

ADMINISTRATION OF MEDICATION

QUALITY AREA 2 | EEYS version 2

Emerge Early Years Services (EEYS) are committed to the safety and wellbeing of all children, and this will be the primary focus of our education, care and decision-making. Our commitment will be enacted through the implementation and monitoring of the Child Safe Standards.

EEYS have zero tolerance to child abuse.

EEYS are committed to providing a child safe environment where children feel safe, secure and empowered and their voices are heard about decisions that affect their lives. Particular attention will be paid to the Cultural safety of Aboriginal Children and children from culturally and/or linguistically diverse backgrounds, as well as the safety of children with a disability.



PURPOSE

This policy will clearly define the:

- procedures to be followed when a child requires medication while attending EEYS
- storage of medication
- responsibilities of nominated supervisor, early childhood teacher, educators, staff parents/guardians and the approved provider to ensure the safe administration of medication at EEYS.



POLICY STATEMENT

The safety, health, wellbeing, rights and best interests of every child are the paramount consideration and must guide all decisions, actions and practices of educators within the education and care service.

VALUES

EEYS is committed to:

- providing a safe and healthy environment for all children, early childhood teachers, educators, staff and other persons attending the service
- responding appropriately to the needs of a child who is ill or becomes ill while attending the service
- ensuring safe and appropriate administration and storage of medication in accordance with legislative and regulatory requirements
- protecting child privacy and ensuring confidentiality
- maintaining a duty of care to children at the service.

SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, early childhood teachers, educators, staff, students, volunteers, parents/guardians, children, and others attending the programs and activities of EEYS, including during offsite excursions and activities.

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/guardians	Contractors, volunteers and students
R indicates legislation requirement, and should not be deleted					
Ensuring that parents/guardians are provided with access to this policy	R	✓	✓		
Communicating with parents/guardians about the procedures outlined in this policy and the parent/guardian responsibilities when requesting medication be administered to their child, and making the Medication Administration Form available for parents/guardians to record information during operational hours	R	✓	✓		
Ensuring that at least one educator on duty has a current (within the previous 3 years) approved first aid qualification, anaphylaxis management training and asthma management training (<i>Regulation 136</i>) (Note: this is a minimum requirement. As a demonstration of duty of care and best practice, EEYS recommends that all educators have current (within the previous 3 years) approved first aid qualifications, anaphylaxis management training and asthma management training.)	R	✓			
Ensuring that all staff are familiar with the procedures for the administration of medication (<i>refer to Attachment 1</i>)	R	✓	✓		
Ensuring that each child's enrolment form provides details of the name, address and telephone number of any person who is authorised to consent to medical treatment of, or to authorise administration of medication to the child (<i>Regulation 160(3)(iv)</i>)	R	✓	✓		
Ensuring that medication is only administered to a child being educated and cared for by EEYS when it is authorised (written or verbal), except in the case of an anaphylaxis or asthma emergency (<i>Regulations 93, 94</i>)	R	R	✓		
Ensuring that a medication administration form (<i>refer to Sources</i>) meets the requirements set out in <i>Regulation 92(3)</i> and is always available for recording the administration of medication to children at the service	R	R	✓		

Ensuring that all details in the medication administration form (<i>refer to Sources</i>) have been completed by parents/guardians/authorised persons in accordance with <i>Regulation 92(3)</i> prior to administering medication	R	R	✓		
Ensuring that medication records (medication administration forms) are kept and stored securely until the end of 3 years after the last date on which the child was educated and cared for by the service (<i>Regulation 183(2)(d)</i>)	R	✓	✓		
Ensuring that the medication is administered in accordance with <i>Regulation 95</i> , and <i>96</i> if relevant (<i>refer to Attachment 1</i>)	R	R	R		
Informing the ECT or educator if any medication has been administered to the child before bringing them to the service, and if the administration of that medication is relevant to or may affect the care provided to the child at the service				✓	
Physically handing the medication to a staff member and informing them of the appropriate storage and administration instructions for the medication provided				✓	
Ensuring that no medication or over-the-counter (<i>refer to Definitions</i>) products are left in their child's bag or locker				✓	
Ensuring that medication is not accessible to children and is stored in a childproof container (including in the refrigerator for medications requiring refrigeration)	R	✓	✓		✓
Obtaining verbal authorisation for the administration of medication from the child's parents/guardians/authorised person (as recorded in the child's enrolment record), or a registered medical practitioner or medical emergency services when an authorised person cannot reasonably be contacted in an emergency (<i>Regulation (93)(5)(b)</i>)	R	✓	✓		
Ensuring that parents/guardians are given written notice as soon as is practicable if medication has been administered in an emergency and where authorisation has been given verbally (<i>Regulation 93(2)</i>)	R	✓	✓		
Ensuring that the parent/guardian of the child and emergency services are notified as soon as is practicable when medication has been administered in an anaphylaxis or asthma emergency (<i>Regulation 94(2)</i>)	R	✓	✓		✓
Being aware of children who require medication for ongoing conditions or in emergencies, and ensuring that the medical management plans are completed and attached to the child's enrolment form (<i>Regulation 162</i>), and displayed for use by those caring for children (being sensitive to privacy requirements)	R	✓	✓		✓

