



# BOURKE AND DISTRICT CHILDREN'S SERVICES

## QUALITY AREA 2: CHILDRENS HEALTH AND SAFETY

### POLICY NAME: ADMINISTRATION OF MEDICATION

#### POLICY STATEMENT

In supporting the health and wellbeing of children, the use of medications may be required for children at the service. All medications must be administered as prescribed by medical practitioners and first aid guidelines to ensure the continuing health, safety, and wellbeing of the child. Under the Education and Care Services National Law and Regulations, early childhood services are required to ensure medication records are kept for each child to whom medication is or is to be administered by the service.

#### BACKGROUND

We recognise that it is essential that all educators of the service understand their liabilities and duty of care to meet each child's individual health care needs and that they are informed of children diagnosed with a medical condition and strategies to support their individual needs. Families requesting the administration of medication to their child will be required to follow the guidelines developed by the service to ensure the safety of children and educators.

Our services will follow legislative guidelines and adhere to the National Quality Standard to ensure the health of children, families, and staff at all times. There is always at least one First Aid trained staff member on site who is specifically trained to be able to safely administer children's required medication (providing consent has been given as detailed in this policy) and will do so following the procedure in this policy, to promote the health and wellbeing of each child enrolled at the service.

In this policy, the term 'medication' is defined within the meaning of the Therapeutic Goods Act 1989 and includes prescription, over the counter and complementary medicines. All therapeutic goods are listed on the Australian Register of Therapeutic Goods (see [tga.gov.au](http://tga.gov.au)).

#### OVERALL STRATEGIES / HOW WILL IT BE DONE?

##### AUTHORISATION OF MEDICATION

- The child's parent/guardian or authorised nominee, is to inform an educator if their child requires medication whilst at the service.
- The educator will ensure the child's parent/guardian or authorised nominee accurately complete and signs an Administration of Medication Record, so that the medication can then be administered by the service.
- A separate Administration of Medication Record must be completed for each medication if multiple are required.
- Should the medication be required on a long term basis, a Long Term Administration of Medication Record should be completed.
- Prescribed medication will be administered to a child, only when prescribed by a Registered Medical Practitioner.
- For over the counter/non-prescribed medication, it must be labelled with the child's name and state:
  - Dosage required
  - Expiry date
- Prescribed medications require an Administration of Medication Record to be completed and non-prescribed medication require a Non-Prescribed Medication Form to be completed.
- The educator accepting the medication will check the following before accepting the medication:
  - That it is in its original container with the original label that is readable and showing the name of the child
  - There are clear instructions detailing time of administration, dosage and method of administration
  - Check the expiry or use-by date to ensure that it is in date
  - Check all details on the medication correspond with the Administration of Medication Record
- Any person delivering a child to the service must not leave medications in the child's bag or locker and instead, medication must be given directly to an educator.
- The educator must store the medication safely in a cupboard which is out of the reach of children and in a room inaccessible to children. If the medication needs to be refrigerated, this is to be done so in a fridge which is not accessible by children.
- The educator that receives the medication must communicate with the other educators to ensure that they are aware that medication is required to be administered to that child at the specified time/s.

Note: A child may not attend the service if they have started antibiotics (including antibiotic cream) in the last 24 hours.



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#### PRESCRIBED MEDICATIONS

- These may include:
  - Antibiotics
  - Creams for external body surfaces for example for eczema
  - Nebulizers, inhalants, turbuhaler for asthma
  - Ear drops, nose drops, and eye drops

#### NON-PRESCRIBED MEDICATIONS/OVER THE COUNTER

- These may include:
  - Herbal/Naturopathic remedies
  - Creams or lotions for body surfaces such as dry skin
- As part of the enrolment process, parents are asked if they authorise for nappy cream (the service provides 'Sudocrem') to be applied to their child, when necessary, therefore no Non-Prescribed Medication Form is required for this, provided this authorisation is given.
- An Application of Sunscreen and Insect Repellent form is provided to all parents/carers for their children. They must state whether they authorise for BDCS to apply sunscreen or insect repellent to their child. Parents/carers can discuss with their child's service to find out the brand used.
- For sunscreen an SPF50+ broad-spectrum, water-resistant brand is always used.
- For insect repellent, BDCS follows the recommendations in the NHMRC 'Staying Healthy: Preventing Infectious Diseases in Early Childhood Education and Care Services (6 ed.)' which states: Insect repellents containing picaridin, diethyl toluamide (DEET), or oil of lemon eucalyptus (also known as PMD; p-menthane-3,8 diol) are recommended. When using insect repellents on infants and young children, always read the label and follow the manufacturer's instructions carefully.
- Parents/Guardians can provide their own sunscreen, insect repellent or nappy cream if they would rather their child use a different brand to what is provided by the service. These should be labelled with the child's name, and a Non-Prescribed Medication Form must be completed.

