ADMINISTRATION OF MEDICATION POLICY

In supporting the health and wellbeing of children, the use of medications may be required by children at the Out of School Hours Care (OSHC) 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 Education and Care Services National Regulations, OSHC Services are required to ensure medication records are kept for each child to whom medication is or is to be administered by the OSHC Service (Reg 92).

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. 2A	Paramount consideration—safety, rights and best interests of children
S. 3A	Paramount consideration [NSW]
S.166A	Offence to subject child to inappropriate conduct [NSW] Offences relating to inappropriate conduct
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
96	Self-administration of medication
136	First Aid qualifications
162(c) and (d)	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
170	Policies and procedures are to be followed
175	Prescribed information to be notified to Regulatory Authority
176	Time to notify certain information to Regulatory Authority
183	Storage of records and other documents

RELATED POLICIES

Anaphylaxis Management Policy Administration of First Aid Policy Dealing with Infectious Diseases Policy Child Protection Policy Code of Conduct Policy Delivery of Children to, and collection from Education and Care Service Premises Diabetes Management Policy Enrolment Policy Epilepsy Policy Family Communication Policy	Health and Safety Policy Incident, Injury, Trauma and Illness Policy Medical Conditions Policy Privacy and Confidentiality Policy Record Keeping and Retention Policy Respect for Children Policy Safe Storage of Hazardous Substances Policy Supervision Policy Work Health and Safety Policy

PURPOSE

Our OSHC Service recognises that the safety, health, wellbeing and best interests of the child are the paramount consideration in all aspects of service decisions and operations including the administration of medication.

This policy ensures:

- educators understand their duty of care and legal obligations when administering medication
- children diagnosed with a medical condition are appropriately supported through documented health management plans and risk minimisation strategies
- educators are informed of each child's individual health care needs and required supports

- medication is administered safely, accurately and in accordance with written authorisation from a parent or authorised nominee
- educators receive appropriate training to competently administer medication and respond to medical emergencies
- clear procedures are followed to minimise risk and protect children from harm

Through the implementation of this policy, the Service promotes the health, safety and wellbeing of every child and ensures medication practices uphold child safe standards and legislative requirements.

SCOPE

This policy applies to children, families, staff, educators, approved provider, nominated supervisor, students, volunteers and visitors of the OSHC Service.

IMPLEMENTATION

Families requesting the administration of medication to their child will be required to follow the guidelines developed by the OSHC Service to ensure the safety of children and educators. The Service will follow legislative guidelines and adhere to the Education and Care Services National Regulations to ensure the health of children, families, and educators at all times.

For children with a diagnosed health care need, allergy or relevant medical condition a medical management plan must be provided prior to enrolment and updated regularly. A *risk minimisation plan and communication plan* must be developed in consultation with parents/guardians to ensure risks are minimised and strategies developed for minimising any risk to the child. (see *Medical Conditions Policy).*

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) (ACECQA, 2021)

THE APPROVED PROVIDER/MANAGEMENT/NOMINATED SUPERVISOR WILL ENSURE:

- obligations under the Education and Care Services National Law and Education and Care Services National Regulations are met
- educators, staff, students, visitors and volunteers have knowledge of and adhere to this policy and associated procedure
- all new employees are provided with a copy of the *Medical Conditions Policy* and *Administration of*

Medication Policy as part of their induction process

- children with specific health care needs or medical conditions have a current medical management plan detailing prescribed medication and dosage by their medical practitioner
- medication is only administered by the OSHC Service with written authority signed by the child's parent or other responsible person named and authorised in the child's enrolment record to make decisions about the administration of medication [Reg. 92(3)(b)]
- medication prescribed by a medical practitioner and provided by the child's parents must adhere to the following guidelines:
    - the administration of any medication is authorised by a parent or guardian in writing
    - medication is prescribed by a registered medical practitioner (with instructions either attached to the medication, or in written form from the medical practitioner)
    - medication is from the original container
    - medication has the original label clearly showing the name of the child
    - medication is before the expiry/use by date
- over-the-counter medication, provided by the child's parents must adhere to the following guidelines:
    - the administration of any medication is authorised by a parent or guardian in writing
    - medication is from the original container/packaging
    - medication includes instructions attached to the medication
    - medication is before the expiry/use by date
    - where possible, medication contains a label showing the child's name
- the *Administration of Medication* Record is completed for each child by the parent/guardian including:
    - name of medication
    - time and date medication was last administered
    - time and date medication is to be administered (or circumstances to be administered)
    - dosage to be administered
    - method of administration
    - period of authorisation
    - parent/guardian name and signature
- a separate form must be completed for each medication if more than one is required
- any person delivering a child to the OSHC Service must not leave any type of medication in the child's bag or locker. Medication must be given directly to an educator for appropriate storage upon arrival.
- written and verbal notifications are given to a parent or other family member of a child as soon as

