ADMINISTRATION OF MEDICATION POLICY

In supporting the health and wellbeing of children, the use of medications may be required for children at the Service. All medications must be administered as prescribed by medical practitioners and first aid guidelines to ensure the continuing health, safety, and wellbeing of the child. Under the *Education and Care Services National Law and Regulations*, early childhood services are required to ensure medication records are kept for each child to whom medication is or is to be administered by the service (reg 92).

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS	
Sec.167	Offence relating to protection of children from harm and hazards
12	Meaning of serious incident
85	Incident, injury, trauma and illness policy
86	Notification to parent of incident, injury, trauma or illness
90	Medical conditions policy
91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication
94	Exception to authorisation requirement - anaphylaxis or asthma emergency
95	Procedure for administration of medication
136	First Aid qualifications

162(c) and (d)	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
170	Policies and procedures are to be followed
183	Storage of records and other documents

RELATED POLICIES

Administration of First Aid Policy Dealing with Infectious Disease Policy Child Protection Policy Code of Conduct Policy Delivery of Children to, and collection from Education and Care Service Premises Diabetes Management Policy Enrolment Policy Epilepsy Policy Family Communication Policy	Health and Safety Policy Incident, Injury, Trauma and Illness Policy Medical Conditions Policy Privacy and Confidentiality Policy Record Keeping and Retention Policy Respect for Children Policy Safe Storage of Hazardous Substances Policy Supervision Policy Work Health and Safety Policy

PURPOSE

To ensure all educators of the Service understand their liabilities and duty of care to meet each child's individual health care needs. To ensure all educators are informed of children diagnosed with a medical condition and strategies to support their individual needs. To ensure that all educators are specifically trained to be able to safely administer children's required medication with the written consent of the child's parent or guardian. Educators will follow this stringent procedure to promote the health and wellbeing of each child enrolled at the Service.

SCOPE

This policy applies to educators, families, staff, educators, management, approved provider, nominated supervisor, students, volunteers and visitors of the Service.

IMPLEMENTATION

Families requesting the administration of medication to their child will be required to follow the guidelines developed by the Service to ensure the safety of children and educators. The Service will follow legislative guidelines and adhere to the Education and Care Services National Regulations to ensure the health of children, families, and educators at all times.

For children with a diagnosed health care need, allergy or relevant medical condition a Medical Management Plan must be provided prior to enrolment and updated regularly. A Risk Minimisation Plan and Communication Plan must be developed in consultation with parents/guardians to ensure risks are minimised and strategies developed for minimising any risk to the child. (See *Medical Conditions Policy).*

In this policy, the term *medication* is defined within the meaning of the Therapeutic Goods Act 1989 and includes prescription, over the counter and complementary medicines. All therapeutic goods are listed on the Australian Register of Therapeutic Goods (see tga.gov.au) (ACECQA, 2021)

THE APPROVED PROVIDER/MANAGEMENT/NOMINATED SUPERVISOR WILL ENSURE:

- obligations under the *Education and Care Services National Law and National Regulations* are met
- educators, staff, students, visitors and volunteers have knowledge of and adhere to this policy and associated procedure
- all new employees are provided with a copy of the *Medical Conditions Policy* and *Administration of Medication Policy* as part of their induction process
- children with specific health care needs or medical conditions have a current medical management plan detailing prescribed medication and dosage by their medical practitioner
- medication is only administered by the Service with written authority signed by the child's parent or other responsible person named and authorised in the child's enrolment record to make decisions about the administration of medication [Regulation 92(3)(b)]
- medication, prescribed by a medical practitioner, provided by the child's parents must adhere to the following guidelines:
    - the administration of any medication is authorised by a parent or guardian in writing
    - medication is prescribed by a registered medical practitioner (with instructions either attached to the medication, or in written form from the medical practitioner)
    - medication is from the original container/packaging
    - medication has the original label clearly showing the name of the child
    - medication is before the expiry/use by date
- over-the-counter medication, provided by the child's parents must adhere to the following guidelines:
    - the administration of any medication is authorised by a parent or guardian in writing
    - medication is from the original container/packaging
    - medication includes instructions attached to the medication
    - medication is before the expiry/use by date