#### ADMINISTRATION OF MEDICATION

- When medication is administered to a child, two educators are required to be present - one to administer the medication, and the other to check the procedure and to act as a witness, both visually and in writing.
- The educator administering medication must be First Aid qualified.
- The educator administering medication must wash their hands immediately before and after administering the medication.
- Both educators must re-check the dosage and details specified on the Administration of Medication record immediately before the medication is administered to the child (if there are any inconsistencies, the medication must not be administered and the Responsible Person and parent/guardian must be informed).
- Measure the required dosage of medication using syringe or measuring cup and administer to child.
- After the medication has been administered, the details of the medication administered to the child need to be completed on the Administration of Medication Record which must be signed by both educators.
- Return medication and wash syringe or measuring cup.
- Observations of the child post administration of medication should be made to ensure there are no side effects.
- If the child seems to have an emergency reaction to the medication, an ambulance must be called. For minor reactions inform the parent/guardian or authorised nominee.
- Once the Administration of Medication Record is completed, it is to be retained for 3 years after the child's last attendance, or in accordance with the current regulations.
- At home time, the medication will be returned to the parent/guardian or authorised nominee. Medication can be left at the service by arrangement with the Responsible Person, who will ensure its secure and safe storage. This medication will be kept out of reach of children and stored in a locked container, in a room that is not used by children.



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#### MEDICAL PROCEDURES

- Medical procedures encompass procedures or administration of medication outside of oral administration of medication. These include procedures which a First Aid trained staff member can perform provided they have had the appropriate relevant training.
- Due to the more serious nature and possible legal implications of this type of medical procedure, our service requires that educators seek all permission and directions from the child's parent/guardian as opposed to any other caregiver who is responsible for a child on a daily basis.
- For BDCS educators, appropriate training means the educator will:
  - Hold a current and approved First Aid Certificate
  - Have received training from a qualified health professional that is relevant to the child's individual condition
- Self-administration of medical procedures is not permitted regardless of the age of the child.

#### PROCEDURE FOR THE ENROLMENT/CONTINUED ENROLMENT OF A CHILD REQUIRING MEDICAL PROCEDURES

- When enrolling a child who requires a medical procedure, or when it becomes known that an already enrolled child requires a medical procedure, the Nominated Supervisor will meet with the child's parents/guardians, to ascertain details regarding the required medical procedure, for example, a child with diabetes requiring insulin injections.
- Parents/guardians are required to share all relevant information in relation to their child's medical procedure.
- With the parents/guardian's consent, the Nominated Supervisor might need to contact the child's medical practitioner to obtain explicit medical information in relation to the medical procedure.
- All relevant information will be stored in the child's Xplor file and shared with educators. A discussion will also be had regarding the most appropriate way for them to respond to the child's needs.
- The Nominated Supervisor will arrange for educators to undertake any required training in order for them to be suitably trained to conduct the medical procedure. The child cannot commence/continue at the service until educators have completed the necessary training.
- The following forms must be completed prior to the child commencing/continuing (see Medical Conditions Policy):
  - Enrolment Form
  - Medical Condition Plan
  - Risk Minimisation Plan
  - Communication Plan

#### PROCEDURE FOR THE ADMINISTRATION OF MEDICAL PROCEDURES

- The same procedure for the authorisation of medication and administering of medication must also be followed for a medical procedure.
- The medical procedure must only be administered by an educator who is suitably trained as outlined above.

#### EMERGENCY INVOLVING ANAPHYLAXIS OR ASTHMA

- For anaphylaxis or asthma emergencies, medication/treatment will be administered to a child without authorisation, following the Asthma or Anaphylaxis Action Plan provided by the parent/guardian.
- In the event of a child not known to have asthma and appears to be in severe respiratory distress, the Asthma First Aid Plan (give 4 puffs of a reliever medication and repeat if no improvement and keep giving 4 puffs every 4 minutes) must be followed immediately (see Medical Conditions Policy).
- In the event of a child not known to be diagnosed with anaphylaxis and appears to be having an anaphylaxis emergency, an adrenaline autoinjector such as an EpiPen® must be administered into the muscle of the outer mid-thigh immediately (see Medical Conditions Policy).
- An ambulance must always be called immediately by dialling 000.
- The child will be comforted, reassured, and removed to a quiet area under the direct supervision of a suitably experienced and trained educator.
- In the event of an emergency, the service must follow the Incident, Injury, Trauma and Illness Policy.
- Contact parents/guardians when practicable; if unreachable, contact an emergency contact.
- In the event of an emergency and where the administration of medication must occur, written notice must be provided to a parent of the child or other emergency contact person listed on the child's Enrolment Form. This will be done using the Incident, Injury, Trauma and Illness Record (see Incident, Injury, trauma and Illness Policy).