practicable if medication is administered to the child in an emergency when consent was either verbal or provided by medical practitioners

- if medication is administered without authorisation in the event of an asthma or anaphylaxis emergency the parent/ guardian of the child is notified as soon as practicable
- 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 within 24 hours of the incident
- reasonable steps are taken to ensure that medication records are maintained accurately
- medication records are kept in a secure and confidential manner and archived for the regulatory prescribed length of time following the child's departure from the OSHC Service
- children's privacy is maintained working in accordance with the Australian Privacy Principles (APP).
- educators, 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, Asthma or Anaphylaxis Action Plans
- written authorisation is requested from families on the enrolment form to administer emergency asthma, anaphylaxis, or other emergency medication or treatment if required
- families are informed of the Service's medical and medication policies
- safe practices are adhered to for the wellbeing of both the child and educators
- a review of practices is conducted following an incident involving incorrect administration of medication or failure to follow proper medication procedures, including an assessment of areas for improvement
- first aid procedures are followed in the event of incorrect medication administered to a child, in accordance with the *Administration of First Aid Policy* and Procedure
- the Poisons Information Centre phone number, **13 11 26,** is prominently displayed alongside emergency service information
- ensure that families/parents are notified when practicable or within 24 hours if their child is involved in an incident at the OSHC Service and that details are recorded on the *Incident, Injury, Trauma and Illness Record,* including incorrect medication provided to a child
- ensure the regulatory authority is notified within 24 hours if a child is involved in a serious incident at the Service.

EDUCATORS WILL:

- not administer any medication without the written authorisation of a parent or person with authority, except in the case of an emergency, with 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 the parents cannot be contacted

- ensure medications are stored in the refrigerator in a labelled and locked medication container with the key kept in a separate location, inaccessible to children. For medications not requiring refrigeration, they will be stored in a labelled and locked medication container with the key kept in a separate location, inaccessible to children
- ensure adrenaline devices and asthma medication are kept out of reach of children and stored in a cool dark place at room temperature. They must be readily available when required and not locked in a cupboard. A copy of the child's medical management plan should be stored with the adrenaline devices or asthma medication.
- ensure that two educators administer and witness administration of medication at all times (Reg. 95). One of these educators must have approved First Aid qualifications as per current legislation and regulations [this is best practice and not mandated in Reg. 95] Both educators are responsible for:
    - checking the *Administration of Medication Record* completed by the parent/guardian
    - checking the prescription label for:
        - the child's name
        - the dosage of medication to be administered
        - the method of dosage/administration
        - the expiry or use-by date
    - confirming that the correct child is receiving the medication
    - signing and dating the *Administration of Medication Record*
    - returning the medication back to the locked medication container.

- **How Single-Staff Medication Administration Operates**

  In Melbourne, Victoria, **single-staff Outside School Hours Care (OSHC) services are explicitly exempt from the second-person witness requirement** under **Regulation 95(c)** of the Education and Care Services National Regulations.

  Because the safety net of an independent witness is removed, single-staff OSHC operators must follow strict risk-mitigation procedures to prevent errors.

  When an educator works entirely alone, they must fulfill both the **administering** and **verifying** roles themselves. They rely on a rigorous, step-by-step self-check protocol to emulate the double-layer accountability framework.

Deliberate "Self-Buddy" Verification

The lone educator must systematically perform a "triple-check" of the 5 Rights of Medication Administration against the parent's written authorization form and the pharmacy label:

- **Right Child**: Verify the child's identity explicitly (e.g., photo on file or asking the child to state their name).
- **Right Medication**: Match the exact drug name on the original pharmacist packaging.
- **Right Dose**: Carefully measure out the exact amount without distraction.
- **Right Time**: Confirm the scheduled time slot aligns with the daily log.
- **Right Route**: Confirm how the medication is to be delivered (oral, topical, inhaler).

