

Administration of Authorised Medication Policy

PURPOSE AND BACKGROUND

- (1) Our Service and our educators will only administer medication to a child if it is authorised or the child is experiencing an asthma or anaphylaxis emergency. We recognise it is essential to follow strict procedures for the administration of medication to ensure the health, safety and wellbeing of each child using the service.

POLICY STATEMENT

- (2) Our service and educators will only administer medication to children if it is authorised by parents or another person as authorised on the enrolment form. If there is a medical emergency, we will also administer medication when authorised verbally by a parent or another authorised person, medical practitioner or an emergency service, however we may administer medication during an asthma or anaphylaxis emergency without first receiving authorisation.
- (3) Medication under the Regulations includes medication covered by the Therapeutic Goods Act 1989. Therapeutic goods include those for therapeutic use to:
 - (a) prevent, diagnose, cure or alleviate a disease, ailment, defect or injury
 - (b) influence, inhibit or modify a physiological process.
 - (c) This covers products like sunscreen and nappy cream.
 - (d) The Nominated Supervisor, Responsible person and or WH&S officer will ensure:
 - (e) children's medication is regularly audited to ensure it has not expired and is in the original container with legible labels.
 - (f) training is provided for educators as required including in the administration of emergency medication like EpiPens and asthma inhalers, and where there are special requirements for administering medication eg nebulisers, spacers.

Administration of Medication (non-emergency)

- (1) Educators will administer medication to a child if it complies with our policy requirements and:
- (2) if the medication is authorised in writing by a parent or another authorised person and
 - (a) is the original container
 - (b) has not expired

- (c) has an original label and instructions that can be clearly read and has a Pharmacist label on it.
- (d) is administered in accordance with any instructions on the label or from the doctor.
- (3) after the child's identity and the dosage of the medication is checked by an educator who is not administering the medication. This educator will witness the administration of the medication.

Over-the-Counter Pain Relief Medication eg Panadol

- (4) We do not accept written or verbal authorisations to administer Over-the-Counter pain relief medication like Panadol, Nurofen, Ibuprofen and paracetamol unless it has been prescribed by a medical practitioner, or authorised verbally by a medical professional in an emergency as outlined below.
- (5) Pain relief medication may mask the symptoms of serious illnesses and our educators are not qualified medical professionals.
- (6) A medical practitioner must provide a separate written authorisation for each specific illness or condition with an estimated timeframe and the cause of the illness. Authorisations cannot be issued for ongoing or indefinite use.
- (7) To avoid any conflict of interest, all written authorisations must come from an independent medical professional.
- (8) Children who are being treated with Panadol or other pain relief for infectious or contagious illnesses cannot attend the service while infectious. For non-contagious illnesses, short-term use of pain relief may be permitted with a doctor's written authorisation.
- (9) *Staying Healthy: Preventing Infectious Diseases in Early Childhood Education and Care Services – 6th edition* (NHMRC) notes that infections are common in group care settings because children are exposed to many more people and germs than when they are at home. Keeping unwell children at home helps limit the spread of infection and supports their overall health and recovery.
- (10) The Nominated Supervisor and or responsible person has the authority to exclude any child from the service if they are unwell, to ensure the health and safety of all children and staff.
- (11) Anyone delivering a child to the service must not leave medication in the child's bag or locker. Medication must be given directly to an educator on arrival for appropriate storage.
- (12) Auto injection devices (eg Epipens) and asthma puffers will be stored up high in rooms, so they are inaccessible to children. All other medication will be stored in accordance with the storage instructions on the medication in a locked labelled container in a cabinet or fridge. Non-refrigerated medication will be kept away from direct sources of heat.

Methods to reduce a child's temperature or fever

- (13) Encourage the child to drink plenty of water (small sips), unless there are reasons why the child is only allowed limited fluids.
- (14) Remove excessive clothing (shoes, socks, jumpers, pants etc.) Educators will be mindful of cultural beliefs.
- (15) Medication is sometimes given to 'bring a fever down' where the fever is causing the child discomfort. Should the parent/guardian be unable to collect the child within one hour, and the team member feels that the child's illness is making the child uncomfortable or miserable, Centre Paracetamol may be administered according to the label. Paracetamol cannot be given without verbal or written authorisation from the parent/guardian or emergency services.
- (16) A parent or emergency contact person must still collect the child from the Service as soon as possible – preferably within one hour.
- (17) Educators cannot administer Centre emergency paracetamol to children unless the child has been in the service for at least four hours. This ensures that a child does not accidentally receive a second dose if they have already been given paracetamol earlier that day.