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- If medication was administered, an Administration of Medication Record must be completed.
- If urgent medical attention was sought or the child attended hospital, the Nominated Supervisor will ensure the Regulatory Authority are notified within 24 hours via the [NQA-ITS](#).

#### EMERGENCY ADMINISTRATION OF MEDICATION

(When a child requires medication and no plan is in place and the child's condition is not known to the service)

- The child will be comforted, reassured, and removed to a quiet area under the direct supervision of a suitably experienced and trained educator.
- In the event of an emergency, the service must follow the Incident, Injury, Trauma and Illness Policy.
- Where the administration of medication must occur, the service must attempt to receive verbal authorisation by a parent/guardian of the child named in the child's Enrolment Form who is authorised to consent to the administration of medication.
- If a parent/guardian of the child cannot be contacted, the service must attempt to receive verbal authorisation from an authorised nominee named in the child's enrolment form who is authorised to consent for the administration of medication.
- If none of the child's nominated contacts can be reasonably reached, the service must contact Heath Direct on 1800 022 222 or an emergency service on 000.
- In the event of an emergency and where the administration of medication must occur, written notice must be provided to a parent/guardian of the child or other authorised nominee listed on the child's Enrolment Form. This will be done using the Incident, Injury, Trauma and Illness Record (see Incident, Injury, Trauma and Illness Policy).
- If medication was administered, Administration of Medication Record must be completed.
- If urgent medical attention was sought or the child attended hospital, the Nominated Supervisor will ensure the Regulatory Authority are notified within 24 hours via the [NQA-ITS](#).

#### ADMINISTRATION OF PARACETAMOL

- In the event that Paracetamol is administered by the service, Children's Colour free Panadol 1-5 years will be used where possible however an equivalent will be sourced if this is unavailable. The prescribed dose as stated on the medication bottle will be administered.
- Paracetamol will only be administered for the control of a high fever as detailed in this policy (unless otherwise specified in writing by a registered medical practitioner).
- At the time of enrolment, parents/guardians are asked whether they authorise our service to administer the prescribed dose of Paracetamol to their child should they have a temperature of 38 degrees or above.
- If a child is suspected to have a temperature, their temperature will be taken using a non-contact digital thermometer and a reading will be taken from their forehead.
- If the child has a temperature above 38 degrees, a parent/guardian or authorised nominee will be contacted and advised that the child has a high temperature and they will be requested to make arrangements to collect their child from the service.
- Steps that may be taken by educators to reduce a high temperature:
  - Remove the child's excess clothing, for example jumpers and jackets, whilst considering the temperature in the room
  - Sponge the child with lukewarm water
  - Gently fan the child with a paper fan
  - Encourage the child to drink water to help prevent dehydration
- Educators will constantly observe and monitor the child for any changes and never leave them unattended.
- If, after 10 minutes the child's temperature is still over 38°C or if the child's temperature is rapidly rising, the Enrolment Form will be checked to see if permission to administer paracetamol has been granted. (If the temperature is 38.5 degrees or higher, do not wait for 10 minutes, immediately begin the process of seeking permission for paracetamol administration and ring Health Direct on 1800 022 222).
- If written permission has been given on the Enrolment Form, the parents/guardians or authorised nominee will be contacted to check that the child has NOT been administered any paracetamol or medicine containing paracetamol in the previous four hours. Provided the service can ascertain that no paracetamol or medication containing paracetamol has been administered in the last four hours, the educator will inform the parent/guardian or



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authorised nominee, that a First Aid qualified educator will administer a single dose of Paracetamol as per dosage instructions indicated on the label, whilst awaiting collection as per the Administration of Medication procedure.