    - where possible, medication contains a label showing the child's name
  - the *Administration of Medication Record* is completed for each child by the parent/guardian including:
    - name of medication
    - time and date medication was last administered
    - time and date medication is to be administered (or circumstances to be administered)
    - dosage to be administered
    - method of administration
    - period of authorisation
    - parent/guardian name and signature
- a separate form must be completed for each medication if more than one is required
- any person delivering a child to the Service must not leave any type of medication in the child's bag or locker. Medication must be given directly to an educator for appropriate storage upon arrival.
- written and verbal notifications are given to a parent or other family member of a child as soon as practicable if medication is administered to the child in an emergency when consent was either verbal or provided by medical practitioners
- if medication is administered without authorisation in the event of an asthma or anaphylaxis emergency the parent/guardian of the child is notified as soon as practicable
- if the incident presented imminent or severe risk to the health, safety and wellbeing of the child or if an ambulance was called in response to the emergency (not as a precaution) the regulatory authority will be notified within 24 hours of the incident by the Approved Provider
- reasonable steps are taken to ensure that medication records are maintained accurately
- medication records are kept in a secure and confidential manner and archived for the regulatory prescribed length of time following the child's departure from the Service
- children's privacy is maintained, working in accordance with the Australian Privacy Principles (APP)
- educators, staff and volunteers have a clear understanding of children's individual health care needs, allergy or relevant medical condition as detailed in medical management plans, Asthma or Anaphylaxis Action Plans (ASCIA Action Plan)
- written authorisation is requested from families on the enrolment form to administer emergency asthma, anaphylaxis, or other emergency medication or treatment if required
- families are informed of the Service's medical and medication policies at time of enrolment
- safe practices are adhered to for the wellbeing of both the child and educators.

- a review of practices is conducted following an incident involving incorrect administration of medication or failure to follow proper medication procedures, including an assessment of areas for improvement
- first aid procedures are followed in the event of incorrect medication administered to a child, in accordance with the *Administration of First Aid Policy* and Procedure
- the Poisons Information Centre phone number, 13 11 26, is prominently displayed alongside emergency service information
- ensure that families/parents are notified when practicable or within 24 hours if their child is involved in an incident at the Service and that details are recorded on the *Incident, Injury, Trauma and Illness Record,* including incorrect medication provided to a child
- ensure the regulatory authority is notified within 24 hours if a child is involved in a serious incident at the Service.

EDUCATORS WILL:

- not administer any medication without the written authorisation of a parent or person with authority, except in the case of an emergency, with the written authorisation on an enrolment form, verbal consent from an authorised person, a registered medical practitioner or medical emergency services will be acceptable if the parents cannot be contacted
- ensure medications are stored in the refrigerator in a labelled and locked medication container with the key kept in a separate location, inaccessible to children. For medications not requiring refrigeration, they will be stored in a labelled and locked medication container with the key kept in a separate location, inaccessible to children.
- ensure adrenaline autoinjectors and asthma medication are kept out of reach of children and stored in a cool dark place at room temperature. They must be readily available when required and not locked in a cupboard. A copy of the child's medical management plan should be stored with the adrenaline autoinjector or asthma medication.
- ensure that two educators administer and witness administration of medication at all times (Reg. 95). One of these educators must have approved First Aid qualifications as per current legislation and regulations [this is best practice and not mandated in regulation 95] Both educators are responsible for:
    - checking the *Administration of Medication Record* is completed by the parent/guardian
    - checking the prescription label for:
        - the child's name
        - the dosage of medication to be administered

        - the method of dosage/administration
        - the expiry or use-by date
    - confirming that the correct child is receiving the medication
    - signing and dating the *Administration of Medication Record*
    - returning the medication back to the locked medication container
- follow hand-washing procedures before and after administering medication
- discuss any concerns or doubts about the safety of administering medications with management to ensure the safety of the child (checking if the child has any allergies to the medication being administered)
- seek further information from parents/guardian, the prescribing doctor or the Public Health Unit before administering medication if required
- ensure that the instructions on the *Administration of Medication Record* are consistent with the doctor's instructions and the prescription label
- ensure that if there are inconsistences, medication is not to be administered to the child
- invite the family to request an English translation from the medical practitioner for any instructions written in a language other than English
- ensure that the *Administration of Medication Record* is completed and stored correctly including name and signature of witness, time and date of administration
- if after several attempts of encouraging the child to take medication, but they still refuse, contact the parent or guardian. Educators cannot use restrictive practices to make a child take medication at any time.
- observe the child post administration of medication to ensure there are no side effects
- respond immediately and contact the parent/guardian for further advice if there are any unusual side effects from the medication
- contact emergency services on 000 immedicately if a child is not breathing, is having difficulty breathing, or shows signs of unusual side effects requiring immediate attention following administration of any medication

