



# MEDICATION POLICY

**SUB CATEGORY:** Health, Hygiene and Safety

## POLICY GOAL

Provide clear guidelines on the administration of medication to children while in attendance at the service to both families and educators to ensure the health, safety and wellbeing of children.

## RATIONALE

*“In the interest of children’s safety and wellbeing, the education and care service will only administer medication if it is in its original container with the dispensing label attached. The label should list the child as the prescribed person, the strength of drug and the frequency it is to be given. This applies to all medications, regardless of whether they are non-prescription medications (such as teething gels, nappy creams, cough medicines) or prescription medications (such as antibiotics).”<sup>1</sup>*

For the purpose of defining procedures Medication is broken into 3 categories, each of which has a different form;

- **Prescribed Medication including Oral Medication** – this includes any medication, cream, lotion, powder prescribed by a medical practitioner and also any over the counter and homeopathic products which are taken orally including Bonjella, and other products applied in the mouth which may be ingested.
- **Over the Counter Creams, Lotions and Powders** – this includes any substance applied to the skin which is NOT prescribed by a medical practitioner. Applies to over the counter substances only and includes baby powder, nappy creams, antiseptic creams and cosmetic creams.
- **Emergency and Long-Term Medication** – this is for medication which is kept at the centre for use in an emergency or ongoing manner. It includes Epi-Pens and Asthma Inhalers. These forms must be completed by a Medical Practitioner and be accompanied by an Action Plan completed by a medical practitioner and Medical Risk Minimisation and Communication Plan.

Medication (including prescription, over-the-counter and homeopathic medications) must not be administered to a child at a service without authorisation by a parent or person with the authority to consent to administration of medical attention to the child. In the case of an emergency, it is acceptable to obtain verbal consent from a parent, or a registered medical practitioner or medical emergency services if the child’s parent cannot be contacted. In the case of an anaphylaxis or asthma emergency, medication may be administered to a child without authorisation. In this circumstance, the child’s parent and emergency services must be contacted as soon as possible.

The medication must be administered:

- from its original container before the expiry or use-by date
- in accordance with any instructions attached to the medication or provided by a registered medical practitioner
- for prescribed medications, from a container that bears the original label with the name of the child to whom it is prescribed

---

<sup>1</sup> “5<sup>th</sup> Edition Staying Healthy Preventing Infectious Diseases in Early Childhood Education and Care Services”  
Australian Government National Health and Medical Research Council 2013

- with a second person checking the dosage of the medication and witnessing its administration
- details of the administration must be recorded in the “medication record.”

**“Authorised administration with verbal consent**

*National Regulations - Regulation 93*

*In case of an emergency, administration of medication is authorised if verbal consent is obtained from a parent or person named in the child’s enrolment record as authorised to consent to administration of medication. If this person cannot be contacted, a registered medical practitioner or medical emergency services can provide verbal consent. If medication is administered to a child based on verbal consent from a registered medical practitioner or medical emergency services, the approved provider must ensure written notice is given to a parent or other family member as soon as practicable.*

**Exception to the authorisation requirement – anaphylaxis or asthma emergency**

*National Regulations- Regulation 94*

*Medication may be administered to a child without an authorisation in the case of an anaphylaxis or asthma emergency. If this occurs, the approved provider, nominated supervisor or family day care educator must notify the parent of the child and emergency services as soon as practicable.”<sup>2</sup>*

**92 Medication record**

The following details must be recorded on the Medication Form as specified in the Education and Care Services National Regulations

*“The approved provider of an education and care service must ensure that a medication record is kept that includes the details set out in subregulation (3) for each child to whom medication is or is to be administered by the service.*

*(3) The details to be recorded are—*

- (a) the name of the child;*
- (b) the authorisation to administer medication (including, if applicable, self-administration), signed by a parent or a person named in the child’s enrolment record as authorised to consent to administration of medication;*
- (c) the name of the medication to be administered;*
- (d) the time and date the medication was last administered;*
- (e) the time and date, or the circumstances under which, the medication should be next administered;*
- (f) the dosage of the medication to be administered;*
- (g) the manner in which the medication is to be administered;*
- (h) if the medication is administered to the child—*
  - (i) the dosage that was administered; and*
  - (ii) the manner in which the medication was administered; and*
  - (iii) the time and date the medication was administered; and*
  - (iv) the name and signature of the person who administered the medication; and*
  - (v) if another person is required under regulation 95 to check the dosage and administration, the name and signature of that person.*