- If written permission has not been given on the Enrolment Form, verbal permission will be requested from the parent/guardian or authorised nominee (ensuring this permission is also heard by a second educator).
- If permission is granted, a First Aid qualified educator will administer a single dose of Paracetamol whilst awaiting collection as per the Administration of Medication Procedure.
- If written permission has not been given to administer Paracetamol from the parent/guardian and a parent/guardian or authorised nominee cannot be contacted to give verbal permission and/or collect their child and if the temperature continues to rise to 39.5°C degrees or higher whilst waiting for collection, then an ambulance will be called and advice from paramedics followed. The service will continue to attempt to contact a parent/guardian or authorised nominee.
- An Incident Injury, Trauma and Illness Record will be completed (see Incident, Injury, trauma and Illness Policy).
- If medication was administered, an Administration of Medication Record must be completed.

Note: If after the administration of Paracetamol, the child's temperature is no longer high and drops below 38°C, the child will still be required to be collected from the service as the Paracetamol could be masking an infectious or more serious illness.

#### MEDICATIONS KEPT AT THE SERVICE

- Any medication, cream or lotion kept on the premises will be checked monthly for expiry dates by the Nominated Supervisor who will arrange for the purchase of replacement supplies.
- If a child's individual medication is due to expire or running low, the family will be notified by an educator that a replacement is required.
- It is the family's responsibility to take home short-term medication (such as antibiotics) at the end of each day, and return it with the child as necessary.
- Medication will not be administered if it has passed its expiry date.

#### ROLES AND RESPONSIBILITIES

##### THE APPROVED PROVIDER AND NOMINATED SUPERVISORS WILL:

- Ensure that obligations under the Education and Care Services National Law and National Regulations are met.
- Ensure all staff (including casual staff) receive information and induction training to fulfil their roles effectively, including being made aware of the Administration of Medication policy, their responsibilities in implementing it, and any changes that are made over time.
- Ensure students, visitors and volunteers have knowledge of and adhere to this policy.
- Ensure staff and volunteers have a clear understanding of children's individual health care needs, allergy or relevant medical condition as detailed in Medical Management Plans.
- Ensure children with specific health care needs or medical conditions have a current Medical Management plan, Risk Minimisation Plan and Communication Plan.
- Ensure medication is only administered with written authority signed by the child's parent/guardian or other person named and authorised in the child's enrolment record to make decisions about the administration of medication.
- Ensure enrolment records for each child outline the details of persons permitted to authorise the administration of medication to the child.
- Ensure written consent is requested from families on the enrolment form to seek medical treatment for their child from a medical practitioner, hospital, or ambulance in the event of an emergency or when a parent/guardian or authorised nominee cannot be contacted.
- Ensure an Administration of Medication Record is completed for each child when medicine is given.
- Keep medication records in a secure and confidential manner and archived for the regulatory prescribed length of time following the child's departure from the service.
- If the incident presented imminent or severe risk to the health, safety and wellbeing of the child or if an ambulance was called in response to the emergency (not as a precaution), the Regulatory Authority will be notified as soon as practicable (within 24 hours) via the [NQA-ITS](#).



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#### EDUCATORS WILL:

- Not administer any medication without the written authorisation of a parent/guardian or person with authority, except in the case of an emergency, when the written authorisation on an enrolment form, verbal consent from an authorised person, a registered medical practitioner or medical emergency services will be acceptable if a parent/guardian or an authorised nominee cannot be contacted.
- Store medications in a child-inaccessible cupboard/room or refrigerator only in a fridge inaccessible to children.
- Ensure all Administration of Medication procedures are accurately followed.
- Discuss any medication safety concerns with the Nominated Supervisor/Responsible Person, including allergy checks.
- Seek further information from parent/guardian, the prescribing doctor or the Public Health Unit before administering medication if required.
- If the child refuses medication after several attempts, contact the parent/guardian.
- Contact emergency services on 000 immediately if a child is not breathing or having difficulty breathing following administration of any medication.
- Inform any person delivering a child to the service that they must not leave any type of medication in the child's bag or locker and that instead, it must be given directly to an educator for appropriate storage upon arrival.

#### FAMILIES WILL:

- Provide accurate information about their child's health needs, medical conditions and medication requirements on the enrolment form.
- Provide the service with a Medical Management Plan for their child prior to the child commencing at the service if required and develop a Risk Minimisation Plan in collaboration with the Nominated Supervisor.
- Update their child's Medical Management Plan annually or as the child's medication needs change.
- Notify educators verbally when their child is taking any short-term medication (at home).
- Give any medication for their children to an educator (rather than leaving in bag), who will also provide an Administration of Medication Record to be completed in full and signed.
- Keep children away from the service while any symptoms of an illness remain.
- Keep child home for 24 hours after starting antibiotics to monitor for side effects.
- Ensure all medication at the service remains in date and provide replacement medication if required.
- Remember to ask an educator for their child's medication if it is needed to be taken home at the end of the day.