Strict Self-Documentation

Immediately after administering the dose, the solo educator must log the details in the service's official **Medication Record Form**.

- Because there is no second signature line for a witness, the single educator signs off on both the administration and the solo verification.
- The log must note the exact time, dose, child's full name, and the educator's full name.

Mandatory Alternative Safeguards

Under Victoria's regulatory frameworks, single-staff models must actively compensate for the lack of a physical buddy through these operational practices:

- **First Aid Qualifications**: The solo staff member on duty **must** hold a current, approved first aid qualification, including specific management training for anaphylaxis and asthma.
- **Virtual Cross-Checks**: Many modern Victorian OSHC providers mandate that lone educator's text a photo of the drawn dose alongside the prescription label and signed form to an off-site Area Manager or Nominated Supervisor for remote verification prior to giving it to the child.
- **Child Self-Administration**: For children over preschool age (common in OSHC), regulations permit them to self-administer certain medications (like asthma inhalers) under the direct supervision of the single educator, provided there is specific written parental consent and a clear service medical policy.

- follow hand-washing procedures before and after administering medication
- discuss any concerns or doubts about the safety of administering medications with management to ensure the safety of the child (checking if the child has any allergies to the medication being administered)

- seek further information from parents/guardian, the prescribing doctor or the Public Health Unit before administering medication if required
- ensure that the instructions on the *Administration of Medication Record* are consistent with the doctor's instructions and the prescription label
- ensure that if there are inconsistencies, medication is not to be administered to the child
- invite the family to request an English translation from the medical practitioner for any instructions written in a language other than English
- ensure that the *Administration of Medication Record* is completed and stored correctly including name and signature of witness and date and time of administration
- educators will not use force, intimidation, coercion or deceptive practices to administer medication. If after several attempts of encouraging the child to take medication, but they still refuse, contact the parent or guardian unless the medication is required for emergency treatment.
- observe the child post administration of medication to ensure there are no side effects
- respond immediately and contact the parent/guardian for further advice if there are any unusual side effects from the medication
- contact emergency services on 000 immediately if a child is not breathing, is having difficulty breathing, or shows signs of unusual side effects requiring immediate attention following administration of any medication.

FAMILIES WILL:

- provide management with accurate information about their child's health needs, medical conditions and medication requirements on the enrolment form
- provide the OSHC Service with a medical management plan prior to enrolment of their child if required
- develop a *medical risk minimisation plan* for their child in collaboration with management and educators and the child's medical practitioner for long-term medication plans
- develop a *medical communication plan* in collaboration with management and educators if required
- provide written authorisation on the *Administration of Medication Record* for their child requiring any medication to be administered by educators/staff whilst they are at the OSHC Service, including signing and dating it for inclusion in the child's medication records
- update (or verify currency of) *medical management plan* annually or as the child's medication needs change
- provide authorisation on the enrolment form for staff or educators of the OSHC Service to administer paracetamol or ibuprofen in the event their child registers a temperature of 38° C or higher

- be requested to sign consent to use creams and lotions should first aid treatment be required (list of items in the first aid kit provided at enrolment)
- keep prescribed medications in original containers with pharmacy labels. Please understand that medication will only be administered as directed by the medical practitioner and only to the child whom the medication has been prescribed for. Expired medications will not be administered.
- adhere to our OSHC Service's *Incident, Injury, Trauma and Illness Policy and Dealing with Infectious Diseases Policy*
- keep children away at home while any symptoms of an illness remain
- keep children at home for 24 hours from commencing antibiotics to ensure they have no side effects to the medication (best practice)
- advise the OSHC Service if their child has taken any medication with them to school. The *Administration of Medication Record* may be emailed to the Service if necessary.
- complete the *Administration of Medication Record* if dropping off their child in the morning, and the educator will sign to acknowledge the receipt of the medication. The educator will then ensure this medication is taken to school with the child where school policy regarding medication will be adhered to (e.g. giving medication to the class teacher).
- provide any herbal/ naturopathic remedies or non-prescription medications (including paracetamol) with a letter from the doctor detailing the child's name and dosage.

