

QA2

Administration of Medication Policy



NATIONAL QUALITY STANDARDS (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, practised and implemented.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS

12	Meaning of a serious incident
85	Incident, injury, trauma and illness policy
90	Medical conditions policy
90 (1) (a)	The management of medical conditions, including asthma, diabetes or a diagnosis that a Child is at risk of anaphylaxis
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
168	Education and care service must have policies and procedures.
170	Policies and procedures to be followed.
171	Policies and procedures to be kept available.
172	Notification of change to policies or procedures.

RELATED POLICIES AND RECORDS

Enrolment Record	Child Protection Policy
Medical Management Risk & Communication Record	Code of Conduct Policy
Medication Record Long Term	Enrolment Policy
Medication Record Short Term	Epilepsy Policy
Infectious Disease Record	Diabetes Policy
Dealing with Medical Conditions Policy	Asthma Management Policy
Administration of First Aid Policy	Supervision Policy
Record Keeping and Retention Policy	Relationships with Children Policy
Work Health and Safety Policy	Hazardous Substances Policy
ASCIA Action Plan	



Safety – We value the delivery of safe places for the mental and physical wellbeing of all.

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AIM OF POLICY

To ensure all team members/ Responsible Persons in Charge of Story House services understand their liabilities and duty of care to meet each child's individual health care needs, whilst ensuring they are specifically trained to be able to safely administer children's required medication with the written consent of the child's parent/guardian. Our team members/ Responsible Persons in Charge will follow this stringent procedure to promote the health and wellbeing of each child enrolled at our service.

SCOPE

This policy applies to children, families, team members, agency educators, management, and visitors to our Story House 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 to ensure the health of children.

For children with a diagnosed health care need, allergy, or relevant medical condition, a *Medical Management, risk and communication record* and or *Allergy plan* must be provided before enrolment and updated regularly. A *Risk Minimisation Plan and Communication Plan* must be developed in consultation with family to ensure risks are minimised and strategies developed for minimising any risk to the child.

DEFINITIONS

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.

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 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 dispensing pharmacist 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.

Adrenaline devices can include -

- An EpiPen is a brand of epinephrine auto-injector used to quickly deliver a dose of epinephrine (adrenaline) during severe allergic reactions, known as anaphylaxis.
- Neffy is a needle-free adrenaline (epinephrine) nasal spray used for emergency treatment of severe allergic reactions, including anaphylaxis, in adults and children aged 4 years older.

EMERGENCY ADMINISTRATION OF MEDICATION

In the occurrence of an emergency and where the administration of medication must occur, the Service Manager must:

1. Attempt to receive verbal authorisation by a parent of the child named in the child's enrolment record who is authorised to consent to the administration of medication.
2. If a parent of a child is unreachable, the Service Manager will endeavour to obtain verbal authorisation from an authorised contact of the child named in the child's enrolment record.

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3. If all the child's nominated contacts are non-contactable, the Service Manager must contact a registered medical practitioner or emergency services on 000.
4. In the event of an emergency and where the administration of medication must occur, written notification must be provided to a parent of the child or other emergency contact person listed on the child's enrolment record. The Business Operations Manager must be notified as soon as is practicable.
5. The child will be comforted, reassured and removed to a quiet area under the direct supervision of a suitably experienced educator.

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.

In the event of a Child not known to have asthma or anaphylaxis and appears to be in severe respiratory distress, the emergency plans for first aid must be followed immediately.

1. An ambulance must be called immediately.
2. Place child in a seated upright position.
3. Give 4 separate puffs of reliever medication (e.g.: Ventolin) using a spacer if required.
4. Repeat every 4 minutes until the ambulance arrives.

The Service Manager will contact the following:

1. Emergency Services 000
2. Parent/s of the child
3. The child will be comforted, reassured, and removed to a quiet area under the direct supervision of a Responsible Person.
4. The Business Operations Manager as soon as practical.

GUIDELINES FOR ADMINISTRATION OF MEDICATION

All medication administered must adhere to the definitions prescribed in this policy.

Families must provide written consent for medication to be administered, except in the event of an emergency.

All medication administered must be undertaken and documented by a Responsible Person holding a current First Aid qualification and must be witnessed by another person.

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.
- Where possible, the date and time of paracetamol was last administered will be recorded on the *Administration of Medication Record*
- Administration of paracetamol must follow the *Administration of Medication Policy* including appropriate documentation
- An *Administration of Medication* and/or *Administration of Paracetamol Record* will be completed with both educators 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

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- always maintain supervision of the ill child, while keeping them separated from children who are well.

REFUSAL OF MEDICATION AND PRESERVATION OF DIGNITY

In alignment with trauma-informed and rights-based practice, if a child physically or emotionally resists the administration of medication, educators must not use force or coercion to administer it. The child’s right to bodily autonomy and emotional safety must be preserved.

In such cases,

- Educators should remain calm, kind, and supportive, prioritising relational safety and co-regulation.
- Immediate steps should be taken to inform the Nominated Supervisor and the child’s family or guardian.
- The decision to defer or discontinue medication must be documented and communicated clearly, and medical guidance must be sought promptly as needed.
- If the medication is critical (e.g. life-saving or seizure-related) , a documented health management plan should clearly outline procedures and pre-agreed consent protocols, developed in consultation with the child’s family and relevant and qualified health professionals.