Providing a current medical management plan when their child requires long-term treatment of a condition that includes medication, or their child has been prescribed medication to be used for a diagnosed condition in an emergency				✓	
Developing and reviewing procedures for the authorisation and administration of medication required for the treatment or management of long-term conditions (<i>refer to Attachment 1</i>)	✓	✓	✓		
Documenting situations in which an authorised person has provided verbal authorisation but has refused to confirm the authorisation in writing (these notes are to be kept with the child's enrolment record)	✓	✓			
Informing parents/guardians as soon as is practicable if an incident occurs in which the child was administered the incorrect medication or incorrect dose, staff forgot to administer the medication or the medication was administered at the wrong time. Staff must also ensure that any medication that is accidentally dropped is not administered to a child or returned to the original container, and that parents/guardians are informed if an incident of this nature occurs	R	✓	✓		✓
Informing parents/guardians that non-prescribed medication (with the exception of sunscreen and nappy barrier cream) will only be administered for a maximum of 48 hours, after which a medical management plan from a doctor will be required for its continued use.	✓	✓	✓		
Informing parents/ guardians that non- prescribed medication (with the exception of sunscreen and nappy barrier cream) must have a pharmacy label attached. (see attachment 1)		✓	✓		✓
Clearly labelling non-prescription medications and over-the-counter products (sunscreen and nappy barrier cream) with the child's name. The instructions and use-by dates must also be visible		✓	✓		✓
Informing parents/guardians that paracetamol is not supplied by EEYS and that the administration of paracetamol or ibuprofen will not be administered unless prescribed doctor.	✓	✓	✓		
Ensuring medication is taken home at the end of each session/day. Unless the medication is stored at the service as part of the child's medical management plan (<i>refer to Dealing with Medical Conditions Policy</i>)		✓	✓	✓	✓



PROCEDURES

- **Procedures for the safe administration of medication** - *refer to Attachment 1*
- **Administration of paracetamol** - *refer to Attachment 2*



BACKGROUND AND LEGISLATION

BACKGROUND

Authorisation to administer medication

Medication (including prescription, non-prescription, over-the-counter and homeopathic medications) must not be administered to a child at a service without the authorisation of a parent/guardian or person with the lawful authority to consent to the administration of medical attention to the child.

In the case of an anaphylaxis or asthma emergency, where the child does not have a medical management plan or other form of authorisation, first aid treatment is provided as described in the *Anaphylaxis and Allergic Reaction Policy* and *Asthma Management Policy*. In this circumstance, the child's parent/guardian and emergency services must be contacted as soon as possible after first aid has commenced (*Regulation 94*). In these instances, notifications of serious incidents (*refer to Definitions*) must be made to the regulatory authority (DE) (*refer to Definition*) as soon as is practicable but not later than 24 hours after the occurrence (*National Law: Section 174(2), Regulation 175, 176*) (*refer to Incident, Injury, Trauma and Illness Policy*).

In the case of all other emergencies, it is acceptable to obtain verbal consent from a parent/guardian, or to obtain consent from a registered medical practitioner or medical emergency services if the child's parent/guardian cannot be contacted.

Administration of medication

The approved provider must ensure that when early childhood teachers/educator administers medication, they must follow the guidelines of this policy and the procedures outlined in *Attachment 1*.

