



Administration and Storage of Medication Policy

Policy Number	QA 2/4	Title	Administration and Storage Of Medication Policy
Revision	2.1	Written By	Nominated Supervisor, Policy Team & First Aid Team
Reviewed By	EHOOSH Management Committee	Approved By	EHOOSH Management Committee
Supersedes	Version 2.0	Effective Date	May 2025

1. Policy Statement

At Eastwood Heights OOSH, we are deeply committed to ensuring the health, safety, and wellbeing of every child in our care. Managing medications responsibly is an essential part of this commitment. Whether for temporary illnesses, ongoing conditions, or emergencies, the safe administration and storage of medication are critical for protecting children and preventing unnecessary risks.

Our approach is centred on close collaboration with families, clear communication, and adherence to all necessary guidelines. We ensure that staff receive the training they need to confidently and accurately administer medication, and we support children, particularly older ones, in taking responsibility for their own health where appropriate. In doing so, we aim to create a safe, supportive environment that fosters each child's physical and emotional wellbeing.

We also recognise the potential need for medication in emergency situations, such as an asthma attack or anaphylaxis. Our priority in these moments is the child's immediate safety. While we strive to have all the necessary authorisations in place, we will act quickly to administer emergency medication when needed and will contact parents as soon as possible.

Through robust training, secure storage practices, and a collaborative partnership with families, we aim to provide the highest standard of care for all children in our service.

2. Background

The Education and Care Services National Regulations require services like ours to have clear procedures in place for administering and storing medications. This ensures that children are cared for in a way that is safe, secure, and responsive to their health needs. Our policy reflects these regulatory requirements, as well as best practices for ensuring that medications are handled and administered correctly.

3. Principles to Inform this Policy

Safety first: The safety and wellbeing of children are our top priorities. All medication will be administered in a way that prevents any harm or risks to children.

Trained staff: Only qualified and trained staff members will administer medication, ensuring that they are up to date with their first aid qualifications and training.

Collaborative care: We believe in working closely with families to ensure medications are administered as per their instructions, and any concerns are communicated effectively.

Clear record-keeping: Maintaining accurate records of medication administration is crucial to ensuring transparency and safety.

4. Procedure

This policy and related policies and procedures at the service will be followed by nominated supervisors and educators at the service in the event that a child requires the administration of medication either:

- a) Emergency situation
- b) Long term medication
- c) Short term medication

These procedures are designed to guide educators in the step-by-step process of handling medication, ensuring the health and safety of all children in our care.

The procedures are documented and accessible in the first aid room digitally for easy reference.

These procedures are reviewed as needed to align with updated regulations or service needs.

Templates for medication records based on ACECQA resources are kept in the first aid room and are digitally accessible to educators. These forms must be completed and signed prior to the administration of any medication

4.1. Receipt of Medication

Parent/Guardian Handover:

Medication must be handed directly to a staff member or RPIC by the parent or guardian. The medication cannot be left in children's bags or personal belongings unless it is for asthma.

1. Medication Check:

Upon receipt, the staff member will check the medication for the following:

- Child's name is clearly labelled.
- Medication is in its original packaging with pharmacy labels.
- The dosage and administration instructions are provided.
- The medication is within its expiration date.

2. Parental Consent:

The parent or guardian must complete and sign the Medication Record, providing detailed instructions regarding dosage, times, and any special considerations for administration.

3. Storage:

The medication will be immediately stored in the appropriate, secure location based on the medication's storage requirements.

4. Communication:

Staff will ensure that all relevant team members are informed of the medication and any specific requirements for its administration.

4.2. Administration of Medication

- Authorisation: Medication (prescription, over-the-counter, or homeopathic) will only be administered if there is written authorisation from the parent or guardian. In emergency situations, verbal consent from a parent or a medical practitioner may be sought, but this will be followed up with written confirmation as soon as possible.
- Correct handling: All medications must:
 - Be in their original packaging.
 - Be clearly labelled with the child's name.
 - Be administered in accordance with the doctor's or manufacturer's instructions, including the correct dosage.
 - Be before the expiry or use by date
 - Double-checking: Whenever medication is administered, two staff members will be involved. One to administer and the other to verify the correct dosage and witness the administration.
- Medication Record: A Medication Record will be kept for each child. This will include:
 - The child's name.
 - The medication name.
 - The date, time, and dosage administered.
 - The name and signature of the staff member who administered the medication.
 - The signature of the second staff member who witnessed the administration.
 - Parent/guardian signature.
- Emergency medication: For emergencies such as asthma or anaphylaxis, medication (such as an EpiPen or inhaler) may be administered without prior written authorisation. Parents and emergency services will be notified immediately following the administration.

4.3. Storage of Medication

Safe storage: All medications will be handed directly to staff upon the child's arrival and stored in a secure location, out of reach of children. Medications requiring refrigeration will be stored in a secure fridge.