**“93 Administration of medication**

*(1) The approved provider of an education and care service must ensure that medication is not administered to a child being educated and cared for by the service unless—*

- (a) that administration is authorised; and*
- (b) the medication is administered in accordance with regulation 95 or 96.*

---

<sup>2</sup> “Guide to the National Quality Framework” Australian Children’s Education & Care Quality Authority Jan 2020

*(2) The approved provider of an education and care service must ensure that written notice is given to a parent or other family member of a child as soon as practicable, if medication is administered to the child under an authorisation referred to in subregulation (5)(b).*

*(3) A nominated supervisor of an education and care service must ensure that medication is not administered to a child being educated and cared for by the service unless—*

*(a) that administration is authorised; and*

*(b) the medication is administered in accordance with regulation 95 or 96.*

*(5) In this regulation the administration of medication to a child is authorised if an authorisation to administer the medication—*

*(a) is recorded in the medication record for that child under regulation 92; or*

*(b) in the case of an emergency, is given verbally by—*

*(i) a parent or a person named in the child's enrolment record as authorised to consent to administration of medication; or*

*(ii) if a parent or person named in the enrolment record cannot reasonably be contacted in the circumstances, a registered medical practitioner or an emergency service.*

#### **94 Exception to authorisation requirement—anaphylaxis or asthma emergency**

*(1) Despite regulation 93, medication may be administered to a child without an authorisation in case of an anaphylaxis or asthma emergency.*

*(2) If medication is administered under this regulation, the approved provider or a nominated supervisor of the education and care service or family day care educator must ensure that the following are notified as soon as practicable—*

*(a) a parent of the child;*

*(b) emergency services.*

#### **95 Procedure for administration of medication**

*Subject to regulation 96, if medication is administered to a child being educated and cared for by an education and care service—*

*(a) the medication must be administered—*

*(i) if the medication has been prescribed by a registered medical practitioner, from its original container, bearing the original label with the name of the child to whom the medication is to be administered, and before the expiry or use by date; or*

*(ii) from its original container, bearing the original label and instructions and before the expiry or use by date; and*

*(b) the medication must be administered in accordance with any instructions—*

*(i) attached to the medication; or*

*(ii) any written or verbal instructions provided by a registered medical practitioner; and*

*(c) except in the case of a family day care service or an education and care service that is permitted to have only 1 educator to educate and care for children, the following must be checked by a person other than the person administering the medication—*

*(i) the dosage of the medication to be administered;*

*(ii) the identity of the child to whom the medication is to be administered.<sup>3</sup>*

---

<sup>3</sup> Education and Care Services National Regulations (version Dec 2019)

## Fevers

*"It is usually not necessary to reduce a fever, because fever in itself is not harmful. However, medication is sometimes given to 'bring a fever down' because there is no doubt that fever can make a person feel miserable. Some studies show that giving medication to reduce the fever can actually slow down the body's immune response to infection. In most cases, do not worry about treating the fever itself—instead, focus your attention on the way the child looks and behaves, their level of alertness, and whether there are any other symptoms that indicate serious infection, such as vomiting, coughing or convulsions. Medications to reduce fever include the following;*

- **Paracetamol** is often given when a child has a high fever (over 38.5 °C). This does not address the cause of the fever, but can help the child feel better and may bring the temperature down temporarily. It is very important to read the label carefully because paracetamol for children comes in different strengths and formulations. It is essential that the dose is appropriate for the child's weight. Follow the instructions on the bottle or box.
- **Ibuprofen** is another over-the-counter medication that is sometimes used as an alternative to paracetamol. This is also relatively safe, but avoid giving it to vomiting children or asthmatic children.
- **Aspirin** should **never** be given to children because of its side effects—it can cause stomach upsets and gastric bleeding and is associated with a rare but potentially fatal condition called Reye syndrome.