FAMILIES WILL:

- provide management with accurate information about their child's health needs, medical conditions and medication requirements on the enrolment form
- provide the Service with a *Medical Management Plan* prior to enrolment of their child if required
- develop a Risk Minimisation Plan for their child in collaboration with management and educators and the child's medical practitioner for long-term medication plans

- develop a Communication Plan in collaboration with management and educators
- notify educators, verbally when children are taking any short-term medications (at home)
- provide written authorisataion on the *Administration of Medication Record* for their child requiring any medication to be administered by educators/staff whilst at the Service including signing and dating it for inclusion in the child's medication records
- update (or verify currency of) *Medical Management Plan* annually or as the child's medication needs change
- be requested to provide authorisation on the enrolment form for staff or educators of the Service to administer paracetamol or ibuprofen in the event their child registers a temperature of 38°C or higher
- for infants under 3 months old, parents/guardians will be notified immediately for any fever over 38°C for immediate medical assistance
- be requested to sign consent to use creams and lotions (over the counter medications)
- keep prescribed medications in original containers with pharmacy labels. Please understand that prescribed medication will only be administered as directed by the medical practitioner and only to the child whom the medication has been prescribed for. Expired medications will not be administered.
- adhere to our Service's *Incident, Injury, Trauma and Illness Policy and Dealing with Infectious Diseases Policy*
- keep children away at home while any symptoms of an illness remain
- keep children at home for 24 hours from commencing antibiotics to ensure they have no side effects to the medication
- NOT leave any medication in children's bags
- give any medication for their children to an educator who will provide the family with an *Administration of Medication Record* to complete
- complete the *Administration of Medication Record* and the educator will sign to acknowledge the receipt of the medication
- provide any herbal/ naturopathic remedies or non-prescription medications (including paracetamol) with a letter from the doctor detailing the child's name and dosage.

GUIDELINES FOR ADMINISTRATION OF PARACETAMOL

- Paracetamol is not to be used as a first aid or emergency treatment. If, however, a child develops a fever of 38°C or higher whilst at the Service, and parents/guardians have provided written

authorisation on the child's enrolment form, paracetamol may be administered to reduce fever and/or pain

- Parents/guardians will be notified immediately and asked to organise collection of the child as soon as possible [usually within 30 minutes]
- Paracetamol will be kept in the locked medication container for onset of high fever whilst at the Service
- Paracetamol will be administered as per dosage instructions indicated on the label
- Only one dose of paracetamol will be administered. Before administering paracetamol, staff must check that the child has NOT been administered any paracetamol or medicine containing paracetamol in the previous four (4) hours
- the date and time of paracetamol was last administered will be recorded on the *Administration of Medication Record*
- Administration of paracetamol must follow the procedure for *Administration of Medica*tion *Procedure* requiring two qualified educators to witness the administration and complete the required records
- An *Administration of Medication* will be completed with both educator's full name, signature, time and date of administration clearly recorded
- While waiting for the child to be collected, educators will:
    - remove excess clothing to cool the child down
    - offer fluids to the child
    - encourage the child to rest
    - monitor the child for any additional symptoms
    - maintain supervision of the ill child at all times, while keeping them separated from children who are well.

MEDICATIONS KEPT AT THE SERVICE

- Any medication, cream or lotion kept on the premises will be stored out of reach of children and checked monthly for expiry dates
- Management will ensure only authorised personnel purchase medication for the Service
- A list of First Aid Kit contents (including medications) close to expiry or running low will be given to the nominated supervisor who will arrange for the purchase of replacement supplies
- Any medication purchased by the Service which appears to be missing will be reported to the nominated supervisor
- Expired medication will be disposed of safely to ensure no harm the environment- (returned to pharmacy RUM bin- return unwanted medicine project)

- Educators will ensure medication purchased by the Service is administered as per procedures noted within this policy
- If a child's individual medication is due to expire or running low, the family will be notified by educators that replacement items are required
- it is the family's responsibility to take home short-term medication (such as antibiotics) at the end of each day, and return it with the child as necessary
- MEDICATION WILL NOT BE ADMINISTERED IF IT HAS PAST THE PRODUCT EXPIRY DATE
- Families are required to complete an *Administration of Medication Record* for lotions or over the counter medications to be administered.

