

## ECEC Policy 28

### Administration of Medication

Controlled Document

<b>Version:</b>	1.0	<b>Date of approval:</b>	September 2025	<b>Date of next review:</b>	September 2028
<b>Document Owner:</b>	Manager – Early Childhood Education & Care	<b>Approved by:</b>	Executive Manager – Children & Youth Services		
<b>Reviewed by:</b>	Project Officer – Early Childhood Education & Care				

### Statement

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).

### 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, 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 Medical Risk Minimisation Plan and Medical 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).

**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 this 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 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
- 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 receive information about *Medical Conditions and Administration of Medication Policies* and other relevant health management policies during their induction
- 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
- written consent 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.

#### Educators will:

- not administer any medication without the written authorisation of a parent or person with authority, except in the case of an emergency, when the written consent 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

- medication will be stored securely in a clearly labelled container, inaccessible to children, and in accordance with the medication's instructions. For medications requiring refrigeration, they will be stored securely in a clearly labelled container in the fridge, 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. 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 medication storage area
- 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. If there are inconsistencies, medication is not to be administered to the child
- 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 encouragement, a child refuses to take the medication, the parent or guardian will be contacted. Educators must not use restrictive practices to administer medication under any circumstances
- 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* prior to enrolment of their child if required
- develop a *Medical 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 *Medical Communication Plan* in collaboration with management and educators
- notify educators, 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 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
- 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**
- provide consent on enrolment to apply creams and lotions e.g. Personal sunscreen provided by the family and nappy rash creams
- keep prescribed medications in original containers with pharmacy labels. Please understand that 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 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 (excluding paracetamol) with a letter from the doctor detailing the child's name and dosage.
- OSHC – families will advise the OSHC Service if their child has taken any medication with them to school. The *Administration of Medication Record* may be emailed to the Service if necessary
- OSHC – families will complete the *Administration of Medication Record* if dropping off their child in the morning. The educator will then ensure this medication is taken to school with the child where school policy regarding medication will be adhered to (e.g. giving medication to the class teacher)

### OSHC: Self-administration of medication [Reg.96]

A child over pre-school age may self-administer medication under the following circumstances:

- a parent or guardian provides written authorisation with consent on the child's enrolment form – administration of medication
- medication is stored safely by an educator, who will provide it to the child when required
- supervision is provided by an educator whilst the child is self-administering
- a note is made in the *Administration of Medication Record* for the child that the medication has been self-administered
- the *Administration of Medication Record* is signed by the parent upon collection of their child acknowledging the dose and time of administration of medication (e.g.: Asthma inhaler, Diabetic treatment).

### 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
- Paracetamol will be kept in a secure medication container inaccessible to children, for onset of high fever whilst at the Service
- 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
- Administration of paracetamol must follow the procedure for *Administration of Medication* requiring two qualified educators to witness the administration and complete the required records
- An *Administration of Medication Record* 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 checked regularly for expiry dates
- A list of First Aid Kit contents close to expiry or running low will be given to the nominated supervisor/responsible person 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 passed the product expiry date

### 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
- 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
  - if instructed by emergency professionals (000), 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 supervisor/responsible person will contact the following (as required) as soon as practicably possible:

- 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.

## Related Policies

Administration of First Aid Policy Asthma Management Policy Dealing with Infectious Diseases Policy Child Safeguarding Policies Code of Conduct Delivery of Children to, and collection from Education and Care Service Premises	Incident, Injury, Trauma and Illness Policy Medical Conditions Policy Diabetes Management Policy Anaphylaxis Management Policy Enrolment Policy
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## Related Resources

Administration of First Aid Procedure Administration of Medication Procedure Administration of Medication Record Managing Medical Conditions Procedure	Communication Plan Medical Management Plan Risk Management Plan
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## Key Resources

### NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
<b>2.1.1</b>	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.
<b>2.1.2</b>	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
<b>2.2</b>	Safety	Each child is protected.
<b>2.2.1</b>	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
<b>2.2.2</b>	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