A medication authorisation form (Medication record) must be completed with the following information:

- a) the name of the child
- b) the authorisation to administer medication (including self-administration, if applicable) signed by a parent/guardian or a person named in the child's enrolment record as authorised to consent to administration of medication
- c) the name of the medication to be administered
- d) the time and date the medication was last administered
- e) the time and date or the circumstances under which the medication should be next administered
- f) the dosage of the medication to be administered
- g) the manner in which the medication is to be administered
- h) if the medication is administered to the child:
 - i. the dosage that was administered
 - ii. the manner in which the medication was administered
 - iii. the time and date the medication was administered
 - iv. the name and signature of the person who administered the medication

- v. the name and signature of the person who checked the dosage, if another person is required under *Regulation 95* to check the dosage and administration of the medication

LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Health Records Act 2001 (Vic)
- National Quality Standard, Quality Area 2: Children's Health and Safety
- Occupational Health and Safety Act 2004 (Vic)
- Public Health and Wellbeing Act 2008 (Vic)
- Public Health and Wellbeing Regulations 2009 (Vic)
- Therapeutic Goods Act 1989 (Cth)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: www.legislation.vic.gov.au
- Commonwealth Legislation – Federal Register of Legislation: www.legislation.gov.au



DEFINITIONS

The terms defined in this section relate specifically to this policy. For regularly used terms e.g. Approved provider, Nominated supervisor, Notifiable complaints, Serious incidents, Duty of care, etc. refer to the Definitions file of the PolicyWorks catalogue.

Approved first aid qualification: The list of approved first aid qualifications, anaphylaxis management and emergency asthma management training is published on the ACECQA website: www.acecqa.gov.au

Illness: Any sickness and/or associated symptoms that affect the child's normal participation in the activities or program at the service.

Infectious disease: A disease that can be spread, for example, by air, water or interpersonal contact. An infectious disease is designated under Victorian Law or by a health authority (however described) as a disease that would require the infected person to be excluded from an education and care service.

Injury: Any harm or damage to a person.

Medication: Prescribed and non-prescribed medication as defined below.

Non-prescribed/over-the-counter medication: Refers to medicine that you can buy without a prescription, including vitamins and cultural herbs or homeopathic medications that may have been recommended by an alternative health care professional such as a naturopath.

Prescribed medication: Medicine, as defined in the *Therapeutic Goods Act 1989 (Cth)*, that is:

- authorised by a health care professional

- dispensed by a health care professional with a printed label that includes the name of the child being prescribed the medication, the medication dosage and expiry date.

SOURCES AND RELATED POLICIES

SOURCES

- Australian Children's Education and Care Quality Authority (ACECQA), Medication Record sample template: www.acecqa.gov.au
- Allergy & Anaphylaxis Australia: www.allergyfacts.org.au
- Asthma Australia: www.asthma.org.au
- Department of Health: www2.health.vic.gov.au
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011: www.acecqa.gov.au
- Guide to the National Quality Standard (ACECQA): www.acecqa.gov.au
- Healthdirect: www.healthdirect.gov.au

RELATED POLICIES

- Acceptance and Refusal of Authorisation
- Administration of First Aid
- Anaphylaxis and Allergic Reactions
- Asthma Management
- Dealing with Infectious Diseases
- Dealing with Medical Conditions
- Diabetes
- Enrolment and Orientation
- Epilepsy and Seizures
- Excursions and Service Events
- Incident, Injury, Trauma and Illness
- Privacy and Confidentiality

EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (*Regulation 172 (2)*).

ATTACHMENTS

- Attachment 1: Procedures for the safe administration of medication
- Attachment 2: Administration of paracetamol
- Attachment 3: Administration of Medication form
- Attachment 4: Ongoing Administration of Medication Form

Commented [JM1]: Have no yet attached attachment 3,4,5 and havent created attachment 6 yet (if its even needed)

Commented [JM2]: Need to still add attachment 3, 4 & 5 once finalised

- Attachment 5: Ongoing Nappy Barrier Cream Form

AUTHORISATION

This policy was adopted by the approved provider of EEYS on

NEXT REVIEW DATE:

VERSION	REVIEW DATE	DOCUMENT WRITER	REVISION DESCRIPTION	APPROVED BY
V1	June 2020	Policy Officer		CEO PB
V2	16 Dec 2025	Policy Officer	New layout and reviewed	CEO EN
V2.1	11/8/26			

Attachment 1. Procedures for the safe administration of medication

GENERAL REQUIREMENTS

Medication may only be administered when:

- Written authorisation has been provided by a parent/guardian or authorised nominee.
- The medication is in its original container with the original label attached.
- The medication has not passed its expiry or use-by date.
- The medication authorisation form has been completed.
- The medication is administered in accordance with the manufacturer's instructions, pharmacy label or written instructions from a registered medical practitioner.