*If a child has a fever, ensure they drink plenty of fluids and are not overdressed. Avoid cold-water sponging or cold baths that make the child shiver. If sponging or bathing makes the child feel more comfortable, use lukewarm water."*<sup>4</sup>

## **"Pain relief for children - paracetamol and ibuprofen**

*Pain is common in many injuries and illnesses in children, as well as after having an operation (post-operative pain). Your child may need pain-reliever medicine (analgesic), such as paracetamol or ibuprofen, to help reduce or control their pain.*

*Paracetamol and ibuprofen do not treat the cause of your child's pain; both medicines just relieve the feelings of the pain. It is important to give the correct dose of pain-relieving medicine. Give the dose that is written on the bottle or pack according to your child's weight.*

*Any infant or child who is unwell, or in moderate to severe pain, should be seen by a doctor to find out the cause.*

*If your child seems well and is happy, there is no need to treat a fever. A fever helps the body's immune system fight off infection. If your child is miserable or uncomfortable, you can give them paracetamol or ibuprofen to help them feel better.*

## **Overdoses of pain-relieving medicine**

- **Paracetamol** is one of the most common medicines taken by children in an accidental overdose. Swallowing a lot of paracetamol mixture or tablets could harm your child's liver, and sometimes their kidneys.
- If too much **ibuprofen** is taken, it can cause stomach upsets, or sometimes it can affect breathing and make a person very drowsy.

---

<sup>4</sup> "5<sup>th</sup> Edition Staying Healthy Preventing Infectious Diseases in Early Childhood Education and Care Services"  
Australian Government National Health and Medical Research Council 2013

***If your child has had too much paracetamol or ibuprofen, call the Poisons Information Centre (13 11 26 in Australia) or take them to the nearest hospital emergency department.”<sup>5</sup>***

### **Cough and Cold Medicines**

The Therapeutic Goods Administrator advised that from the 1/9/2012 changes were introduced to children’s cough and cold medicines. The changes include;

- Children under 6 years of age requires prescription from the doctor
- Children aged 6 to 11 years should only be given on the advice of a doctor, pharmacist or nurse practitioner.

### **Expiry dates**

*“The Therapeutic Goods Administration advises that expiry date printed on medicine packaging (or the end of the blister pack for tablets) means that you should not use the medicine after the end of the month printed. For example, if the expiry date is July 2020, you should not use the medicine after 31 July 2020.*

*For some eye drops and liquid medicines for children there is often a ‘Use By’ date added to the label by the doctor or pharmacist. For example, “Discard 7 days after opening + date opened” or “Discard after 31/7/2020”.”*

<sup>6</sup>

Definition from Therapeutic Goods Regulations 1990, Jan 2020: *“expiry date, for therapeutic goods, means the date (expressed as the month and year) after which the goods should not be used.”<sup>7</sup>*

## **IMPLEMENTATION**

- The management of medical conditions including asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis, or circumstances where medicinal cannabis is prescribed are covered in detail in the Medical Conditions Policy.
- Medication must not be administered to any child unless
  - o Written permission has been sought from a parent or person authorised to consent to the administration of medication in the enrolment form
  - o It is from its original container before the expiry or use-by date
  - o It is administered in accordance with any instructions attached to the medication or provided by a registered medical practitioner
  - o For prescribed medications, and ingested products it is from a container that bears the original label with the name of the child to whom it is prescribed/provided to
  - o **NOTE: In the case of an anaphylaxis or asthma emergency, medication may be administered to a child where consent has been sought such as in the enrolment form or verbally if required. Where medication has been administered, the child’s parent/guardian and emergency services must be contacted as soon as possible. In the case of an anaphylaxis or asthma emergency, medication may be administered to a child without authorisation. In this circumstance, the child’s parent and emergency services must be contacted as soon as possible.**
- Educators must ensure that when a family provides a medication form for the administration of medication to their child that they communicate about the needs for the medication and the correct administration.

---

<sup>5</sup> “Pain Relief for Children – Paracetamol and Ibuprofen” The Royal Children’s Hospital Melbourne March 2018 [https://www.rch.org.au/kidsinfo/fact\\_sheets/Pain\\_relief\\_for\\_children\\_-\\_Paracetamol\\_and\\_Ibuprofen/](https://www.rch.org.au/kidsinfo/fact_sheets/Pain_relief_for_children_-_Paracetamol_and_Ibuprofen/) (accessed on-line April 2020)

<sup>6</sup> Email from Nerida Packham, Manager Consumer Medicine Information Services Strategy, Program and Delivery NPS Medicinewise, dated 23<sup>rd</sup> April 2020

