

Administration of Medication Policy

Purpose

This policy ensures that all educators at the Out of School Hours Care (OSHC) Service understand their duty of care in meeting each child's individual health needs. It provides clear guidance on the safe administration of medication, with written consent from families, and ensures that children diagnosed with medical conditions are supported through management plans and strategies. By following these procedures, the service promotes the health, safety and wellbeing of every child enrolled.

National Quality Standard (NQS) Quality Area 2 – Children's Health and Safety

- This policy links to Quality Area 2 of the National Quality Standard. Element 2.1.1 ensures that children's wellbeing and comfort are supported. Element 2.1.2 requires effective illness, injury management and hygiene practices. Element 2.2 ensures that each child is protected. Element 2.2.1 requires adequate supervision and precautions. Element 2.2.2 ensures that plans are in place to manage incidents and emergencies.

National Regulations

- This policy aligns with Regulations 90 to 96, which cover medical conditions, medication records, administration of medication, and self-administration. It also links to Regulation 136 relating to first aid qualifications, and Regulations 170 which require that policies and procedures are followed.

Scope

- This policy applies to children, families, staff, educators, management and visitors at the OSHC Service.

Implementation

Families who request that medication be administered to their child must follow the guidelines set by the service. The service will follow all legislative requirements and the National Quality Standard to ensure the health and safety of children, families and educators. Children with diagnosed medical conditions must provide a current Medical Management Plan before enrolment, which will be updated regularly. A Risk Minimisation Plan and Communication Plan will also be developed with parents or guardians to manage risks and outline strategies for supporting the child.

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Responsibilities of Management

Management will ensure that children with health care needs have a current medical management plan with prescribed medication and dosage. Medication will only be administered with written authorisation signed by the child's parent or an authorised nominee listed on the enrolment record.

Medication provided must be in its original container with the pharmacy label, must not be expired, and must clearly state the child's name and dosage. The Administration of Medication Record must be completed for each child, and a separate record is required for each medication. Families must hand medication directly to educators and not leave it in bags or lockers. Written and verbal notifications will be given to parents if medication is administered in an emergency, and the regulatory authority will be notified within 24 hours of serious incidents. All medication records will be securely stored, and children's privacy will be protected.

Management will ensure that educators are trained, informed of children's medical needs, and inducted into all relevant policies. Families will be asked to provide consent for the use of emergency medication such as asthma relievers or EpiPens if needed.

Responsibilities of Educators and Supervisors

Educators and nominated supervisors will not administer medication without written authorisation, except in emergencies when verbal consent or medical advice may be accepted. Medications will be stored securely in a locked medication container, either refrigerated or at room temperature as required, and inaccessible to children.

Adrenaline autoinjectors must remain easily accessible and not locked away, stored with a copy of the child's action plan. Two educators will always check and witness the administration of medication, confirming the child's name, dosage, method, expiry date, and correct instructions.

Handwashing will be followed before and after administering. Any concerns will be discussed with management or clarified with families, doctors or the Public Health Unit. Medication will not be administered if instructions conflict or are unclear, and parents may be asked for English translations if necessary. Records will be signed by educators and witnesses, and children will be observed afterwards for any side effects. If a child experiences adverse reactions, parents will be contacted immediately and emergency services will be called if required.

Responsibilities of Families

Families must provide accurate medical information on enrolment, supply a Medical Management Plan if required, and collaborate with educators to develop a Risk Minimisation Plan for long-term medication. Families must complete and sign an Administration of Medication Record whenever medication is required at the service, update medical plans annually or when changes occur, and provide consent for creams or lotions used in first aid.

All medication must be supplied in its original labelled container and only prescribed for the named child. Expired medication will not be administered. Families are expected to follow the service's Sick Children Policy and keep children home when unwell, including the first 24 hours after starting antibiotics. If medication is required during school hours, families must inform the service and ensure forms are completed. Herbal or non-prescription remedies will only be accepted with a doctor's letter specifying the child and dosage.

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Self-Administration of Medication

Children over preschool age may self-administer medication if authorised in writing by a parent or guardian. The medication must be stored safely by an educator, provided when needed, and the child must be supervised during administration. A record of self-administration will be made and signed by parents when the child is collected. This includes treatments such as asthma inhalers and diabetic medication.

Paracetamol Guidelines

Families must provide their own Paracetamol, which will be kept securely for emergency use if parents cannot be contacted. Paracetamol will only be administered with a doctor's letter specifying the reason, dosage and duration, except in emergencies. An Administration of Paracetamol Record will be completed, and parents will be informed if their child develops a fever. While waiting for collection, educators will remove excess clothing, encourage fluids and rest, and supervise the child closely. If a child is given paracetamol at the service the child/ren will need to be collected.

Medication Storage

All medication, creams and lotions kept at the service will be checked monthly for expiry dates. The Nominated Supervisor will ensure replacements are purchased as needed. Families will be advised when a child's medication is running low or due to expire. Short-term medication, such as antibiotics, must be taken home each day. Medication past its expiry date will not be administered.

Emergency Medication Procedures

In emergencies, the service will attempt to gain verbal authorisation from parents or emergency contacts listed on the enrolment record. If this is not possible, medical practitioners or emergency services will be contacted. Written notice will be provided to families after emergency medication is given.

Asthma and Anaphylaxis Emergencies

In asthma or anaphylaxis emergencies, medication will be administered immediately following the child's action plan. If a child not previously diagnosed shows symptoms, standard first aid procedures will be followed, including calling an ambulance. Children experiencing severe symptoms such as breathing difficulties, throat swelling or collapse will be treated with an EpiPen if required, and emergency services will be contacted. Parents and the regulatory authority will be notified as soon as possible. Children will be supervised closely and supported calmly throughout the emergency.

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Child Safe Standards and Paramountcy Principle

The Service is committed to upholding the National Principles for Child Safe Organisations and embedding a strong child safe culture across all practices. In accordance with the Paramountcy Principle, the safety, wellbeing and best interests of the child are the primary and overriding consideration in all decisions, actions and practices undertaken by the Service, including the administration of medication.

This means that in any situation where competing priorities or interests may arise, the needs, health and safety of the child will always take precedence. Educators, staff and management are required to exercise professional judgement and take all reasonable precautions to protect children from harm and hazards, ensuring that medication is administered safely, accurately and in a timely manner in accordance with each child’s individual medical management plan, risk minimisation strategies and written authorisation.

The Service will ensure that all medication practices are responsive to each child’s specific health needs, reduce the risk of error, and support children during the administration process in a calm, respectful and supportive manner. Educators will remain attentive to children’s physical and emotional responses, monitor for any adverse reactions, and respond promptly in line with emergency procedures where required.

All medication practices must prioritise the protection of children from harm, uphold their dignity and privacy, and ensure that children feel safe, supported and cared for at all times.

Review

Date:	Changes:	Reviewed by:
26/11/2021	No Changes made	Charmayne Nathan
06/07/24	No changed made	Orama Daniel
10/09/25	Paracetamol changes made, if a child is needed to have paracetamol at the service, the child is to be picked up to go home.	Charmayne Nathan
23/04/2026	Child Safe Standards & Paramountcy Principle was implemented in align with new laws and regulations	Charmayne Nathan