ADMINISTRATION OF MEDICATION POLICY

PURPOSE

Village Early Education is committed to protecting each child's health, safety, wellbeing, rights and best interests when medication is required while attending the Service. This policy sets out clear requirements for authorising, receiving, storing, administering and recording medication, including emergency medication and routine nappy or barrier cream. Medication will only be administered safely, in accordance with written instructions and authorisation, and with appropriate records maintained.

MEDICATION REQUIREMENTS AND AUTHORISATION

Medication includes prescription, over-the-counter and complementary medicines.

Medication must be provided in its original container or packaging and must be within its expiry or use-by date.

Prescription medication must have the original pharmacy label showing the child's name, medication name, dosage and administration instructions, and must be administered only to the child for whom it was prescribed.

Over-the-counter medication must be provided in its original packaging with the manufacturer's instructions.

Medication will only be administered with written authorisation from a parent or another person authorised in the child's enrolment record, except where emergency authorisation provisions apply.

A separate authorisation must be provided for each medication unless the medication forms part of a current medical management plan or emergency action plan with valid authorisation.

ADMINISTRATION OF MEDICATION RECORD

An Administration of Medication Record must be completed before medication is administered at the Service. The record must include:

- the child's name
- the name of the medication
- the time and date the medication was last administered
- the time and date the medication is to be administered, or the circumstances in which it is to be administered
- the dosage and method of administration

• the period of authorisation
• the name and signature of the parent or authorised person providing consent

After administration, the record must include the actual date and time of administration and the full name and signature of the person who administered the medication and the person who checked or witnessed it.

NAPPY AND BARRIER CREAM

Written consent provided by a parent or guardian through the child's enrolment documentation is sufficient for the routine application of a non-prescription nappy cream or barrier cream used as part of ordinary nappy care. Where this enrolment consent is current, an Administration of Medication Record is not required for each routine application.

The product must be used in accordance with the manufacturer's directions and the family's enrolment consent.
The cream must be clearly identified for the child where it is supplied by the family, stored safely and kept within its expiry or use-by date.

If a cream is prescribed, is being used to treat a diagnosed medical condition, contains medication requiring specific administration instructions, requires a specific dose or frequency, the usual medication authorisation and Administration of Medication Record requirements apply.

RECEIVING AND STORING MEDICATION

Medication must be handed directly to an educator on arrival. Medication must never be left in a child's bag, locker or other area accessible to children.
Medication requiring refrigeration will be stored in a labelled, secured medication container in the refrigerator, inaccessible to children.
Medication not requiring refrigeration will be stored in a labelled, secured medication container, inaccessible to children.
Adrenaline devices and asthma reliever medication must be readily accessible to educators in an emergency, stored out of reach of children and not locked away. The child's current medical management or action plan should be stored with the medication.
Medication, creams and lotions kept at the Service will be checked regularly for expiry dates and replacement needs. Expired medication will not be administered.

Families are responsible for taking short-term medication home at the end of each day and returning it when required.

ADMINISTERING MEDICATION

Medication will only be administered by an authorised Diploma-qualified educator, Early Childhood Teacher or member of the leadership team. Before administration, a second educator will independently check the dosage and confirm the identity of the child. At least one of the two educators involved must hold an approved first aid qualification.

Before medication is administered, the administering educator and second checker will:

- independently confirm the identity of the child receiving the medication
- confirm the Administration of Medication Record is complete and current
- check the correct medication, dosage, time or circumstances for administration, method or route of administration and expiry or use-by date against the written authorisation and medication label
- confirm the medication and instructions are consistent with any current medical management plan or medical practitioner instructions
- complete hand hygiene and prepare the medication safely

After administration, the administering educator will record the actual date and time and sign the medication record. The second checker will also sign the record to confirm the required checks were completed. Medication will then be returned to the correct storage location and the child observed for any adverse reaction or side effects.

Educators under 18 years of age will not administer medication. They may only act as the second checker where authorised by the Service and able to complete the required identity and dosage checks.

Medication will not be administered where instructions are incomplete, inconsistent or unclear. Educators will seek clarification from the family, prescribing medical practitioner or other appropriate health service before proceeding.

Where instructions are provided in a language other than English, the family will be asked to obtain an English translation from the medical practitioner.

