

ADMINISTRATION OF MEDICATION

QUALITY AREA 2 | ELAA version 1.1



PURPOSE

This policy will clearly define the:

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



POLICY STATEMENT

VALUES

Denzil Don Kindergarten 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 staff, students, volunteers, visitors, parents/carers, children, and others attending programs and activities at Denzil Don Kindergarten, including offsite excursions.

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teachers, educators and all other staff	Parents/carers	Contractors, volunteers and students
R indicates legislation requirement and should not be deleted					
Ensuring that parents/carers are provided with access to this policy	R	√	√		
Communicating with parents/carers about the procedures outlined in this policy and the parent/carer responsibilities when	R	√	√		

requesting medication be administered to their child, and making the medication record available for parents/carers to record information during operational hours					
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>	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 authorised person to consent to medical treatment or to authorise administration of medication to a child <i>(Regulation 160(3)(iv))</i>	R	√	√		
Ensuring that medication is only administered to a child being educated and cared for by Denzil Don Kindergarten 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 record <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 record <i>(refer to Sources)</i> have been completed by parents/carers/authorised persons in accordance with <i>Regulation 92(3)</i> before administration of medication	R	R	√		
Ensuring that medication records 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>Regulations 95 and 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 the 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/carers/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/carers 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/carer 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 complete 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 for 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/carers 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/carers are informed if an incident of this nature occurs	R	√	√		√
Informing parents/carers that non-prescribed medication 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	√	√	√		
Clearly labelling non-prescription medications and over-the-counter products (e.g., sunblock and nappy cream) with the child's name. Instructions and use-by dates must also be visible		√	√		√
Informing parents/carers that the service does not supply paracetamol and that the administration of paracetamol will be in line with the administration of all other medication (<i>refer to Attachment 2</i>)	√	√	√		
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
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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 the service without the authorisation of a parent/carer 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/carer 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/carer or to obtain consent from a registered medical practitioner or medical emergency services if the child's parent/carer cannot be contacted.

Administration of medication

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

A medication record must be completed with the following information:

- a) name of the child
- b) the authorisation to administer medication (including self-administration, if applicable) signed by a parent/carer or a person named in the child's enrolment record as authorised to consent to the 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) how the medication is to be administered
- h) if the medication is administered to the child:
 - i. the dosage that was administered
 - ii. how 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. Refer to the definitions file on the kindergarten website for regularly used terms.

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

Illness: sickness and/or associated symptoms that impact the child’s normal participation in the service's activities or programs.

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 as a disease requiring the infected person to be excluded from an education and care service.

Injury: harm or damage to a person.

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

Non-prescribed/over-the-counter medication: medicine that can be bought without a prescription.

Prescribed medication: Medicine, as defined in the *Therapeutic Goods Act 1989 (Cth)*, authorised by a health care professional and dispensed by a health care professional with a printed label that includes the name of the child being prescribed 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
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EVALUATION

To assess whether the values and purpose 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 policy review cycle or as required.
 - notify stakeholders impacted by this policy at least 14 days before making significant changes to it or its procedures unless a lesser period is necessary due to risk ([Regulation 172 \(2\)](#)).
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ATTACHMENTS

- Attachment 1: Procedures for the safe administration of medication
 - Attachment 2: Administration of paracetamol
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AUTHORISATION

This policy was adopted by the approved provider of Denzil Don Kindergarten on 26/04/2024.

REVIEW DATE: 26 / APRIL / 2026

ATTACHMENT 1. PROCEDURES FOR THE SAFE ADMINISTRATION OF MEDICATION

Medication can **only** be administered:

- if a registered medical practitioner has prescribed it, it is in its original container with a label that details the name of the child for whom it is prescribed. The medication must have a visible expiry or use-by date or
- from its original container, with the original label and instructions and before the expiry or use-by date, and in accordance with any instructions attached to the medication or provided by a registered medical practitioner, either verbally or in writing.