All staff will receive training on these procedures, including how to uphold children’s rights and manage such incidents with care and professionalism.

OUR APPROVED PROVIDER WILL ENSURE	OUR SERVICE MANAGER WILL ENSURE
<ul style="list-style-type: none"> • Enrolment records for each child outlines the details of persons permitted to authorise the administration of medication to the child. • Medication records are kept securely 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). • Written consent is requested from families on the enrolment record 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 the time of enrolment. • Those obligations under the Education and Care Services National Law and National Regulations are met. • They take reasonable steps to ensure that the policy and procedures are current, reviewed regularly, and communicated to Educators, Team Members, and stakeholders. • They take reasonable steps to inform and support Educators and Team Members regarding their responsibilities in always implementing the policy and procedures. • They take reasonable steps to ensure that Service Managers, Educators, Team Members and Volunteers follow the policy and procedures. • Copies of the policy and procedures are readily accessible to Service Managers, Educators, Team Members, Stakeholders and Volunteers and are available for inspection. 	<ul style="list-style-type: none"> • Children with specific health care needs or medical conditions have a current medical management, risk and communication record detailing prescribed medication and dosage by their medical practitioner and/or medical management plan for Asthma, Diabetes or Anaphylaxis conditions. • 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. • That no medication is administered without the written authorisation of a parent or authorised contact except in the case of an emergency, when the written consent on an enrolment record, verbal consent from an authorised contact, a registered medical practitioner or medical emergency services will be accepted if the parents cannot be contacted. • A Responsible Person who is fully qualified in first aid is the only one to always administer medication with a witness. In the absence of a Responsible Person, the Service Manager will step in with the witness to administer the medication. • Medications are stored in the refrigerator in a labelled and locked medication container with the key kept in a separate location, inaccessible to children. • Medications not requiring refrigeration will be stored in a labelled medication container in an area inaccessible to children. • Individual children’s adrenaline devices should be kept out of reach of children and stored in a cool dark place at

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- They notify Families at least 14 days before changing the policy or procedures if the changes will:
 - Affect the fees charged or the way they are collected or significantly impact the service's education and care of Children or significantly impact the Family's ability to utilise the service
- room temperature. They must be readily available when required and not locked in a cupboard. A copy of the child's *Medical management, risk and communication plan and/or emergency plans* should be stored with the adrenaline device. Signage indicating the location of the adrenaline device should be visible in the room.
- 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*.
- The Poisons Information Centre phone number, 13 11, 26, is prominently displayed alongside emergency services information
- Ensure that families are notified when practical, or within 24 hours if their child is involved in an incident at the service involving any incorrect medication being provided to a child, and that the Regulatory Authority is advised of the same within the 24 hour reporting guidelines as per the *Reporting to the Regulatory Authority Policy*.

- EDUCATORS WILL ENSURE**
- Any medication, cream or lotion kept on the premises will be checked monthly for expiry dates.
 - If a child's medication is due to expire or running low, the family will be notified by the responsible person that replacement items are required.
 - They remind the family that it is their responsibility to take home short-term medication (such as antibiotics) at the end of each day and return it to the child as required.
 - Medication will not be administered if it has passed the product expiry date.

- OUR RESPONSIBLE PERSON WILL ENSURE**
- That all medication will be administered with a witness. The Responsible Person will be qualified in First aid and ensure that at no times will they administer medication if their First Aid has expired.
- Responsible Person and witnesses 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*

- FAMILIES WILL**
- Provide Service Managers with accurate information about their child's health needs, medical conditions and medication requirements on the enrolment record.
 - Provide the service with a medical management plan before enrolment of their child if required.
 - Develop a *Medical risk minimisation & communication record* for their child in collaboration with the Service Manager for long term medication plans.
 - Notify team members verbally when children are taking any short-term medications (at home)
 - Complete and sign an *administration of medication record* for their child requiring any medication whilst they are at the service.
 - Update *Medical management, risk and communication plan* as the child's medication needs change.
 - Keep prescribed medications in original containers with labels. Please understand that medication will only be administered as directed by the medical practitioner and only to the child for whom the medication has been prescribed. Expired medications will not be administered.
 - Keep children 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

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<ul style="list-style-type: none">• Returning the medication to the medication container• That if there are inconsistencies, medication is not to be administered to the child.• They observe the child post administration of medication to ensure there are no side effects.• They respond immediately and contact the parent/guardian for further advice if there are any unusual side effects from the medication.• If a child is not breathing or having difficulty breathing following administration of any medication, the Responsible Person will contact emergency services on 000 immediately.	
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SOURCE

<ul style="list-style-type: none">• Australian Children’s Education & Care Quality Authority - ACECQA• Guide to the National Quality Framework. 2020• Education and Care Services National Law Act 2010.• National Regulations 2018• Code of Ethics• United Convention on the Rights of the Child• NHMRC Staying Healthy in Childcare – Current Edition• <i>Staying Healthy: Preventing infectious diseases in early Childhood education and care services</i> Current Edition• Therapeutic Goods Association www.tga.gov.au
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