



ADMINISTRATION OF MEDICATION POLICY

PURPOSE

This policy will clearly define the:

- procedures to be followed when a child requires Medication while attending Kensington Community Children's Cooperative (KCCC)
- procedure for safe storage of Medication
- responsibilities of nominated supervisor, early childhood teacher (ECT), educators, staff, parents/guardians and the approved provider to ensure the safe administration of Medication at KCCC

VALUES

Kensington Community Children's Co-operative 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 Kensington Community Children's Cooperative Limited as 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 KCCC, including during offsite excursions and activities.

IMPLEMENTATION

THE APPROVED PROVIDER, PERSONS WITH MANAGEMENT OR CONTROL, NOMINATED SUPERVISOR AND PERSONS IN DAY-TO-DAY CHARGE ARE RESPONSIBLE FOR:

- Ensuring that parents/guardians are provided with access to this policy
- 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 record available for parents/guardians 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
- Ensuring that all staff are familiar with the procedures for the administration of Medication (*refer to Attachment 1*)
- 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
- Ensuring that Medication is only administered to a child being educated and cared for by KCCC when it is authorised (written or verbal), except in the case of an anaphylaxis or asthma emergency
- Ensuring that a Medication record meets the requirements set out in *Regulation 92(3)* and is always available for recording the administration of Medication to children at the service



- Ensuring that all details in the Medication record have been completed by parents/guardians/authorised persons in accordance with *Regulation 92(3)* prior to administering Medication
- 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
- Ensuring medication records will be securely destroyed by an authorised and reputable service, with certified documentation provided as evidence of disposal
- Ensuring that the medication is administered in accordance with *Regulation 95*
- Ensuring that medication is not accessible to children and is stored in a childproof container (including in the refrigerator for medications requiring refrigeration)
- In an emergency, obtain 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, where authorisation has been given verbally, ensuring that parents/guardians are given written notice as soon as is practicable after medication has been administered
- 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
- 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, and displayed for use by those caring for children (being sensitive to privacy requirements)
- Developing and reviewing procedures for the authorisation and administration of medication required for the treatment or management of long-term conditions
- 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
- Informing parents/guardians that non-prescribed medication (with the exception of sunscreen) 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-prescribed medications and over-the-counter products (for example sunscreen and nappy 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 KCCC and that the administration of paracetamol will be in line with the administration of all other medication (*refer to Attachment 2*)
- 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

EARLY CHILDHOOD TEACHERS, EDUCATORS AND OTHER STAFF ARE RESPONSIBLE FOR:

- Ensuring that parents/guardians are provided with access to this policy
- Ensuring that all staff are familiar with the procedures for the administration of medication (*refer to Attachment 1*)
- 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



- Ensuring that medication is only administered to a child being educated and cared for by KCCC when it is authorised (written or verbal), except in the case of an anaphylaxis or asthma emergency
- Ensuring that a medication record meets the requirements set out in *Regulation 92(3)* and is always available for recording the administration of medication to children at the service
- Ensuring that all details in the medication record have been completed by parents/guardians/authorised persons in accordance with *Regulation 92(3)* prior to administering medication
- 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
- Ensuring that the medication is administered in accordance with *Regulation 95*
- Ensuring that medication is not accessible to children and is stored in a childproof container (including in the refrigerator for medications requiring refrigeration)
- 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
- 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
- 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
- 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, and displayed for use by those caring for children (being sensitive to privacy requirements)
- Ensuring the medication record and medications go with the child when out for excursions.
- Developing and reviewing procedures for the authorisation and administration of medication required for the treatment or management of long-term conditions (*refer to Attachment 1*)
- 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
- Informing parents/guardians that non-prescribed medication (with the exception of sunscreen) 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-prescribed medications and over-the-counter products (for example sun screen and nappy 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 KCCC and that the administration of paracetamol will be in line with the administration of all other medication (*refer to Attachment 2*)
- 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

FAMILIES ARE RESPONSIBLE FOR:

- 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 the medication record has been completed accurately
- Ensuring that no medication or over-the-counter products are left in their child's bag or locker



- 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
- 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

CONTRACTORS, VOLUNTEERS AND STUDENTS ARE RESPONSIBLE FOR:

- Working with the educators to ensure that medication is not accessible to children and is stored in a childproof container (including in the refrigerator for medications requiring refrigeration)
- Working with the educators to ensure that management, 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
- 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, and displayed for use by those caring for children (being sensitive to privacy requirements)
- Working with educators to clearly label non-prescribed medications and over-the-counter products (for example sunscreen and nappy cream) with the child's name. The instructions and use-by dates must also be visible
- Working with educators to ensure 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

BACKGROUND

Authorisation to administer medication

Medication (including prescribed, non-prescribed, 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. This authorisation must be in writing, except in the case of emergencies as described below, where verbal authorisation is acceptable.