Two educators are responsible for the administration of any medication ¹. Regulations state that at least one of these persons must hold a current (within the previous 3 years) approved first aid qualification. EEYS requires all staff to hold a current approved first aid qualification.

PRESCRIBED MEDICATION

Prescribed medication may only be administered when:

- It has been prescribed for the child by a registered medical practitioner.
- It is supplied in the original pharmacy- dispensed container, with the original label (instructions and expiry date) clearly visible.
- A pharmacy dispensing label is attached showing:
 - the child's name
 - medication name
 - dosage instructions
 - administration instructions
 - dispensing details.
 - The medication has not expired.
 - The medication matches the details recorded on the medication administration form.

NON-PRESCRIBED MEDICATION

Non-prescribed medication may only be administered when:

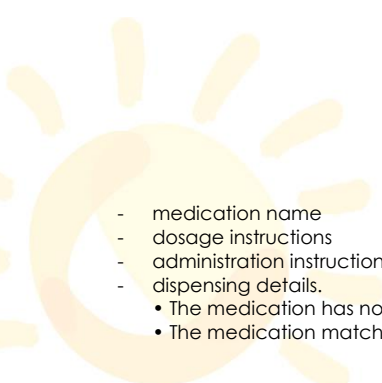
- It is supplied in the original container with original packaging and instructions.
- It has not expired.
- Written parent/guardian authorisation has been provided. (medication administration form)

As a service requirement:

• All non-prescription medications (excluding sunscreen and non-medicated nappy creams) must have a pharmacy dispensing label attached showing:

- the child's name

¹ Note: under Regulation 95(c), this is not a requirement in an education and care service that is permitted to have only one educator to educate and care for children



- medication name
- dosage instructions
- administration instructions
- dispensing details.
 - The medication has not expired.
 - The medication matches the details recorded on the medication authorisation form.

- Sunscreen and nappy creams must be in the original container and clearly labelled with the child's name and within the expiry date.

MEDICATION ADMINISTRATION RESPONSIBILITIES

Two educators must be involved in the administration of all medication.

- At least one educator must hold a current approved first aid qualification.
- Students, volunteers and visitors must not administer or witness the administration of medication.
- One educator administers the medication.
- The second educator independently checks the medication and witnesses' administration.

BEFORE ADMINISTERING MEDICATION

Before administering any medication, both educators must:

- Check the child's identity.
- Check the medication name.
- Check the dosage.
- Check the method of administration.
- Check the time of administration. (and previous administration times)
- Check the expiry date.
- Check that parent/guardian authorisation has been completed.
- Check for any known allergies, medical conditions or contraindications to the medication.

Where information on the medication administration form differs from the pharmacy label or manufacturer's instructions, educators must follow the pharmacy label or medical practitioner's instructions and contact the parent/guardian to clarify the discrepancy before administering the medication. (see procedure below)

PROCEDURE FOR ADMINISTERING MEDICATION

1. Wash and dry hands thoroughly. Wear gloves where appropriate.
2. Before administering medication, staff must ensure all requirements outlined in the "Before Administering Medication" section have been completed.
3. Review the medication administration form and confirm:
 - child's name
 - medication name and expiry date
 - dosage
 - administration method
 - time medication is due / and or circumstances to be administered
 - previous administration times.
4. Check that the medication:
 - is in the original container
 - has the required labelling
 - matches the medication administration form
 - has not expired.

5. One educator will check the details (including dosage and the identity of the child who is given the medication) and witness its administration, while the other educator will administer the medication.
6. Measure or prepare the medication in the presence of the witnessing educator.
7. Confirm the identity of the child before administration.
8. Administer the medication according to the Medication Administration form, the pharmacy label, manufacturer's instructions, MMP or written directions from a registered medical practitioner. (Ensure these instructions match the Medication Administration Form)
9. Observe the child following administration and monitor for any adverse reaction.
10. Immediately complete the medication administration form, including:
 - child's name
 - medication administered
 - dosage
 - date and time administered
 - signatures of both educators.
11. Store any remaining medication according to storage instructions, including refrigeration where required.
12. Inform the parent/guardian that medication has been administered at the end of the day and ensure they sign and complete the details required on the medication administration form. In emergency situations parents will be notified with a phone call when medication has been administered.