Self-Administration of Medication by Children over Preschool Age

- (18) Our service permits children over preschool age to self-administer medication if this is authorised by the child's parent or another authorised person. This information will be detailed in the child's Medical Management Plan and Medical Conditions Risk Minimisation Plan if appropriate. The child's medication will be stored in a secure area which other children cannot access it.
- (19) When the medication is due to be administered:
 - (a) educators will advise child to take their medication
 - (b) educators will supervise child administering the medication
 - (c) educators will complete a medication record

Administration of Medication in emergencies other than anaphylaxis or asthma emergencies

- (20) Educators will administer medication to a child in an emergency:
 - (a) if a parent or another authorised person verbally authorises the administration of the medication or
 - (b) they receive verbal authorisation from a registered medical practitioner or emergency service if the parent or authorised person cannot be contacted.
- (21) The child will be positively reassured, calmed and removed to a quiet area under the direct supervision of a suitably experienced and trained educator.
- (22) The Nominated Supervisor will contact the child's parent/guardian, and provide written notice to the parent/guardian, as soon as possible.
- (23) The Nominated Supervisor will ensure the service completes an Incident, Injury, Trauma and Illness Record.

- (24) Educators will not administer medication if parents or authorised persons provide verbal authorisation in circumstances that are not emergencies.

Administration of Medication during Anaphylaxis or Asthma Emergencies

- (25) Educators may administer medication to a child in an anaphylaxis or asthma emergency without authorisation.
- (26) The child will be positively reassured, calmed and removed to a quiet area under the direct supervision of a suitably experienced and trained educator.
- (27) A first aid trained educator or staff member will respond in line with the practices outlined in the Incident, Injury, Trauma and Illness Policy, including calling an ambulance if required.
- (28) The Nominated Supervisor or responsible person will contact the child's parent/guardian and the emergency services as soon as possible.
- (29) The Nominated Supervisor or responsible person will advise the child's parent/guardian in writing as soon as possible.
- (30) The Nominated Supervisor or responsible person will ensure the service completes an Incident, Injury, Trauma and Illness Record.
- (31) **If a child has an adverse reaction to any medication or it's incorrectly administered**, the educator or staff member will immediately notify the Nominated Supervisor or responsible person who will contact the child's parents/guardians straight away and ensure an Incident Record is completed. A first aid trained educator or staff member will respond to any first aid needs in line with the practices outlined in the Incident, Injury, Trauma and Illness Policy, including calling an ambulance if required.

Medication Record

- (32) Families will complete a Medication Record with the name of the child which:
- (a) details the name of the medication, the dose to be administered and how it will be administered, the time and date it was last administered, and the time and date or circumstances when it should be administered next
 - (b) if medication is administered to a child (including during an emergency), details the dosage that is administered and how it is administered, the time and date it is administered, the name and signature of the person that administered it, and the name and signature of the person that checked the child's identity and dosage before it was administered and witnessed the administration.
 - (c) if medication is administered by a child that is authorised to self-administer medication, details the dosage the child took and how, and the time and date it was taken.

LEGISLATION (OVERVIEW)

Education and Care Services National Law and Regulations

Regulations	
90	Medical conditions policy
91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication
94	Exception to authorisation requirement - anaphylaxis or asthma emergency
95	Procedure for administration of medication
96	Self-administration of medication

National Quality Standard

Outcome	Key component
2.1.2	Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented.
2.2.1	Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

SOURCES

Education and Care Services National Law and Regulations | National Quality Standard | Early Years Learning Framework

POLICY INFORMATION

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

POLICY REVIEWED	January 2026	NEXT REVIEW DATE	January 2027
MODIFICATIONS	Created new revised template Mirror updates based on feedback		