<sup>7</sup> “Therapeutic Goods Regulations 1990”, Jan 2020 prepared by the Office of Parliamentary Counsel, Canberra (accessed on-line April 2020) <https://www.legislation.gov.au/Details/F2020C00084/Download>

- Remember that if a child is unwell their attendance at the service should be evaluated in accordance with the National Health and Medical Research Council's *"5<sup>th</sup> Edition Staying Healthy Preventing Infectious Diseases in Early Childhood Education and Care Services"* 2013 and the Infectious Disease Policy. Parents are asked to keep children at home should they be presenting signs of being unwell prior to attending care.
- Educators must go through the form with the parent/guardian to ensure they are clear on the administration and must check the expiry date and sign they received the medication and checked the form.
- Educators receiving medication each day are to sign they received and check that parents completed last dose provided, this is in addition to when the form was first completed.
- Medication must be immediately stored in the designated location which must be inaccessible to children. It must not be left in a child's bag or on top of a locker for example.
- Where the educator who received the medication form is not the child's usual carer or where a shift change occurs for lunch or similar the educator is responsible for passing on all relevant information to the educator who will be administering the medication.
- Educators must check if the child has any allergies and check the product prior to administering medication or applying creams, powders and lotions.
- Educators must wash hand before and after administering medication.
- It must be witnessed and checked by another educator who must check
  - Right Child
  - Right Dose
  - Right Medication
  - Right Time
  - Right Form
- The Medication Form must be completed including
  - Date and time of administration
  - Does administered and way administered
  - Name and signature of person administering
  - Name and signature of witness who checked administration
- Educators have the important responsibility of advising parent or authorised collector of the administration of medication. The parent or authorised collector **MUST** sign to acknowledge they have been advised of the medication provided to the child throughout the day.
- Medication Forms must be kept until the end of 3 years after the child's last attendance as per the National Regulation Requirements for Record Keeping.
- Where the administration of medication requires training, this shall be provided by either the parent or a person trained in the administration of the medication including, but not limited to, a nurse, medical practitioner, first aid trainer.
- **Note: Medication will not be provided to a child where the label does not have their name on it, regardless if the name on the medication is a sibling of family member.**
- Medication must be stored in a central location as per the manufacture instructions and **OUT OF REACH OF CHILDREN.**
- Educators must always have access to emergency medication – it must not be locked away but must be stored out of the reach of children, refer to the Medical Conditions Policy.

#### Fever

- Educators should refer to the National Health and Medical Research Council's *"5<sup>th</sup> Edition Staying Healthy Preventing Infectious Diseases in Early Childhood Education and Care Services"* 3and the Infectious Disease Policy

- Fever is a sign that suggests there is an infection and is a sign that the body is fighting the infection. As fever is one of the symptoms listed in “Staying Healthy” that indicate a child is unwell and as such they should be collected from care.
- If a child appears unwell check for any signs of a fever and record the child’s temperature.
- If the child seems well and is happy, there may be no need to treat a fever, however as a fever is a sign of a possible illness children with a temperature of 38degrees or above must be collected from the service and excluded for the remainder of the day. Exclusion may be longer depending on any other confirmed contagious diseases with the same symptoms.
- If the child is less than 3 months old and has a fever above 38 °C, contact the child’s parent and ask them to take the child to a doctor.
- Educators should closely monitor a child with a fever and monitor how they are feeling. Record any temperatures or signs of other symptoms on the Recording Fever Form.
- In the case of febrile convulsions, call an ambulance and advise the families immediately.
- Educators should follow these guidelines from “5<sup>th</sup> Edition Staying Healthy Preventing Infectious Diseases in Early Childhood Education and Care Services” to reduce the fever;
  - ensure the child drinks plenty of water
  - remove excessive clothing
  - Avoid cold-water sponging that makes the child shiver. If sponging will make the child feel more comfortable, use lukewarm water.
  - Continue to take the temperature regularly and keep close monitor on the child
- Educators are to start recording relevant information on the Reducing a Fever Form.
- The Nominated Supervisor or person in charge will contact the parents or authorised contacts to collect the child, explaining the symptoms including the fever and other noticeable signs.
- Where an emergency situation arises from an extreme fever a dose of Paracetamol may be administered where authorisation is given verbally by—
  - (i) a parent or a person named in the child's enrolment record as authorised to consent to administration of medication; or
  - (ii) if a parent or person named in the enrolment record cannot reasonably be contacted in the circumstances, a registered medical practitioner or an emergency service.
- Where Paracetamol is administered, arrangements for a parent or authorised person to collect must be arranged and emergency services contacted where needed.
- Attendance of emergency services must be reported to the regulatory office within 24hrs.
- If Paracetamol is administered, it must be done in accordance with the above medication administration guidelines including being witnessed and recorded and as per manufacturer’s instructions.
- Families must sign to acknowledge the administration of the Paracetamol product on the Reducing a Fever Form.
- Educators should provide families with a copy of this form showing the history of the temperature and an Illness Report Form which will need to be signed by a medical practitioner if the child is to return to care on that day.