Two staff, one of whom must be an educator, are responsible for the administration of any medication ¹. At least one of these persons must hold a current (within the previous 3 years) approved first aid qualification.

One person will check the details (including dosage and the identity of the child who is given the medication) and witness its administration, while the other person will administer the medication (*Regulation 95(c)*).

Before administering medication to a child, staff need to check the child does not have an allergy to the medication.

Procedure for administration of medication:

1. Wash and dry hands thoroughly before administering any medication. Gloves are recommended wherever appropriate.
2. Check the medication record to confirm the date, time, dosage, and child to whom the medication will be administered.
3. Check that prescription medication:
 - is in its original container, bearing the original label and instructions.
 - is the correct medication, as listed in the medication record.
 - has the child's name on it (if prescribed by a registered medical practitioner).
 - is the required dosage, as listed in the medication record.
 - is in date.
4. Check that non-prescription medication:
 - is in the original container, bearing the original label and instructions.
 - is the correct medication, as listed in the medication record.
 - has the child's name on it.
 - is the required dosage, as listed in the medication record.
 - is in date.
5. When administering the medication, ensure that:
 - the identity of the child is confirmed against the specific medication.
 - the correct dosage is given.
 - the medication is administered in accordance with the instructions attached to the medication or any written or verbal instructions provided by a registered medical practitioner.
 - both staff members complete the medication record (*Regulation 92(3)(h)*) and store any remaining medication appropriately.
 - one person checks the details (including dosage and the identity of the child who is given the medication) and witnesses its administration, while the other person will administer the medication and monitor the effect of the medication (*Regulation 95(c)*)
 - inform the parent/carer when the child is collected that medication has been administered and ensure that the parent/carer completes the required details in the medication record.

Administration of medication for ongoing medical conditions

Where a child is diagnosed with a condition that requires ongoing medication or medication to be administered in emergencies, parents/carers may authorise the administration of the medication for a defined period. In these cases:

- a medical management plan completed by the child's doctor should be provided and attached to the child's enrolment form (and on display, where appropriate)

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

- the medical management plan should define the following:
 - the name of the medication, dosage, and frequency of administration.
 - conditions under which medication should be administered.
 - what actions, if any, should be taken following medication administration.
 - when the plan will be reviewed.
- when medication is required under these circumstances, staff should:
 - follow the procedures listed above.
 - ensure that the required details are completed in the medication record.
 - notify the parents as soon as practicable.

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

ATTACHMENT 2. ADMINISTRATION OF PARACETAMOL

Sometimes, a child develops a fever and/or becomes unwell while at the service. In the first instance, it is advisable to contact the parent/carer to discuss any concerns about the child's health and, taking a precautionary approach, 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 exceeds 38°C on a thermometer.

They may also be:

- unwell and hot to touch.
- irritable or crying.
- lethargic.
- vomiting or refusing to drink.
- shivering
- in pain

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 eating patterns
- becoming quiet and withdrawn
- refusing to move or being unable to get comfortable.

If you can't relieve the child's pain by comforting them and helping them to relax, distracting them or providing a cool compress, giving them pain-relieving medicines can help.

- **Paracetamol** can be used for mild to moderate pain in children; however, if too much paracetamol is given to a child for too long, it may be harmful.
- **Ibuprofen** can be used for mild to moderate pain in children. It should not be used in children with bleeding disorders.

If a child requires paracetamol, families must provide written and signed consent for its administration.

If parents/carers request that educators/staff administer paracetamol, educators/staff should:

- administer only to a child with a temperature above 38°C and discomfort or pain.
- administer only one dose of paracetamol and ensure the child has not had any other medicine containing paracetamol in the last four hours.
- use preparations that contain paracetamol only, not a 'cold and flu' or combined preparation.
- use only single doses, disposable droppers, or applicators, and only once per child.
- be aware that paracetamol comes in numerous dose forms and concentrations for children, and administer the most appropriate concentration and dose for the child being administered it.

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/