SELF-ADMINISTRATION OF MEDICATION [Reg. 96]

A child over pre-school age may self-administer medication under the following circumstances:

- a parent or guardian provides written authorisation with consent on the child's enrolment form - administration of medication
- medication is stored safely by an educator, who will provide it to the child when required
- supervision is provided by an educator whilst the child is self-administering
- a recording is made in the *Administration of Medication Record* for the child that the medication has been self-administered
- the *Administration of Medication Record* is signed by the parent upon collection of their child acknowledging the dose and time of administration of medication (e.g.: Asthma inhaler, Diabetic treatment).

GUIDELINES FOR ADMINISTRATION OF PARACETAMOL

- Paracetamol is not to be used as a first aid or emergency treatment. If, however, a child develops a fever of 38° C or higher whilst at the OSHC Service, and parents/guardians have provided written

authorisation on the child's enrolment form, paracetamol may be administered to reduce fever and/or pain.

- Parents/guardians will be notified immediately and asked to organise collection of the child as soon as possible [usually within 30 minutes]
- Paracetamol will be kept in the locked medication container for onset of high fever whilst at the OSHC Service
- Paracetamol will be administered as per dosage instructions indicated on the label
- Only one dose of paracetamol will be administered. Before administering paracetamol, staff must check that the child has NOT been administered any paracetamol or medicine containing paracetamol in the previous four (4) hours
- Administration of paracetamol must follow the procedure for *Administration of Medica*tion *Procedure* requiring two qualified educators to witness the administration and complete the required records
- An *Administration of Medication* and/or *Administration of Paracetamol Record* will be completed with both educator's full name, signature, time and date of administration clearly recorded
- While waiting for the child to be collected, educators will:
    - remove excess clothing to cool the child down
    - offer fluids to the child
    - encourage the child to rest
    - monitor the child for any additional symptoms
    - maintain supervision of the ill child at all times, while keeping them separated from children who are well.

MEDICATIONS KEPT AT THE OSHC SERVICE

- Any medication, cream or lotion kept on the premises will be stored out of reach of children and checked monthly for expiry dates
- Management will ensure only authorised personnel purchase medication for the Service
- A list of First Aid Kit contents (including medications) close to expiry or running low will be given to the nominated supervisor who will arrange for the purchase of replacement supplies
- Any medication purchased by the Service which appears to be missing will be reported to the nominated supervisor
- Expired medication will be disposed of safely to ensure no harm to the environment- (returned to pharmacy RUM bin- return unwanted medicine project)

- Educators will ensure medication purchased by the Service is administered as per procedures noted within this policy
- If a child's individual medication is due to expire or running low, the family will be notified by educators that replacement items are 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 the product expiry date
- Families are required to complete an *Administration of Medication Record* for lotions or over the counter medications to be administered.

EMERGENCY ADMINISTRATION OF MEDICATION [Reg. 93 (5)]

- In the occurrence of an emergency and where the administration of medication must occur, the approved provider/nominated supervisor must attempt to receive verbal authorisation by a parent, or a person named in the child's enrolment form who is authorised to consent to the administration of medication.
- If all the child's nominated contacts are non-contactable, the approved provider/nominated supervisor must contact a registered medical practitioner or 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 of the child or other emergency contact person listed on the child's enrolment form as soon as practicable
- The approved provider/nominated supervisor will contact the regulatory authority within 24 hours in the case of a serious incident if urgent medical attention was sought or the child attended hospital)
- The child will be comforted, reassured, and removed to a quiet area under the direct supervision of a suitably experienced and trained educator.