EMERGENCY ADMINISTRATION OF MEDICATION [REG. 93(5)]

- In the occurrence of an emergency and where the administration of medication must occur, the approved provider/nominated supervisor must attempt to receive verbal authorisation by a parent, or a person named in the child's enrolment form who is authorised to consent to the administration of medication.
- If all the child's nominated contacts are non-contactable, the approved provider/nominated supervisor must contact a registered medical practitioner or emergency service on 000
- In the event of an emergency and where the administration of medication must occur, written notice must be provided to a parent of the child or other emergency contact person listed on the child's enrolment form as soon as practicable via an Incident, injury, trauma and illness record
- The approved provider/nominated supervisor will contact the regulatory authority within 24 hours as soon as practicably possible (if urgent medical attention was sought or the child attended hospital)
- The child will be comforted, reassured, and removed to a quiet area under the direct supervision of a suitably experienced and trained educator.

EMERGENCY INVOLVING ANAPHYLAXIS OR ASTHMA [Reg. 94]

- For anaphylaxis or asthma emergencies, medication/treatment will be administered to a child without authorisation, following the Asthma or Anaphylaxis Action Plan provided by the parent/guardian. [National Asthma Council (NAC) or ASCIA]
- In the event of a child not known to have asthma and appears to be in severe respiratory distress, the *Administration of First Aid Procedure* must be followed immediately
    - an ambulance must be called
    - place child in a seated upright position
    - give 4 separate puffs of a reliever medication (e.g.: Ventolin) using a spacer if required.

- repeat every 4 minutes until the ambulance arrives

- In the event of a child not known to be diagnosed with **anaphylaxis** and appears to be an **anaphylaxis** emergency where any of the following symptoms are present, an EpiPen must be administered
  - difficulty/noisy breathing
  - swelling of the tongue
  - swelling or tightness in throat
  - difficulty talking
  - wheeze or persistent cough
  - persistent dizziness or collapse pale and floppy

(Sydney Children's Hospitals Network – 2020)

The approved provider/nominated superviros/ responsible person will contact the following (as required) as soon as practicably possible:

- Emergency Services 000
- a parent of the child
- the regulatory authority within 24 hours (if urgent medical attention was sought or the child attended hospital).

The child will be comforted, reassured, and removed to a quiet area under the direct supervision of a suitably experienced and trained educator.

CONTINUOUS IMPROVEMENT/REFLECTION

The *Administration of Medication Policy* will be reviewed on an annual basis in conjunction with children, families, educators, staff and management.

SOURCE

Australian Children's Education & Care Quality Authority. (2021). *Dealing with Medical Conditions in Children*. Policy Guidelines.
Australian Children's Education & Care Quality Authority. (2025). *Guide to the National Quality Framework*
Australian society of clinical immunology and allergy. ASCIA. https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis
Australian Government Department of Education. (2022). *Belonging, Being and Becoming: The Early Years Learning Framework for Australia.V2.0.*
Early Childhood Australia Code of Ethics. (2016).
Education and Care Services National Law Act 2010. (Amended 2023).
Education and Care Services National Regulations. (Amended 2023).
National Health and Medical Research Council. (2024). *Staying Healthy: preventing infectious diseases in early childhood education and care services* (6th Ed.). NHMRC. Canberra.
NSW Department of Health: www.health.nsw.gov.au
The Sydney Children's Hospital Network (2020)

REVIEW

POLICY REVIEWED BY	Krystle Hills	Centre Manager	20/05/2025
POLICY REVIEWED	May 2025	NEXT REVIEW DATE	May 2026
MODIFICATIONS	• annual policy maintenance • additional information added- definition of medication • additional information added- re: incorrect administration of medication • added section for over the counter medication • added information- *Medications kept at Service* • sources checked for currency and updated as required		
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE
APRIL 2024	• annual policy review • removal of reference to Sick Child Policy • information required on administration of medication record expanded • revised Administration of Paracetamol section • sources checked for currency and updated as required		APRIL 2025