



SECTION 3

HEALTH & SAFETY POLICIES

3.11 Medication Policy

Aim:

1. To ensure the correct administration of medication to children.
2. To ensure appropriate records are kept for staff administering medication.
3. To establish procedures and routines for administering medication.
4. To ensure that all children's individual health needs are met.

Process:

1. Medications must be given directly to staff on duty and written up on a Medication form which can be found in the medication folder located in each room. Each child has a confidential sleeve of medication forms. The parents must write the amount required to be given, time last administered, time next dose is required, name of the medicine and also sign and enter the date.

2. Staff are to place the medicine in the kitchen fridge (if required) or in the first aid cupboard in the child's room to ensure that all medicine is kept out of the reach of the children.

3. When administering the medication, a qualified staff member must check that the proper name is on the bottle and that the information on the bottle is the same as on the medication form. They must also check that the medication is not passed its used by date, all of this must also be checked by a second staff member. After the qualified staff member has poured the medicine, it must again be checked and signed by 2 staff members (qualified staff member who administered medication must sign and the second staff who witnessed must sign).

4. Only qualified staff will administer medication and will use appropriate measuring implements i.e. dropper/syringe young children or medicine cup for older, as advised by parents and doctor.

5. For prescribed medicine, the child's name must be on the bottle. Non prescription drugs will only be administered by staff if accompanied by a letter from a medical practitioner, health professional or natural therapist.

6. If a child becomes sick at the Centre, staff will advise the parent by phone that they will need to pick up their child within the hour. When parent arrives at the centre, they will be required to sign an illness report. If the child has a fever or has vomited or had diarrhoea, the parent will be provided with a copy of the illness report stating that they can not return to childcare for at least 24hrs after symptoms have ceased. If the child has a suspected contagious disease the parent will be given a copy of the illness report stating that the child must produce a medical certificate upon return to the centre.

7. Medication must not be left in the child's bag or locker.
8. Medication must be in its original container, labelled with the child's name.
9. Staff can not administer prescription drugs that are not prescribed for a specific child.
10. Staff will not administer medication that has expired.
11. Staff will contact parents if a medication is missed or administered late.
12. Staff will contact parents if a child refuses medication.

Long term Illness and Allergies

Where a child has a long term illness or allergy (including asthma, anaphylaxis etc), parents will be asked to complete a management plan. It should be updated every six months at least, to ensure that the plan and medication (if required) is appropriate to the child's current condition. Details of routine, extra medications and the actions to be taken in the event of an illness or allergy must be specified in the child's management plan. The Centre will aim to commit to all staff being appropriately trained to ensure that individual children's needs of the child concerned as well as the welfare of staff, no child will be enrolled into the centre until staff are fully trained to deal with the condition. A copy of the management plan must be placed in the child's individual file in the office, a copy displayed in the first aid cupboard of the room the child is in, and if food related allergies, one copy given to the kitchen to be displayed in the pantry.

SOURCE: Staying Healthy in Child Care
 Health Support Planning DECS