## Relevant Legislation

EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS	
<b>Sec.167</b>	Offence relating to protection of children from harm and hazards

<b>12</b>	Meaning of serious incident
<b>85</b>	Incident, injury, trauma and illness policy
<b>86</b>	Notification to parent of incident, injury, trauma or illness
<b>90</b>	Medical conditions policy
<b>91</b>	Medical conditions policy to be provided to parents
<b>92</b>	Medication record
<b>93</b>	Administration of medication
<b>94</b>	Exception to authorisation requirement – anaphylaxis or asthma emergency
<b>95</b>	Procedure for administration of medication
<b>96</b>	Self-administration of medication
<b>136</b>	First Aid qualifications
<b>162(c) and (d)</b>	Health information to be kept in enrolment record
<b>168</b>	Education and care service must have policies and procedures
<b>170</b>	Policies and procedures are to be followed
<b>174</b>	Time to notify certain circumstances to Regulatory Authority
<b>183</b>	Storage of records and other documents

## Induction and ongoing training

- Induction and ongoing training will be implemented, focusing on this policy and related procedures.
- Information will be shared with relief/ casual educators on induction and as relevant to the environments that they are working in, their shift responsibilities and the children in their care.
- Information will be shared with relief/ casual educators on induction and as relevant to the children in their care.

## Consequences of Policy Violations:

Violations of this policy may result in disciplinary action, up to and including termination of employment or contract. The severity of the consequences will depend on the nature and impact of the violation, as determined by CatholicCare Wollongong. People and Culture will review each case individually to determine appropriate actions based on the circumstances.

## Sources

Australian Children’s Education & Care Quality Authority. (2014).  
 Australian Children’s Education & Care Quality Authority. (2023). [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.*

Australian Government Department of Education. *My Time, Our Place- Framework for School Age Care in Australia.V2.0, 2022*

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. (2013). *Staying Healthy: Preventing infectious diseases in early*

*childhood education and care services* (5th Ed.). Australia: Commonwealth of Australia. NSW Government. (n.d).

NSW Department of Health: [www.health.nsw.gov.au](http://www.health.nsw.gov.au)

Revised National Quality Standard. (2018).

The Sydney Children’s Hospital Network (2020)

[Western Australian Education and Care Services National Regulations](#)

## Policy created/ Reviewed

Date	Major, Minor or Administrative	Description of Revision(s)
September 2025	Major	New Policy – Adapted from Childcare Centre Desktop. Merged ELC and OSHC policies. This policy replaces <i>EC 5 – Administration of Medication</i>

## Monitoring, Evaluation and Review

This policy will be reviewed periodically to ensure its effectiveness and relevance. Any necessary updates or modifications to ensure compliance with legislative and standard requirements will be communicated to all employees, contractors, and representatives of CatholicCare Wollongong.

Other situations may include:

- Following an incident, to identify gaps and strengthen data protection measures.
- adoption of new tools or systems.
- mergers, restructuring, or shifts in services that impact on current processes.
- As part of routine evaluations to ensure policies remain effective and aligned with best practices.
- If client/s provide feedback or complaints, prompting a review for improvement.
- When inefficiencies or errors are identified.

The agency will formally review this Policy every three years as part of the policy’s known life cycle period.

	<b>Type of Policy</b>
<b>Approval rating 1</b>	New agency policy/adjustments that are legislated or are a Diocesan directive. Minimal collaboration required.
<b>Approval rating 2</b>	High level agency policies that are developed at executive management level (such as employee entitlements) go to CELT for final review before COO recommendation for approval by the CEO.
<b>Approval rating 3</b>	Operational agency policies are endorsed by the QSC to ensure policy is applicable across all program areas. Then go to CELT for final review before COO recommendation for approval by the CEO.
<b>Approval rating 4</b>	Program specific where it is only the individual program that need to ensure that the policy meets practice requirements. No QSC, CELT or CEO. However, if it is a new policy, courtesy email outlining what they are should go to the CEO, COO and EM Quality & Risk (EM Q&R) for information only.