

Administration of Medication Policy



Document Title	NQS2.30 Administration of Medication Policy	Version	4a
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Warning- Ensure you are using the latest version of this policy. You can find it at the location listed below			
DCC-Network/All Organisation Information/DCC Policies/Quality Area 2 - Childrens Health & Safety			

1. Policy Statement

River Region Early Education has a responsibility to ensure that children are safe and well while attending services. We believe that administering medication is a high-risk practice and we take all reasonable precautions to ensure that our practices prioritise child safety and wellbeing and are compliant with legislative and regulatory requirements and relevant medical advice.

2. Rationale

River Region Early Education employees are not medical professionals and will only administer medication in line with Education and Care Services National Regulations 92, 93, 94 and 95. We will ensure that medication is only administered with authorisation, at a dose and frequency as directed by a registered medical practitioner, with two persons present and with accurate documentation. Administration of emergency medication will follow the requirements of regulation 94 where authorisation can be verbal and emergency services are notified.

3. Scope

This policy applies to all employees working directly with children, including part-time, full-time and casual employees and trainees and students.

4. Responsibilities

It is the responsibility of the General Manager to:

- ensure nominated supervisors are supported to understand the regulated procedures and best practice around the administration of medication to children, and
- ensure continuous improvement includes the assessment of administration of medication practices.

It is the responsibility of nominated supervisors to:

- support educators to understand regulated procedures and best practice around the administration of medication to children,
- ensure only educators that hold a minimum Diploma and First Aid qualification administer prescription medication,
- provide safe storage facilities for medication, and
- monitor practice around administration of medication and ensure it is compliant.

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It is the responsibility of educators to:

- consult the Administration of Medication Policy and Procedures, the Medical Conditions Policy and Procedures, and the Incident Injury Illness and Trauma Policy and Procedures to ensure they understand regulated requirements and best practice,
- support parents/guardians to complete Management of a Medical Condition Form, Medical Management Plan, Medication Record Form and Authorisation of Preventative Remedies Form as required,
- before administration, check that medication is authorised by a registered medical practitioner, is in the original container with an original label prescribed by a dispensing pharmacist and has not passed its expiry date,
- only administer medication with another educator present,
- only administer medication if authorised to do so,
- follow hygiene procedures when administering medication,
- update the Medication Record Form immediately, and
- ensure medications are stored safely and out of the reach of children.

It is the responsibility of parents/guardians to:

- notify the service, either via enrolment form or through written or verbal communication with an educator, when their child is taking a prescription, non-prescription or complementary medicine, including teething gels, steroid-based nappy rash creams, herbal remedies, paracetamol or ibuprofen,
- complete a Management of a Medical Condition Form and authorise a Medical Management Plan that is signed by a registered medical practitioner for ongoing health conditions,
- provide medications in their original container that shows the expiry date with an original label created by a dispensing pharmacist that clearly identifies their child by name, the required dose and frequency of administration,
- in addition for paracetamol, ibuprofen and salbutamol, provide a letter from a registered medical practitioner that includes the child's name, reason for administration, dose, frequency of administration and duration,
- hand medications directly to an educator when dropping off their child (and not leave them in the child's bag),
- complete a Medication Record Form,
- collect unused medication when collecting their child, and
- keep their child away from the service;
 - while any symptoms of an illness remain,
 - if they have a fever over 38°C or have been treated for a fever with paracetamol or ibuprofen within the previous 12 hours;
 - for 24 hours from the commencement of antibiotics (see the Disease Prevention and Immunisation Policy for more information).

5. Definitions

Medicine or medication – Therapeutic goods regulated by the Therapeutic Goods Administration (TGA) and listed on the Australian Register of Therapeutic Goods (www.tga.gov.au) that include medicines prescribed by a doctor or dentist, available from behind a pharmacy counter, available in

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the general pharmacy or a supermarket and complementary medicines. Medicines can be administered orally (by mouth) or topically (on skin). (Commonwealth Therapeutic Goods Act 1989)

Original container – The vessel, bottle, tube, ampoule, syringe, vial, sachet, strip pack, blister pack, wrapper, cover or other similar article that immediately covers the goods but does not include an article intended for ingestion. (Commonwealth Therapeutic Goods Act 1989)

Original label - The label on the medication to be administered created by the dispensing pharmacist stating the name of the medication, the name of the child to whom medication is to be administered and the instructions for administration.

Registered medical practitioner - A registered medical practitioner is a health professional who is registered under the Health Practitioner Regulation National Law to practice in the medical profession (other than as a student). This includes paediatricians, General Practitioners, pharmacists, Aboriginal and/or Torres Strait Islander health practitioners, Chinese medicine practitioners, medical radiation practitioner, chiropractors, nurses or midwives, occupational therapists, optometrists, and physiotherapists.