EMERGENCY INVOLVING ANAPHYLAXIS OR ASTHMA [Reg. 94]

- 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. [National Asthma Council (NAC) or ASCIA]
- In the event of a child not known to have asthma and appears to be in severe respiratory distress, the *Administration of First Aid Procedure* must be followed immediately:
    - an ambulance must be called
    - place child in a seated upright position
    - give 4 separate puffs of a reliever medication (e.g.: Ventolin) using a spacer if required.
    - repeat every 4 minutes until the ambulance arrives

In the event of a child not known to be diagnosed with **anaphylaxis** and appears to be an **anaphylaxis** emergency where any of the following symptoms are present, the ASCIA First Aid Plan for Anaphylaxis must be followed and an adrenaline device must be administered

- difficulty/noisy breathing
- swelling of the tongue
- swelling or tightness in throat
- difficulty talking or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- pale and floppy (young children)
- abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)(ASCIA 2026)

The approved provider/nominated supervisor will contact the following (as required) as soon as practicably possible:

- Emergency Services 000
- a parent of the child
- the regulatory authority within 24 hours (if urgent medical attention was sought or the child attended hospital).

The child will be comforted, reassured, and removed to a quiet area under the direct supervision of a suitably experienced and trained educator.

CONTINUOUS IMPROVEMENT/REFLECTION

The *Administration of Medication Policy* will be evaluated and reviewed on an annual basis or earlier if there are changes to legislation, ACECQA guidance or any incident related to our policy. Feedback will be requested from children, families, staff, educators and management, and notification of any change to policies will be made to families within 14 days.

RELATED RESOURCES

Administration of First Aid Procedure Administration of Medication Procedure Administration of Medication Record Administration of Paracetamol Record Authorisation to Apply Non-Prescription Medication	Managing a Medical Condition Procedure Medical Communication Plan Medical Management Plan Medical Risk Management Plan Medication Audit

SOURCES

Australian Children's Education & Care Quality Authority. (2026). *Guide to the National Quality Framework*
Australian Children's Education & Care Quality Authority. (2021). *Dealing with Medical Conditions in Children*. Policy Guidelines.
Australian Society of Clinical Immunology and Allergy. ASCIA. https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis
Australian Government Department of Education. *My Time, Our Place- Framework for School Age Care in Australia.V2.0, 2022*
Children (Education and Care Services) National Law (NSW)
Early Childhood Australia (2016). *Code of Ethics.*
Education and Care Services National Law Act 2010
Education and Care Services National Regulations 2011
Education and Care Services National Regulations (NSW) (2025) (For NSW services only)
National Health and Medical Research Council. (2024). *Staying Healthy: preventing infectious diseases in early childhood education and care services* (6th Ed.). NHMRC. Canberra.
NSW Department of Health: www.health.nsw.gov.au
The Sydney Children's Hospital Network (2025). Administering medications

REVIEW

POLICY REVIEWED BY	RITA STRACHAN	DIRECTOR	
POLICY REVIEWED	APRIL 2026	NEXT REVIEW DATE	APRIL 2027
VERSION NUMBER	V12.04.26		
MODIFICATIONS	• annual policy maintenance • added child safe legislation amendments- paramount consideration and inappropriate conduct • added single Staff Procedure • updated reference to adrenaline autoinjectors to adrenaline devices • sources checked for currency and updated as required		
POLICY REVIEWED	PREVIOUS MODIFICATIONS		
APRIL 2025	• annual policy maintenance • additional information added- definition of medication • additional information added- re: incorrect administration of medication • added section for *over the counter medication* • added information- Medications kept at Service • sources checked for currency and updated as required		
April 2024	annual policy review • removal of reference to Sick Child Policy • information required on administration of medication record expanded • revised Administration of Paracetamol section • sources checked for currency and updated as required		

April 2023	minor formatting edits within text • update to new EYLF reference (V2.0) • hyperlinks checked and repaired as required • Continuous Improvement section added • Childcare Centre Desktop Resource section added • link to Western Australian Education and Care Services National Regulations added in 'Sources
APRIL 2022	• review of policy/sources checked for currency • additional information included related to observing children post administration of medication/side effects/managementminor changes to reflect National Regulations • reference to Administration of Paracetamol record
APRIL 2020	rearrangement of some points for better flow addition of information inclusion of Medical Management Plan • additional information re: anaphylaxis or asthma emergency
APRIL 2019	Additional information added to points. Duplicated information deleted. Additional point added in reference to Regulation 90 (sub regulation 2) sources/references updated and alphabetised.
APRIL 2018	Minor terminology and grammatical adjustments made to further support compliance, understanding and implementation
OCTOBER 2017	New policy drafted for OSHC