#### CONTINUOUS IMPROVEMENT/REFLECTION

Our Administration of Medication Policy will be reviewed annually, or earlier if there are changes to legislation, ACECQA guidance, or any incidents related to the policy. This review will be conducted in consultation with children, families, and staff.

#### CHILD SAFE STANDARDS

Standard 1	Child safety is embedded in organisational leadership, governance, and culture
Standard 2	Children participate in decisions affecting them and are taken seriously
Standard 3	Families and communities are informed and involved
Standard 4	Equity is upheld and diverse needs are taken into account
Standard 5	People working with children are suitable and supported
Standard 7	Staff are equipped with the knowledge, skills, and awareness to keep children safe through continual education and training
Standard 10	Policies and procedures document how the organisation is child safe

#### NATIONAL QUALITY STANDARD (NQS)

#### QUALITY AREA 2: CHILDRENS HEALTH AND SAFETY

2.1.1	Wellbeing and comfort	Families are supported from enrolment to be involved in the service and contribute to service decisions.
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.





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2.2.1	Supervision	The expertise, culture, values and beliefs of families are respected and families share in decision-making about their child's learning and wellbeing.
2.2.2	Incident and emergency management	Collaborative partnerships enhance children's inclusion, learning and wellbeing.

#### EDUCATION AND CARE SERVICES NATIONAL REGULATIONS AND NATIONAL LAW

90	Medical Conditions Policy
90(1)(a)	The management of medical conditions, including asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis
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
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 to be followed
171	Policies and procedures to be kept available
172	Notification of change to policies and procedures
175	Prescribed information to be notified to Regulatory Authority
183	Storage of records and other documents

#### STATUTORY LEGISLATION & CONSIDERATIONS

[Education and Care Services National Law Act 2010 \(Amended 2023\)](#)

[Education and Care Services National Regulations \(Amended 2023\)](#)

#### SOURCES

Acknowledgement to Community Early Learning Australia and Childcare Centre Desktop.  
 Australian Children's Education & Care Quality Authority (ACECQA). (2025).  
 Australian Government Department of Education. (2022). [Belonging, Being and Becoming: The Early Years Learning Framework for Australia](#). V2.0, 2022.  
 Australian society of clinical immunology and allergy. ASCIA. <https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis>.  
 Early Childhood Australia Code of Ethics. (2016).  
 Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017). (Amended 2023).  
 Guide to the National Quality Framework. (2017). (Amended 2025). [Guide to the National Quality Framework](#).  
 National Health and Medical Research Council. (2024). Staying healthy: Preventing infectious diseases in early childhood education and care services. (6<sup>th</sup> Ed.). [Staying healthy: Preventing infectious diseases in early childhood education and care services - 6th Edition](#).  
 Revised National Quality Standard. (Amended 2025).  
 NSW Department of Health: [www.health.nsw.gov.au](http://www.health.nsw.gov.au).

#### RELATED POLICIES

- Arrival and Departure Policy
- Child Protection Policy
- Code of Conduct Policy
- Dealing with Infectious Diseases Policy
- Enrolment and Orientation Policy
- First Aid Policy
- Family Participation and Communication Policy
- Incident, Injury, Trauma and Illness Policy
- Medical Conditions Policy
- Privacy and Confidentiality Policy
- Record Keeping and Retention Policy
- Safe Storage of Dangerous Goods Policy
- Supervision Policy



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#### RELATED DOCUMENTS

- Administration of Medication Record
- Communication Plan
- Incident, Injury, Trauma and Illness Record
- Long Term Administration of Medication Record
- Medical Management Plan
- Non-Prescription Medication Form
- Risk Minimisation Plan

POLICY REVIEWED	NEXT REVIEW DATE	POLICY REVIEWED BY
OCTOBER 2025	OCTOBER 2026	Charlotte Parnaby
MODIFICATIONS	<ul style="list-style-type: none"> <li>• Definition of medication added</li> <li>• Long Term Administration of Medication Record and Non-Prescription Medication Form referenced</li> <li>• Updated sunscreen and insect repellent section</li> <li>• Annual policy maintenance</li> <li>• Updated legislation and other links where necessary</li> </ul>	
POLICY REVIEWED	PREVIOUS MODIFICATIONS	POLICY REVIEWED BY
AUGUST 2024	<ul style="list-style-type: none"> <li>• New policy format</li> <li>• Child Safe Standards added</li> <li>• Regulation amendments incorporated</li> </ul>	Prue Ritchie
JANUARY 2021		Prue Ritchie