- Adrenaline injectors are exempt from being stored in locked first aid cabinets. They should be easily accessible to staff, but out of reach of young children.
- Adrenaline injectors should be stored at room temperature away from direct sunlight.
- When participating in off-site activities, remember to keep adrenaline injectors out of direct sunlight (for example, keeping the devices in the shade when participating in off-site activities).
- Adrenaline injectors must not be left in cars or buses (as they will get too hot) and they must not be stored in a fridge or directly touching a freezer brick (this can affect the injector mechanism).

Parent responsibility: It is the parents' responsibility to provide up-to-date medications. Educators will check expiry dates regularly, and any expired medications will be returned to the parents for replacement.

Asthma medication: In the case of severe asthma, children may carry their medication (e.g., an inhaler) on their person with parental permission.

4.4. Self-Administration of Medication

Older children: School-aged children may self-administer medication, such as asthma inhalers or insulin, if written authorisation from a parent or guardian has been provided. The child's Medical Management Plan must clearly outline the procedures for self-administration. Staff will supervise the process to ensure it is carried out safely.

Reporting: If a child self-administers medication, they will have to inform a staff member immediately so that it can be recorded appropriately

4.5. Common Medications and Consent Requirements

To ensure consistent, compliant practice, the following outlines common types of medications used in out service, when they can be administered, and the consent required.

Emergency Medications

Examples: Adrenaline autoinjectors (e.g. EpiPen, Anapen), Ventolin for asthma.

When used: These medications are used in life threatening medical emergencies such as anaphylaxis or acute asthma attacks. In these situations, a child will typically have a diagnosed condition and an action plan that is accessible.

Consent Requirements: These medications may be administered without prior authorisation in an emergency. However, educators must notify emergency services and the child's family as soon as possible following administration.

Prescribed Long Term Medications

Examples: Daily asthma preventers, insulin, ADHD medications (e.g. Ritalin).

When used: As part of an ongoing treatment for a diagnosed condition, administered regularly. Family to inform the service on the time of administration for each day.

Consent requirements: Requires written authorisation from a parent or guardian through a completed Long term Medication Record. Instructions should be clearly labelled on the medication

Short Term Prescribed Medications

Examples: Antibiotics, ear drops, medicated creams

When used: For a temporary illness or infection

Consent requirements: Requires written parental authorisation each day the medication is to be administered. Medication must be in its original packaging with instructions for use.

Over-the-Counter (OTC) Medications

Examples: Antihistamines (Claratyne), topical creams, saline nasal sprays.

When used: Only as directed by a parent or medical practitioner for minor symptoms that do not require exclusion

Consent requirements: Requires written parental authorisation specifying the reason, dosage, and time of administration. Cannot be administered without clear instructions.

Anti Fever Agents

Examples: Children's Panadol, liquid paracetamol suspensions

When used: If a child has a high temperature (38.0°C) and/or is in visible discomfort. May only be given if authorised by the parent/guardian.

Consent requirements: Requires parental authorisation. It must not be administered as an emergency medication. If no authorisation is available, staff must manage the child's symptoms (rest, fluids, monitored in a cool area) and contact the parent for collection.

Alternative Remedies

Examples: Arnica cream, rescue remedy, natural teething gels or oils.

When used: Only with clear written instructions from the parent.

Consent requirements: Requires written parental authorisation and the product must be in original packaging, clearly labelled with the child's name. Staff to check whether the remedy is safe for children.

4.6. Induction and Ongoing Training

Staff training: All staff responsible for administering medication will be required to hold current first aid qualifications, including training in anaphylaxis and asthma management. Annually, staff will be offered to do a first aid refresher course to ensure they remain confident in these procedures.

Ongoing Training: Staff will be shown the action plans of the children with medical conditions, what to do in a situation in which a condition flares up and where medication is stored.

New staff: As part of our induction program, new staff will be trained in the safe administration and storage of medication and made aware of the relevant policies and procedures

5. Roles and Responsibilities

Approved Provider	<ul style="list-style-type: none"> • Ensure that obligations under the <i>Education and Care Services National Law</i> and <i>National Regulations</i> are met • Take reasonable steps to ensure that the nominated supervisor, educators, staff and volunteers follow the policy and procedures • Ensure at least one educator, staff member or nominated supervisor is in attendance and immediately available in an emergency who holds a current approved first aid qualification and has undertaken current approved anaphylaxis management training and current approved emergency asthma management training
Nominated Supervisor	<ul style="list-style-type: none"> • Implement The administration and storage of Medication and procedures • Ensure medication is stored correctly • Ensure that completed medication records are kept until the end of 3 years after the child’s last attendance (regulation 92, 183) • Ensure The appropriate medications are taken and stored correctly on excursions with clear identification of the medication for each child is maintained and any specific medication plans are followed. Ensure a system in place to ensure that the correct medication is administered to the right child during the excursion, such as carrying individual medication bags clearly labeled with each child's details. • Ensure staff members on the excursion are trained in administering the medication and managing any medical emergencies. • Ensuring that regulatory and legislative responsibilities are met in relation to any medical emergency. • Maintaining medical records in a confidential manner. • Notifying families of this policies existence and providing them with access. • Ensure own and staff approved first aid qualifications are current, support educators and staff to maintain their current first aid qualifications • Implement systems to identify when qualifications need to be updated or renewed

