

Administration of Medication Procedure – Children’s Services

Date adopted	25 September 2025
Adopted by	Manager Child, Families and Youth
Review due	September 2028
Responsible officer	Manager Child, Families and Youth
Records reference	11629530

1. Purpose

Melton City Council 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.

This procedure has been adapted from PolicyWorks Catalogue by the Early Learning Association Australia.

2. Application And Scope

This procedure applies to services responsible for the direct education and care of children covering the administration of both Prescribed and Non-Prescribed Medication at Melton City Council programs.

This procedure applies to applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in day-to-day Charge, educators, staff, students on placement, volunteers, parents/guardians, children and others attending Melton City Council programs including offsite excursions and activities.

3. Responsibilities

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/guardians	Contractors, volunteers and students
R indicates legislation requirement, and should not be deleted					
Ensuring that parents/guardians are provided with access to the Administration of Medication policy	R	√	√		
Communicating with parents/guardians about the procedures outlined in the 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	R	√	√		
Ensuring that at least one educator on duty has a current 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	R	√	√		
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 (<i>Regulation 160(3)(iv)</i>)	R	√	√		
Ensuring that medication is only administered to a child being educated and cared for by Melton City Council when it is authorised (written or verbal), except in the case of an anaphylaxis or asthma emergency (<i>Regulations 93, 94</i>)	R	√	√		
Ensuring that a medication record 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	√	√		
Ensuring that all details in the medication record have been completed by parents/guardians/authorised persons in accordance with <i>Regulation 92(3)</i> prior to administering medication	R	√	√		
Ensuring that medication records are kept and stored securely until the end of 3 years after the last date on which	R	√	√		

the child was educated and cared for by the service (<i>Regulation 183(2)(d)</i>)					
Ensuring that the medication is administered in accordance with <i>Regulation 95, and 96</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 products are left in their 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/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 (<i>Regulation (93)(5)(b)</i>)	R	✓	✓		
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 (<i>Regulation 93(2)</i>)	R	✓	✓		
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 (<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 completed 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 of 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	✓	✓	✓		
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	R	✓	✓		✓
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-prescription medications and over-the-counter products (for example sun block 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 [Service Name] and that the administration of paracetamol will be in line with the administration of all other medication	✓	✓	✓		
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>)		✓	✓	✓	✓
Ensuring that if a child over preschool age at the service is permitted to self-administer medication (<i>Regulation 96</i>), an authorisation for the child to self-administer medication is recorded in the medication record for the child	R	✓	✓		
Determining under what circumstances a child over preschool age will be allowed to self-administer their own medication and ensuring there are appropriate procedures in place for staff to follow in these instances (<i>Regulation 96</i>) (<i>refer to Dealing with Medical Condition Policy</i>)	R	✓			

4. Procedure

4.1. Authorising 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.

An authorised person includes:

- Parent/guardian with legal authority or a person named in the child's enrolment form

as authorised to consent to administration of Medication.

This includes, but is not limited to:

- eye drops
- cough mixture
- Panadol/Paracetamol
- Asthma pumps
- Antihistamines
- teething gel
- nappy rash creams

Two staff, one of whom must be an educator, are responsible for the administration of any medication¹. 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 any medication to a child, it is extremely important for staff to check if the child has any allergies to the medication being administered

4.2. Medication Storage

All medications must be:

- kept in a suitable, child safe location either in a locked cupboard or in keeping with the environmental requirements of the Medication (e.g. child safe refrigeration).
- Not in the child's bag or locker.
- In the original container and have the original label
- Within the expiry date.

4.3. Prior to Medication being administered

Before any Medication can be administered, including over the counter Medication and self-administration, the following information must be entered into the Medication Record by the parent/guardian or other authorised person responsible for the child (National Regulations 92 and 93):

- Child's full name.
- Name of Medication, dosage and frequency of administration.
- Expiry date on label.
- Reason for use.
- Date, time and dose of last dosage given.
- Conditions under which medication should be administered.
- Parent/Guardian or another authorised person's signature.

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

Educators will:

- Check the Medication Record.
- Check the label on the Medication.
- Check the manner in which Medication is to be administered.
- Ensure the details both in the record and on the container are the same regarding dose, name of child, time to be administered and expiry date.

