

Background

The National Health and Medical Research Council (NHMRC) recommends that children who are physically unwell be excluded from early childhood education and care services to minimise disease outbreaks. It also details the exclusion periods which apply for children with particular infectious diseases.

An unwell child – able to play quietly with toys at home with one or two siblings – may find it difficult to interact with other children, share toys, take part in routines and cope with the noise level in a childcare Service. In most instances, for a child who is unwell, the best place to recover is at home.

However, it is reasonable that, from time to time, children may require basic medical treatment or need to be given medication while they are in care. In addition, children with certain medical conditions (e.g. asthma, allergies, diabetes) may need scheduled or unscheduled administration of medication.

Policy statement

The Service maintains close and regular communication with parents and takes an informed and responsible team approach to administering medication to children and documenting that process. In addition, the Service has clear guidelines for managing medical conditions such as asthma, diabetes, anaphylaxis and other specific health care needs.

The Service is unable to accommodate children who require a care regime or medical procedures that educators are not trained to deliver.

Strategies and practices

1. Parents complete an *Enrolment Form* prior to their child commencing at the Service. The Form requires parents to provide details of their child's known medical conditions or specific health care needs (e.g. asthma, diabetes, anaphylaxis). Where a child has a known medical condition or requires specific health care, the parent must provide the Service with a copy of the Medical Management Plan which has been completed in consultation with the family doctor before the child may commence at the Service.
2. Any child whose doctor has prescribed medication for a specific health care need, allergy or relevant medical condition, cannot attend the Service without that medication. Refer to the *Service's Medical Conditions Policy*.
3. The Nominated Supervisor informs all staff and volunteers of the Medical Management Plan for any child in the Service, and the whereabouts of that plan. At that time, the Nominated Supervisor clarifies the nature of the medical condition and how it is to be managed. With parental consent, copies of each child's Medical Management Plan which includes a photograph of the child are displayed in strategic locations throughout the Service. With the child's right to privacy in mind, the plans are not accessible to visitors or other families. If a child requires long-term and regular medication, the parent must complete the Medication Form – Authority to Administer Medication (Long-Term).

4. Educators intentionally teach children that medication is sometimes required to support health, and even to maintain life. At the same time, they teach the children about the dangers of touching or using medications and/or equipment meant for others.
5. Because of the increasing number of children at risk of anaphylaxis, the Service is a 'Nut-Free Zone' (i.e. no nuts or foods containing nuts or nut derivatives can be brought into or used in the Service).
6. Children are encouraged not to share food.
7. All cooking activities – handling, preparation, consumption of food – take into account children's individual needs and known allergies.
8. Families of children with medical conditions or specific health care needs are provided with a copy of this *Administration of Medication Policy*.
9. Medication is only administered if it has been prescribed by a registered medical practitioner, is in the original container, bearing the original label and instructions and before the expiry or use by date. Medication is administered strictly following the dosage requirements over a 24 hour time period. For example; if the medication label states 3 times a day, this means every 8 hours. If the last dosage was administered by the parent at 7.00am, the service will administer the next dose no sooner than 3.00pm.
10. Before any medication – other than those listed in Medical Management Plans – is administered, the parent or person named in the enrolment form as authorised to consent to administration of medication must complete the Service's Medication Form – Authority to Administer Medication (Short-Term). The details on the form must be the same as those on the label on the medication, and the person completing the form must print and sign their name on the form. Details to be provided on the form include:
 - child's name
 - name of the medication to be administered
 - time and date the medication was last administered
 - time and date, or the circumstances under which, the medication should be next administered
 - dosage to be administered
 - manner in which the medication is to be administered
11. Educators administer medication according to the "Five Rights" (i.e. right patient, right time, right medication, right dose, right manner). Before medication is given to a child, an educator, other than the one administering the medication, verifies the accuracy of each of these Five Rights. After giving the medication, the educator who administered the medication enters the following details on the Authority to Administer Medication Form – date, time, medication administered, dosage, the manner in which the medication was administered, name of the educator who administered it and the name of the educator who verified. The form is then signed by both educators. The Authorised Person collecting the child on that day must sign the form to acknowledge that the medication has been administered and to verify that they have collected the medication from the Service.

12. Educators administering medication will be replaced by the Nominated Supervisor, Responsible Person or educator not currently caring for children, to ensure supervision levels are maintained.
13. Whenever medication is administered, educators continuously monitor the well-being of the child concerned.
14. Educators wash their hands immediately before and after administering medications, and wear gloves when applying creams.
15. Parents are to hand medications directly to an educator. Medication of any kind is never to be left in a child's bag.
16. Medication is stored securely away from children, and according to the instructions on the label. Medication that does not need to be refrigerated is stored in a locked cupboard or container inaccessible to children. Medication that needs refrigeration is stored in the refrigerator in a locked container. Asthma medication and EpiPens are stored in a location accessible to educators but inaccessible to children.
17. Medication may be administered to a child without authorisation in the case of an anaphylaxis or asthma emergency. When medication has been administered, the Nominated Supervisor ensures that the child's parent(s) and emergency services are notified as soon as practicable. If the child is under a Medical Management Plan, the parent will also be advised to consult their doctor with a view to updating that Plan.
18. The Service requires all educators to hold current first aid and CPR qualifications and be trained in asthma and anaphylaxis management. Refer to the *Service's Incident, Injury, Trauma and Illness Policy*.
19. Educators are not asked to provide special care or medical procedures for which they are not trained.
20. If a child develops a temperature of 38 degrees Celsius or above while at the Service, a Record of Temperature form is completed, and the Parent/Authorised Emergency Contact is contacted for permission to administer paracetamol and to inform of the date and time any medication was last administered. A second educator confirms that verbal permission has been obtained by the caller. If paracetamol is administered, the child is to be collected within the hour. The Parent/Authorised Emergency Contact is to sign the Incident, Injury, Trauma and Illness Record and Record of Temperature form when the child is collected.
21. An over-the-counter, naturopathic or herbal preparation requires a letter from a registered medical practitioner before it can be administered.
22. The Service provides care for children from 0 to 6 years of age, these children are not permitted to self-administer medication. Any requests by families that children self-administer medication will be directed to the Nominated Supervisor, who will advise them of the Services *Administration of Medication Policy*.