	<ul style="list-style-type: none"> Ensuring that there is an educator with appropriate qualifications is present at the service at all times
Responsible Person in Charge	<ul style="list-style-type: none"> Implement The administration and storage of Medication and procedures Maintain current approved first aid qualifications Being aware of each child's medical information including any medical management plan or medical risk minimisation plan Ensure that all relevant team members are informed of the medication and any specific requirements for its administration Ensure other children are adequately supervised if a child needs to receive medication Seeking further medical attention for a child if required Ensure Parents are notified immediately following the administration of auto injector or asthma reliver Ensure emergency services are called immediately following the administration of an auto injector Ensure medication form is completed and signed correctly by two educators
Educators and Support Staff	<ul style="list-style-type: none"> Implement The administration and storage of Medication and procedures While attending to a child requiring medication, ensure other children are adequately supervised. Seek further medical attention for a child if required Being aware of each child's medical information including any medical management plan or medical risk minimisation plan Work with the Nominated Supervisor, RPIC and other Educators to acquire and share information about a child who needs medication to be administered to or has received medication When necessary, coordinate with emergency services
First Aid Officer	<ul style="list-style-type: none"> Work with the Nominated Supervisor, RPIC and Educators to acquire and share information about a child who needs medication

	<p>to be administered to or has received medication</p> <ul style="list-style-type: none"> • Communicate with the child's parents/authorised person of the child and inform them of any • First Aid Officer reviews child's medical information including any medical information disclosed on the child's enrolment form, medical management plan or medical risk minimisation plan. • Ensure other children are adequately supervised if a child needs to receive medication • Seeking further medical attention for a child if required • When necessary, coordinate with emergency services
Families	<ul style="list-style-type: none"> • Provide authorisation in their child's enrolment form for the approved provider, nominated supervisor or an educator to seek medical treatment for their child from a registered medical practitioner, hospital or ambulance service and, if required, for transportation by an ambulance service • Be aware that medication may be administered to their child in the case of an anaphylaxis or asthma emergency without their authorisation • Notify the service upon enrolment of any specific health care needs of their child, including any medical conditions and allergies and any medical management plans that need to be followed • ensure any medical management plans at the service are kept up-to-date • notify the service if there has been a change in the condition of the child's health, that may impact the child's care and require the administration medication. • Supply medication in its original container, bearing the original label and instructions and before the expiry or use by date

6. References

6.1. Statutory Authority

- Education and Care Services National Law Act 2010
- National Quality Standard (Standard 2.1.1)
- Work Health and Safety Act 2011
- Staying Healthy V6

6.2. Relevant Service Policies

- *Providing a Child Safe Environment*
- *Administration of First Aid Policy*
- *Incident, Injury, Trauma, and Illness Policy*
- *Medical Conditions Policy*
- *Acceptance and refusal of authorisations*

6.3. National Frameworks

- National Quality Standard (Standard 2.1.1), which focuses on children's health and wellbeing.
- ACECQA guidelines for first aid qualifications, including anaphylaxis and asthma management training.

7. Legislative Requirements.

Education and Care Services National Law Act 2010

Regulation 167	Offence relating to protection of children from harm and hazards
Regulation 87	Incident, injury, trauma, and illness record, for when medication is administered in response to such incidents.
Regulation 89	First aid kits, ensuring that services are equipped to handle medical emergencies
Regulation 90	Medical conditions policy, ensuring services have policies for managing medical conditions
Regulation 91	Medication record, requiring a written record for any administered medication
Regulation 92	Medication record, requiring a written record for any administered medication
Regulation 93	Administration of medication, detailing when and how medications can be given
Regulation 94	Exception to authorisation in emergencies (e.g., anaphylaxis or asthma)
Regulation 95	Procedure for administering medication
Regulation 96	Compliance with medication regulations and storage
Regulation 161	Authorisations to be kept in the enrolment record, which includes medical authorisations
Regulation 168	Policies and procedures, including medication management
Regulation 183	Storage of records and documents, ensuring medication records are securely kept

Revision Chronology

Version Number	Date	Reason for Change
1.0	April 2018	Endorsed by OOSH executive committee
2.0	October 2024	Updated policy with new policy template
2.1	May 2025	Reviewed and Updated