## Forms

These Forms are used depending on the item being supplied for the child;

Type of Medication	Form to be used	Comments
Prescribed Medication including Oral Medication	Medication Form	Form is only current for 5 consecutive days, a new form is required if duration is longer than this period (each new week of care)
Over the Counter Creams, Lotions and Powders	Creams, Lotions, Powders Form	This form covers the administration until the product is no longer supplied and does not expire
Emergency and Long-Term Medication	Emergency Long Term Medication Form	This form expires on the 30 <sup>th</sup> June each year and a new form must be completed. Nominated Supervisors must record on the Emergency Medication Summary Record. <b>An Action Plan and Medical Risk Management and Communication Plan must accompany this Form.</b>
Paracetamol	Reducing a Fever Form	This is only used when a child in care has a fever as defined in this policy. It also includes a record for administration of paracetamol in the event of an emergency. This form must be signed by the authorised collecting adult and where applicable the emergency services to acknowledge dose given.

## Cough and Cold Medicines

Based on changes made by the Therapeutic Goods Administrator in September 2012 our service will not administer cough or cold medicine to children under 6yrs of age without a prescription from a doctor. A pharmacist label excluding a doctor's details will no longer suffice.

## Pain Relief Medications:

- The use of pain relief will not treat the cause of the child's pain and as such our service recommends that any child showing signs or symptoms of pain should seek medical attention.
- Where parents are requesting for paracetamol or ibuprofen to be administered as medication, we reserve the right to request a doctor's letter for the ongoing administration of this to ensure that it is not masking any untreated illness or injury.

## Medication Expiry Dates

- Nominated Supervisors must use a systematic process for regularly monitoring medication expiry dates.
- The expiry date of medication must be checked on every occasion it is provided and administered, this includes creams, lotions and powders.
- Any medication which is past the expiry date must not be administered.
- As per the definition provided in the Therapeutic Goods Regulations 1990 (Jan 2020 version) an expiry date is *"the date (expressed as the month and year) after which the goods should not be used"*. That means that medication with an expiry of 06/20 can be used up to and including 30<sup>th</sup> June 2020 but not on or after 1<sup>st</sup> July 2020.

## COMMUNICATION AND CONSULTATION

- Educators and families will have access to this policy at all times.



- Educators and families will be provided with opportunities to be involved in the review of this policy.
- Families will be made aware of their responsibilities under this policy at the time of orientation.
- Educators will be made aware of their responsibilities under this policy at the time of Induction and are encouraged to participate in professional development and training including first aid and the management of Anaphylaxis and Asthma.

## RELATED FORMS AND DOCUMENTS

- First Aid Policy
- Medical Conditions Policy
- Medication Form
- Medical Risk Minimisation and Communication Plan
- Over the Counter Substances Form
- Emergency Long-Term Medication Form
- Emergency Medication Summary Record
- Infectious Disease Policy
- *"5<sup>th</sup> Edition Staying Healthy Preventing Infectious Diseases in Early Childhood Education and Care Services"*
- Family Orientation Form
- Educator Induction Form
- Annual Educator Induction Refresher Form
- Enrolment Form
- Reducing a Fever Form

## SCOPE AND ENFORCEMENT

The failure of any person to comply with this policy in its entirety may lead to;

- Termination of child enrolment
- Performance management of an employee which may lead to termination

