

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 Education and Care Services National 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 NATIONAL REGULATIONS	
S. 2A	Paramount consideration—safety, rights and best interests of children
S.166A	Offences relating to inappropriate conduct
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
175	Prescribed information to be notified to Regulatory Authority
176	Time to notify certain information to Regulatory Authority
183	Storage of records and other documents

RELATED POLICIES

Administration of First Aid Policy Anaphylaxis Management Policy Dealing with Infectious Disease Policy Child Protection Policy Code of Conduct Policy Delivery of children to, and collection from Education and Care 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
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PURPOSE

Our Service recognises that the safety, health, wellbeing and best interests of the child are the paramount consideration in all aspects of Service decisions and operations including the administration of medication.

This policy ensures:

- educators understand their duty of care and legal obligations when administering medication
- children diagnosed with a medical condition are appropriately supported through documented health management plans and risk minimisation strategies
- educators are informed of each child's individual health care needs and required supports
- medication is administered safely, accurately and in accordance with written authorisation from a parent or authorised nominee

- educators receive appropriate training to competently administer medication and respond to medical emergencies
- clear procedures are followed to minimise risk and protect children from harm

Through the implementation of this policy, the Service promotes the health, safety and wellbeing of every child and ensures medication practices uphold child safe standards and legislative requirements.

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 Education and Care Services 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 healthcare needs or medical conditions must have a current Medical Management Plan and written advice from a registered medical practitioner outlining the child's medical condition or diagnosis, prescribed medication, and required dosage. The Service will implement and follow the child's Medical Management Plan to support the safe administration of medication and management of the child's health needs.
- 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 and 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 includes 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 devices 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. **Medication will only be administered by Diploma-qualified educators, Early Childhood Teachers, or members of the leadership team authorised by the Service.** 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
- educators under 18 years of age will not administer medication, however they can be a witness to a qualified educator administering medication.
- 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 inconsistencies, 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
- educators will not use force, intimidation, coercion or deceptive practices to administer medication. If after several attempts of encouraging the child to take medication, but they still refuse, contact the parent or guardian unless the medication is required for emergency treatment.
- 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 immediately 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 or written advice from a registered medical practitioner outlining the child's medical condition prior to enrolment of their child if required
- participate in the development of a Risk Minimisation Plan for their child in collaboration with management and educators and medical practitioner for long-term medication plans
- notify educators, verbally when children are taking any short-term medications (at home)
- provide written authorisation 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 Medical Management Plan annually or as the child's medication needs change
- 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
- complete the *Administration of Medication Record*
- 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

- families must provide their own Paracetamol for use as directed by a medical practitioner
- Paracetamol will be kept in the locked medication container for emergency purposes should authorised collectors not be contactable
- to safeguard against the incorrect use of Paracetamol and minimise the risk of concealing the fundamental reasons for high temperatures, educators will only administer Paracetamol if it is accompanied by a doctor's letter stating the reason for administering, the dosage and duration it is to be administered for
- administration of Paracetamol must follow the procedure for *Administration of Medication* requiring two qualified educators to witness the administration and complete the required records
- a Medication Record will be completed with both educator's full name, signature, time and date of administration clearly recorded
- If a child presents with a temperature reading of 38°C or above whilst at the Service, educators will monitor the child closely and recheck the child's temperature after a short period to confirm the reading, as body temperatures can fluctuate due to factors such as physical activity, environmental conditions, or rest. Educators, who know the children in their care, will use their

professional judgement to assess whether a child appears unwell, is not behaving as usual, or may simply be overheated from active play. If the child's temperature remains at 38°C or above and/or the child is displaying signs of illness, families will be notified and requested to arrange collection of the child as soon as possible (within 30 minutes).

- the family will be encouraged to visit a doctor to find the cause of the temperature. 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
- 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
- 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 over the counter medications to be administered.
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EMERGENCY INVOLVING ANAPHYLAXIS OR ASTHMA

- 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, the [ASCIA First Aid Plan for Anaphylaxis](#) must be followed and an adrenaline device must be administered
 - o difficulty/noisy breathing
 - o swelling of the tongue
 - o swelling or tightness in throat
 - o difficulty talking or hoarse voice
 - o wheeze or persistent cough
 - o persistent dizziness or collapse
 - o pale and floppy (young children)
 - o abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

(ASCIA 2026)

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

- o Emergency Services 000
- o a parent of the child
- o 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.

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[Education and Care Services National Regulations](#). (Amended 2023).

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The Sydney Children's Hospital Network (2025). [Administering medications](#)

[Education and Care Services National Law Act 2010](#)

[Education and Care Services National Regulations 2011](#)

REVIEW

POLICY REVIEWED BY	Celeste Shaw	Quality & Compliance Partner	
POLICY REVIEWED	APRIL 2026	NEXT REVIEW DATE	APRIL 2027
VERSION NUMBER	14.04.26		
MODIFICATIONS	• annual policy review • added child safe legislation amendments- paramount consideration and inappropriate conduct • updated reference to adrenaline autoinjectors to adrenaline devices • sources checked and repaired as required		