6. Guidelines

NSW Education and Care Services National Regulations (2011 SI 653) regulations 93 and 95 require that medication and medical procedures can only be administered to a child in our services with:

- written authorisation from the parent/guardian or a person named in the child's enrolment record as authorised to consent to administration of medication,
- two persons in attendance, one of whom must be an educator, with one person responsible for the administration and the other person witnessing the procedure, and
- the prescribed medication in its original container bearing the child's name, dose, frequency of administration and expiry date.

a) Medicines and preventative remedies

Medicines are therapeutic goods that are listed on the Australian Register of Therapeutic Goods (www.tga.gov.au). These include all prescription medicines (those prescribed by a primary health practitioner) as well as medicines available for general purchase at a pharmacy or supermarket. Examples of common non-prescription medicines are:

- Paracetamol and ibuprofen
- Salbutamol
- Teething gels
- Medicated nappy rash creams
- Laxatives and stool softeners

Preventative remedies are those that are not listed on the Australian Register of Therapeutic Goods and include:

- Sunscreen
- Insect repellent
- Non-medicated nappy rash creams
- Essential oils

Essential oils will only be administered:

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- By diffuser or topically, not orally, and to unbroken and non-sensitive areas of skin,
- If they are Certified Pure Therapeutic Grade (CPTG),
- With a supplied barrier oil that is fractionated coconut, jojoba or grapeseed oil,
- Due to toxicity concerns, if they are not camphor, pennyroyal or wintergreen oil, and
- If administered topically, from a single bottle of combined barrier and essential oil with a label that includes child's name, ingredients, expiry date, ratios and instructions for application.

b) Records for ongoing and short-term treatments

In line with the NQS2.12 Medical Conditions Policy, where a child is required to have medication administered for an ongoing health concern, for example diabetes, asthma or anaphylaxis, the following records are required:

- NQS2.12A8 Management of a Medical Condition Form
- Registered medical practitioner plan or letter
- NQS2.12A12 Medical Management Plan
- NQS2.3A1 Medication Record Form completed for each day it is required

Where a child is required to have medication administered for a short-term health concern, for example teething, nappy rash, or infection, the following records are required:

- NQS2.3A1 Medication Record Form completed for each day it is required
- For paracetamol, ibuprofen and salbutamol as usage can mask underlying symptoms, a letter from a registered medical practitioner that includes the child's name, reason for administration, dose, frequency of administration and duration.

Where medication is administered in an emergency, in addition to the requirements above, the following records are required:

- NQS2.11A1 Incident Injury Trauma and Illness Record Form
- NQS2.12A11 Anaphylaxis Incident Report (where relevant)

Where a preventative remedy is needed for a short or ongoing health concern, for example nappy rash, sun protection or insect protection, the following is required:

- NQS2.3A3 Authorisation of Preventative Remedies Form on enrolment

c) Authorisation and prescription

Authorisation for the administration of medicine is required from the child's parent/guardian or a person named in their enrolment record as having this authorisation. Authorisation needs to be in writing using the NQS2.3A1 Medication Record Form.

It is required that medication is prescribed by a registered medical practitioner (see definitions). In order to ensure the safe administration of non-prescription medication, River Region Early Education also requires medications that are purchased over the counter in a pharmacy or a supermarket to have a label attached by a registered medical practitioner, such as a pharmacist, that includes the child's name, dose and frequency of administration.

Where there is a discrepancy between prescription information given by a registered medical practitioner, such as a GP or paediatrician, and an allied health practitioner, such as a pharmacist or occupational therapist, the registered medical practitioner will be considered to have priority of authorisation.

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Where medication is administered in an emergency, for example for asthma or anaphylaxis, authorisation can be verbal, can be from a registered medical practitioner or an emergency service if the parent or other authorised nominee cannot be contacted and can be administered without authorisation. In this situation, the parent/guardian and emergency services need to be notified as soon as possible.

d) Storage and administration of medications

All medications are to be stored where they cannot be accessed by children and must not be left in children's bags.

- For medications not requiring refrigeration, the educator stores them in a labelled medication container (or buddy bag) that is out of reach of children.
- For medications that need refrigeration, the educator stores them in the refrigerator in a labelled container.

For administration of medication, educators follow the administration procedures below, which include:

- Checking that the Medication Record Form or Authorisation of Preventative Remedies Form has been completed.
- Checking that medication is in its original container with an original label completed by a dispensing pharmacist that includes the child's name, dose, frequency of administration and that the medication expiry date is visible and has not expired.
- Administering prescription medicine by an educator who holds a minimum Diploma and First Aid qualification,
- Administering the medication with supervision by another educator to check correct authorisation and dose.
- Updating the Medication Record Form.

In an emergency, educators should follow the same procedures and can administer medication without authorisation or with only verbal authorisation from the parent/guardian, their authorised nominee or a registered medical practitioner or emergency service. Educators should also:

- Notify the parent/guardian or authorised nominee, and
- Call emergency services.

7. Procedure

See *Educator Handbook – NQS2.3EH Administration of Medication Procedures*

8. Relevant Legislation, Regulations and Quality Standards

Legislation	
NSW	Children (Education and Care Services) National Law 2010
Education and Care Services National Regulations 2011	
92	Medication record
93	Administration of medication
94	Exception to authorisation requirement – anaphylaxis or asthma emergency

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95	Procedure for administration of medication
National Quality Standards	
2.1.2	Effective illness and injury management and hygiene practices are promoted and implemented
2.2.1	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard

9. Related Documents

Doc #	Attachments
NQS2.3A1	Medication Record Form
NQS2.3A3	Authorisation of Preventative Remedies Form
NQS2.3EH	Administration of Medication Procedures (Educator Handbook)

Doc #	Intersection with other key documents
NQS2.12	Medical Conditions Policy
NQS2.12A8	Management of a Medical Condition Form
NQS2.12A12	Medical Management Plan
NQS2.12A11	Anaphylaxis Incident Report
NQS2.11	Incident Injury Illness and Trauma Policy
NQS2.11A1	Incident Injury Trauma and Illness Record Form

10. Document Control

Doc #	Doc Title	Version	Approved	Next Review
NQS2.3	Administration of Medication Policy	3	May 2022	May 2025
NQS2.3	Administration of Medication Policy	4	May 2023	May 2026
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