be in the Management plan)
Breathing difficulties	→	Call 111 for life support ambulance
Difficulty talking or hoarse voice	→	Notify Parents
Swelling of tongue or throat	→	May give antihistamine as above
Collapse, weakness, loss of consciousness	→	Do not hesitate to call ambulance in any of the above circumstances