In the case of an anaphylaxis, allergy or asthma emergency, where the child does not have a medical management plan or other form of authorisation, first aid treatment is to be 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. In these instances, notifications of serious incidents must be made to the regulatory authority (DE) as soon as is practicable but not later than 24 hours after the occurrence.

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/educators administer medication, they must follow the guidelines of this policy and the procedures outlined in *Attachment 1*.

A 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

NATIONAL QUALITY STANDARD (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, practiced and implemented.

EDUCATION AND CARE SERVICES NATIONAL LAW AND NATIONAL REGULATIONS	
S.167	Offence relating to protection of children from harm and hazards
12	Meaning of serious incident
85	Incident, injury, trauma and illness policy
86	Notification to parent of incident, injury, trauma or illness
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
136	First Aid qualifications
160	Child enrolment records to be kept by approved provider and family day care provider
162(c) and (d)	Health information to be kept in enrolment record
168	Education and care services must have policies and procedures
170	Policies and procedures are to be followed
175	Prescribed information to be notified to Regulatory Authority
183	Storage of records and other documents

RELATED LEGISLATION

Education and Care Services National Law Act 2010
Education and Care Services National Regulations 2011
Health Records Act 2001 (Vic)
National Quality Standards
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)

RELATED POLICIES

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

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 <i>Therapeutic Goods Act 1989 (Cth)</i> , that is: <ul style="list-style-type: none"> ● 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

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Administration of Medication Policy* will be reviewed every 3 years or earlier if there are changes to legislation or ACECQA guidance, in consultation with 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.

SOURCES

- Australian Children's Education and Care Quality Authority (ACECQA), Information Sheets: 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

ATTACHMENTS

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

REVIEW

POLICY REVIEWED BY	Megan Newton	Business Support Manager	APRIL 2026
POLICY REVIEWED	MAY 2026	NEXT REVIEW DATE	MAY 2029



ENDORSED BY	KCCC Board	ENDORSEMENT DATE	23/06/2026
VERSION NUMBER	V6.05.26		
MODIFICATIONS	<ul style="list-style-type: none"> Policy has been reviewed as per schedule 		



Attachment 1: Procedures for the safe administration of medication

Medication can **only** be administered:

- if it has been prescribed by a registered medical practitioner, from its original container with the original label including the name of the child for whom it is prescribed, before the 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.

Before administering any medication to a child, it is extremely important for staff to check if the child has any allergies to the medication being administered.

Procedure for administration of medication:

1. Wash and dry hands thoroughly before administering any medication. If appropriate, gloves are recommended wherever possible.
2. Check the medication record to confirm date, time, dosage and the child to whom the medication is to be administered.
3. Check that prescribed 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 the medication was prescribed by a registered medical practitioner)
 - is the required dosage, as listed in the medication record
 - has not passed its expiry date.
4. Check that non-prescribed 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
 - has not passed its expiry date.
5. When administering the medication, ensure that:
 - the identity of the child is confirmed and matched to 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, such as in the refrigerator if required
 - 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 and monitor the effect of the medication (Regulation 95(c))

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



- inform the parent/guardian on arrival to collect the child that medication has been administered and ensure that the parent/guardian 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/guardians 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)
- the medical management plan should define:
 - 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 the administration of the medication
 - 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 is practicable.

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



ATTACHMENT 2: Administration of paracetamol

There may be times when a child develops a fever and/or becomes unwell while at the service. It is advisable in the first instance to contact the parent/guardian to discuss any concerns about the health status of the child, and taking a precautionary approach, request the parent/guardian to collect their child from the service as soon as possible.

Children should remain excluded until the child's temperature remains normal, unless the fever has a known non-infectious cause. Children may return to the service when they are well enough to participate in the program and no longer require paracetamol to manage symptoms associated with an acute illness or fever.

Paracetamol is not intended to enable a child who is unwell to remain at, or attend, the service. Children who are unwell, unable to participate comfortably in the program, or required ongoing monitoring should be collected by a parent/guardian and remain at home until well enough to return.

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.

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 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.

If a child requires paracetamol, parents/guardians will be required to provide written and signed consent for the administration of paracetamol. A medical management letter from a registered medical practitioner or pharmacist may be accepted where a child has a short-term condition requiring paracetamol while otherwise being well enough to participate fully in the program. This does not apply where paracetamol is being used to manage symptoms of an infectious illness, fever, or a condition requiring exclusion from care.

If parents/guardians provide written and signed consent for educators/staff to administer paracetamol, educators/staff should:



- administer only to a child who has a temperature above 38°C and is in discomfort or pain
- administer only one dose of paracetamol in any instance and ensure that 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 use once per child
- be aware that there are numerous dose forms and concentrations in paracetamol for children and administer the most appropriate concentration and dose for the child who is being administered the paracetamol.

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/

National Health and Medical Research Council, 2024. Staying Healthy: Preventing infectious diseases in early childhood education and care services
<https://www.nhmrc.gov.au/sites/default/files/documents/attachments/Staying-Healthy/Fever.pdf>