ADMINISTRATION OF MEDICATION PROCEDURE

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.

Working in conjunction with the Administration of Medication Policy, this procedure provides detailed steps for educators to follow when administering medication to children at the Service.

Education and Care Services National Law or Regulations (R.90-96) NQS QA 2: Element 2.1.2 Health practices and procedures
Related Policy: Administration of Medication

Step 1: AUTHORISATION OF MEDICATION		
1	The Approved Provider, Nominated Supervisor and educators will review the Service's *Administration of Medication Policy* every year to ensure awareness of administrating medication	
2	The Director/ Nominated Supervisor will ensure 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.	
3	A qualified educator will assist the parent or guardian to complete the *Administration of Medication Record* to ensure all details are submitted and correct before leaving the child at the Service.	
4	An educator will take any medication from the parent/guardian and either store it in the refrigerator in a labelled and locked medication container or 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.	
5	Children who are at risk of anaphylaxis will not be permitted to enter the Service without the adrenaline auto-injector kit as per Medical Management Plan completed by parent/guardian.	
6	Adrenaline autoinjectors (EpiPen® / AnaPen ®) should be 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.	
7	Children who are at risk of Asthma will not be permitted to enter the Service without Asthma reliever medication as per medical management plan completed by parent/guardian.	

8	Asthma reliever medication should be 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 Asthma reliever medication.	

Step 2: AUTHORISATION OF MEDICATION		
1	Medication must: • have the original label clearly showing the name of the child • be in its original container/packaging • be prescribed by a registered medical practitioner • have clear instructions detailing time of administration and dosage and method of administration • show expiry or use-by date.	
2	Educators will create an alert will be set to remind educators when medication for the child is to be administered	
3	When it is time to administer the medication, an educator will collect the *Administration of Medication Record,* medication and syringe/plunger or measuring cup	
4	An educator will collect the child from their play area at the given time	
5	Educators will ensure medication must only be administered to one child at a time	
6	Educators will ask another qualified educator to witness the administration of medication	
7	Educators will read through the *Administration of Medication Record* submitting the relevant details into the record	
8	Before administering medication, educators will check the following details on the *Administration of Medication record*: • check the parent or authorised person has signed the record • check the name of the medication is consistent with the name on the medication container/packaging • check the identity of the child is consistent with the name on the medication container/packaging • check dosage is consistent with what is on the container/packaging	
9	Before administering medication, educators will: Check the medication is in its original container, bearing the original label Check the expiry or use by date	

14	Educators will wash hands following hand washing protocols	
15	Educators will measure the required dosage of medication using syringe/plunger or measuring cup	
16	The educator administering the medication will ensure a qualified educator checks all details on the *Administration of Medication Record* are correct **prior** to administering the medication to the child	
17	If there are any inconsistencies, do not administer medication to the child. Contact the Nominated Supervisor and the parent	
18	Once medication details have been confirmed administer the medication to the child	
19	Both educators are to complete the *Administration of Medication Record* with full name and signature along with time and date medication was administered	
20	The educator will encourage the child to return to their play or routine time	
21	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.	
22	The educator will return medication to the locked medication storage area or secure location for adrenaline autoinjectors	
23	The educator will wash medication utensil	
24	The educator will wash hands following hand washing protocols	
25	Observations of the child post administration of medication should be made to ensure there are no side effects.	
26	If a child is not breathing or having difficulty breathing following administration of medication, contact 000 immediately	
27	If any unusual side effects occur, respond immediately and contact the parent/guardian and follow their advice	
28	The educator will detail any behaviours post administration on the *Administration of Medication Record*	
29	At the end of the day the educator will ensure medication goes home with the parent/guardian and request the parent/guardian to sign the Administration of Medication Record.	
30	The Director/ Nominated Supervisor will ensure all child medication records will be kept as per our *Record Keeping and Retention Policy.*	

Step 3: SELF-ADMINISTRATION OF MEDICATION FOR CHILDREN OVER PRESCHOOL AGE		
1	A qualified educator will assist the parent or guardian to complete the *Administration of Medication Record* to ensure all details are submitted and correct	
2	Parents/guardians will give permission for their child to self-administer medication whilst at the service	
3	An educator will take any medication from the parent/guardian and either store it in the refrigerator in a labelled and locked medication container or 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. Children will not carry medication whilst at the service and will hand over medication to an educator upon arrival at the service.	
4	An Educator will supervise and witness the child administering medication whilst checking the medication label, dosage and expiry date before the medication is administered.	
5	The child and educator will complete the *Administration of Medication Record* with full name and signature along with time, date and dosage medication was administered	

REVIEW OF PROCEDURE			
Date procedure created	20/11/2024	To be reviewed	November 2025
Approved by	Krystle Hills	Signature	
Procedure Reviewed Date	Modifications/Changes		
November 2024	Policy reviewed, minor edits		