Educators will not use force, intimidation, coercion or deceptive practices to administer medication. If a child refuses non-emergency medication after reasonable encouragement, the family will be contacted.

CHILDREN WITH DIAGNOSED MEDICAL CONDITIONS

A child with a diagnosed health care need, allergy or relevant medical condition must have a current Medical Management Plan or relevant action plan before attendance where required. A Risk Minimisation Plan and Communication Plan will be developed with the family in accordance with the Medical Conditions Policy.

Families must update medical management plans when the child's needs or medication change and at least annually where required by the Service.

Educators must have access to and understand the child's plan, risk controls, medication and emergency response requirements.

PARACETAMOL AND OTHER NON-PRESCRIPTION REMEDIES

Paracetamol, herbal, naturopathic and other non-prescription remedies will only be administered where the Service has the required written authorisation and any supporting medical practitioner instructions required by Service procedure.

Families must provide the child's own Paracetamol. Paracetamol will not be treated as emergency medication and will not be administered solely to reduce a fever so that a child can remain at the Service.

Where Paracetamol or another non-prescription remedy is authorised, the normal medication administration, independent checking and recording requirements of this policy apply.

A child who is unwell or has a fever will be managed in accordance with the Incident, Injury, Trauma and Illness Policy and the Dealing with Infectious Disease Policy, including any applicable public health exclusion requirements.

EMERGENCY MEDICATION AND TREATMENT

In an asthma or anaphylaxis emergency, medication or treatment may be administered without prior authorisation where permitted by the National Regulations. Educators will follow the child's current action plan where available, the Service's emergency procedures and recognised first aid guidance.

- Emergency Services 000 will be contacted where required.
- The child's parent or guardian will be notified as soon as practicable.

- Where required, the Regulatory Authority will be notified within the prescribed timeframe, including where the incident meets the definition of a serious incident.
- A child who is not known to have asthma but is in severe respiratory distress will be managed in accordance with the Administration of First Aid Procedure and current recognised asthma first aid guidance.
- A child who is not known to have anaphylaxis but displays signs of anaphylaxis will be managed in accordance with the ASCIA First Aid Plan for Anaphylaxis and emergency procedures.

INCORRECT MEDICATION, ADVERSE REACTION OR PROCEDURAL ERROR

If incorrect medication is administered, or an error is identified, educators will immediately follow first aid procedures, notify the Centre Manager or responsible person and contact the family.

Emergency Services 000 will be called immediately if the child is not breathing, has difficulty breathing, collapses or shows signs requiring urgent medical attention.

The Poisons Information Centre may be contacted for advice where appropriate.

The incident will be documented on the Incident, Injury, Trauma and Illness Record and any required medication records, including what was administered, the action taken and advice received.

The Approved Provider or delegated responsible role will make any required notification to the Regulatory Authority within the prescribed timeframe.

The Service will review the incident and medication practices to identify and implement improvements.

RECORDS, PRIVACY AND COMMUNICATION

Medication records will be completed accurately, kept securely and confidentially, and retained for the period required by legislation and the Service's record keeping requirements.

Families will be informed of the Service's medication and medical conditions requirements at enrolment and when relevant changes occur.

Relevant educators and staff will be informed of each child's medication and health care requirements while protecting the child's privacy.

CONTINUOUS IMPROVEMENT/REFLECTION

The *Administration of Medication Policy* will be evaluated and reviewed on an annual basis or earlier if there are changes to legislation, ACECQA guidance or any incident related to our policy. Feedback will

be requested from children, families, staff, educators and management, and notification of any change to policies will be made to families within 14 days.

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

SOURCE

Australian Children's Education & Care Quality Authority. (2026). *Guide to the National Quality Framework*

Australian Children's Education & Care Quality Authority. (2021). *Dealing with Medical Conditions in Children*. Policy Guidelines.

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 (2016). *Code of Ethics.*

Education and Care Services National Law Act 2010

Education and Care Services National Regulations 2011

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 (2025). Administering medications

REVIEW

POLICY REVIEWED BY	Kelsey Pearce		
POLICY REVIEWED	AUGUST 2026	NEXT REVIEW DATE	APRIL 2027
VERSION NUMBER	15.08.26		
MODIFICATIONS	• Restructured for clarity • clarified enrolment consent for routine non-prescription nappy/barrier cream		