Additional safe practices for babies

- Medication is not added to babies' formula or breast milk bottles because any baby who does not finish the bottle may not receive the correct dose.

Responsibilities of parents

- To keep the Service informed of any changes to their child's medical condition.
- To ensure the Medical Management Plan for their child is reviewed every six months for Asthma and annually for anaphylaxis or allergies, and to inform the Nominated Supervisor of any change in their child's medical condition and/or in the plan in the interim.
- To ensure that sufficient medication for their child's specific health care need, allergy or relevant medical condition is at the Service whenever the child is in attendance.
- To complete the appropriate Authority to Administer Medication Form.
- To ensure any medication brought to the Service has been prescribed by a registered medical practitioner, is in the original container, bearing the original label and instructions and before the expiry or use by date.
- To hand medications directly to an educator. Medication of any kind is never to be left in a child's bag, or with any person other than an educator or the Nominated Supervisor.
- To collect their unwell child promptly when called to do so, and to sign the required forms at that time.

Procedure and forms

- Authorisation and Administration of Medication and Medical Procedures
- Administration of non-prescription creams
- Incident, Injury, Illness and Trauma Record
- Medication Form – Authority to Administer Medication (Long Term)
- Record of Temperature form
- Medical Management Plan form
- Administration of Medication Procedure

Links to other policies

- Enrolment and Orientation Policy
- Incident, Injury, Trauma and Illness Policy
- Handwashing Policy
- Managing Infectious Diseases Policy
- Medical Conditions Policy

Links Education and Care Services National Regulations 2011, National Quality Standard 2011

Regs	86	Notification to parents of incident, injury, trauma and illness
	87	Incident, injury, trauma and illness record
	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
	160	Child enrolment records to be kept by approved provider and family day care educator
	168	Education and care service must have policies and procedures
	177	Prescribed enrolment and other documents to be kept by approved provider
	136	First aid qualifications

QA	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
	2.2.2	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented
	7.1.2	Systems are in place to manage risk and enable the effective management and operation of a quality service

Sources

- Education and Care Services National Regulations 2011
- Guide to the National Quality Standard 2020
- National Health and Medical Research Council. (2013). *Staying Healthy: Preventing infectious diseases in early childhood education and care services*. 6th edition.
<https://www.nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases> accessed 25 June 2025
- Department of Health, *Infection control in child care settings*
<http://www.health.gov.au/internet/main/publishing.nsf/content/cda-pubs-cdi-1997-cdi2122-cdi2122a.htm> accessed 25 June 2025

Further reading and useful websites

- Anaphylaxis Australia – www.allergyfacts.org.au accessed 25 June 2025
- Asthma Foundation – www.asthmafoundation.org.au accessed 25 June 2025
 - ASCIA. (2013) Anaphylaxis Fact Sheet for Parents of Children at Risk of Anaphylaxis.
http://www.allergy.org.au/images/stories/aer/infobulletins/ascia_anaphylaxis_parent_fact_sheet_anz_feb2013.pdf 25 June 2025
 - Centre for Community Child Health – www.rch.org.au/ccch 25 June 2025
 - Diabetes Australia – www.diabetesaustralia.com.au 25 June 2025
 - Queensland Health – www.health.qld.gov.au 25 June 2025

Policy review

The Service encourages staff and parents to be actively involved in the annual review of each of its policies and procedures. In addition, the Service will accommodate any new legislative changes as they occur and any issues identified as part the Service's commitment to quality improvement. The Service consults with relevant recognised authorities as part of the annual review to ensure the policy contents are consistent with current research and contemporary views on best practice.

Version Control

Version	Date Reviewed	Approved By	Comments/Amendments	Next Review Date
1	8 January 2018	Kaylene Harper	Updated to changed NQF requirements 1 February 2018.	January 2019

Administration of Medication

2	6 February 2019	Kaylene Harper	Accessed sources and further reading/useful websites.	February 2020
3	28 January 2020	Kaylene Harper	Accessed sources and further reading/useful websites.	January 2021
4	25 September 2020	Kaylene Harper	Reviewed policy. Accessed sources and further reading/useful websites.	September 2021
5	18 February 2021	Kaylene Harper	Reviewed policy.	February 2022
6	18 May 2022	Tiffany Boeske	Reviewed policy Accessed sources	May 2023
7	24 May 2023	Tiffany Boeske	Reviewed policy Accessed sources	May 2024
8	9 July 2024	Tiffany Boeske	Reviewed policy Accessed sources	July 2025