4.4. Administering Medication

Educators will:

- Administer and complete Medication in accordance with the Medication Record, the Action Plan (as necessary), any instructions attached to the medicine or provided by a registered medical practitioner.
- In relation to a child who is authorised to self-administer their medication, the educators will ensure the over pre-school aged child is willing and able, will check the Medication Record, complete Medication Record, check the Action Plan (as necessary), instructions attached to the medicine, or provided by a registered medical practitioner, and witness the administration.
- Another educator, except in the case of Family Day Care, as per National Regulations 95, must check the dosage and details of the Medication to be administered and identify the child to whom the Medication is to be administered.
- if applicable, complete the Medication Record with details if Medication is not given, and note the reason why the medication was not given and notify parent as soon as practical.
- If verbal authorisation has been given in an emergency, record all information and time of the phone call.

Parent/guardian or another authorised person:

- After the child has been given Medication during care, will acknowledge that Medication has been administered and sign off the Medication Record when collecting the medication and the child from care.

4.5. In case of an emergency

Authorisation can be given verbally by:

- Parent/guardian with legal authority.
- A person named in the child's enrolment form as authorised to consent to administration of Medication.
- Or, if the above people cannot reasonably be contacted, a registered medical practitioner or emergency services.

In the case of an Anaphylaxis or Asthma emergency, Medication may be administered as described in the child's Medical Management Plan.

If medication is administered, the educator must ensure that the parent of the child and emergency services are notified as soon as practicable.

4.6. 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.

4.7. 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/carer to discuss any concerns about the health status of the child, 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 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, families will be required to provide written and signed consent for the administration paracetamol.

If parents/guardians request that educators/staff 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/

5. Definitions

Term	Definition
Approved First Aid, Anaphylaxis Management and Emergency Asthma Management 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
Duty Of Care	A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonably foreseeable risk of injury.
Illness	Any sickness and/or associated symptoms that affect the child's usual behaviours and/or participation in the activities at the service.

Term	Definition
Infectious Disease	A disease that can be spread, for example, by air, water or interpersonal contact. An Infectious Disease 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.
Medical Management Plan	A document that has been provided by the parent to the service, prepared and signed by a doctor that describes symptoms, causes, clear instructions on action and treatment for the child's specific medical condition, required medication and includes the child's name and a photograph of the child. An example of an Action Plan can be found on the Australasian Society of Clinical Immunology and Allergy (ASCIA) website (refer to Sources).
Medication	<p>Prescribed</p> <p>Medicine, as defined in the Therapeutic Goods Act 1989 (Cth), that is:</p> <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. <p>Non-Prescribed</p> <p>Over-the-counter Medication, including vitamins and cultural herbs or homeopathic Medications that may have been recommended by an alternative health care professional such as a naturopath.</p>

Term	Definition
Medication Record	<p>Child's Details:</p> <ul style="list-style-type: none"> • Name • Signed authorisation for medication administration <p>Medication Record:</p> <ul style="list-style-type: none"> • Time and date of administration • Dosage • Manner of administration • Name and signature of the administering person • Name and signature of the person checking the medication (if required) <p>(National Regulations 95c).</p> <p>Medication Record is available on the Council website.</p>

6. Related Documents

Name	Location
Local Government Act 2020	https://www.legislation.vic.gov.au/in-force/acts/local-government-act-2020
Relevant legislations and standards include but are not limited to	<ul style="list-style-type: none"> • 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)

Name	Location
Sources	<ul style="list-style-type: none"> • 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: www.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	<ul style="list-style-type: none"> • Administration of First Aid • Anaphylaxis • Asthma • Child Safe (MCC) • Child Safe Environment and Wellbeing • Dealing with Infectious Diseases • Dealing with Medical Conditions • Enrolment and Orientation • Excursions, Regular Outings and Service Events • Incident, Injury, Trauma and Illness • Privacy and Confidentiality

The master document is controlled electronically. Printed copies of this document are not controlled. Document users are responsible for ensuring printed copies are valid prior to use. If printing, please think about whether you need to print in colour.