## RECOGNISED AUTHORITIES AND DOCUMENTS WHICH GUIDE POLICY

- *"Education and Care Services National Regulations"*, Ministerial Council for Education, Early Childhood Development and Youth Affairs (Dec 2019)
- *"5<sup>th</sup> Edition Staying Healthy Preventing Infectious Diseases in Early Childhood Education and Care Services"* Australian Government National Health and Medical Research Council 2013
- Australian Government Department of Health and Ageing – Therapeutic Goods Administrator website (accessed on-line April 2020)  
<http://www.tga.gov.au/industry/otc-notice-cough-cold-review-outcomes.htm>
- "Pain Relief for Children – Paracetamol and Ibuprofen" The Royal Children's Hospital Melbourne Feb 2018  
[https://www.rch.org.au/kidsinfo/fact\\_sheets/Pain\\_relief\\_for\\_children\\_-\\_Paracetamol\\_and\\_Ibuprofen/](https://www.rch.org.au/kidsinfo/fact_sheets/Pain_relief_for_children_-_Paracetamol_and_Ibuprofen/) (accessed on-line March 2019)
- *"Guide to the National Quality Framework"* Australian Children's Education & Care Quality Authority Jan 2020
- *"Therapeutic Goods Regulations 1990"*, Jan 2020 prepared by the Office of Parliamentary Counsel, Canberra (accessed on-line April 2020)  
<https://www.legislation.gov.au/Details/F2020C00084/Download>
- Email from Nerida Packham, Manager Consumer Medicine Information Services Strategy, Program and Delivery NPS Medicinewise, dated 23<sup>rd</sup> April 2020

**DATE CREATED:** November 2011**REVIEW DETAILS:**

Review Date	Details of Changes
June 2012	IMPLEMENTATION – added ... <b>“In the case of an anaphylaxis or asthma emergency, medication may be administered to a child without authorisation. In this circumstance, the child’s parent and emergency services must be contacted as soon as possible.”</b>
January 2013	Change to cough and cold mixtures not administered to child under 6yrs of age without a prescription based on the Therapeutic Goods Administrator. Awaiting Staying Healthy in Childcare Edition 5 for further review.
March 2013	Updated sources and information to align with <i>“5<sup>th</sup> Edition Staying Healthy Preventing Infectious Diseases in Early Childhood Education and Care Services”</i> Australian Government National Health and Medical Research Council 2012. Please note there are multiple changes to this policy and it should be provided in full to educators and families.
January 2014	No changes made, sources updated where applicable
July 2014	Change to Emergency medication being administered without consent. Consent must be given prior to emergency medication being administered such as in the enrolment form. Qld policy separated from other states.
August 2014	Changes to Paracetamol only being administered in an emergency situation where verbal permission has been sought
May 2015	No changes made, sources updated where applicable
August 2015	Removal of requirement for a Certified Supervisor to do the administration of medication.
April 2016	No changes made, sources updated where applicable.
May 2017	Sources updated. <ul style="list-style-type: none"> <li>• Updated reference to use of Emergency Long Term Medication Summary form</li> <li>• Emergency services to sign administration of paracetamol if they are attending in an emergency so they are aware of the dosage given.</li> <li>• Updated of person able to sign permission for administration to include: “a person authorised to consent to the administration of medication in the enrolment form”</li> <li>• Educators receiving medication each day are to sign they received and parents completed last dose provided, this is in addition to the original educator when the form was first completed.</li> <li>• Reference change of name of form “Medical Risk Minimisation and Communication Plan”</li> <li>• Storage of medication when received must be immediately stored in a location inaccessible to children</li> </ul>

May 2018	<p>Updated goal, sources and quotes in Rationale Included under Implementation:</p> <p><b>Pain Relief Medications:</b></p> <ul style="list-style-type: none"> <li>• The use of pain relief will not treat the cause of the child's pain and as such our service recommends that any child showing signs or symptoms of pain should seek medical attention.</li> <li>• Where parents are requesting for paracetamol or ibuprofen to be administered as medication, we reserve the right to request a doctor's letter for the ongoing administration of this to ensure that it is not masking any untreated illness or injury.</li> </ul>
March 2019	<ul style="list-style-type: none"> <li>• Updated sources where applicable.</li> </ul>
April 2020	<ul style="list-style-type: none"> <li>• Updated sources</li> <li>• Provided clarity on exclusion with fevers, a child with a temperature of 38degrees or more should be collected from the service to match changes to the Infectious Disease Policy.</li> <li>• Provided clarification on expiry dates and used by dates.</li> </ul>