ADMINISTRATION OF MEDICATION FOR ONGOING MEDICAL CONDITIONS

For children requiring ongoing medication or emergency medication:

- A current Medical Management Plan must be provided by the child's medical practitioner.
- The Medical Management Plan must outline:
 - medication name
 - dosage
 - frequency
 - circumstances requiring administration
 - actions to be taken following administration
 - review date.

Parents/guardians must complete an EEYS Ongoing Medication Administration Form which will be filled in by the educators if the medication was administered.

When administering medication under a Medical Management Plan, educators must:

- Follow the medication administration procedure above.
- Record all medication administered.
- Notify parents/guardians as soon as practicable.

Refer to the Dealing with Medical Conditions Policy for further information.

Nappy Cream and Sunscreen

Non-medicated nappy barrier creams and sunscreens do not require a Medical Management Plan or Ongoing Medication Authorisation Form.

EEYS has created a specific form "Nappy Barrier Cream Permission Form" for parents/ guardians and staff to complete to ensure the documentation and communication of use of nappy creams. Sunscreen

permission is documented on the "Authority for staff to administer sunscreen form" located in the Sun Protection Policy and parents complete permissions in the enrolment process.

Follow this procedure when information recorded on the medication administration form differs from the pharmacy label, manufacturer's instructions, Medical Management Plan or written directions from a registered medical practitioner. The medication must not be administered until the discrepancy has been clarified.

Educators must:

- cease the medication administration process
- recheck the medication label, Medication Administration form and supporting documentation with the witnessing educator.
- contact the parent/guardian to advise of the discrepancy. Two educators witness the conversation.
- follow the pharmacy label, Medical Management Plan or written directions from a registered medical practitioner. Medication must not be administered contrary to these instructions based solely on parent/guardian verbal or written direction.
- document the discrepancy, discussion and outcome to the discrepancy and its resolution on the medication administration form. Two witnessing educators to sign and date the form.
- obtain the parent/ guardian's signature acknowledging any amendments made to the Medication Administration Form.
- if the discrepancy cannot be resolved, do not administer the medication and advise the parent/guardian that updated medical instructions or documentation will be required before the medication can be administered.

ATTACHMENT 2. Administration of paracetamol and Ibuprofen

EEYS does not supply Paracetamol or Ibuprofen at any service.

If a child becomes unwell, develops a fever, or appears to be in pain while attending the service, educators should:

- monitor the child's condition
- provide comfort measures where appropriate (e.g. rest, fluids, cool compresses)
- contact the parent/guardian as soon as practicable
- discuss the child's symptoms and request collection where required.

Take a precautionary approach and request the parent/carer collect their child from the service as soon as possible

Signs and symptoms of fever

A child has a fever when their temperature reads above 38°C on a thermometer.

They may also be:

- unwell and hot to touch
- irritable or crying
- more sleepy than usual
- vomiting or refusing to drink
- shivering
- in pain

If a baby is under three months and has a fever above 38°C, then they should see a doctor, even if they have no other symptoms.

Signs that a child is in pain

Older children can often tell you that they have pain, although some children might not be able to tell you exactly where their pain is. Younger children may show you that they have pain by:

- crying or screaming
- pulling a face
- changes in their sleeping or eating patterns
- becoming quiet and withdrawn
- refusing to move or being unable to get comfortable.

Procedure

EEYS does not give Paracetamol or Ibuprofen without it being prescribed by a registered practitioner. If a parent requests Panadol or Ibuprofen to be administered at the service written documentation is required from a registered practitioner as well as following all procedures outlined in attachment 1.

Documentation from a registered practitioner includes a written letter from a registered practitioner outlining the medication administration requirements. Medication must be provided as per the prescribed medication administration procedures outlined in Attachment 1. EEYS does not accept medication that has been bought from a pharmacy with a label added unless it has been prescribed by a doctor.

Why EEYS does not administer these medications without written documentation from a medical practitioner:

- **Paracetamol** can be used for mild to moderate pain in babies over one month old, children, adolescents and adults. However, if too much paracetamol is given to a child for too long, it may harm the child.
- **Ibuprofen** can be used for mild to moderate pain in children, adolescents and adults. It should not be used in children under three months of age, or be given to children with bleeding disorders.

References

Royal Children's Hospital Melbourne (July 2020), Fever in children:
https://www.rch.org.au/kidsinfo/fact_sheets/Fever_in_children/

Royal Children's Hospital Melbourne (July 2020), Pain relief for children – paracetamol and ibuprofen:
https://www.rch.org.au/kidsinfo/fact_sheets/Pain_relief_for_children/